

Mental 2021-2031 Health Strategy

Funding Plan



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Introduction

Addressing the challenges currently facing mental health services in Northern Ireland, and implementing the strategic improvements greatly needed and so long sought for, is dependent on the availability of significantly increased and sustained funding. Unfortunately, mental health services in Northern Ireland have historically been underfunded in comparison with other UK jurisdictions.

As part of the work to develop the Mental Health Strategy 2021-2031, the Department commissioned Deloitte to undertake a research project to provide the foundation for the estimated costs to deliver the Strategy over the next 10 years and to understand the extent and range of resources required.

This Funding Plan therefore outlines the estimated cost of developing, establishing and maintaining the services and interventions set out in the Mental Health Strategy. The estimated costs are drawn from a wide range of evidence, including the outcomes of reviews commissioned as part of the Mental Health Action Plan; the existing costs to deliver services in Northern Ireland; expertise within the HSC Board and HSC Trusts; existing knowledge and experience in the Department; and estimates of the costs of similar interventions and mental health services provided in other jurisdictions.

SUMMARY OF FUNDING REQUIREMENT

	Non-Recurrent	Recurrent
	£m	£m
Capital:	£284.97m - £287.07m	-
Revenue	£0.75m	£112.36m - £158.15m
Total funds required over 10 years		£1,206.8m

This plan highlights that a significant investment is required in mental health services in order to implement the Mental Health Strategy 2021-2031. The recurrent revenue cost when all actions are implemented is estimated between £112.36m and £158.15m per year. In addition, there is a one-off revenue cost of £0.75m (built in to the funding profile in years 1-3).

The plan also identifies a capital investment requirement of £284.97m – £287.07m. Of this, £206m represents an existing commitment to build three new mental health hospitals.

Four actions within the Strategy have been identified as enablers. These actions represent key building blocks for implementation of the Strategy and include: administrative support across the HSC and independent sector for implementation work; the development of a regional mental health service; development of an Outcomes Framework; and a workforce review. These actions have therefore been prioritised for delivery in 2021/22 – which is identified as Year 0. The funding for these actions total £0.65m and is available from within existing funds.

It must be noted that it will not be possible to start implementation of all the actions simultaneously, although there will be some that can be progressed concurrently.

As we move forward, it is important that we acknowledge the constrained financial environment in which this strategy is being issued. At the time of publication, all actions in the strategy are subject to confirmation of funding and will therefore require prioritisation, workforce mapping and planning to ensure realistic delivery. The investment required to deliver the strategy is significant, and is in addition to existing expenditure in mental health services. Implementation is therefore dependent on the release of resources either through service efficiencies/reconfiguration or additional funding. The pace of change outlined in the strategy will also be considered in the context of other service priorities and with regard to the Department's overall financial settlement.

FUNDING REQUIREMENTS AND SPEND PROFILE FOR THE NEXT 10 YEARS

Action		Enabler	Recurrent revenue cost	
			lower	upper
			£m	£m
additional admin support		yes	0.89	0.89
1	increase awareness and public discourse		0.35	0.35
2, 6	action plan for promoting mental health and promotion of positive social support		12.31	12.31
3, 4	increase support for social factors		1.23	3.52
5	expand therapy hubs		2.9	2.9
8	student mental health		0.34	0.34
9, 23	support for carers, families and other and support for people with severe mental illness		0.67	0.67
7, 10, 11	increase funding for CAMHS to 10% of adult mental health funding		7.5	21.1
12, 27	crisis services		2.93	8.02
13	transitions CAMHS to AMHS		4.2	4.2
14	mental health and older adults		1.42	1.42
15	reorganise primary and secondary care services to be better integrated and include C&V sector		5	12
16	regional recovery model		0.61	1.43
17	integrate community and voluntary sector in mental health services		20	20
18	integrate Medicines Optimisation Quality Framework and model		0.31	0.31

Revenue cost profile over 10 years - 2021/22 as year 0											Total	Capital
year 0	year 1	year 2	year 3	year 4	year 5	year 6	year 7	year 8	year 9	year 10		
21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32		
£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
0.1	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	9	
	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	3.5	
	0.5	3	8	10	12.31	12.31	12.31	12.31	12.31	12.31	95.36	
	0	0.5	1.23	3.52	3.52	3.52	3.52	3.52	3.52	3.52	26.37	
	0	0.73	1.45	2.9	2.9	2.9	2.9	2.9	2.9	2.9	22.48	
	0.17	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	3.23	
	0.34	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	6.37	
	2.5	4	7	12	15	21.1	21.1	21.1	21.1	21.1	146	
	0.28	0.53	0.7	2.03	5	8.02	8.02	8.02	8.02	8.02	48.64	
	0	0	1	2.1	4.2	4.2	4.2	4.2	4.2	4.2	28.3	
	0	0	0.72	1.42	1.42	1.42	1.42	1.42	1.42	1.42	10.66	
	0	0	0	1	3	7	12	12	12	12	59	
	0	0.61	0.61	1.43	1.43	1.43	1.43	1.43	1.43	1.43	11.23	
	0	5	7.5	7.5	10	15	20	20	20	20	125	
	0	0.16	0.31	0.31	0.31	0.31	0.31	0.31	0.31	0.31	2.64	

Action		Enabler	Recurrent revenue cost	
			lower	upper
			£m	£m
19	embed psychological therapies into mainstream mental health services		4.2	4.2
20, 21	physical health of those with mental ill health		1.03	1.03
22	pathways from physical healthcare to mental health care		0.53	0.53
24	continue capital works programme			
25	regional rehabilitation service		10.6	10.6
26	low secure in-patient services		7.89	7.89
28	co-current mental health and substance use		0.45	0.45
29a	mother and baby unit		0.75	0.75
29b	psychosis services		6.15	13.45
29c	personality disorders		0.18	7.67
29d	eating disorders		1.1	2.8
29e	other specialist interventions		3.03	3.03
30	digital mental health		0.75	0.75
31	regional mental health service	yes	1.05	1.05
32	workforce review - implications for outcome	yes	12.1	12.1
33	peer support workers		0.79	0.79
34	outcomes framework	yes	0.35	0.35
35	centre of excellence for research		0.75	1.25
	totals		112.36	158.15

Revenue cost profile over 10 years - 2021/22 as year 0											Total	Capital
year 0	year 1	year 2	year 3	year 4	year 5	year 6	year 7	year 8	year 9	year 10		
21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32		
£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
	0	0	0.75	0.75	4.2	4.2	4.2	4.2	4.2	4.2	26.7	
	0.5	0.5	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	9.24	0.07
	0.27	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	0.53	5.04	
											0	230
	0.5	1	1.5	2	2	2	5	5	10.6	10.6	40.2	10
	0	0	0	0	1	1	1	4.89	7.89	7.89	23.67	39.5
	0.23	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	4.28	
	0	0	0	0	0	0	0	0.75	0.75	0.75	2.25	4
	0	0	0	0.35	0.35	3.2	3.2	6.15	9.8	13.45	36.5	
	0.18	0.53	0.53	0.53	2	5.5	7.67	7.67	7.67	7.67	39.95	3.5
	0.55	1.1	1.95	2.8	2.8	2.8	2.8	2.8	2.8	2.8	23.2	
	0	0	0	0	0	1.01	1.01	2.02	2.02	3.03	9.09	
	0.69	1	0.69	0.38	0.38	0.75	0.75	0.75	0.75	0.75	6.89	
0.2	0.5	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	10.15	
0.25	0.1	0	1	3	5	8	10	12.1	12.1	12.1	63.65	
	0.1	0.4	0.79	0.79	0.79	0.79	0.79	0.79	0.79	0.79	6.82	
0.1	0.75	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	4	
	0.19	0.69	0.69	1.25	1.25	1.25	1.25	1.25	1.25	1.25	10.32	
0.65	9.59	24.38	42.08	61.72	84.52	113.37	130.54	141.24	153.49	158.15	919.73	287.07
							total funds required over 10 years					1206.8

ADDITIONAL ADMINISTRATIVE COSTS TO IMPLEMENT THE STRATEGY

To implement the Strategy, additional resource will be required to allow for project management, administration and change work. It is expected this will require dedicated support across the independent sector, community and voluntary sector, HSC Trusts, HSC Board, PHA and the Department.

SUMMARY OF FUNDING REQUIREMENT:

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£0.89m
Total:	-	£0.89m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

1. Implementation of the Strategy will require additional administration and management support in the form of project management, administration and change work.

Funding requirement

2. It is expected that each HSC Trust, the HSC Board and PHA will require an implementation manager at Band 8a and one support worker:
 - a. HSC support:
 - i. 7x Band 8a - £483k
 - ii. 7x Band 4 - £254k
 - b. DoH support:
 - i. 1x Deputy Principal - £58k
 - ii. 1x Staff Officer - £47k
 - c. Independent and community and voluntary sector support - £50k
3. In the Department, it is anticipated that a Project Manager and worker is required at Deputy Principal and Staff Officer level.
4. A recurrent support fund for change for the independent and community voluntary sectors will be developed.

OUTCOMES OF INVESTMENT:

- A well resourced implementation that does not affect the delivery of everyday frontline services.

Theme 1: Promoting Mental Wellbeing, Resilience And Good Mental Health Across Society

Promotion and prevention

Action 1. Increase public awareness of the distinction between mental wellbeing, mental ill health and mental illness, encouraging public understanding and acceptance of how life can impact upon mental wellbeing, and recognition of the signs of mental ill health and mental illness. Using public mental health education and effective awareness raising methods, increase public knowledge of the key measures that can be taken to look after mental wellbeing, increase understanding of mental ill health, and encourage public discourse and dialogue to reduce stigma.

SUMMARY OF FUNDING REQUIREMENT:

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£0.35m
Total:	-	£0.35m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

5. Tackling mental health stigma is a crucial part of any public mental health strategy, as it increases awareness of mental health problems and enables more people to access support.

Other Jurisdictions

6. There has been an uplift in funding for tackling mental health stigma and improving mental health literacy. Progress has been made with these campaigns; for example, survey data show a 9.6% increase in positive attitudes towards people with a mental health problem between 2008 and 2016 in England.

7. Benchmark information on spend in other jurisdictions is summarised in the table below:

	England	Scotland	Wales
Increase public awareness of / public discourse on mental health	£20.5m over 4 years	£4.5m over 3 years	N/A
Base Year	2009 - 12	2012 - 16	N/A

Funding Requirement

8. The average annual spend figures in England and Scotland have been adjusted to reflect NI population equivalency, resulting in costs ranging from £173k p.a. to £518k p.a.
9. An average of the upper and lower cost figures has been used as the basis of an estimate of the Northern Ireland funding requirement.
10. The total additional revenue funding requirement for this action therefore amounts to £0.35m per annum

OUTCOMES OF INVESTMENT:

- Better mental health among the wider population, evidenced by a reduction of % of population with GHQ12 scores ≥ 4 (signifying possible mental health problem).
- Greater public understanding of the differences between mental wellbeing, mental ill health and mental illness.
- A reduction in the stigma associated with mental ill health and mental illness.
- Better inter-agency cooperation to promote wellbeing and resilience.
- Wider awareness of mental health within the health and social care sector outside the mental health profession.
- Wider awareness of how mental health can be impacted by every day decisions and strategic policy directions outside the health and social care sector.

Theme 1: Promoting Mental Wellbeing, Resilience And Good Mental Health Across Society

Promotion and prevention

Action 2. Create an action plan for promoting mental health through early intervention and prevention, with year on year actions covering a whole life approach, reaching from infancy to older age. The action plan must consider groups disproportionately affected by mental ill health who often struggle to access early intervention services and seek to reduce stigma associated with mental ill health.

Promoting across a person's whole life

Action 6. Further promote positive social and emotional development throughout the period of infancy and childhood, including in pre-school and school settings, and provide new evidence-informed interventions and support for families and support to ensure that children and young people get the best start in life.

SUMMARY OF FUNDING REQUIREMENT:

	ONE OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£12.31m
Total:	-	£12.31m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

11. Research highlights that, in addition to the health-related benefits delivered for individuals, early intervention delivers a range of economic benefits to society. Prevention and early intervention has been shown to be cost effective.

Other Jurisdictions

12. The most relevant benchmark information in relation to funding provided for prevention and early intervention is based on the position in England where:
 - a. Additional spend of £1.4bn for transforming children and young people's mental health in England was provided between 2015/16 - 2019/20. When adjusted to reflect Northern Ireland's population size, this equates to £11.8m per annum; and
 - b. England's COVID-19 response includes £15m (for one year) directed towards mental health early intervention measures. When adjusted to reflect Northern Ireland's population size, this equates to £0.51m per annum.

Funding Requirement

13. Prevention and early intervention includes, but is not limited to, activities/interventions directed at children and young people. It is therefore appropriate that both of the above sets of benchmarking data - relating to both CAMHS and Adult Mental Health Services - be used in combination to help inform the anticipated NI equivalent spend.
14. Taking this into account, the additional revenue funding requirement for this action amounts to £12.31m per annum.

OUTCOMES OF INVESTMENT:

- Better mental health among the wider population, evidenced by a reduction of % of population with GHQ12 scores ≥ 4 (signifying possible mental health problem).
- Greater public understanding of the differences between mental wellbeing, mental ill health and mental illness.
- A reduction in the stigma associated with mental ill health and mental illness.
- Better inter-agency cooperation to promote wellbeing and resilience.
- Wider awareness of mental health within the health and social care sector outside the mental health profession.
- Wider awareness of how mental health can be impacted by every day decisions and strategic policy directions outside the health and social care sector.
- Improved mental health among children and young people using key indicators from the 2020 Youth Wellbeing Child and Adolescent Prevalence Study.
- Increased access to specialist mental health provisions, including for those with underlying disabilities.
- Improved mental health outcomes for students.
- Increased engagement with support for families and carers, including unpaid carers, and a greater involvement of families and carers in decision making processes.

Theme 1: Promoting Mental Wellbeing, Resilience And Good Mental Health Across Society

Social determinants and mental health

- Action 3.** Increase the support available to individuals, families and communities to address the social factors that impact on their mental health.
- Action 4.** Work with delivery partners across Government and the health and social care system, to maximise the availability and use of a range of social wellbeing supports, including social prescribing, to encourage and support mental wellbeing and positive mental health.

SUMMARY OF FUNDING REQUIREMENT:

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£1.23m - £3.52m
Total:	-	£1.23m - £3.52m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

15. Social prescribing is an approach to self-management of mental health which involves connecting people to non-medical sources of support or resources in the community which are likely to help with the health problems they are experiencing.
16. Link workers are currently seen as the key to social prescribing. They will work with GPs and Primary Care Networks to direct people visiting the GP into local activities

Other Jurisdictions

Link Workers

17. England's social prescribing initiative aims to roll out 1,000 link workers. When adjusted to reflect Northern Ireland's population size, this equates to 34 link workers. The average link worker salary is £36k per annum, which amounts to a total of £1.23m per annum

Social Prescribing Projects

18. The 2018 Health and Wellbeing Fund gave 23 social prescribing projects in England a share of £4.5m. When adjusted to reflect Northern Ireland's population size, this equates to a fund of £1.5m per annum (range of £1.5m to £15m over 10 year period).

Funding requirement

19. The estimated revenue funding requirement therefore ranges from £1.23m per annum (provision of link support workers only) to £3.52m per annum (provision of link workers plus annual social prescribing project funding of £1.5m).

OUTCOMES OF INVESTMENT:

- Increase in the number of people who receive help and support to improve their lives in difficult social circumstances.
- Greater ability in the population to access easy to use social support, including social prescribing.

Theme 1: Promoting Mental Wellbeing, Resilience And Good Mental Health Across Society

Early intervention

Action 5. Expand therapy hubs, which are resourced sustainably, to ensure Northern Ireland wide coverage. The hubs should be managed by primary care and link with the wider work on establishing mental health as an integral part of the primary care multi-disciplinary team.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£2.9m
Total:	-	£2.9m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

20. A project is currently underway within the Department of Health which involves moving therapy hubs away from secondary care and expanding their remit beyond talking therapies. This will involve working in partnership with the Community and Voluntary sector.
21. Trust areas have highlighted they currently have insufficient resource to address waiting lists and to deliver an effective talking therapy service. As of March 2021, the number of people waiting more than 12 months ranges from 25 in the Southern Trust to 353 in the Western Trust.
22. The current budget across the five Trusts equates to £1.9m. An additional, immediate funding requirement of £504k per annum for staffing has been identified across the Trusts.

Funding Requirement

23. Looking ahead, it is estimated that in addition to the £504k noted above the overall budget will have to double, in order to address the backlogs and put in place resource to enable effective service delivery.
24. The total additional revenue funding requirement for this action therefore amounts to £2.9m per annum.

OUTCOMES OF INVESTMENT:

- Increased access to early intervention services.
- More people being seen early, with a long term reduction in people requiring higher intensity interventions.

Theme 1: Promoting Mental Wellbeing, Resilience And Good Mental Health Across Society

Promoting across a person's whole life

Action 8. Create a dedicated resource for student mental health across tertiary education through the existing delivery of mental health services.

SUMMARY OF FUNDING REQUIREMENT

	ONE OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£0.34m
Total:	-	£0.34m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

25. Across the UK, many universities have started to focus on the mental health of their students and have effective support services in place. However, not all universities are doing this and there are many students falling through the gaps.

Other Jurisdictions

Scotland

26. In March 2018, the Scottish Government announced new funding of £251,530 over three years directed at the provision of mental health support for students in third level education.

27. When adjusted to reflect Northern Ireland's population size, this equates to spend of £30k per annum.

Royal College of Psychiatrists

28. The Royal College of Psychiatrists is currently developing a business case which seeks to establish the most appropriate mechanism by which to provide the necessary resource for student mental health.
29. It is anticipated that this may involve dedicated mental health practitioners at universities. In practice, this would mean five Band 7 practitioner (£62k).

Funding Requirement

30. The total additional revenue funding requirement for this action therefore amounts to £0.34m per annum.

OUTCOMES OF INVESTMENT:

- Improved mental health outcomes for students.

Theme 1: Promoting Mental Wellbeing, Resilience And Good Mental Health Across Society

Promoting across a person's whole life

Action 9. Embed unpaid carers, families and others in the help and support provided to people with mental ill health and also in the development of mental health policy and wider decision making.

Theme 2: Providing the right support at the right time

Severe and enduring mental ill health

Action 23. Provide people with severe and enduring mental ill health the right care and treatment at the right time. They, together with their support networks, to be included in the decision making around their care and in the development of services and new ways of working.

SUMMARY OF FUNDING REQUIREMENT

	ONE OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£0.67m
Total:	-	£0.67m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

31. The delivery of these actions will require the scaling up of those existing services that provide support, together with the development of further specialist areas as outlined below:

CAUSE

32. CAUSE is a charity which provides practical and emotional support for carers of loved ones with Severe Mental Illness and Personality Disorder. CAUSE has provided an estimate of the additional funding required for charities to upscale existing support and interventions in support of the delivery of these actions.
33. Effective delivery of these actions will require carer support to be available in every Trust area, and accessible for all families, regardless what area or team they interface with mental health services. Based on the current CAUSE model, the additional staffing requirement is for 15 Band 4 PD Carer / SMI Family Support Advocates / Co-coordinator.
34. The annual cost per post is £34,250, which amounts to an additional £513,750 per annum.

The Patient Client Council (PCC)

35. The PCC acts as an independent voice for patients, clients, carers and communities. PCC has estimated that £158k of additional funding is required to upscale the existing support and interventions in support of these actions, to include two Band 5 and one Band 6 officers, training, development and overheads.

Funding requirement

36. The total additional revenue funding requirement for these actions therefore amounts to £0.67m per annum.

OUTCOMES OF INVESTMENT:

- Increased access to specialist mental health provisions.
- Increased engagement with support for families and carers, including unpaid carers, and a greater involvement of families and carers in decision making processes.
- Increased user satisfaction for people with severe and enduring mental ill health.
- Increase in % of people with severe and enduring ill health that are actively engaged with society.
- Improved engagement with service users, families and carers in the development and delivery of services and personal care plans.

Theme 1: Promoting Mental Wellbeing, Resilience And Good Mental Health Across Society

Promoting across a person's whole life

Action 7. Provide enhanced and accessible mental health services for those who need specialist mental health services, including children and young people with disabilities. The services must be able to cater for those with disabilities, including physical and sensory disabilities, ASD and intellectual disabilities. This must include help and support for parents and families.

Theme 2: Providing the right support at the right time

Child and adolescent mental health

Action 10. Increase the funding for CAMHS to 10% of adult mental health funding and improve the delivery of the stepped care model to ensure it meets the needs of young people, their families and their support networks.

Action 11. Ensure that the needs of infants are met in mental health services, and meet the needs of vulnerable children and young people when developing and improving CAMHS, putting in place a 'no wrong door' approach.

SUMMARY OF FUNDING REQUIREMENT

	ONE OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£7.5m - £21.1m
Total:	-	£7.5m - £21.1m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

37. This action centres on the funding for CAMHS as a proportion of adult mental health funding. An increase to 10% is considered necessary to enable meaningful investment in the stepped care model to improve access and make it more flexible to the needs of young people.
38. In 2020/21, expenditure on CAMHS equated to £25.7m out of an overall mental health budget of £332m, representing 7.74%. Increasing the proportion of CAMHS spend to 10% would therefore result in an additional investment of £7.5m.
39. However, the overall mental health funding requirement set out in this document would increase total annual spend to approximately £468m per annum. Applying 10% for CAMHS to this uplifted budget figure would equate to an additional £21.1m per annum.

Other Jurisdictions

Proportion of Funding

40. Estimated expenditure on CAMHS varies across the other UK jurisdictions, amounting to 6.7% in England, 6.6% in Scotland and 13%-14% in Wales. The British Medical Association has called for 11% of the total health budget to be spent on CAMHS in England.

'No Wrong Door' (NWD)

41. The NWD approach was first developed in North Yorkshire, England, and has now been adopted as a national approach to early intervention in supporting vulnerable children 'at the edge of care'. In Scotland, the approach is now being commonly applied beyond social care and in Wales the Children's Commissioner is promoting the NWD hub model in responding to young people's emotional wellbeing and mental health needs, where all regions now have specific multi-agency groups established.

Funding Requirement

42. The total additional revenue funding requirement therefore ranges from £7.2m to £20.5m per annum.

OUTCOMES OF INVESTMENT:

- Support for infants in child and adolescent mental health services.
- Children and young people should receive the care and treatment they need, when they need it, without barriers or limitations. This should be evident through shorter waiting lists.
- Reduction in difficult transitions for children and young people, by improved outcomes in 10,000 more voices and similar user surveys.
- A regional approach to the delivery of child and adolescent mental health services.
- Improved mental health among children and young people using key indicators from the 2020 Youth Wellbeing Child and Adolescent Prevalence Study.
- Increased access to specialist mental health provisions, including for those with underlying disabilities.
- Increased engagement with support for families and carers, including unpaid carers, and a greater involvement of families and carers in decision making processes.

Theme 2: Providing the right support at the right time

Child and adolescent mental health

Action 12. Create clear and regionally consistent urgent, emergency and crisis services for children and young people that will work together with crisis services for adult mental health.

Crisis services

Action 27. Create a Regional Mental Health Crisis Service that is fully integrated in mental health services and which will provide help and support for persons in mental health or suicidal crisis.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£2.932m - £8.024m
Total:	-	£2.932m - £8.024m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

Regional Mental Health Crisis Service

43. Additional staff to deliver crisis services will be needed, including a robust regional support structure. It is expected that a Band 8b is required on a regional level, with each Trust using a Band 8a to lead the service. Support staff would also be required for the service leads. The estimated cost requirement for this aspect of the service amounts to £420k per annum.

44. To deliver the enhanced crisis services, additional resource is also required for the various crisis teams. It is expected that this will include a number of Band 6 and Band 5 professionals. The total cost requirements per Trust is estimated at £321k, with a total cost of £1.605m. Further, five band DBI practitioners would be required in each Trust at a cost of £907k.
45. The total cost requirement for the regional crisis service is therefore £2.932m per annum.

Multi Agency Triage Team (MATT)

46. MATT is currently incurring expenditure of £283k per annum for a limited service in two Trust areas (comprising two night shifts per week). To roll out MATT across all Trust areas for a 7-night per week service, it is estimated to cost up to £5.094m per annum.

Funding Requirement

47. The total additional revenue funding requirement therefore ranges between £2.932m (Regional Crisis Service) and £8.024m per annum (Regional Crisis Service and roll out of MATT across NI).

OUTCOMES OF INVESTMENT:

- A regional mental health crisis service.
- Effective help and support for people in crisis, through a regional crisis service, with a resultant reduction in Emergency Department attendance for mental health patients.

Theme 2: Providing the right support at the right time

Child and adolescent mental health

Action 13. Develop proposals for transitions between CAMHS and adult mental health services, engaging widely with all relevant stakeholders.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£4.2m
Total:	-	£4.2m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

48. An externally-led review commissioned by the Department has made recommendations on the future of the transition between CAMHS and Adult Mental Health services. Looking ahead, the proposals will be considered in consultation with key stakeholders.
49. It is anticipated that the first phase of development of a new transitions service model would involve establishing a young person's service in each Trust. This would include a designated post to co-ordinate and support transition processes, ensuring that the service is planned, holistic and consistent. The cost associated with this team is estimated to be in the region of £842k per Trust per annum

Funding Requirement

50. The estimated revenue cost associated with delivering an improved transition from CAMHS to AMHS therefore amounts to £4.2m per annum.

OUTCOMES OF INVESTMENT:

- Children and young people should receive the care and treatment they need, when they need it, without barriers or limitations.
- Reduction in difficult transitions for children and young people, by improved outcomes in 10,000 more voices and similar user surveys.

Theme 2: Providing the right support at the right time

Mental health and older adults

Action 14. Ensure mental health services continue to meet the mental health needs of an ageing population and those with dementia through specialist Old Age services. These will be needs based rather than solely dependent on age. The quality of care provided must be equal to that provided to other service users and must be open to younger people when necessary.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£1.42m
Total:	-	£1.42m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

51. In Northern Ireland, it is estimated that a mental health illness is present in 40% of older adults seeing their GP, 50% of older adults in hospital and 60% of care home residents. Under-diagnosis is reported as a chronic problem and social challenges such as isolation, bereavement and economic poverty contribute to depression in older age groups, where it is estimated that 85% of older adults with depression do not receive any help from statutory services.
52. As of 2018, 16.4% of the population in Northern Ireland is >65 years. It is considered that services are not currently meeting the needs of this population and therefore require a rapid expansion to meet demand. The >65 population in NI has started to increase rapidly, especially the elderly old (>85 years), so further expansion will be needed to meet the demographic demand for functional mental illness.

53. Services will need to be developed around dementia assessment and management in particular. The Royal Colleges are identifying new services which will start looking at people from the age of 55 years and be based around scanning and biomarkers and be ready to introduce new therapies.
54. This will require workforce expansion, training and support and public education/engagement.
55. Following discussion with the Royal College of Psychiatrists, it is clear that meeting the mental health needs of an ageing population will require a significant proportion of the mental health budget. However, as a significant proportion of the existing funding is currently spent on older people, further work is required to determine the exact need.
56. Initially, it is expected that the integration of the mental health needs of older people into mainstream adult mental health services will require an additional psychiatrist for each Trust, together with additional mental health nurses (comprising 1x Band 7 and 2x Band 5).

Other Jurisdictions

57. In England, the NHS Long Term Plan and NHS Mental Health Implementation Plan 2019/20 - 2023/24 set out that the NHS will ensure consistent access to mental health care for older adults with functional needs (that is, depression, anxiety and severe mental illnesses). Older people's mental health is embedded as a 'silver thread' across all of the adult mental health Long Term Plan ambitions, including Improving Access to Psychological Therapies, community-based services for people with severe mental illnesses and crisis and liaison mental health care.
58. The Strategy for Older People in Wales 2013 -2023 aimed to address the barriers faced by older people in Wales and to ensure that wellbeing is within the reach of all. Actions include: Enjoying good physical, mental and emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities.

Funding Requirement

59. The total additional recurrent funding requirement therefore amounts to £1.426m per annum.

OUTCOMES OF INVESTMENT:

- All older adults who need mental health services will receive the care and treatment they need.
- Old age psychiatry services are no longer based on an age threshold but on the needs of the person.

Theme 2: Providing the right support at the right time

Community mental health

Action 15. Refocus and reorganise primary and secondary care mental health services and support services around the community to ensure a person-centred approach, working with statutory and Community and Voluntary partners to create local pathways within a regional system, engaging all actors who can help and support a healthy local population.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£5m - £12m
Total:	-	£5m - £12m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

60. The Mental Health Foundation estimates that only 40% of those with mental health problems in Northern Ireland have access to effective mental healthcare. Furthermore, 79% of those with a mental disorder who sought treatment, did not feel that they received the service they need.
61. It is anticipated that community-based services will be integrated around GPs, with primary care as the hub for mental health care. This represents a fundamental change in the operation of secondary care mental health, so it is joined-up and places professionals where people are.

Other Jurisdictions

62. Cost information from Scotland provides the most relevant benchmark, with an investment of £35m per annum to increase the mental health workforce in communities (including GPs). When adjusted to reflect Northern Ireland's population size, this equates to £12m per annum.

63. In England, investment has been about £5m per region per annum. Each region is comparable in population size to Northern Ireland.

Funding Requirement

64. The total additional revenue funding requirement for this action therefore amounts to between £5m and £12m per annum.

OUTCOMES OF INVESTMENT:

- A mental health system that is person centred, where the system adapts to the need of the person.
- Reduction in waiting lists.
- Increase in service user satisfaction.

Theme 2: Providing the right support at the right time

Community mental health

Action 16. Create a recovery model, and further develop and embed the work of Recovery Colleges, to ensure that a recovery focus and approach is embedded across the entire mental health system.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£0.61m to £1.43m
Total:	-	£0.61m to £1.43m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

65. Recovery Colleges are a valuable resource that could be better used and valued. Consultation was completed with each of the Trusts to establish the current approach to delivery of the Recovery College model and to help determine future requirements.

Additional staffing requirements

66. Trusts have highlighted the need for additional resource to effectively deliver the services provided by the Recovery Colleges. For example, the South Eastern Trust identified a requirement for 2x Band 5s (each at £45k per annum) and Administrative support (£32k per annum), which amounts to £122k per annum.

67. Applying this additional resource requirement across each of the five Trusts equates to £610k per annum.

Regional Oversight Function

68. Whilst all Trusts do not share the same view on the merit of/need for a regional oversight function, it has been costed and included as an additional option. The additional staffing cost associated with its implementation would equate to £824k per annum.

Peer Support Workers

69. The need for Peer Support Workers is highlighted as a component of delivering against this action. However, the role and costs associated with additional peer support workers is considered separately under Action 33.

Funding Requirement

70. The total additional revenue funding requirement therefore ranges from £0.61m to £1.43m per annum.

OUTCOMES OF INVESTMENT:

- A mental health system that is person centred, where the system adapts to the need of the person.
- Reduction in waiting lists.
- Increase in service user satisfaction.

Theme 2: Providing the right support at the right time

Community mental health

Action 17. Fully integrate the community and voluntary sector in mental health service delivery with a lifespan approach, including the development of a protocol to make maximum use of the sector's expertise.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£20m
Total:	-	£20m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

71. The effective delivery of a community-based model of mental health is not possible without the full integration of the community and voluntary sector. Historically, this has developed incrementally, and configuration is uneven across Northern Ireland. The community and voluntary sector needs to be a fully integrated partner involved in the planning, development and delivery of mental health services to ensure improved outcomes.

Other Jurisdictions

72. Integration of the community and voluntary sector takes place across the NHS and health sector as a whole with some specific examples of where it is successful in the delivery of mental health services. Elsewhere, good practice is based on key principles applicable to all health services.

	England	Scotland	Wales
Integration of the Community & Voluntary Sector	An extra £4.5bn per annum to 2023/24 to support investment in primary and community services	A radical cross sector Mental Health Partnership launched to lobby Government	Key principles of collaborative working with the C&V sector are included in the existing national strategy
Base Year	2019/20	2021/22	2012-2022

73. An additional £4.5bn per annum is being provided in England to support investment in primary and community mental health services in England. When adjusted to reflect Northern Ireland’s population size, this equates to £20m per annum.

Funding Requirement

74. Based on the available benchmark funding information from England, it is anticipated that the recurrent revenue cost associated with this action amounts to £20m per annum.

OUTCOMES OF INVESTMENT:

- A mental health system that is person centred, where the system adapts to the need of the person.
- Reduction in waiting lists.
- Increase in service user satisfaction,

Theme 2: Providing the right support at the right time

Medicines in mental health

Action 18. Fully integrate the Medicines Optimisation Quality Framework and the Northern Ireland Medicines Optimisation Model into mental health service delivery by integrating pharmacy teams into all care pathways that involve the use of medicines to ensure appropriate help and support is provided to people who are in receipt of medication for their mental ill health.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£0.31m
Total:	-	£0.31m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

75. For many people with mental ill health, the help and treatment received involves medication. Medicines, when carefully selected and used appropriately, are an important factor in the sustainability of treatment for those with long term mental ill health and can play a vital role in the recovery process.
76. The Medicines Optimisation Quality Framework (2016) sets out a Regional Model for Medicines Optimisation that outlines what patients can expect when medicines are included in their treatment.
77. When a person receives medication for their mental ill health, it is vital that they have access to the necessary level of expertise, especially for those people with severe mental health problems, including those who have coexisting physical health problems and are on complex medication regimes. Specialist mental health pharmacists not only link with their relevant mental health teams, but also with Health and Social Care Board and pharmacists in general practice and community pharmacies by facilitating training and providing medicines advice on complex cases.

78. It is anticipated that implementation of this action will involve the integration of a new Mental Health Pharmacist into each of the five Trusts. The average salary of a Mental Health Pharmacist is £62k per annum (Band 7).

Funding Requirement

79. The total additional revenue funding requirement for this action therefore amounts to £0.31m per annum.

OUTCOMES OF INVESTMENT:

- Better understanding of the use of medication in mental health services.
- More help and support to professionals prescribing mental health medication.
- Improved outcomes for people on mental health medication.

Theme 2: Providing the right support at the right time

Psychological therapies

Action 19. Embed psychological services into mainstream mental health services and ensure psychological therapies are available across all steps of care.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£4.2m
Total:	-	£4.2m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

80. Across Northern Ireland, there are inequalities in the provision of and access to psychological therapies, which has resulted in long waiting lists. To improve access to effective psychological interventions, it is essential to match the right level of intervention to the individual seeking support, at the right time. It also involves the integration of psychological therapies pathways within mental health services so that there are no regional variations.

Other Jurisdictions

81. The focus in England to improve access to psychological therapies is on the recruitment and training of additional psychotherapists and other professionals (£236m per annum). Scotland has allocated £18.5m to improving access to mental health services, however this is not exclusively for psychological services. Wales has a direct allocation of £0.5m to improve access to psychological services.
82. Benchmark costs from England and Wales are considered to be most relevant to the Northern Ireland context. When adjusted to reflect Northern Ireland's population size, this equates to £8m per annum (England) and £0.3m per annum (Wales).

Funding Requirement

83. Using an average of the adjusted funding figures, the additional revenue funding requirement would amount to £4.2m per annum.

OUTCOMES OF INVESTMENT:

- Availability of psychological services at the time when people need it.
- Reduction in waiting times to access psychological services.
- Integrated psychological therapies in mainstream mental health services.
- Use of all available methods and technology to meet the needs of the people.

Theme 2: Providing the right support at the right time

Physical health and mental illness

Action 20. Develop an agreed framework between mental health services and primary care services for the physical health monitoring of people with a severe and enduring mental illness, as well as other people with mental disorders.

Action 21. Ensure that all mental health patients are offered and encouraged to take up screening for physical health issues on admission. Provide help and support across all mental health services to encourage positive physical health and healthy living.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	£0.07m	-
REVENUE:	-	£1.03m
Total:	£0.07m	£1.03m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

84. Regular physical health checks, which include lifestyle and family medical history, together with routine tests such as weight, blood pressure, glucose and fats or lipids, can identify potential problems before they develop into serious conditions.
85. Health screening is an effective way to diagnose certain conditions which can benefit from early diagnosis. Mental health nurses should support people with mental health problems to access screening programmes.
86. The person-centred, holistic nature of the therapeutic relationship between mental health nurses and service users means that nurses are ideally placed and have a vital role to play in the prevention of physical ill health, increasing early detection of illness and reducing premature morbidity, enabling people to live healthier and longer lives.

87. Admission to a mental health in-patient facility provides an opportunity to improve a person's mental and physical health.

Other Jurisdictions

88. Information on costs from other jurisdictions is very limited, as any budget for physical health checks or physical screening are contained within general budgets for Community Mental Health Services.

Bradford District Care NHS Foundation Trust 2015 case study

89. The most useful benchmark information available relates to a 2015 case study from Bradford District Care NHS Foundation, where a best practice approach to physical health checks in primary care for those living with severe mental illness was developed. It involved the establishment of wellbeing clinics using nurses with mental health experience. A physical health template was developed to compile a baseline check and screening for in-patients. The physical checks would record key information every six weeks for 6 months (close monitoring) until the patients were considered stable in the community and passed for GP care. GPs then would provide an annual physical check. The cost of delivering this service was £510k (£480k revenue and £30k capital).

Funding Requirement

90. When adjusted to reflect Northern Ireland's population size, this equates to recurrent revenue of £1.03m per annum and a non-recurrent capital investment of £0.07m.

OUTCOMES OF INVESTMENT:

- People with mental health difficulties will be supported to enjoy the same quality of life as the general population and have the same life expectancy.
- People with Serious Mental Illness will be offered, and encouraged to participate in, an annual health check.
- Reduction in % of mental health patients who are smoking.
- People with a physical illness will receive appropriate help and support to deal with mental ill health.

Theme 2: Providing the right support at the right time

Physical health and mental illness

Action 22. Create effective pathways from physical healthcare into mental health services to ensure those with a physical illness that causes mental ill health can receive the care and treatment they need.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£0.53m
Total:	-	£0.53m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

Coordinators between physical and mental health services

91. It is anticipated that this will require additional support staff (1x Band 8a per Trust) within physical health, acting as coordinators between physical and mental health services and therefore enabling these pathways. Each Trust is also expected to require administrative support at Band 4.
92. The average cost of a Band 8a is £69k per annum and the cost for a Band 4 is £36k per annum.

Funding Requirement

93. The total additional revenue funding requirement for this action therefore amounts to £0.53m per annum

OUTCOMES OF INVESTMENT:

- People with mental health difficulties will be supported to enjoy the same quality of life as the general population and have the same life expectancy.

Theme 2: Providing the right support at the right time

In-patient mental health services

Action 24. Continue the capital works programme to ensure an up to date in-patient infrastructure. Consider alternative options to hospital detentions in line with legislative changes to ensure the best outcomes for patients and that those who need in-patient care can receive the best care available.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	£230m	-
REVENUE:	-	-
Total:	£230m	-

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

New Mental Health Facilities

94. Three new mental health facilities are to be taken forward over the next number of years in the Northern, South Eastern and Western Trusts, at an estimated total cost of £206m.

Specialist housing schemes

95. The Mayor of London launched a Fund of £111m in August 2018 to support specialised housing which includes accommodation for adults with disabilities or mental health needs, and can include the remodelling of existing accommodation rather than new builds. A similar Fund adjusted to reflect the size of Northern Ireland's population would equate to a one-off capital funding requirement of £24m. It should be noted that the mechanism by which to administer such a Fund would require detailed consideration.

Funding Requirement

96. The total additional non-recurrent capital investment for this action therefore amounts to £230m. However, considering the uncertainties around capital costs, it is not unlikely that costs, when projects are initiated, may be higher.

OUTCOMES OF INVESTMENT:

- Acute in-patient bed occupancy levels in line with the Royal College of Psychiatrists recommendations.
- Regional consistency in length of stay.
- Decrease in average length of stay across acute in-patient settings.
- Better life outcomes for patients with a long term intensive mental health need.

Theme 2: Providing the right support at the right time

In-patient mental health services

Action 25. Create a regional structure for a mental health rehabilitation service, including specialist community teams and appropriate facilities for long-term care.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	£10m	-
REVENUE:	-	£10.6m
Total:	£10m	£10.6m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

Review of Rehabilitation Services

97. A Trust led review of the future commissioning needs of regional rehabilitation services has been completed, which proposes a phased approach to the development of a fit for purpose infrastructure, to include a mix of hospital and community provision as follows:
 - a. Phase 1: Two Trusts each providing a high intensity inpatient unit (at a cost of £2.3m per annum per unit)
 - b. Phase 2: The other three Trusts establishing community units (at a cost of £2m per annum per unit)
98. The total recurrent revenue cost therefore equates to £10.6m per annum.
99. Based on benchmark information in relation to other capital works, it is anticipated that each unit would require investment of £2m. This would involve a non-recurrent capital investment of £10m.

Funding Requirement

100. The anticipated additional funding requirement equates to:

- a. Recurrent revenue cost of £10.6m per annum; and
- a. Non-recurrent capital investment of £10m.

101. However, considering the uncertainties around capital costs, it is not unlikely that costs, when projects are initiated, may be higher.

OUTCOMES OF INVESTMENT:

- Acute in-patient bed occupancy levels in line with the Royal College of Psychiatrists recommendations.
- Regional consistency in length of stay.
- Decrease in average length of stay across acute in-patient settings.
- Better life outcomes for patients with a long term intensive mental health need.

Theme 2: Providing the right support at the right time

In-patient mental health services

Action 26. Develop regional low secure in-patient care for the patients who need it.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	£39.5m	-
REVENUE:	-	£7.89m
Total:	£39.5m	£7.89m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

102. The Forensic Managed Care Network (FMCN) has given consideration to the model for low secure services in Northern Ireland and has developed proposals for future low secure provision in Northern Ireland.
103. The FMCN paper identifies a pressing need for the development of low secure in-patient services across Mental Health and Intellectual Development Disability. It also gives consideration to the likely costs and the associated implementation model. The FMCN paper proposes a phased approach to the development of inpatient low secure services. The paper proposes a total of 50 low secure beds across the two phases.

Capital Costs

104. Three new mental health facilities are to be taken forward over the next number of years in the Northern, South Eastern and Western Trusts. These will create 262 beds at a cost of £206m, equating to a capital cost of £0.79m per bed. Applying this per bed cost to the low secure proposals equates to a capital cost of £39.5m.

Revenue Costs

105. The FMCN paper estimates that the recurrent revenue cost associated with delivering the service in the context of a 102 bed low secure facility to be in the region of £16.1m. Scaling this to reflect the number of beds associated with the proposed phased model (50 beds) equates to £7.89m per annum.

Funding Requirement

106. The total additional funding requirement for this action therefore amounts to £33.5m of non-recurrent capital and £7.89m per annum of recurrent revenue. However, considering the uncertainties around capital costs, it is not unlikely that costs, when projects are initiated, may be higher.

OUTCOMES OF INVESTMENT:

- Acute in-patient bed occupancy levels in line with the Royal College of Psychiatrists recommendations.
- Regional consistency in length of stay.
- Decrease in average length of stay across acute in-patient settings.
- Better life outcomes for patients with a long term intensive mental health need.

Theme 2: Providing the right support at the right time

Co-current mental health issues and substance use (dual diagnosis)

Action 28. Create a managed care network with experts in dual diagnosis, supporting and building capacity in both mental health and substance use services, to ensure that these services meet the full needs of those with co-occurring issues.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£0.45m
Total:	-	£0.45m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

Dual Diagnosis Managed Care Network

107. The cost of operating the Forensic Managed Care Network is £350k per annum. Using this as a benchmark, the cost of a dual diagnosis managed care network is likely to be in this region - total additional revenue funding requirement of £350k.

Capacity Building

108. Further funding will be required to support capacity building in both mental health and substance use services in the form of training and development. The cost of this is estimated to be in the region of £100k per annum.

Funding Requirement

109. The total additional revenue funding requirement for this action therefore amounts to £0.45m per annum

OUTCOMES OF INVESTMENT:

- A reduction of patients with a co-current mental health and substance use issue that are non-compliant with mental health treatment
- A person centred approach to care that focusses on the person, rather than expecting the person to fit the system.
- Better health and social outcomes for those with co-current mental health and substance use issues.
- People with co-occurring mental health and substance use issues receive high quality, holistic and person-centred care.

Theme 2: Providing the right support at the right time

Specialist interventions

Action 29. Ensure there are specialist interventions available to those who need it. In particular:

a. Continue the rollout of specialist perinatal mental health services.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	£4m	-
REVENUE:	-	£0.75m
Total:	£4m	£0.75m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

Perinatal Mental Health Service

110. Funding of £4.5m has already been secured for the Perinatal Mental Health (PNMH) Service and as such, no additional funding is required.

Regional Perinatal Mental Health Mother and Baby Unit

111. Northern Ireland is currently the only region in the UK that does not have a dedicated PNMH mother and baby inpatient unit. The estimated cost to build the Regional Perinatal Mental Health Mother and Baby Inpatient Unit is £4m.

112. The indicative staffing requirement for a six bedded mother and baby unit comprises a consultant psychiatrist, nurses, social workers and administrative support, at an estimated cost of £0.75m per annum.

Funding Requirement

113. The additional funding requirement for this action comprises a non-recurrent capital investment of £4m and recurrent revenue funding of £0.75m per annum. However, considering the uncertainties around capital costs, it is not unlikely that costs, when projects are initiated, may be higher.

OUTCOMES OF INVESTMENT:

- Effective specialist interventions that meet the needs of the people, when they need it.
- A person-centred service that avoids silos and where people are treated as individuals.
- The right specialist interventions when needed, with quicker outcomes thus reducing the time people require mental health interventions.

Theme 2: Providing the right support at the right time

Specialist interventions

Action 29. Ensure there are specialist interventions available to those who need it. In particular:

b. Ensure access to evidence based treatments and interventions for people presenting with a first episode psychosis and develop a regional psychosis network.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£6.15m - £13.45m
Total:	-	£6.15m - £13.45m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

114. Early intervention reduces the severity of psychosis symptoms, improves relapse rates and decreases the use of in-patient care, when compared to standard mental health care. In Northern Ireland, psychosis interventions are provided within community mental health teams, home treatment and throughout in-patient services. A psychosis network will improve integration and support early intervention.

Regional Psychosis Network

115. The recurrent cost associated with a regional psychosis network will likely be similar to that for the Forensic Managed Care Network (£350k per annum).

Other Jurisdictions

116. The main focus in other jurisdictions has been on increasing the capacity of the workforce, with investments of £975m in England by 2023/24 and annual expenditure of £16.8m in Scotland plus additional funding for setting up services. Wales has invested £0.8m per annum from 2015/16, with an additional £0.3m being made available for the Third Sector.
117. When adjusted to reflect Northern Ireland's population size, this is equivalent to the following investments: England - £33m, Scotland - £5.8m, and Wales - £0.6m.
118. The average funding across the other UK jurisdictions (adjusted for NI population size) is therefore in the region of £13.1m per annum. However, it is worth noting that costs could be reduced by adopting a similar model to Scotland (£5.8m per annum).

Funding Requirement

119. The total additional revenue funding requirement for this action therefore ranges between £6.15m - £13.45m per annum.

OUTCOMES OF INVESTMENT:

- Effective specialist interventions that meet the needs of the people, when they need it.
- A person-centred service that avoids silos and where people are treated as individuals.
- The right specialist interventions when needed, with quicker outcomes thus reducing the time people require mental health interventions.

Theme 2: Providing the right support at the right time

Specialist interventions

Action 29. Ensure there are specialist interventions available to those who need it. In particular:

c. Enhance the provision of personality disorder services regionally through the formation of a Personality Disorder Managed Care Network.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	£1.4m - £3.5m	-
REVENUE:	-	£0.18m - £7.67m
Total:	£1.4m - £3.5m	£0.18m - £7.67m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

120. A review of personality disorder services has been completed, which provides a proposed model for future service delivery. The proposed model has been developed through co-production involving service user input and carer representation via CAUSE, alongside the clinical members of the HSCB Personality Disorder Network and statutory and community and voluntary organisations.
121. The review recommended that personality disorder services be further developed on a regional basis in a tiered approach to enhance both community mental health team expertise and the provision by specialist services, alongside an integrated approach with the community and voluntary sector.

Funding Requirement

122. The total additional revenue funding requirement for this action ranges from £0.18m to £7.67m per annum. Non-recurrent capital costs in relation to supported living accommodation range from £1.4m - £3.5m.

OUTCOMES OF INVESTMENT:

- Effective specialist interventions that meet the needs of the people, when they need it.
- A person-centred service that avoids silos and where people are treated as individuals.
- The right specialist interventions when needed, with quicker outcomes thus reducing the time people require mental health interventions.

Theme 2: Providing the right support at the right time

Specialist interventions

Action 29. Ensure there are specialist interventions available to those who need it. In particular:

d. Enhance the regional eating disorder service.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£1.1m - £2.8m
Total:	-	£1.1m - £2.8m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

123. Options for improving the provision of eating disorder services across Northern Ireland have been examined by the HSC Board through the Regional Eating Disorders Network Group (REDNG). The review identified five options for consideration and also examined the financial investment associated with each.

124. The top two priority options were identified as:

- a. Optimising community based services (recurrent revenue costs of £1.7m per annum); and
- b. Optimising the ability of local mental health/acute medical wards and paediatric in-patient facilities to treat eating disorders (recurrent revenue costs of £1.1m per annum).

125. The options identified in the review are not mutually exclusive and in that context, the recommendation is that they are developed together, through a phased approach.

Funding Requirement

126. The total additional revenue funding requirement for this action therefore ranges from £1.1m per annum to £2.8m per annum.

OUTCOMES OF INVESTMENT:

- Effective specialist interventions that meet the needs of the people, when they need it.
- A person-centred service that avoids silos and where people are treated as individuals.
- The right specialist interventions when needed, with quicker outcomes thus reducing the time people require mental health interventions.

Theme 2: Providing the right support at the right time

Specialist interventions

Action 29. Ensure there are specialist interventions available to those who need it. In particular:

e. Further develop specialist interventions with a lifespan approach to ensure that those who require specialist interventions will receive them when needed.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£3.03m
Total:	-	£3.03m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

127. Going forward, it is anticipated that there will be a need for a range of other specialist mental health services. However, at this stage, details of the specific services that may be required are not yet known. What can be said is that, as demand increases and service delivery models evolve, there is a likelihood that further specialist interventions will be required. This is best demonstrated using the example of ADHD services. Ten years ago, specialist ADHD services did not exist in Northern Ireland. However, there is now demand for such a service and it will probably require intervention; this could not have been anticipated 10 years ago.
128. The purpose of this action is essentially to futureproof for any such developments that might materialise over the 10 year Strategy implementation period ensuring that specialist interventions can be provided where they are needed.

Future Provision

129. It is difficult to estimate the future funding requirement in the absence of any foresight regarding the nature of future specialist interventions. However, in order to inform potential future specialist service funding requirements, an average per annum revenue cost associated with the implementation of other specialist services (Personality Disorder, Eating Disorder, Psychosis and Perinatal) has been taken. This results in a potential indicative requirement for recurrent revenue costs of £6.06m. However, it is not expected that such services will be delivered fully throughout the Strategy life and the costs have therefore been reduced accordingly.

Funding Requirement

130. The total potential additional revenue funding requirement for this action therefore amounts to £3.03m per annum

OUTCOMES OF INVESTMENT:

- Effective specialist interventions that meet the needs of the people, when they need it.
- A person-centred service that avoids silos and where people are treated as individuals.
- The right specialist interventions when needed, with quicker outcomes thus reducing the time people require mental health interventions.

Theme 3: New ways of working

Digital mental health

Action 30. Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	£1.24m	£0.75m
Total:	£1.24m	£0.75m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

131. Silvercloud Health is a world-wide Digital Health company that provides online mental health programmes. They currently have contracts with the HSE, NHS England, and NHS Scotland for providing online self-help and facilitated support courses to health care staff and the general public.
132. A business case is currently under development seeking approval to implement Silvercloud in Northern Ireland. It is important to note that further work is required to understand, interrogate and benchmark the indicative costs contained in the draft business case. However, these costs provide a useful benchmark for the costs associated with further digital mental health interventions.
133. The annual recurrent revenue cost associated with the running of Silvercloud is anticipated to be in the region of £377k.
134. The funding required for Silvercloud includes one off revenue costs associated with a 2 year project team for implementation across the region (1 Band 8A and 5 Band 6 staff) at a total cost of £618k.
135. For the purposes of this Funding Plan, it has been assumed that future digital mental health projects/initiatives could require up to double the level of funding needed for Silvercloud implementation.

Other jurisdictions

136. In England, the Mental Health Implementation Plan includes a clear ambition to develop digitally enabled mental health care, where it is included as an enabling action of the Five Year Forward View for Mental Health and Long Term Plan commitments, and where the NHS is to be able to demonstrate progress against assessments of digital maturity.
137. Scotland and Wales are also progressing with digitally enhanced services, including online Cognitive Behavioural Therapy and the ability to access online therapy without the need to go through GPs.

Funding Requirement

138. The total additional revenue funding requirement for this action amounts to:
 - a. £0.75m per annum recurrent revenue; and
 - b. £1.24m one off revenue costs (implementation staffing).

OUTCOMES OF INVESTMENT:

- Increase access to digital mental health solutions.
- Support the traditional delivery of mental health services with new digital methods.

Theme 3: New ways of working

A regional mental health service

Action 31. Develop a regional mental health service, operating across the five HSC Trusts, with regional professional leadership that is responsible for consistency in service delivery and development.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£1.05m
Total:	-	£1.05m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

139. The Regional Mental Health Service is intended to create consistency of provision and ensure equality and equity of access to services, particularly for those living in rural areas.
140. Work has already commenced to plan for the establishment of the regional mental health service: a Steering Group has been established which includes representatives from the HSC, professional bodies and the community and voluntary sector, and those with lived experience.
141. It is anticipated that a report providing recommendations to take this forward will be completed by September 2021.

Funding Requirement

142. Initial scoping of the staffing required to implement and operate a Regional Mental Health Service indicates expenditure of up to £1.05m per annum.

OUTCOMES OF INVESTMENT:

- A regional approach to mental health with regional consistency in service delivery.
- Less confusion for patients using services across Trusts measured through service user satisfaction surveys.
- Improved experience for those transitioning between Trusts.
- People have access to high quality, regionally consistent but locality-based services within local communities.

Theme 3: New ways of working

Workforce for the future

Action 32. Undertake a comprehensive workforce review considering existing workforce need and training, and the development of new workforce, such as allied health professions, therapists and physician associates.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£12.1m
Total:	-	£12.1m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

143. Multidisciplinary working is central to the future provision of mental health services in Northern Ireland, as teams with a breadth of skill sets can better meet the needs of individuals.
144. A workforce review will give a better understanding of the training, recruitment and retention requirements to create new models of care that give choice and enable consistency in the quality of care and recovery.

Other jurisdictions

145. As part of the Long Term Plan, NHS England plans to increase its mental health workforce by 27,460 employees by 2023/24. However, the costing for this is not yet available. In Scotland, £35m has been made available for an additional 800 employees in mental health and in Wales, a new workforce strategy is currently being developed.

Funding Requirement

146. The data from Scotland represents the most relevant benchmark for Northern Ireland and when adjusted to reflect Northern Ireland's population size, this equates to a recurrent revenue cost of £12.1m per annum.

OUTCOMES OF INVESTMENT:

- A well supported workforce that is fit for the future and meets the needs of those who are mentally ill.
- An increase in the number of training places for mental health professionals.
- An increase in the number of staff employed in mental health services and a development of new professions and practices across services.
- A workforce which is trained in meeting the needs of particular high risk groups, suicide prevention skills and trauma informed practice.

Theme 3: New ways of working

Workforce for the future

Action 33. Create a peer support and advocacy model across mental health services.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£0.79m
Total:	-	£0.79m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

147. The Mental Health Foundation defines Peer Support as ‘the help and support that people with lived experience of mental illness or a learning disability are able to give to one another’. It may be social, emotional or practical support allowing peers to benefit whether giving or receiving it.
148. Peer support workers and advocates use their own lived experience and knowledge to help and support individuals in their recovery journey. In Northern Ireland, peer support workers have been partially rolled out but there has been uneven coverage across Trusts. Clearer regional guidance, a consistent approach and job descriptions will help improve the impact that peer support and advocates can have on improving patient outcomes.

Other jurisdictions

149. The majority of NHS Mental Health Trusts in England employ Peer Support Workers (PSW) as part of multi-disciplinary teams. A total of 742 PSWs are directly employed by the NHS.
150. The Scottish Independent Advocacy Alliance is a membership organisation that has the overall aim of ensuring that Independent Advocacy is available to any vulnerable person in Scotland.

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151. The Welsh Government published guidance in 2011 to provide Local Health Boards (LHBs) and independent mental health advocacy providers on how they should proceed in planning and provision of mental health advocacy services. At that time, additional funding was being made available annually to LHBs to support the expansion of independent mental health advocacy services

Funding Requirement

152. It is anticipated that a Northern Ireland peer support and advocacy model would require an average of 5 Peer Support Workers per Trust at a cost of £795k per annum.

OUTCOMES OF INVESTMENT:

- A well supported workforce that is fit for the future and meets the needs of those who are mentally ill.
- An increase in the number of staff employed in mental health services and a development of new professions and practices across services.
- A workforce which is trained in meeting the needs of particular high risk groups, suicide prevention skills and trauma informed practice.

Theme 3: New ways of working

Data and outcomes

Action 34. Develop a regional Outcomes Framework in collaboration with service users and professionals, to underpin and drive service development and delivery.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	£0.75m	£0.35m
Total:	£0.75m	£0.35m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

153. Having data to measure outcomes is essential in order to deliver the right services that meet the needs of the population. In Northern Ireland, only a small number of mental health services have adopted successful outcomes frameworks. This action centres on the creation of a new regional Outcomes Framework.
154. Currently the only outcomes measurement in PfG relating to mental health is GHQ-12. Developing a dedicated Outcomes Framework for mental health services will allow better service improvement and development and better understanding of targets at central Government level.

Other Jurisdictions

155. There are several tools in use in other jurisdictions to measure and track the outcomes of mental health strategies for those geographies. However, some of these are quite dated and not necessarily aligned to the most recent mental health strategies.
156. There is also a lack of comparable cost information from other jurisdictions.

Funding Requirement

157. It is anticipated that the creation of a new regional Outcomes Framework may involve the following key stages:
- a. Year 0 and Year 1: Discovery Project to establish the requirements, usage of data and development costs;
 - b. Year 2: Set up of the framework; and
 - c. Year 3 onwards: Ongoing running costs (staff costs and licencing) - £350k per annum
158. The total funding requirement therefore amounts to:
- a. One off revenue costs of £0.75m; and
 - b. Recurrent revenue costs of £0.35m per annum.

OUTCOMES OF INVESTMENT:

- A clear, evidence based Outcomes Framework which allows evidence to be the foundation for decision making.
- A robust data set which is comparable across Trusts to measure performance and to determine what works.

Theme 3: New ways of working

Innovation and research

Action 35. Create a centre of excellence for mental health research.

SUMMARY OF FUNDING REQUIREMENT

	ONE-OFF COSTS	RECURRENT COSTS
Capital:	-	-
REVENUE:	-	£0.75m - £1.25m
Total:	-	£0.75m - £1.25m

SUPPORTING DETAIL AND ASSUMPTIONS:

Background

159. Northern Ireland is the only part of the UK not to have any specialism in mental health research. Scotland has the NHS Research Scotland Mental Health Network, Wales has the Cardiff University National Centre for Mental Health, and there are 15 partnerships across England which are dedicated to mental health research.

Benchmark Costs

160. In Germany, a new Mental Health research centre of excellence was established in 2021 called ZI-HUB. This research centre will benefit from a budget of €30m per annum. When adjusted to reflect the population size of Northern Ireland, this equates to £590k per annum.

161. In England, £135m across 5 years was approved in July 2019 to fund 15 partnerships through the National Institute for Health Research (NIHR). When adjusted to reflect the population size of Northern Ireland, this equates to £911k per annum.

162. The annual benchmark research funding figures for Germany and England are not dissimilar. An average has therefore been taken, resulting in a funding requirement of £0.75m per annum.

Research Fund

163. It would be the intention that an additional £0.5m per annum would be used to establish a Fund that would be open for applications to support mental health-related research.

Funding Requirement

164. The total additional revenue funding requirement for this action therefore ranges from £0.75m to £1.25m per annum.

OUTCOMES OF INVESTMENT:

- A regional approach to mental health research which produces quality outcomes.
- Increase in mental health related research across Northern Ireland.



Mental 2021-2031 Health Strategy



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