Urgent and emergency mental health liaison in acute hospitals (adult and older adults)

Supporting documentation for TRANSFORMATION FUNDING SELECTION

December 2016
Overview: this session

- Process and timeline

- Key criteria for prospective applicants to consider before proceeding

- Guidance on completing the application form

Process and timeline

- A&E Delivery Boards submit bids – via STPs – to regional UEC PMOs by 18 Jan 2017

- Regional UEC PMOs submit assured bids to national team by 27 Jan 2017

- NHS England Investment Committee meets in Feb 2017

- Successful bidders informed in March 2017
Key criteria

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.

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>The application is for general acute hospital(s) with 24/7 A&amp;E department(s).</td>
</tr>
</tbody>
</table>

Please note this funding is for liaison services for adults and older adults only.

This pump prime funding is available from £15m for 2017/18 OR 2018/19 – not both years.
# Appraisal Criteria: transforming acute hospital urgent & emergency mental health liaison services

## OUTCOMES

<table>
<thead>
<tr>
<th>Value equation</th>
<th>Value equation</th>
<th>Ref</th>
<th>Outcomes/criteria</th>
<th>Importance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and Safety</td>
<td>1</td>
<td>The service will be staffed at or close to recommended levels for Core 24 within a year of receiving the transformation funding</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>The service will operate as an on-site, distinct 24/7 service within a year of receiving the transformation funding</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>The service will provide response times at recommended levels within a year of receiving the transformation funding</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>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</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Patient Experience</td>
<td>5</td>
<td>The bid confirms that the service will improve and routinely collect data on patient experience</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Clinical Effectiveness</td>
<td>6</td>
<td>The bid confirms that the service will offer interventions in line with NICE-recommended care, and will routinely collect outcomes data on clinical effectiveness</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>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</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Efficiency and Sustainability</td>
<td>8</td>
<td>Evidence is provided that the service will bring financial benefits, and sets this out by point of delivery</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>There is commitment to sustain the service recurrently at the minimum core 24 service level or above</td>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>

## RESOURCES

<table>
<thead>
<tr>
<th>Value equation</th>
<th>Outcomes/criteria</th>
<th>Importance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Total funding being requested</td>
<td>13%</td>
</tr>
</tbody>
</table>

## RISK

<table>
<thead>
<tr>
<th>Value equation</th>
<th>Outcomes/criteria</th>
<th>Importance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>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</td>
<td>55%</td>
</tr>
<tr>
<td>12</td>
<td>The bid sets out how the mental health liaison service is part of a wider system of care, with suitable local alternatives to A&amp;E to prevent unnecessary attendances at A&amp;E for urgent and emergency mental health needs</td>
<td>45%</td>
</tr>
</tbody>
</table>

## STRATEGIC CONSIDERATION

<table>
<thead>
<tr>
<th>Value equation</th>
<th>Outcomes/criteria</th>
<th>Importance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>The bid aligns with STP plans for transforming urgent &amp; emergency mental and physical health care</td>
<td>40%</td>
</tr>
<tr>
<td>14</td>
<td>The bid sets out convincing joint governance, ownership and commitment to mental health liaison between local commissioners and providers</td>
<td>30%</td>
</tr>
<tr>
<td>15</td>
<td>The delivery timetable and milestones are credible and robust</td>
<td>30%</td>
</tr>
</tbody>
</table>
Access and safety: Achieving ‘core 24’ (Q2 on application form)

This is the fundamental requirement for bids. Proposals must demonstrate how they will support achievement of the Core 24 service level for liaison mental health services within 12 months of being awarded the transformation funding. How are we judging a service is Core 24:

- Teams are commissioned to operate as an on-site, distinct **24/7 services**
- Teams are resourced in line with (or close to) the **recommended staffing numbers and skill mix** which enable them to operate on a 24/7 basis (including access to **older adult** clinical expertise)
- Teams are commissioned to meet **recommended response times** (1hr for emergencies, 24hrs for urgent ward referrals)
Access and safety: On-site, distinct 24/7 service (Q2 on application form)

- The evidence base shows that the peak hours of presentation for mental health crisis are 11pm-7am. Mental health liaison services should respond to emergency referrals within one hour, and therefore need to be on-site and 24/7. The national policy is that where size and demand of a hospital and its population warrants a 24/7 A&E Department, should be equipped 24/7 with specialist mental health liaison expertise.

- Liaison teams are distinct, specialist teams with psychiatric, psychological and medical expertise of co-morbid physical and mental health conditions as well as urgent and emergency mental health care expertise. Community crisis teams have a distinct, complementary, but separate function – and where crisis teams offer in-reach to acute hospitals, this does not constitute a Core 24 mental health liaison service in line with the evidence base.
Access and safety: teams are resourced in line with (or close to) the recommended workforce numbers which enable them to operate on a 24/7 basis, (including access to older adult clinical expertise). (Q2 on application form)

• The recommended staffing levels are a guideline. Where staffing numbers are below but close to this level, but services can demonstrate persuasively that the service is operating a 24/7 rota effectively, to meet the demand of the A&E and inpatient wards, they may be considered to be meeting the staffing indicator for Core 24.

• A large cohort of patients seen by mental health liaison teams (and where many of the efficiency benefits are gained) are older adults. The team should either have older people mental health clinical expertise embedded within the team, or have routine access to such expertise.

• We will accept flexibility where a compelling and evidenced case is made. Some key considerations are set out in the workforce section (3.4; pp 18-22) of the implementation guidance: https://www.england.nhs.uk/wp-content/uploads/2016/11/lmhs-guidance.pdf
Access and safety: teams are meeting recommended response times (1hr for emergencies, 24hrs for urgent ward referrals) (Q2 on application form)

- Core 24 liaison teams should be commissioned to respond (i.e. conduct a face-to-face initial assessment) within one hour to emergency referrals from A&E Departments or inpatient wards. In A&E Departments, efforts should be made to ensure that referrals to the liaison team are made as soon as possible after the person presents at the front door triage in order to achieve the wider 4hr A&E standard.

- For urgent or non-emergency referrals from inpatient wards, liaison teams should respond within 24 hours. Locally, efforts should be made to monitor response times. Steps are being taken to begin collecting national data on response times for mental health liaison teams from April 2017. Further detail on the clock-start / clock-stop are on the following slide…..

- Strongest bids will demonstrate that not only is the service commissioned to meet these waiting time standards, but waiting time data is already being collected – and included in the bid.
New implementation guidance: urgent and emergency liaison mental health – recommended response times and interventions

• Within a **maximum of 1 hour** of a liaison mental health service receiving a referral, any person experiencing a mental health crisis receives a response from the liaison team (aka an ‘urgent and emergency mental health service’).

• Within **four hours** of arriving at ED/being referred from an acute general hospital ward, I should:
  • have received a full biopsychosocial assessment and jointly created an urgent and emergency care plan, or an assessment under the [Mental Health Act](https://www.england.nhs.uk/mentalhealth/resources) should have started;
  • have been accepted and scheduled for follow-up care by a responding service;
  • be en route to next location if geographically different; or
  • have been discharged because the crisis has resolved.

**New implementation guidance can be found here:**
[https://www.england.nhs.uk/mentalhealth/resources/](https://www.england.nhs.uk/mentalhealth/resources/)
Patient experience (Q3 on application form)

• The new implementation guidance sets out how patient experience will become a central measure of quality for people experiencing mental health crisis, including proposed Patient Reported Experience Measures (PREMs) for people experiencing mental health crisis.

• The best bids will set out how the funding will help to improve patient experience, with a specific commitment to collect patient experience data and detail of what methods will be / are used to do this.
NICE-concordant care for people with urgent and emergency mental health needs? Measures taken from NICE service user experience guideline (Q3 on application form)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Please circle one number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If I experience a mental health crisis again, I feel optimistic that care will be effective.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. During the treatment for my crisis, I was treated with empathy, dignity and respect.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. During the treatment for my crisis, I felt actively involved in shared decision-making and supported in self-management.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. I feel confident that my views are used to monitor and improve the performance of mental health care for crises.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. I can access mental health crisis services when I need them.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. During the treatment for my crisis, I understood the assessment process, diagnosis and treatment options, and received emotional support for any sensitive issues.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. During the treatment for my crisis, I jointly developed a care plan with mental health and social care professionals, and was given a copy with an agreed date to review it.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. When I accessed crisis support, I had a comprehensive assessment, undertaken by a professional competent in crisis working.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. The mental health crisis team considered the support and care needs of my family or carers when I was in crisis. Where needs were identified, they ensured that they were met when it was safe and practicable to do so.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Clinical effectiveness and outcome monitoring (Q3 on application form)

- Bids should set out how the funding will help to improve clinical effectiveness, including a commitment to providing NICE-concordant care (e.g. full biopsychosocial assessments, joint care planning), with specific detail of how this will be measured.

- Implementation guidance recommends the following CROM:

**Clinical Global Impression Improvement Scale (CGI-I)** -
This is taken from the Royal College of Psychiatrists’ Framework for Routine Outcome Measurement in Liaison Psychiatry (v2 currently in development):
http://www.rcpsych.ac.uk/pdf/FRLP02.pdf
Training of non-mental health staff

- A key function of mental health liaison teams is the education and training of other A&E and acute hospital staff in understanding, identifying and caring for people with mental ill health in a compassionate way.

- Stronger bids will set out how the expanded liaison service will train non-mental health staff
Clinical effectiveness – improving diagnostic coding and understanding need (Q7 on application form)

- The quality of A&E diagnostic coding is known to be highly variable and needs considerable improvement.

- A&E clinicians often state that people with mental health needs account for a disproportionate number of breaches of the 4hr A&E target.

- But poor quality coding means that we do not have the data to demonstrate the true extent of mental health needs of people in acute hospitals – both primary mental health needs, and for other presentations with underlying/undetected mental health needs.

- In turn, this limits evidence we need to make the case for investment in longer-term solutions.

- Relevance of new 2017-19 CQUIN on ‘Improving services for people with mental health needs who present to A&E’:
The strongest bids will include data that teams are using or will use to:

- understand numbers of referrals to liaison teams;
- understand trends on times of presentation;
- illustrate waiting times (from front door and to liaison response) and outcomes.
Clinical effectiveness – improving diagnostic coding (Q7 on application form)

- Liaison staff ideally placed to identify primary/secondary mental health needs and to support improvements in data completeness and diagnostic coding in A&E Departments and inpatient wards. This will enable acute hospitals to gain a better understanding of the mental health needs among their patient populations.

- Applicants are encouraged to demonstrate efforts that have been made to improve diagnostic coding, and how the expanded service will drive further improvement.

- Bids may also be strengthened by including reference as to how information and digital technology will be used to help diagnostic coding and data submission as well as ensuring that acute and mental health providers’ systems are interoperable to maximise ease of access to and updating of care records.
• Applicants are asked to submit the **current spend** on urgent & emergency liaison service – and a breakdown of what the existing investment is used for (e.g. no. of WTE, grades, roles, overheads).

• This figure should be for **unplanned urgent & emergency mental health liaison services only**. Where acute hospital liaison teams operate in ‘planned care’ pathways (e.g. providing outpatient appointments) – this is not in the scope of this fund. Where the same liaison mental health team provides both planned (outpatient) and unplanned (A&E and inpatient) care, best estimates should be made about spend on unplanned care pathways.
Efficiency – planned spend (excluding transformation funding requested) (Q4 on application form)

• The vast majority of CCGs report through the CCG IAF that plans are now in place to expand mental health liaison services – this has been signalled in the past three planning guidance documents – and is featured in many STP plans.

• Applicants are invited to set out the existing planned year-on-year investment in acute hospital mental health liaison services, setting out planned spend each year until 2020/21 and set out where funding has been committed non-recurrently or recurrently. If recurrent please confirm for how long funding has been committed.

• In Wave 1, priority will be given to the areas that have historically shown an investment and commitment to mental health liaison services and where expansion plans over the next 2-5 years have been agreed and funded and where extra funding is needed to ‘top-up’ existing plans to achieve the core 24 service level.
Resources: amount of the bid (Q4 on application form)

• One of the central factors in assessing bids will be how much transformation funding is being applied for. A breakdown of how this funding will be used should be provided, and it **should be enough to bring the service to the Core 24 service level**;

• As the intention is to award funding to those services closest to core 24, it follows that **the lower the bid, the higher the chance of success**.

• An urgent and emergency **core 24 liaison service is estimated to cost around £1.2m** (including inner London weighting for staff salary). This **may vary between £1m-£2.5m** depending on factors such as geographical salary allowances and number of beds (hospitals with larger bed bases typically require more staff to meet ward-based demand in particular). As the funding available in Wave 1 will go to those hospitals with services closest to this standard, **we would anticipate that the majority of bids for individual hospitals to be under around (but not necessarily limited to) £0.5m.**

*it is likely that the higher reported spend may have included spend on liaison mental health in planned (non-emergency) care*
Efficiency: financial and productivity benefits (Q4 on application form)

- Bids should demonstrate how financial and productivity benefits will be identified and realised – it is expected that the majority of benefits to accrue to acute hospitals through reducing length of stay, preventing unnecessary non-elective admissions and reducing re-attendance rates. The evidence base shows that liaison services can save in the region of £2.50-3 for every £1 spent once a team is operating at the core 24 level, and that these savings will take around a year to realise. The savings assumptions should be broken down by point of delivery, and forecast for each year to 2020/21.

- In modelling productivity benefits, applicants should consider the benefits the core 24 service would bring – e.g. how many people with mental health needs present at A&E, how many admissions / re-attendances could be avoided thanks to the liaison team, how many bed days could be saved to improve productivity and generate income for the hospital? Counterfactual: how does this compare to if there were an under-resourced service in place?


Efficiency: commitment to reinvest (Q4 on application form)

- Successful applications will receive one-off, non-recurrent funding to the amount that brings the service to the Core 24 standard within 12 months of being awarded the funding. **Applications will need to confirm that the service will be commissioned sustainably and subsequently funded recurrently** (and therefore bringing at least £1 benefit for every £1 spent). It is expected that once the liaison service has been operating at the core 24 level for one year, it will generate considerable benefits and will therefore be self-sustaining.

- **The bid will need to demonstrate how any 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 into local mental health / acute hospital services (whether back into the liaison service to aim beyond Core 24 to achieve ‘Enhanced 24’ or ‘Comprehensive’ services that are expected to bring the most clinical and financial benefits, or into other mental health services). Bids may also wish to set out the risk and benefit sharing arrangements between local partners.

- Bids will need to demonstrate how investment will be made across local NHS commissioner and provider arrangements (e.g. How much does each CCG contribute?; Is the liaison service commissioned via the acute trust or mental health trust’s contract, or both?).
This section should be used to set out the challenges and risks to achieving and sustaining a Core 24 service. We expect key common risks to include:

- **Workforce recruitment and retention:** efforts are underway nationally to expand the specialist mental health liaison workforce. However, strong bids will set out plans that not only seek to **improve recruitment and retention of the workforce, but also undertake local training schemes to upskill and expand the existing workforce** to move towards a workforce supply that can provide a core 24 service.

- **Potential increases in hospital-based demand:** a fully functioning mental health liaison service is necessary for people who attend acute hospitals with mental health needs. However, a liaison service is one part of a wider integrated urgent and emergency mental health system. **Strong bids will set out local investment in alternatives to A&E, as well as provision of 24/7 community-based services and integration with primary and social care – that all seek to reduce demand on A&E Departments.**
Strategic considerations: timetable and milestones (Q10 on application form)

• Bids should set out a clear and persuasive delivery plan to move to Core 24 within one year of receiving the funding, and how the Core 24 service will be sustained thereafter.

• This should include dates for key milestones and how progress will be tracked, and through which governance process.
Strategic considerations – Governance between CCGs (Qs5/6 on application form)

- Wave 1 of funding is for £15m in 2017/18, with a further £15m in 2018/19. It is expected that the services with the strongest successful applications will receive funding in 2017/18, and the remaining successful Wave 1 applications will receive funding in 2018/19 – based on readiness (to spend £ effectively; to reach core 24).

- Existing national guidance on general commissioning for a hospital population recognises that there are a significant number of hospitals that serve local populations across more than one CCG. In these cases, CCGs should usually nominate a lead commissioner and contribute to funding on a proportionate basis, rather than having a number of separate contracts. This will ensure that services avoid duplication and provide an equitable service to different CCG populations.

- The strongest bids will set out how commissioning of mental health liaison services is sustainable, recurrent and demonstrates collaboration not only within and between CCGs, but also with local authority commissioners of social care, housing and substance misuse services.
Strategic considerations – partnership working between local networks (Qs5/6 on application form)

• One of the key barriers to expansion in mental health liaison services historically has been the lack of clarity over governance and responsibilities between acute and mental health trusts, as well as arrangements with and between commissioners.

• Bids should set out the governance arrangements and membership of the A&E Delivery Board, including confirmation of senior membership from acute and mental health trusts.

• Bids should also confirm senior engagement and sponsorship from the relevant STP partnership – this is essential as STP reps will submit bids where possible.

• The strongest bids will demonstrate local collaboration and joint ownership between acute and mental health providers and support from local Urgent and Emergency Care Networks, mental health Clinical Networks, Crisis Care Concordat groups, and engagement with NHS England regional Urgent and Emergency Care PMOs in developing applications.
Strategic considerations – Governance with STP

- Bids are invited from A&E Delivery Boards (via STPs) as the partnerships are arranged around acute hospital geographies, and the benefits for mental health liaison team correlate strongly with the aims of the A&E Delivery Plan.

- Where Boards wish to collaborate and submit bids on a wider footprint (e.g. on STP footprints), this is encouraged to ensure that the development of mental health liaison services takes place in wider local contexts of health and care service transformation. Where there are a number of acute hospitals within an acute trust, bids should seek to consider the needs and services for each individual acute hospital.

- Where bids are made on a wider footprint, they do not necessarily need to apply for funding for all hospitals in that footprint. Wave 1 bids may, for instance, seek to achieve Core 24 or more for one acute hospital to act as a regional ‘centre of excellence’, with plans to develop services in the other acute hospitals to be ready to bid for Wave 2 in 2018, and to share learning between networks of liaison services in the area.

- Only acute hospitals with 24/7 A&E Departments will be eligible for this funding.
Strategic considerations – Submitting via STPs

• NHSE needs to receive the bids from STPs. This can either be from the STP lead (who has to sign the application form anyway) or delegated person within the STP – i.e. the bid needs to come in from an email address with an STP signature. A pragmatic view to the submission of bids will need to be taken by the STPs – it is highly unlikely that there will be time to go through full STP governance processes - this is where the delegated responsibility and alignment to the STP should be used.

• Bids can be prepared by individual organisations within an STP on behalf of the STPs.

• STPs should be supportive of the bid and the relevant STP details inserted into the application form STP boxes (section 1.1).

• There are no rules about how many bids an STP can submit e.g. more than one CCG could submit via the same STP.

• There are no rules that the bids must be on an STP footprint e.g. if the geography of a CCG overlaps STPs, the CCG can choose which STP to bid through.

• To ensure a timely process we would suggest that a delegated person from the STPs be involved in the drafting of the bid application and direct submission to UEC PMOs, rather than requiring the bid to be taken through the formal STP governance.
## Appraisal Dashboard: UELMH (1) Access & Safety Scoring Criteria

<table>
<thead>
<tr>
<th>Access &amp; safety</th>
<th>Value metrics</th>
<th>Value scoring (out of 5)</th>
<th>Confidence scoring (out of 5)</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service will be staffed at or close to recommended levels for Core 24</td>
<td>The service will be staffed at or close to recommended levels for Core 24 within a year of receiving the transformation funding.</td>
<td>Score according to current and intended staffing/skill mix that new funding would enable, including clinical and admin staff.</td>
<td>5. Excellent plan with sufficient detail to understand implementation, with good rationale for approach and appropriate consideration of risks.</td>
<td>Dashboard-1 Application form- 2</td>
</tr>
<tr>
<td>On-site, distinct 24/7 service</td>
<td>The service will operate as an on-site, distinct 24/7 service within a year of receiving the transformation funding.</td>
<td>Score according to whether and how services do or plan to operate within the acute hospital setting as a specialist liaison service available on a 24/7 basis.</td>
<td>4. Good plan and details for implementation – meaning good confidence the proposal will be delivered.</td>
<td>Dashboard- 2 Application form- 2</td>
</tr>
<tr>
<td>Service will provide recommended response times</td>
<td>The service will provide response times at recommended levels within a year of receiving the transformation funding.</td>
<td>Score according to whether and how services do or plan to be able to respond within 1hr to emergency referrals and 24hrs to urgent ward referrals.</td>
<td>3. Plans in place with some detail and considerations of risks, but more clarity need.</td>
<td>Dashboard- 3 Application form- 2</td>
</tr>
<tr>
<td>Older adults working expertise</td>
<td>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.</td>
<td>Score according to proposal’s explanation of whether and how new services will have access to older age specialist expertise.</td>
<td>2. Plan is lacking in key details, with insufficient understanding of how it will be delivered in practice.</td>
<td>Dashboard- 4 Application form- 2</td>
</tr>
</tbody>
</table>

### Older adults working expertise

- **Value metrics**: 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.
- **Value scoring (out of 5)**: Score according to proposal’s explanation of whether and how new services will have access to older age specialist expertise.
- **Confidence scoring (out of 5)**: 3%
- **Question**: 1. Plan for delivery insufficient, meaning very little confidence the proposal will be delivered.
<table>
<thead>
<tr>
<th>Question</th>
<th>Patient experience</th>
<th>Clinical effectiveness</th>
<th>Improved MH diagnostic coding in acute hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score according to:</td>
<td>Score according to:</td>
<td>Score according to evidence of clear plans of how to improve A&amp;E mental health diagnostic coding, understanding of its importance, current baseline and plans as part of new 2017-19 CQUIN on ‘Improving services for people with mental health needs who present to A&amp;E’.</td>
<td>5. Excellent plan with sufficient detail to understand implementation, with good rationale for approach and appropriate consideration of risks.</td>
</tr>
<tr>
<td>• How services currently collect patient experience data, and plan to improve collection</td>
<td>• Planned provision of NICE-concordant care and implementation of recommended standards on UELMH in Nov 2016 guidance</td>
<td>4. Good plan and details for implementation – meaning good confidence the proposal will be delivered.</td>
<td></td>
</tr>
<tr>
<td>• Plans to use and analyse existing and/or new data to improve people’s experience of care</td>
<td>• Planned routine collection of outcomes data (PROMs, CROMs) e.g. CGI-I scale; FROM-LP</td>
<td>3. Plans in place with some detail and considerations of risks, but more clarity need.</td>
<td></td>
</tr>
<tr>
<td>1. Plan for delivery insufficient, meaning very little confidence the proposal will be delivered.</td>
<td>2. Plan is lacking in key details, with insufficient understanding of how it will be delivered in practice.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appraisal Dashboard: UELMH (3) Efficiency & Sustainability and Resources Scoring Criteria

<table>
<thead>
<tr>
<th></th>
<th>Value metrics</th>
<th>Value scoring (out of 5)</th>
<th>Confidence scoring (out of 5)</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Efficiency &amp; Sustainability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of financial benefits</td>
<td>Evidence is provided that the service will bring financial benefits, and this is set out by point of delivery</td>
<td>Financial and clinical benefits of expanded liaison services understood and clearly set out</td>
<td>5. Excellent plan with sufficient detail to understand implementation, with good rationale for approach and appropriate consideration of risks.</td>
<td>Dashboard-8 Application form-4</td>
</tr>
<tr>
<td>Commitment to local recurrent funding</td>
<td>There is commitment to sustain the service recurrently at the minimum core 24 service level or above</td>
<td>Commitment to locally recurrently fund at least same service level in years following receipt of transformation funding</td>
<td>4. Good plan and details for implementation – meaning good confidence the proposal will be delivered.</td>
<td>Dashboard-9 Application form-4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Plans in place with some detail and considerations of risks, but more clarity need.</td>
<td></td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td></td>
<td></td>
<td>2. Plan is lacking in key details, with insufficient understanding of how it will be delivered in practice.</td>
<td></td>
</tr>
<tr>
<td>Total funding being requested</td>
<td>Service delivery costs and any set-up costs</td>
<td>Score of 1-5 dependant upon amount of transformation funding requested relative to existing locally-committed funding.</td>
<td>1. Plan for delivery insufficient, meaning very little confidence the proposal will be delivered.</td>
<td>Dashboard-10 Application form-4</td>
</tr>
<tr>
<td>Risks</td>
<td>Metrics</td>
<td>Risk scoring (all out of 5 points unless other stated)</td>
<td>Question</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>-------------------------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Workforce recruitment, retention, training</td>
<td>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</td>
<td>5. Clear identification of risks and convincing mitigating actions set out&lt;br&gt;4. Clear identification of risks, but mitigating actions not considered to be sufficient.&lt;br&gt;3. Some risks identified with mitigating actions, but some key risks are not highlighted.&lt;br&gt;2. Broad identification of risks but little detail on this or mitigating actions.&lt;br&gt;1. No risks are highlighted or they are highlighted but mitigating actions are strongly unsatisfactory</td>
<td>Dashboard- 11 Application form- 2, 9</td>
<td></td>
</tr>
<tr>
<td>UELMH service one part of wider system of UEMH care</td>
<td>The bid sets out how the mental health liaison service is part of a wider system of care, with suitable local alternatives to A&amp;E to prevent unnecessary attendances at A&amp;E for urgent and emergency mental health needs</td>
<td></td>
<td>Dashboard- 12 Application form- 9</td>
<td></td>
</tr>
</tbody>
</table>
## Appraisal Dashboard: UELMH (5) Strategic Considerations Scoring Criteria

<table>
<thead>
<tr>
<th>Strategic Considerations</th>
<th>Metrics</th>
<th>Risk scoring (all out of 5 points unless other stated)</th>
<th>Question</th>
</tr>
</thead>
</table>
| Alignment with STP plans for UEC (mental & physical health) | The bid aligns with STP plans for transforming urgent & emergency mental and physical health care | 1. No reference to STP footprint or no discussions relevant to this bid.  
2. Little evidence of alignment with STP plans or discussions with the relevant parties.  
3. Some reference made to overall STP plans but role of liaison unclear.  
4. Evidence of alignment including role of liaison but more detail needed.  
5. Clear evidence of alignment with STP plans for improving urgent and emergency mental and physical health care and role of liaison therein. | Dashboard- 13 Application form- 6, 8 |
| Joint governance and ownership | The bid sets out convincing joint governance, ownership and commitment to mental health liaison between local commissioners and providers | 1. No reference to joint working, governance, ownership.  
2. Unclear commitment from parties to work together, no evidence.  
3. Clear appetite to work jointly, with limited evidence to date.  
4. Evidence of commitment, successful joint working, governance.  
5. Clear evidence of strong commitment to and track record of successful joint working between commissioners, acute providers, mental health providers (bringing in local authorities, other local partners) – including robust governance arrangements. | Dashboard- 14 Application form- 5, 6 |
| Delivery timetable and milestones | The delivery timetable and milestones are credible and robust | 1. No timetable or milestones set out.  
2. Timetable and milestones do not appear realistic, robust or deliverable.  
3. Timetable and milestones set out but their robustness is not apparent.  
4. Timetable appears deliverable, milestones appear realistic.  
5. Timetable is evidently deliverable with realistic milestones clearly set out, including dates and responsible owners. | Dashboard- 15 Application form- 10 |
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.**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Meeting the Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>Yes/No</td>
</tr>
<tr>
<td>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</td>
<td>Yes/No</td>
</tr>
<tr>
<td>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</td>
<td>Yes/No</td>
</tr>
<tr>
<td>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</td>
<td>Yes/No</td>
</tr>
<tr>
<td>The application is for general acute hospital(s) with 24/7 A&amp;E department(s)</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
Parameters to Funding, Governance & Delivery

• 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/](http://bpv.futurefocusedfinance.nhs.uk/)
Value Framework is assessed in three stages in order to ensure robustness

1. **Elements driving value**
   - What are the **key elements driving value** for the programme?
     - Outcomes? (clinical, patient experience, safety/quality, financial sustainability)
     - Resources to put model in place? (revenue costs, capital costs, staff resources)
   - What **value generation hypotheses or logic model** that underpin each element?

2. **Evidence of value, process to deliver it**
   - For each element, what **existing evidence of value generation** do we have?
   - What **further evidence is required** to prove the value generation?

3. **Ability to track success**
   - How will success be measured?
     - Which metrics are we going to use to track value generated?
     - How frequently should these metrics be tracked?
     - What targets do we have for each of these metrics?

Logic models are a significant input into assessing these three components
Value Framework Process - Key Steps

1. Value Equation
   - What are the elements of value that the invention may seek to generate?

2. Logic Model
   - What is the programme and how does it deliver value?

3. Evidence Base
   - What is the evidence base and how will we track success?

4. Appraisal Criteria
   - How will we appraise bids?

5. Application
   - Bids Submitted

6. Bid Appraisal
   - Output – scoring generates appraisal dashboard and prioritisation matrix

---

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

---

Five Year Forward View
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](mailto:England.mentalhealth@nhs.net). For queries about proposals and additional supporting materials please join the IAPT Yammer group, email [England.mentalhealth@nhs.net](mailto: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](mailto: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](mailto:England.mentalhealth@nhs.net) for further information.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>12th December 2016</td>
<td>Process launched and Call to Bid documents published</td>
</tr>
<tr>
<td>December 2016 and January 2017</td>
<td>Support provided to bidders through Webinars sessions for each programme.</td>
</tr>
<tr>
<td>18th January 2017</td>
<td><strong>Submissions deadline for bidders</strong></td>
</tr>
<tr>
<td>February 2017</td>
<td>Investment Decision taken by NHS England Investment Committee</td>
</tr>
<tr>
<td>March 2017</td>
<td>Notification of investment decisions</td>
</tr>
</tbody>
</table>
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.
The value equations contain a series of value components against which all applicants can be measured, compared and monitored.

For each value component, a series of metrics have been determined at the beginning of the decision-making process. These metrics have been chosen based on relevance and accessibility.

These metrics align with the key strategic objectives of the programme (the key outcomes we are expecting the UELMH Transformation to deliver and the type of resources we expect to be put in) and the Five Year Forward View.

The metrics determined for each value component enable us to track progress and evaluate the success of the programme.
## Value Equation for urgent & emergency liaison mental health for adults & older adults

### Access & safety
- Core 24 staffing
- On-site, distinct 24/7 service
- Recommended response times
- Older age expertise

### Patient experience
- Improve & routinely collect patient experience data

### Clinical effectiveness
- NICE-recommended interventions provided and outcomes data collected
- Improve MH diagnostic coding in acute hospital

### Efficiency & sustainability
- Deliver financial benefits articulated in implementation guidance
- Commitment to self-sustain at least at same service standard with local recurrent funding

### Resources

#### Revenue costs
- Service delivery costs of new liaison services as well as any set-up/implementation costs, relative to size of service coverage
Logic Model for urgent & emergency liaison mental health for adults & older adults

### Inputs
- **Financial Resources**
  - Liaison funding
  - National transformation funding
  - Local funding already committed for mental health liaison
- **Local**
  - Data on local hospital adherence to Core 24 (LPSE-3)
  - Existing local liaison service development and improvement plans
  - Acute providers, MH providers, CCGs, A&E Delivery Boards, UEC Networks/PMDs
  - Liaison workforce
  - Other multi-disciplinary workforce
- **National**
  - UEMH liaison implementation guidance, helpful resources & examples (forthcoming from NHSE, NICE, NCCMH)
  - NHS England Urgent & Emergency Care Review: Safer Faster Better
  - RCPsych College Centre for Quality Improvement: Psychiatric Liaison Accreditation Network: quality standards
  - Existing economic evaluations e.g. from the Centre for Mental Health
  - Mental Health Partnerships: Model Service Specifications for Liaison Psychiatry Services – Guidance

### Activities
- **Enablers**
  - Conduct gap analysis to Core 24
  - Create robust project plan with milestones, risk analysis and mitigating actions to achieve Core 24 within 12 months

### Outputs
- **Individual level**
  - More people with urgent and emergency MH needs in acute hospitals receive timely access to care
  - More people with urgent and emergency MH needs in acute hospitals receive evidence-based care
  - More people with urgent and emergency MH needs in acute hospitals receive an appropriate and compassionate response
  - Both ED/acute staff and mental health staff involved in a person’s care understand more about their whole experience and each other’s roles and skills

### Clincially-focussed activities
- Develop system to measure response times
- Establishing roles and operational policy for 24/7 cover
- Ensure all MH patients receive a biopsychosocial assessment by expert staff
- Ensure patients seen by liaison team have a UEC MH Care plan in place for immediate needs
- Involve liaison teams in planned discharge of patients with MH needs from wards
- Establish robust referral mechanisms with primary/community MH services and IAPT
- Arrange follow-up outpatient appointments
- Systems in place to routinely collect and monitor clinical outcomes and patient experience
- Improve identification of people with MH needs in A&E to acquire clear picture of demand – through clinical audits of diagnostic coding, case note audits
- Establish robust protocols for referrals by acute hospital staff to liaison teams

### Expanding capacity and capability in the workforce
- Recruitment of new liaison staff to help achieve Core 24 within 12 months
- Training/upskilling of MH staff to work in liaison teams to help achieve Core 24 within 12 months
- Providing training to non-specialist MH ED & acute hospital staff

### Governance & sustainability
- Establishing strong local joint governance and leadership between CCGs, MH trusts, acute trusts, A&E Delivery Boards
- Ensure STP oversight and alignment with Plans
- Identify lead CCG and establish proportionate investment between all local CCGs based on the populations the hospital(s) serve(s)
- MH trust, acute trust, A&E Delivery Board, CCG conduct modelling of efficiency and productivity benefits to be realised from expanded liaison service

### Outcomes
- **Improved quality of care for patients with mental health needs in acute hospitals:**
  - 24/7 timely access
  - Prevention of future crises
  - Better patient experience
  - Improved health outcomes as care delivered in line with NICE standards and evidence base
- **More effective joint working between acute, MH staff, other expertise e.g. for older adults, substance misuse, to provide seamless patient care**
- **Improved efficiency and patient flow in acute hospitals:**
  - Reduced A&E 4hr breaches & improved 4hr target performance
  - Reduced ward LoS and non-elective bed days used
  - Reduce avoidable non-elective inpatient admissions
  - Reduce avoidable A&E re-attendance rates
- **Better staff experience: improved competency & confidence of ED & acute staff to identify and respond to MH needs**
- **Improved understanding of overall MH needs in EDs & acute hospitals**
- **Increase in sustainable liaison services with clarity around local governance responsibilities**
Logic Model: Overview - Liaison

- The logic model should set out how the value is to be generated, by showing how the changes made lead to the desired outcomes, in a series of logical steps.

- It starts by describing the overarching rationale or hypothesis for the change – for example “Implementing the Core 24 standard to improve urgent & emergency liaison mental health services for adults and older adults in acute hospitals”.

- It then describes each intervention (e.g. increasing urgent & emergency liaison mental health for adults & older adults), the activities underpinning the intervention (e.g. establish rota and operational policy for 24/7 Liaison care) and the inputs required (e.g. recruitment of Liaison staff) to carry out these activities. It describes the outputs from each of these activities (e.g. more people with urgent and emergency mental health needs will receive timely care) and outcomes (e.g. reduced A&E readmissions).

- So the logic model shows the chain of causation from inputs, through activities and outputs, to outcomes.

- The outcomes should cover the three value domains - clinical, patient experience, safety / quality – and financial sustainability

- The logic model draws upon the value criteria and metrics that have been previously been identified

- Further information and guidance on logic models can be found at http://midlandsandlancashirecsu.nhs.uk/news-insight/case-studies/publications/publications/52-logic-model-guide
Evidence Tracker: Overview

- The evidence tracker allows us to track the evidence that exists, and the evidence we still need to validate our logic model.

- It includes all the sub-assertions from the hypotheses behind the logic model.

- It includes a brief description of the evidence gathered so far, along with an assessment of the robustness of that evidence.

- Lastly, it includes indicative next steps on the further evidence we would like to obtain to provide greater confidence, including those that we are expecting the CCG and partners to provide.
Evidence base for urgent & emergency liaison mental health for adults & older adults

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


All documents can be found at:
https://www.england.nhs.uk/mentalhealth/resources/
We have produced appraisal dashboards for each intervention to help score and identify which of the available options will generate the most value. This dashboard is essentially the appraisal criteria on which your bid will be scored.

It is based on a series of statements related to the value equation and logic models. These include clinical outcomes, patient experience, safety/quality, sustainability, resources, strategic considerations and risks. We have allocated a weighting percentage to each statement.

The application form is designed to address each appraisal criteria and allow the scorer to come to a judgement (scale 1-5) for each:

- outcome and resource statement on the level of (a) value and (b) confidence to deliver the value articulated each applicant will deliver.
- risk statement on the level of risk / mitigations to deliver the interventions
- strategic considerations
# Appraisal Criteria for urgent & emergency liaison mental health for adults & older adults

<table>
<thead>
<tr>
<th>Value equation</th>
<th>Value equation</th>
<th>Ref</th>
<th>Outcomes/criteria</th>
<th>Importance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Access and Safety</td>
<td>1</td>
<td>The service will be staffed at or close to recommended levels for Core 24 within a year of receiving the transformation funding</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>The service will operate as an on-site, distinct 24/7 service within a year of receiving the transformation funding</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>The service will provide response times at recommended levels within a year of receiving the transformation funding</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>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</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Patient Experience</td>
<td>5</td>
<td>The bid confirms that the service will improve and routinely collect data on patient experience</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Clinical Effectiveness</td>
<td>6</td>
<td>The bid confirms that the service will offer interventions in line with NICE-recommended care, and will routinely collect outcomes data on clinical effectiveness</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>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</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Efficiency and Sustainability</td>
<td>8</td>
<td>Evidence is provided that the service will bring financial benefits, and sets this out by point of delivery</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>There is commitment to sustain the service recurrently at the minimum core 24 service level or above</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Resources</td>
<td>10</td>
<td>Total funding being requested</td>
<td>13%</td>
</tr>
</tbody>
</table>

### RISK

<table>
<thead>
<tr>
<th>Ref</th>
<th>Outcomes/criteria</th>
<th>Importance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>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</td>
<td>55%</td>
</tr>
<tr>
<td>12</td>
<td>The bid sets out how the mental health liaison service is part of a wider system of care, with suitable local alternatives to A&amp;E to prevent unnecessary attendances at A&amp;E for urgent and emergency mental health needs</td>
<td>45%</td>
</tr>
</tbody>
</table>

### STRATEGIC CONSIDERATION

<table>
<thead>
<tr>
<th>Ref</th>
<th>Outcomes/criteria</th>
<th>Importance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>The bid aligns with STP plans for transforming urgent &amp; emergency mental and physical health care</td>
<td>40%</td>
</tr>
<tr>
<td>14</td>
<td>The bid sets out convincing joint governance, ownership and commitment to mental health liaison between local commissioners and providers</td>
<td>30%</td>
</tr>
<tr>
<td>15</td>
<td>The delivery timetable and milestones are credible and robust</td>
<td>30%</td>
</tr>
</tbody>
</table>
Example of Scoring Outputs

- The scoring guide is applied to each of the appraisal criteria for each applicant (intervention or group of interventions).
- This generates the appraisal dashboard for all applicants – both a colour coded (value) and symbolic (confidence, risk and strategic consideration) representation.
- The appraisal dashboard can then be further graphically represented as a prioritisation matrix to enable a direct comparison to be made between applications.
- The decision panel, and ultimately the NHSE Investment Committee, will use prioritisation matrix alongside the appraisal dashboard to make funding decisions.

### Appraisal Dashboard example

<table>
<thead>
<tr>
<th>Programme Name:</th>
<th>National Programme 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Organisation 1</td>
</tr>
<tr>
<td>Low Risk</td>
<td>Low Value</td>
</tr>
<tr>
<td>High Risk</td>
<td>High Risk</td>
</tr>
<tr>
<td>Low</td>
<td>Low-Medium</td>
</tr>
<tr>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

### Prioritisation Matrix example

<table>
<thead>
<tr>
<th>Programme Name:</th>
<th>National Programme 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Organisation 1</td>
</tr>
<tr>
<td>Low Risk</td>
<td>Low Value</td>
</tr>
<tr>
<td>High Risk</td>
<td>High Risk</td>
</tr>
<tr>
<td>Low</td>
<td>Low-Medium</td>
</tr>
<tr>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

<table>
<thead>
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Five Year Forward View
Queries and questions

Please either contact your regional UEC PMO or send an email to:

england.adultmhz@nhs.net

And a member of the national team will respond as soon as possible, though the mailbox will not be monitored between 24 December – 2 January 2017 inclusive.