Benchmarking Network

NHS England
Community Mental Health Services
Audit Results

7 - Greater Manchester

Raising Standards through Sharing Excellence

Contents

	Page
Introduction	6
Context – inpatient provision	8
Community Mental Health Services – size and shape	14
CMHS finance	32
CMHS Workforce – profile, skills and competencies	38
Social Care	47
Primary Care	56
Voluntary Sector	65
Conclusions	69

Policy context and drivers for this stocktake

- NHS England is undertaking **a programme of work on community-based mental health services in England** with a view to reframing the way in which they are commissioned and delivered in **an integrated way across primary and secondary care, and health, social care, the voluntary sector and communities**.
- NHS England commissioned this community mental health services stocktake from the NHS Benchmarking Network in partnership with Health Education England (HEE) **to understand commissioning arrangements and contributions across a range of statutory and non-statutory sectors**, including CCGs, primary care, mental health trusts, local authorities and voluntary sector bodies.
- This stocktake will help inform **national policy**, the implementation and further development of England's **mental health workforce strategy** following HEE's publication of *Stepping Forward to 2020/21: Mental Health Workforce Plan for England* in July 2017, and also provides **key local-level intelligence** for use by commissioners, providers, STPs and ICSs to support current and future planning (separate reports have gone to all responding CCGs, local authorities and mental health trusts about CCG commissioning, trust provision and local authority contributions).
- Community mental health services provide **the bedrock for secondary mental health care** with over 90% of service users supported in community settings. Community services are **central to the delivery of the ambitions in the *Five Year Forward View for Mental Health*** (*FYFVMH*) and to ensuring that local services are **sustainable**. The need to optimise core community-based care is more important than ever, particularly with **the Mental Health Act Review** currently underway.

What this stocktake gives us working in national organisations

- A clear picture of the **baseline capacity within the system** in order to be able to assess how care can be commissioned and delivered in line with the forthcoming new framework for an integrated, community-based mental health offer.
- An understanding of **the scale of service and workforce development and potential additional investment required** in order for local systems to fully deliver changes in line with the forthcoming new framework.

What this tailored report gives you working in local systems

- Information is **specific to STPs and ICSs** and should be used to support **local discussions around prioritisation** to improve both the utilisation of resources and value for the population, considering opportunities which have the potential to provide the biggest improvements in health outcomes, resource allocation and reducing inequalities.
- The intention of these data packs is not to provide a definitive view of provision, commissioning arrangements or performance within an area, *per se*, but rather **to help STPs/ICSs explore**
- **potential areas for development or improvement** based on benchmarking in comparison with other areas.
- These packs will enable commissioners to **engage** with clinicians and other local stakeholders further using local data, including to **explore** any areas highlighted through national or regional benchmarking as outliers.
- The information provided will allow STP/ICS areas to discuss the opportunities highlighted in this pack as part of any future STP/ICS **planning processes** and consider STP-wide action where appropriate. STPs/ICSs can use this information **in tandem** with individual CCG-level, mental health trust-level and local authority-level reports that have been sent to those organisations which participated in the stocktake.
- The information provided can also be used to assess local systems against the forthcoming new framework for integrated community mental health services (see next slide), and to inform potential proposals that local systems may be invited to submit for use of **any future national transformation funding opportunities**.
- This report provides **vital contextual information** relative to *FYFVMH* Adult Mental Health transformation areas, particularly crisis and acute care, which should not be seen in isolation but rather as elements of **a wider system in which core community mental health services play a critical role**. It is advised that this should be viewed and considered alongside **your other local benchmarking data** e.g. on acute mental health care.

National support to you in local systems

NHS England will, in collaboration with the NHS Benchmarking Network, run **a series of regional webinars** in July to support regions, STPs/ICSs, CCGs, mental health trusts and local authorities with interpretation of their individualised packs. These will cover:

- Background information about NHS England's work on community mental health services, including:
  - our commissioning the National Collaborating Centre for Mental Health (NCCMH) to develop new framework for primary/community MH services to realign the Care Programme Approach (CPA)
  - our programme of work on psychological therapies for severe mental illnesses (SMI) and planned investment from 2018/19-2020/21
- A brief overview of the stocktake and methodology
- Suggestions on how to use and interpret your individualised report
- Q&A

To register your interest in joining your regional webinar, or if you would like to submit any queries or request support, please email the Adult Mental Health national policy team at england.adultmh@nhs.net stating which region you are part of from the following list:

- **London –** webinar on Tuesday 24 July 11:00-12:00
- **Midlands & East –** webinar on Tuesday 24 July 15:00-16:00
- **North –** webinar on Wednesday 25 July 15:00-16:00
- **South East –** webinar on Monday 30 July 11:00-12:00
- **South West –** webinar on Monday 30 July 15:00-16:00

Introduction

- This report summarises the results of a national audit into Community Mental Health Services (CMHS) undertaken for NHS England by the NHS Benchmarking Network (NHSBN). The project has focused on collecting data on the CMHS workforce, activity and finance from commissioners and providers across England.
- This report presents data at STP level for the NHS in England and also highlights the position of STPs within a specific NHS England region wherever data supports this level of detailed analysis. Not all data has been possible to present at STP level due to the lack of co-terminosity between Trust and STP boundaries. Most of the source data used by the project comes from NHS Trusts and has been provided at overall Trust level. It is hoped that STPs will be able to use the analysis and commentary in the report to understand local provision and performance.
- Community based mental health services are where most people access specialist mental health care and play a key role in supporting the mental health system. These services are prominent in gatekeeping inpatient services and supporting service user rehabilitation and recovery. The opportunity to undertake a national data collection has generated evidence on the capacity of community mental health services, the ongoing opportunities for optimising care in the community, and the strategic position of community based care within the targets in NHS England's Five Year Forward View strategy.
- The project was shaped by a project team that included representation from; NHS England, Health Education England (HEE), Association of Directors of Adult Social Services (ADASS), NHS Trusts, and CCGs. NHSBN are grateful for the input provided by these organisations and also by the Network's mental health reference group.
- The project took place during 2017/18 using year end outturn data from financial year 2016/17. The project's data collection scope includes the following coverage;
  - All 56 specialist NHS mental health provider Trusts in England
  - A range of additional partner organisations engaged in community based mental health services including;
    - Local Authorities (99), Voluntary Sector providers -154 CCGs provided data on 1,039 services commissioned from the voluntary sector, CCG directly commissioned mental health initiatives taking place in primary care (179 CCGs) and CCG primary care prescribing (209 CCGs)
- A large number of reports have been produced by the project including;
  1. Compiled data and analysis at national level for NHS England
  2. Regional analysis for NHS England regions with additional analysis at STP level
  3. CCG and Local Authority level reports
- Questions about any aspect of the project should be directed to the NHSBN project team via;
  - Stephen Watkins s.watkins@nhs.net Zoe Morris zoe.morris@nhs.net Dave Barker d.barker4@nhs.net

Executive summary

- This report summarises the results of a national audit of Community Mental Health Services (CMHS) which has taken place across England. The audit reveals interesting findings about the size and shape of CMHS as well as trends that are apparent in this key sector of mental health services.
- A wide range of reports have been produced by the project including reports for; all Trusts providing statutory mental health services, all NHS England regions, all STPs, and large numbers of CCGs and Local Authorities who participated in the project. Regions are encouraged to network with local partner organisations to access additional local content as required.
- The main messages in the report can be summarised as follows:
  - Inpatient based care has been reducing for many years with around 19,000 beds now delivered by NHS providers across a range of mental health specialties. There is a 3-fold variation in the level of beds provided per 100,000 population which can be explored in the maps and charts provided in this report.
  - CMHS services support around 700,000 people across England with a range of specialist community care. Around 14 million contacts are provided by these teams. Substantial variation is evident across regions with a 5-fold variation in caseloads per capita. This variation, along with those highlighted in inpatient care, provide opportunities for optimising the balance of care between bed and community based services.
  - Overall trends in the levels of community care are downwards in recent years with fewer people supported on community caseloads, fewer contacts delivered, and reducing levels of investment by Trusts. Caseload levels have fallen by over 25% since 2013 and Trust investment levels per capita have also reduced over this period. Part of this reduction can be attributed to the success of IAPT as an alternative to CMHS for people with mild to moderate mental health conditions. IAPT now supports around 1 million people across England and provides a viable alternative to CMHS for common mental health problems. Analysis of care cluster data for the period 2014/15 to 2016/17 confirms an overall downsizing of community caseloads across most care clusters, with the largest reductions evident in non-psychosis clusters 3 and 4, equivalent to a reduction of over 60,000 people on caseload over the 2-year period. However it should be noted that the number of people with Psychosis on community caseloads has also reduced by 40,000 people over this period. The position is therefore multi-factorial, with IAPT delivering a substitution effect, alongside reduced capacity in CMHS, and potentially higher access thresholds and the likelihood that more people are instead receiving support in primary care.
- The report contains a detailed analysis of the CMHS workforce and the type of interventions offered by teams. Therapeutic interventions remain central to improvement and recovery and the evidence in this report should be read alongside guidance on CMHS available from the National Collaborating Centre for Mental Health.
- The role of primary care in developing system resilience is also outlined in the report which provides data on the extent of enhanced primary care mental health services. This report for STPs also outlines the contribution made by Local Authorities to mental health services.

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Context

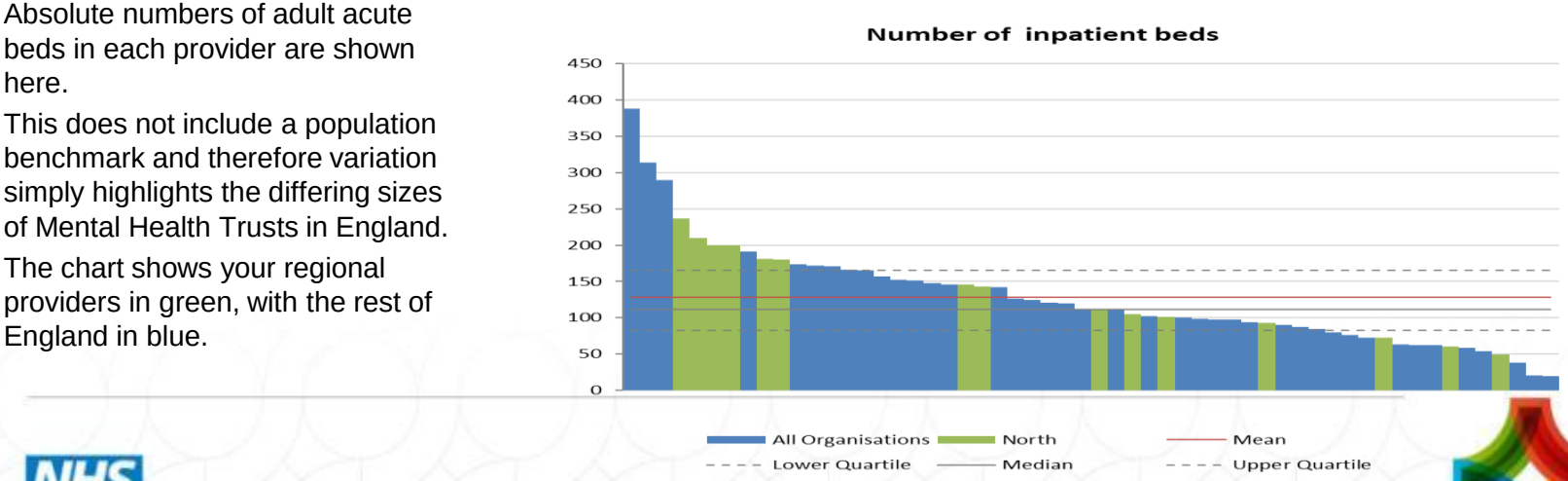
Inpatient provision

NHS Inpatient services in England

- The table to the right shows the numbers of adult mental health beds in England by specialist bed type.
- In total, just over 19,000 beds are provided by NHS Mental Health Trusts.
- In addition, the independent sector provides a range of specialist beds such as Forensic and PICU (estimated at an additional 2,500 beds).
- Learning Disability and CAMHS beds are in addition to the bed numbers shown opposite.

	Beds as at 31st March 2017
Adult Acute	7194
Older Adult Acute	3840
PICU	804
Eating Disorders	245
Mother and Baby	117
Low Secure	1607
Medium Secure	2021
High Secure	779
High Dependency Rehabilitation	1210
Longer Term Complex / Continuing Care	807
Neuropsychiatry / Acquired Brain Injury	117
Other Mental Health Beds (excludes CAMHS, Substance Misuse, and MoD)	528
Totals	**19269**

- Absolute numbers of adult acute beds in each provider are shown here.
- This does not include a population benchmark and therefore variation simply highlights the differing sizes of Mental Health Trusts in England.
- The chart shows your regional providers in green, with the rest of England in blue.



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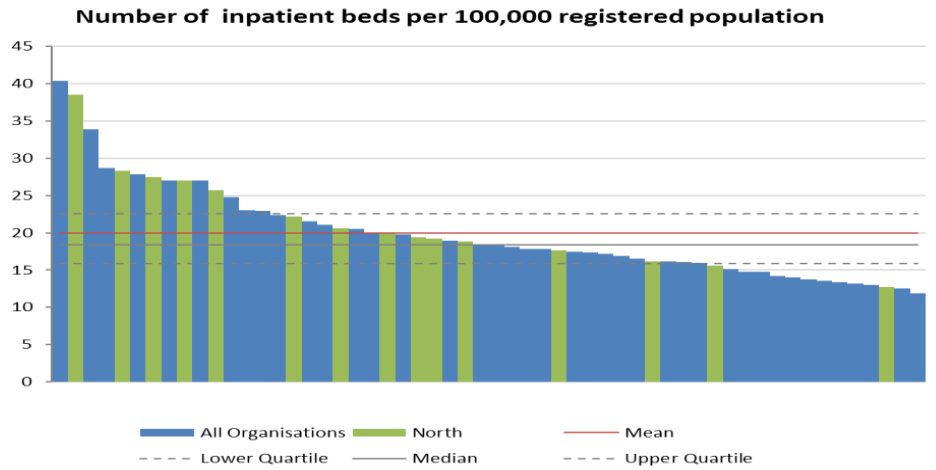
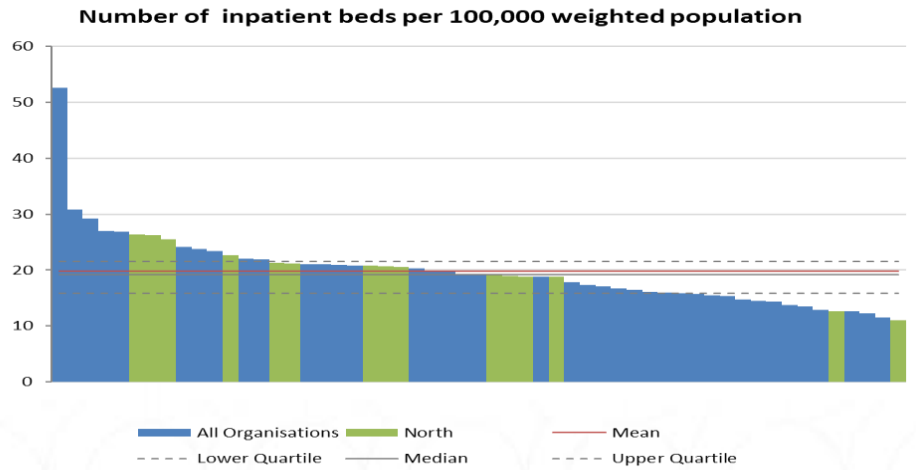
Bed provision – Adult Acute beds

- Every Mental Health Trust in England provides adult acute beds, but the complement of specialist beds also provided can vary.
- Trusts report a mean average of 20 adult acute beds per 100,000 population.
- When a per capita benchmark is used, the variation that remains may be due to a number of factors including
  - The geography of the area (rural / urban)
  - Local levels of mental health need
  - The strength and availability of community based mental health services
  - Historic commissioning decisions
- The second chart shows average beds per 100,000 weighted population. This measure does take into account local levels of mental health need, and uses the PRAMH (Person-based Resource Allocation for Mental Health) methodology to quantify this need. https://tinyurl.com/PRAMH201617





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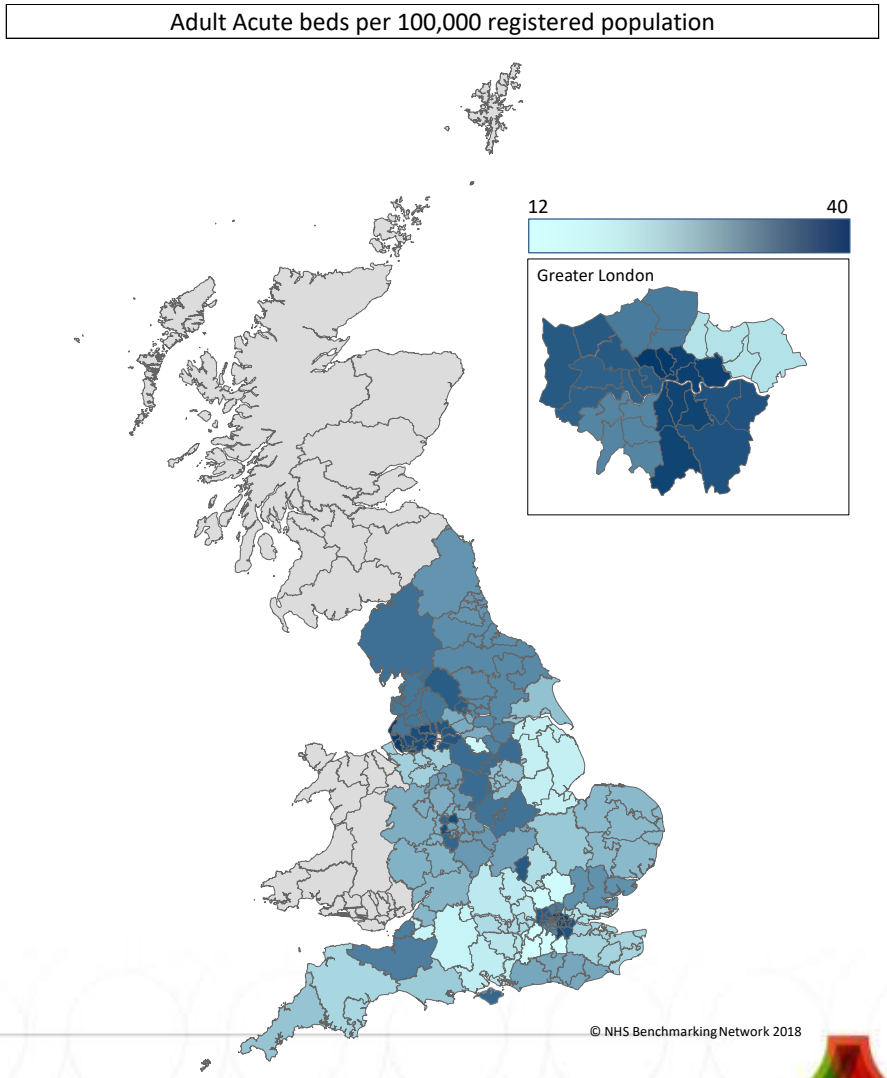
Bed provision – regional variation

- Regional variation in adult acute bed provision is highlighted in this map.
- Darker areas such as London and the North West of England, report higher numbers of beds per capita.

- The following pages illustrate other significant inpatient metrics including admission and readmission rates, length of stay and delayed transfers of care



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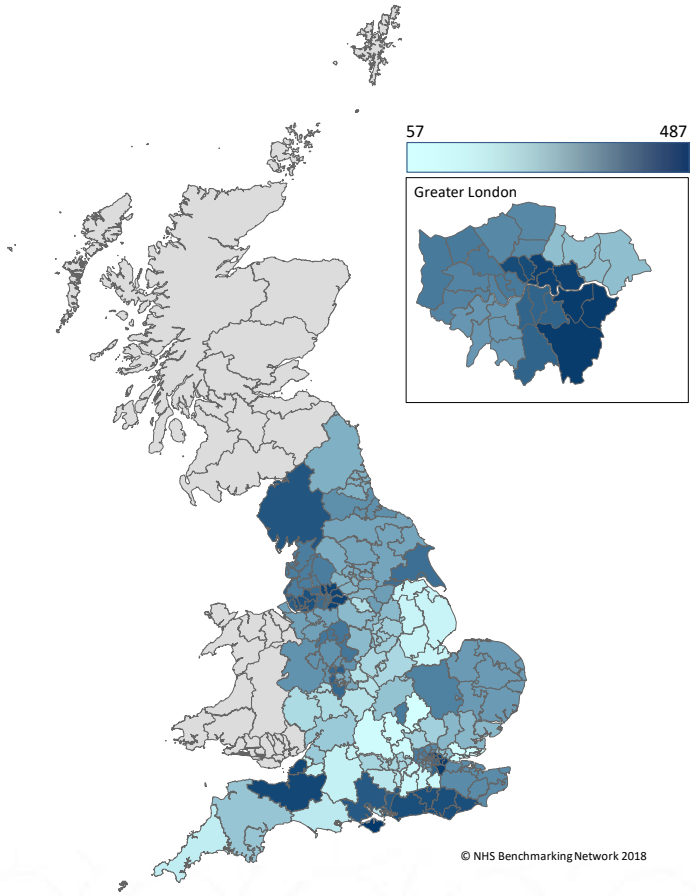
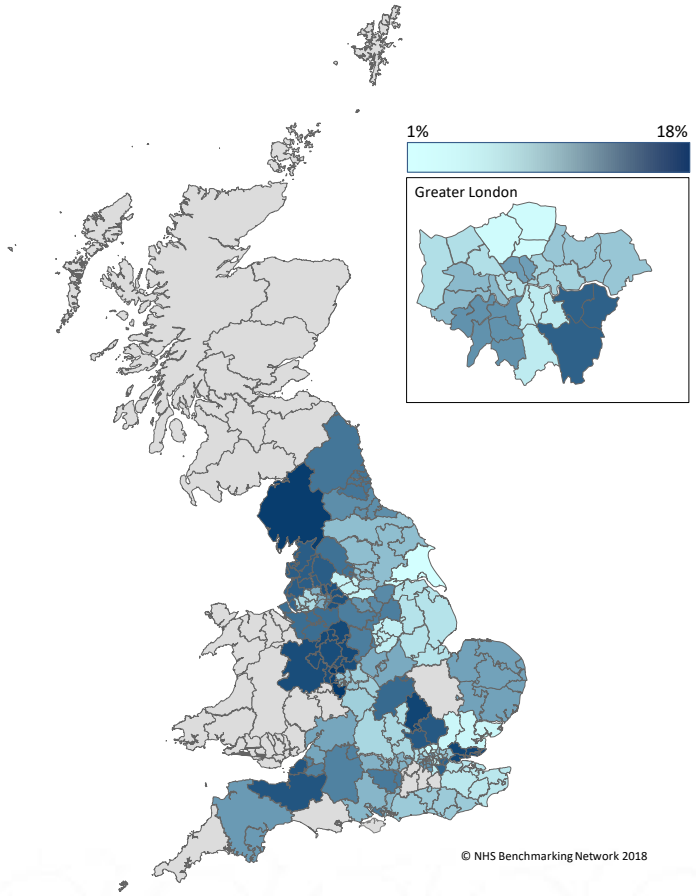
Admissions & readmissions variation

Regional variations in adult acute admission rates and readmissions are shown on the maps below.

Admissions per 100,000 registered pop (Adult Acute)



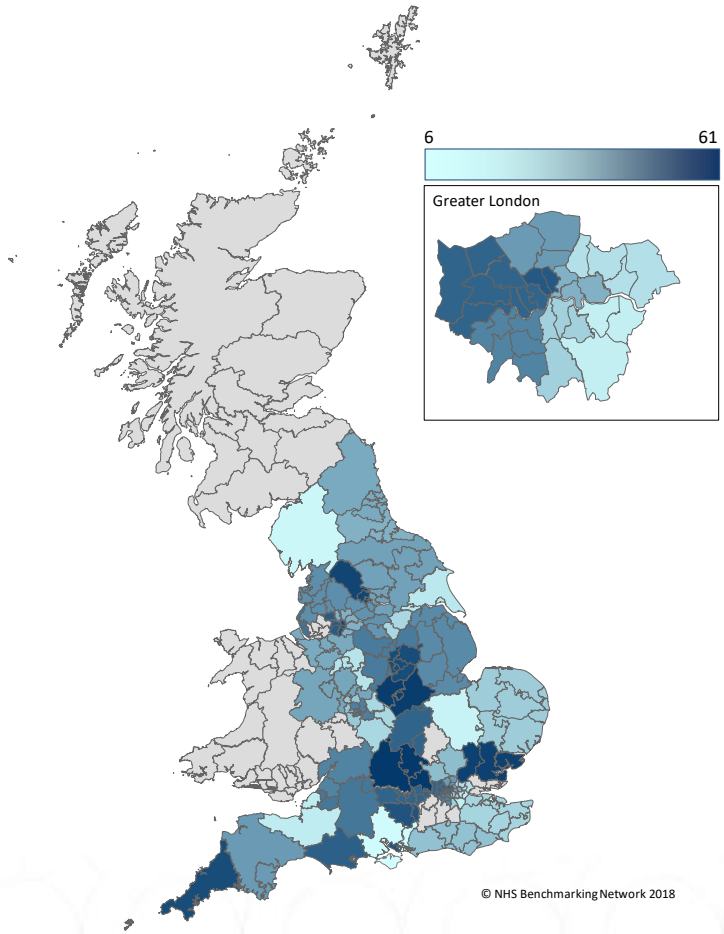
Readmissions % (Adult Acute)



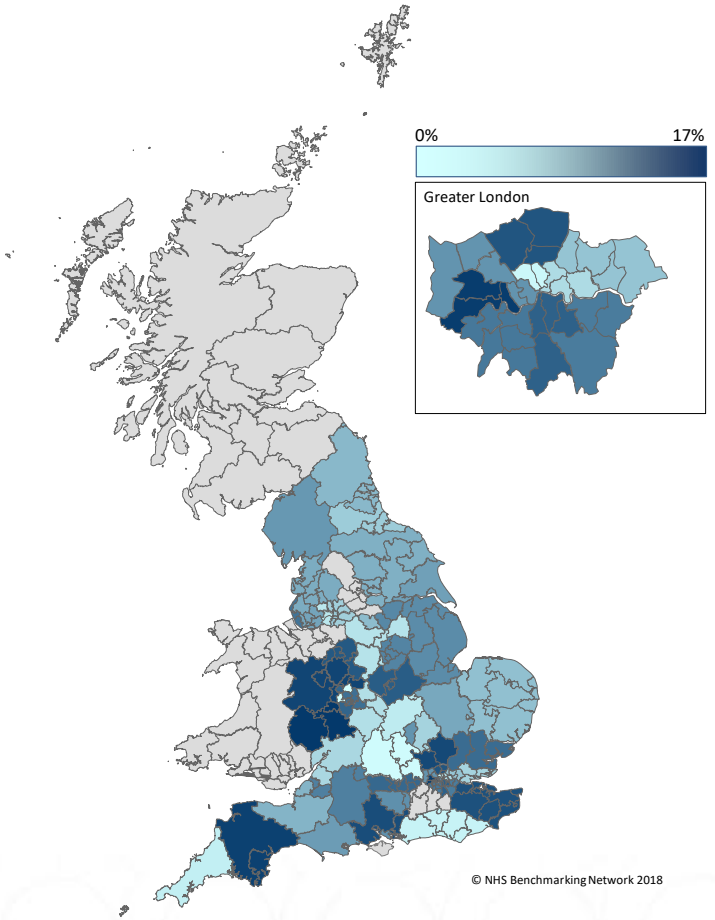
Length of stay & DTOC variation

Regional variations in adult acute average length of stay and delayed transfers of care are shown on the maps below.

Adult Acute ALOS



DTOC rate % (Adult Acute)



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Defining Community Mental Health Services

CMHS Overview
Size and shape of community mental health services
Access and Waiting Times

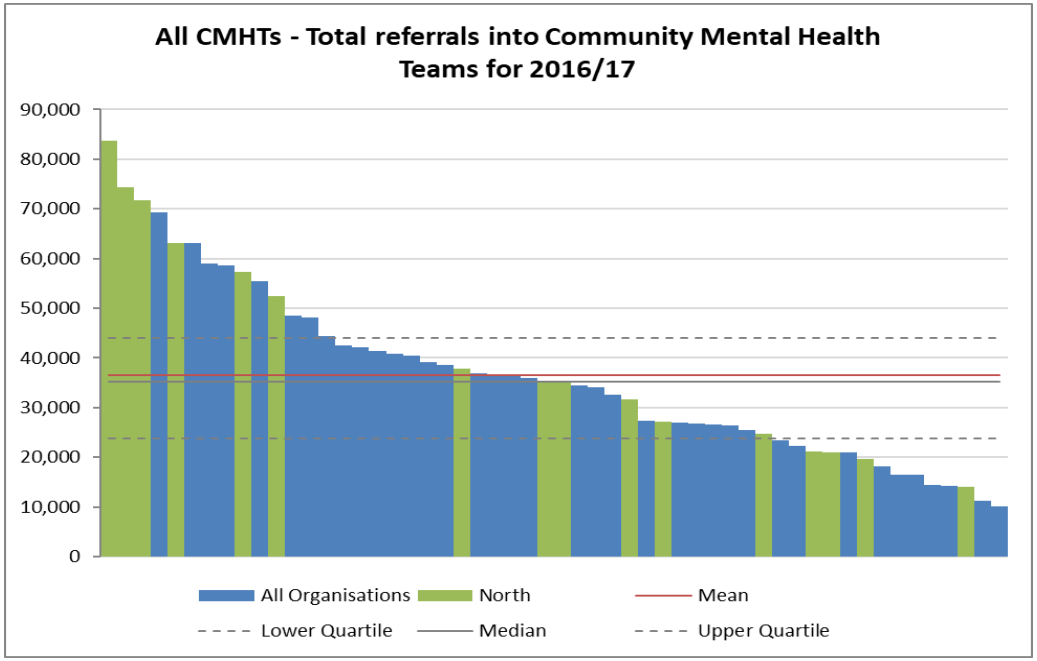
Defining Community Mental Health Services

- The analysis undertaken by the project focuses on specialist community mental health services provided by secondary care mental health providers in England. This includes a range of general psychiatric outpatient and community based services as well as a number of specialty specific services delivered in the community setting. These services combine specific themed functions that may have been established by national policies including the 1999 National Service Framework (NSF), and also more general services that have emerged in response to specific needs. The full lists of services explored in this report is as follows;
  - Generic Community Mental Health Team – are the most common type of team and provide treatment and care coordination for local residents, typically organised to serve specific local geographies.
  - Assertive Outreach – established by the NSF but have reduced in size and coverage in recent years, provide intensive support for people with severe mental illness who find it difficult to engage with services.
  - Rehabilitation and Recovery – provide specialist support for people with long-term severe mental illness.
  - Assessment and Brief Intervention – typically provide rapid access assessment and triage services, along with short-term packages of care for non-crisis patients. These teams also gate-keep access to other community based services and sign-post to other services for short-term interventions.
  - Older Adult Community Mental Health Team – provide dedicated community support to Older People with long-term mental health needs, both functional and organic
  - Crisis Resolution and Home Treatment – established by the NSF in 1999, CRHTs provide rapid access for urgent care, gate-keeping hospital admissions and providing intensive care in people's homes as an alternative to hospital admission.
  - Early Intervention in Psychosis – services were established by the NSF in 1999 to provide rapid access to care for people experiencing a first episode of psychosis or exhibiting an at risk mental state. Teams were further expanded following the introduction of the 2-week access target in NHS England's Five Year Forward View.
  - Perinatal Mental Health – provide targeted input for women and families experiencing severe mental health problems associated with the perinatal period, These teams are targeted for significant expansion in NHS England's Five Year Forward View. *Please note that more detailed content on Perinatal mental health services is available from the NHS Benchmarking Network's annual review of these services for NHS England.*
  - Eating Disorders – provide access to specialist community care for a range of eating disorders
  - Forensic – specialist team supporting service users with an offending history or high risks of offending
  - Memory Services – provide specialist community based support, typically for people experiencing organic mental illness.
  - Other Community Teams – a range of other specialist and local teams providing specific services, generally few in number.
- The functions of these teams are generally clear although there can be cross-over between teams depending on local service models. Throughout the project the NHS Benchmarking Network support team have kept close contact with providers to advise on the most suitable mapping of local team functions and terminology to the definitions used in this audit.
- Please note that the project's scope and definitions exclude specific services for Children and Adolescents (CAMHS) and Improving Access to Psychological Therapies (IAPT).

Referral comparisons

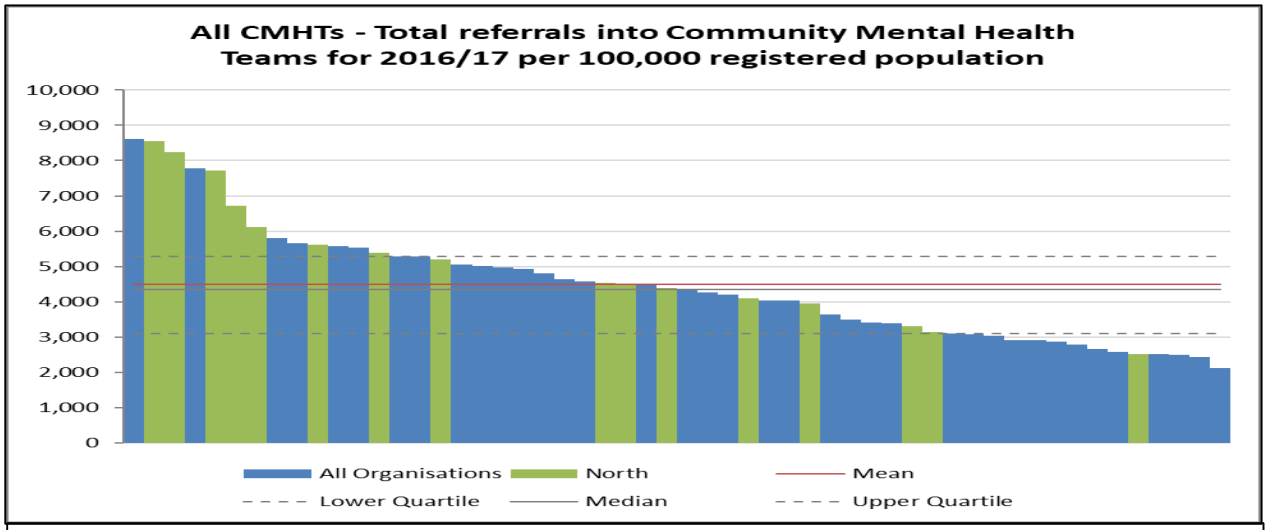
Referrals to CMHS 2016/17 – absolute numbers

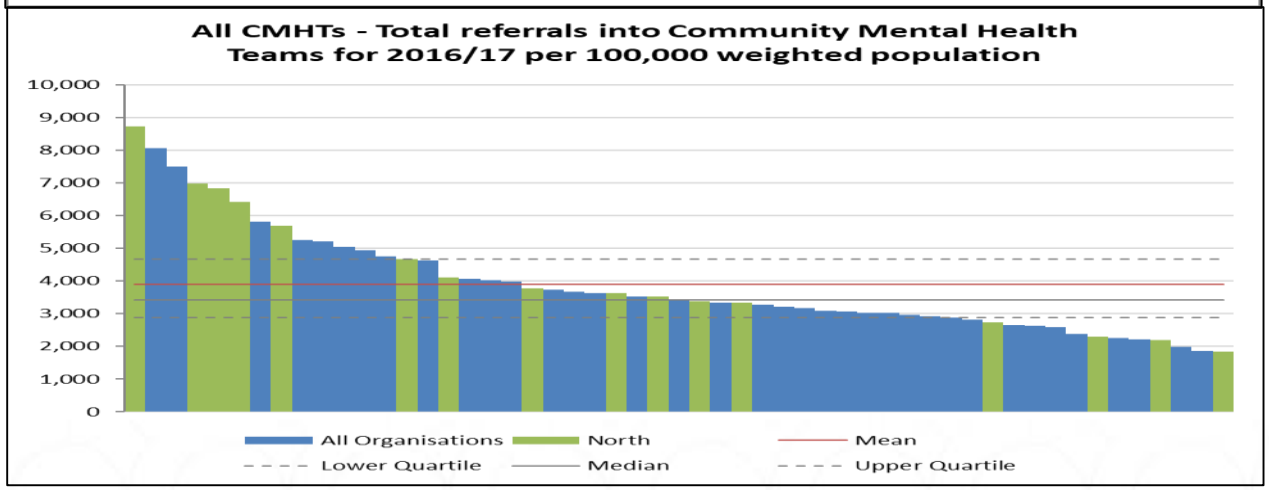
- Around 1.9m referrals are made to specialist Community Mental Health Services each year across England.
- The mean average referral levels to all community mental health services in England was 36,579 referrals per provider organisation in 2016/17. This total covers all team types and all referral sources.
- The chart opposite shows England-wide data from all providers. Providers within the region covered by this report are highlighted in green.
- The illustration in the chart opposite shows the position for all providers in England, the variation shown in the chart is a function of both Trust size, catchment footprint, and local demand.
- The referral data excludes activity for Improving Access to Psychological Therapies (IAPT), which are discussed later in this report.
- This data covers all team types and all referral sources.
- Analysis per capita (registered and weighted populations) is shown on the following page.
- The chart illustrates the data for all statutory service providers in England.
- The referral data excludes IAPT services.



Referral comparisons

Referrals to CMHS 2016/17





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Referrals by team type by source

Referrals to Teams 2016/17 – Illustrations by Team Type

Referral Source	Total	Generic CMHT	Assertive Outreach	Rehabilitation and Recovery	Assessment & Brief Intervention	Older People
Primary Care / GP	42%	42%	20%	4%	57%	54%
Self and Carer	5%	2%	6%	14%	8%	1%
Internal referrals from CMHTs in same Trust	19%	29%	59%	52%	8%	23%
Internal referrals from Inpatient service in same Trust	3%	4%	12%	27%	1%	3%
Other sources	31%	25%	3%	3%	26%	19%
Total	100%	100%	100%	100%	100%	100%

- The table above summarises how referral sources vary by team types. The highest referral rates from primary care are for Assessment and Brief Intervention services, and Older Peoples services.
- Other referral sources that account for the 31% "Other" source are shown below. All of these categories are defined in the Mental Health Services Data Set data dictionary and include; Social Care, Employer, Justice system, Child Health, Independent sector, Voluntary sector, Other MH Trust, Transfer by graduation from another service, Other Trust referral (e.g. A&E).
- Overall referral acceptance rates to CMHS across England average 82% in 2016/17.
- Referral acceptance rates differ marginally by team type. The table opposite shows referral acceptance rates by CMHS team type. Referral acceptance rates may reflect the suitability of referrals, eligibility thresholds, and how local capacity equates with demand.

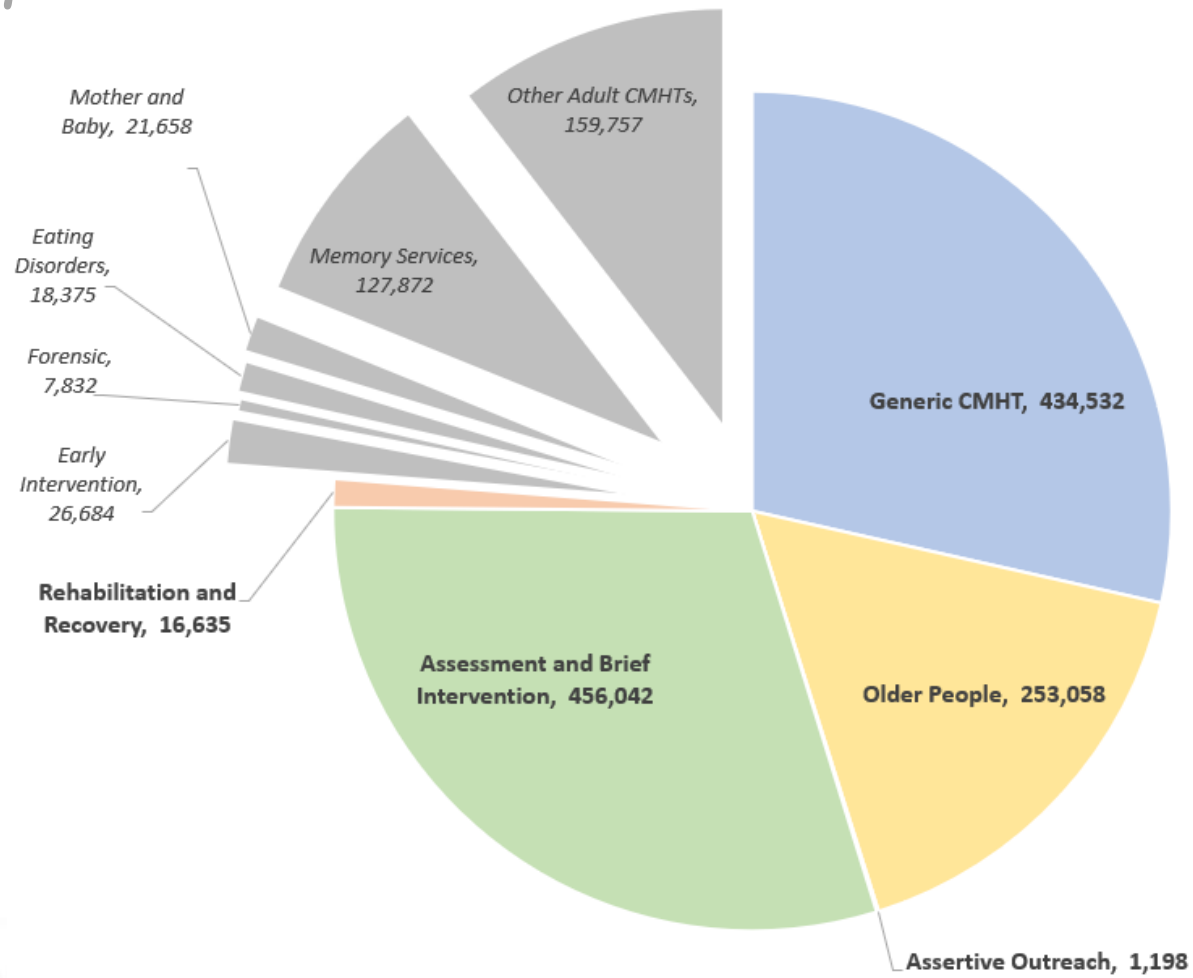
Team type	Referral Acceptance Rate %
Generic CMHTS	83%
Assertive Outreach	79%
Rehabilitation & Recovery	84%
Assessment & Brief Intervention	81%
Older People	86%

Referrals by Community Team

Referrals to CMHS 2016/17

Around 1.9m referrals are made to specialist community teams each year (including CRHTs). This chart confirms 3 large teams as the recipients of almost three-quarters of the total referrals; Generic CMHTs, Older People CMHTs, and Assessment and Brief Intervention teams. Assertive Outreach teams are the smallest services at just 1,198 referrals in 2016/17.

In addition to the activity shown above, CRHTs received a further 430,000 referrals during the year.

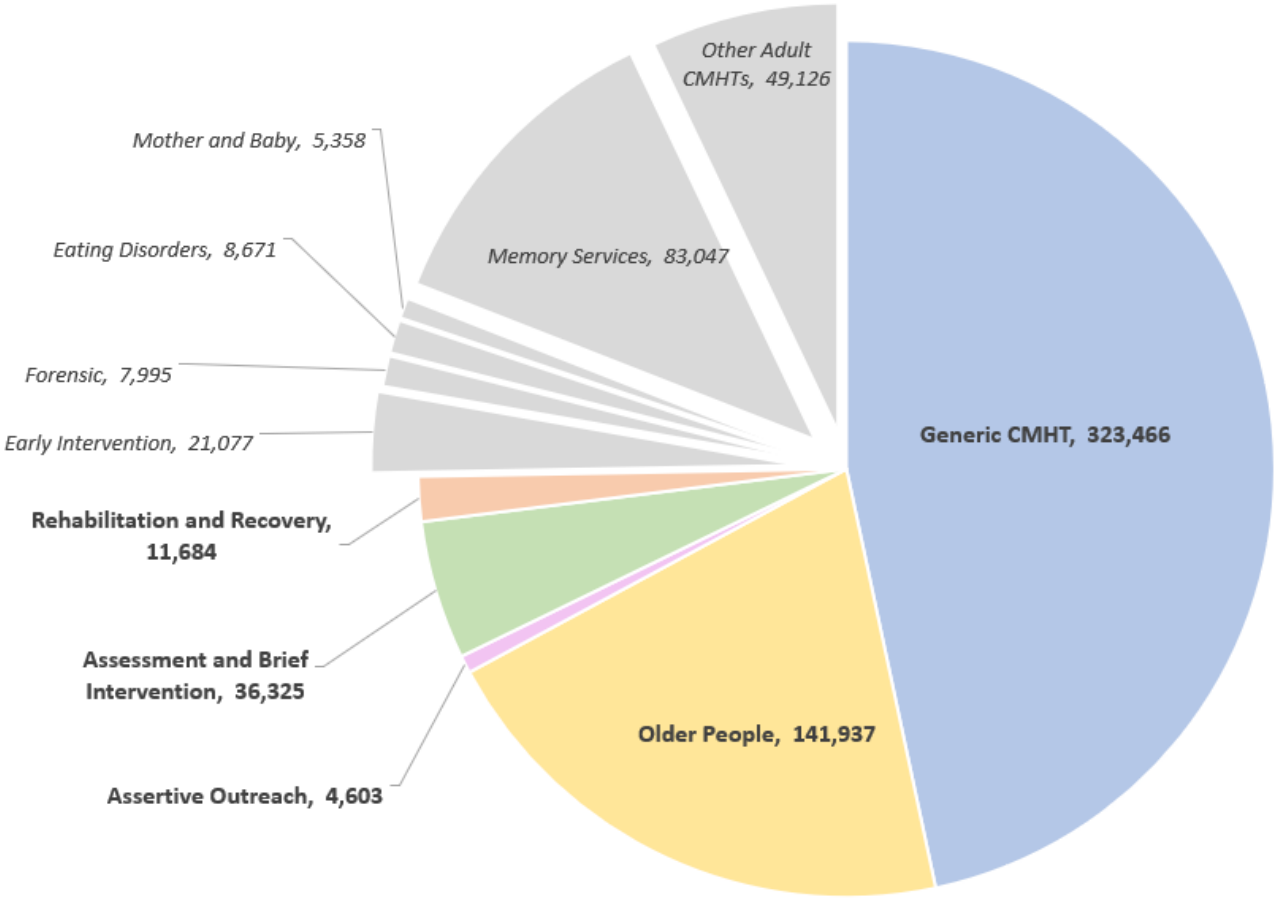


Caseloads by Community Team

Caseloads of CMHS 31/3/2017 @ circa 700,000

Of the 698,444 people on caseload at 31st March 2017, almost half are on the caseloads of Generic CMHTs (323,466). The next largest categories relate to caseloads for Older People (141,937) and Memory Services (83,047).

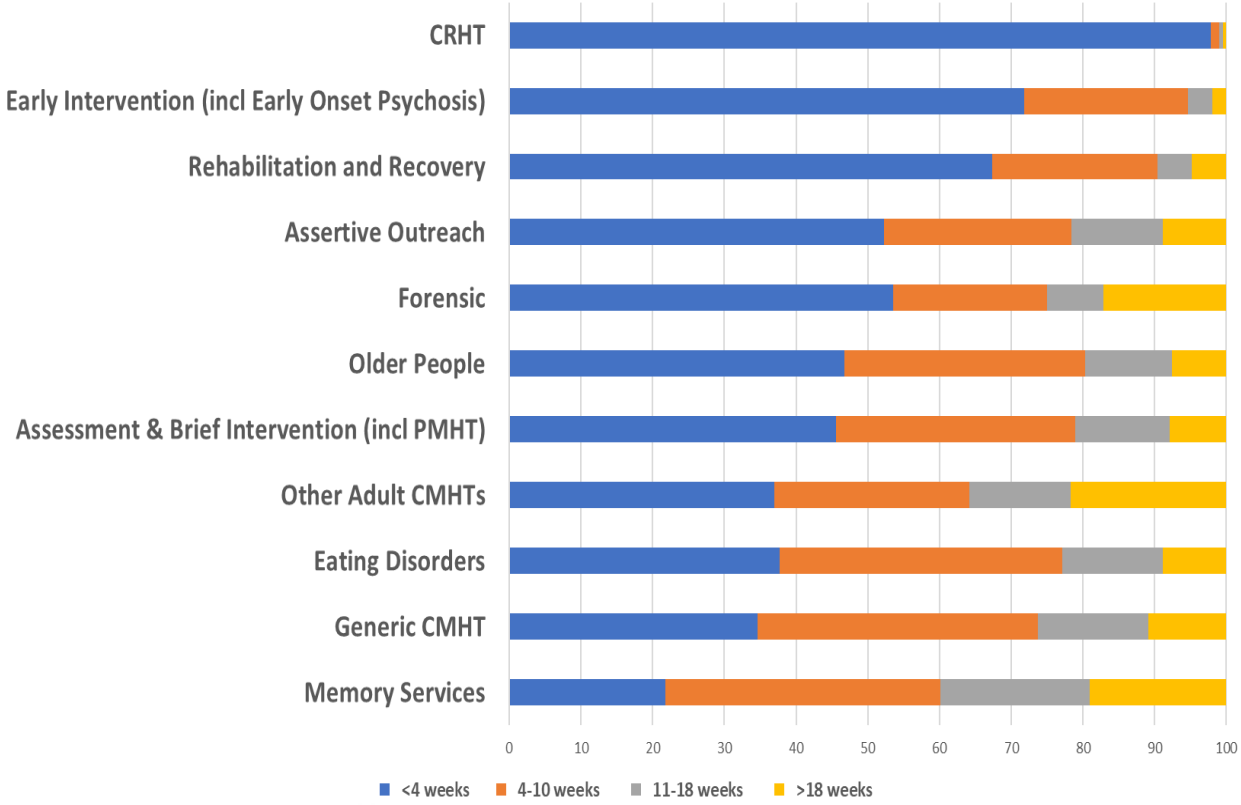
Assertive Outreach teams are the smallest services with 4,603 people on caseload at the end of 2016/17. Data collected over a number of years by the NHS Benchmarking Network confirms an ongoing decline in designated Assertive Outreach team provision and caseload.



Waiting Times

Waiting times for community MH services

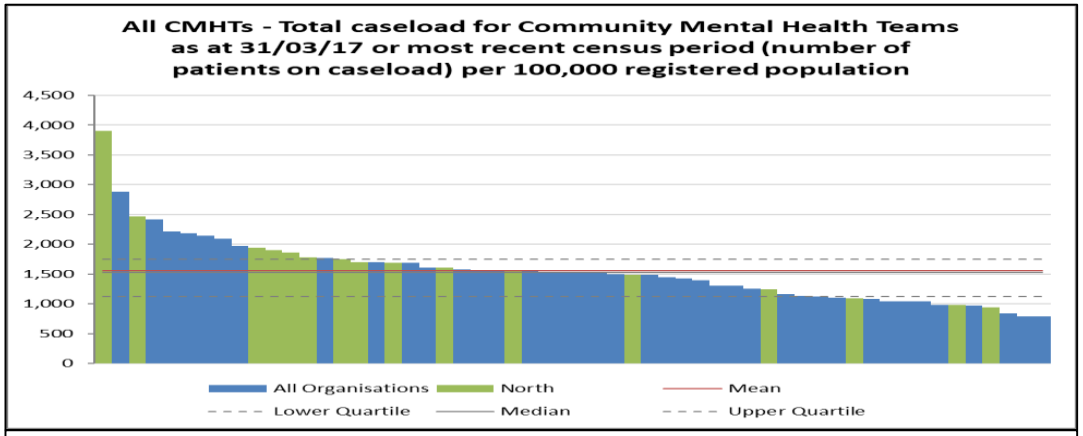
- Analysis of waiting times is provided in the chart opposite which stratifies average waiting times to receive treatment into 4 periods, the data is ranked by speed of access;
  - < 4 weeks
  - 4-10 weeks
  - 11-18 weeks
  - >18 weeks
- The data confirms that around 90% of people receive treatment within 18 weeks of referral.
- The teams providing the most rapid access to care include; CRHT, EIP, and Rehabilitation and Recovery.
- The teams with the longest waiting times are; Memory Services, Generic CMHTs, and Eating Disorders.

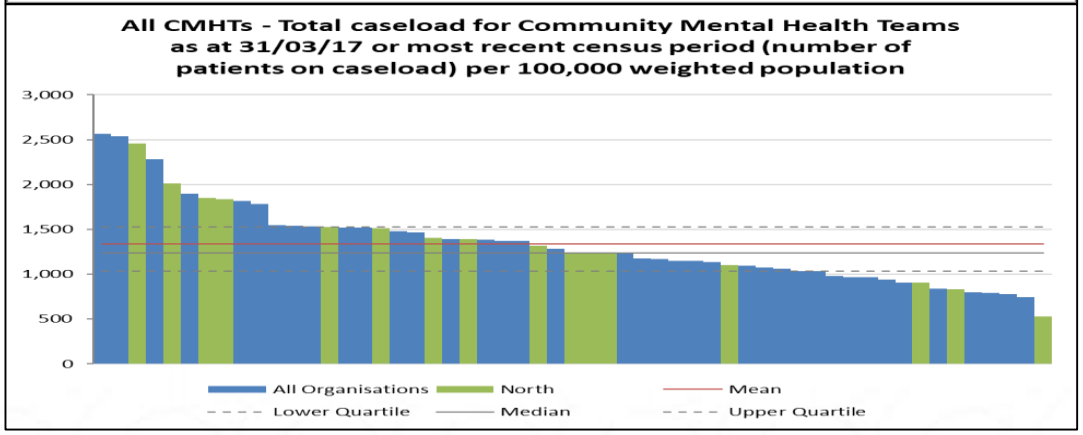


Community MH Caseload comparisons

Community Mental Health Teams - Caseloads per 100,000 population 2016/17

- Analysis of all Trust care cluster data confirms a level of 1,555 people on caseload at 31st March 2017 per 100,000 population, equivalent to a pan-England CMHT caseload of 698,444 people at this point in time.
- Analysis of referrals into CMHTs over the period 2016/17 confirmed a CMHT referral acceptance rate of 82% across all CMHS teams.
- The caseloads of CMHS across England at 31st March 2017 need to be seen in the context of the growth of IAPT to cover 965,000 people per annum during 2017.
- The charts on the following pages include a time-series profile of CMHS caseloads and contacts over the period 2013/14 to 2016/17. Both charts show declining capacity although there is a casemix distinction within the reducing capacity noted earlier, with significant growth in IAPT services offsetting the reduction in CMHS activity and reductions in the least intense care clusters being clearly evident in the data.
- However, it should also be noted that that reduction in caseload levels are evident in other care clusters including the psychosis clusters 10-17 which have higher levels of complexity.



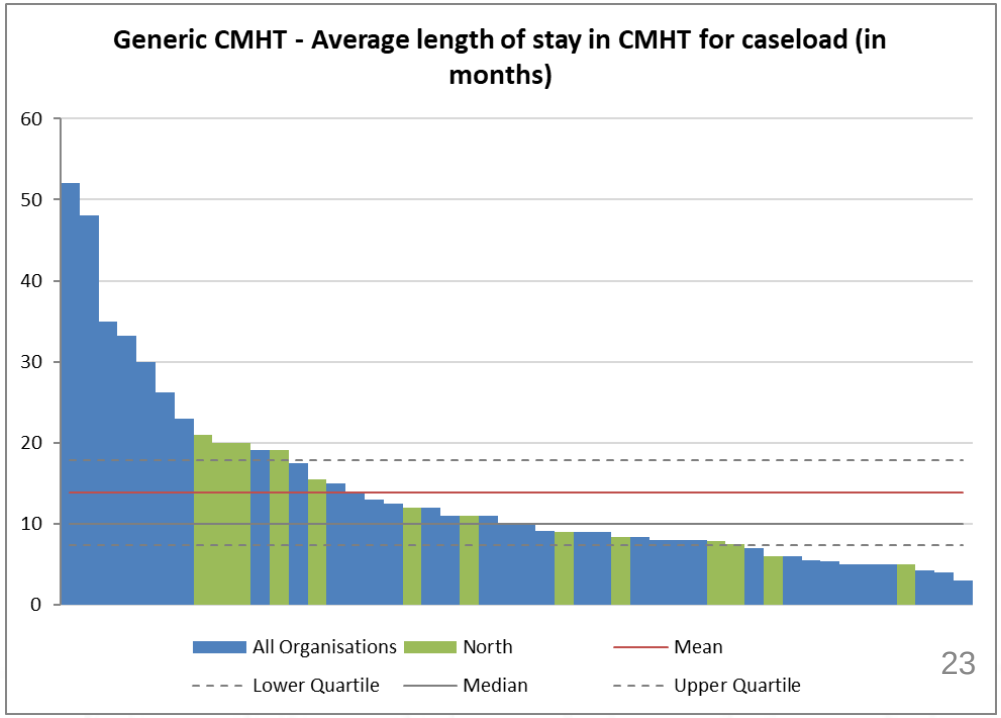


Community MH Caseload comparisons

Community Mental Health Teams - Length of time on caseloads 2016/17

- Length of time on caseload varies by CMHS team type and also by Trust. The chart below illustrates inter-Trust variation with length of time on Generic CMHT caseload which averages 14 months across England. The range across England extends from 3 months to 52 months and may indicate differences in service models, for example, with Trusts at the low end of the range offering brief intervention services as well as ongoing care coordination. The table below shows length of time on caseload by all CMHS team types.

	Average time on caseload (months)
Team type	
Generic CMHTs	14
Assertive Outreach	52
Rehabilitation & Recovery	17
Assessment & Brief Intervention	3
Older People	9
CRHT	1
EIP	13
Perinatal	5
Eating Disorders	10
Forensic	17
Memory Services	11
Other CMHTs	9



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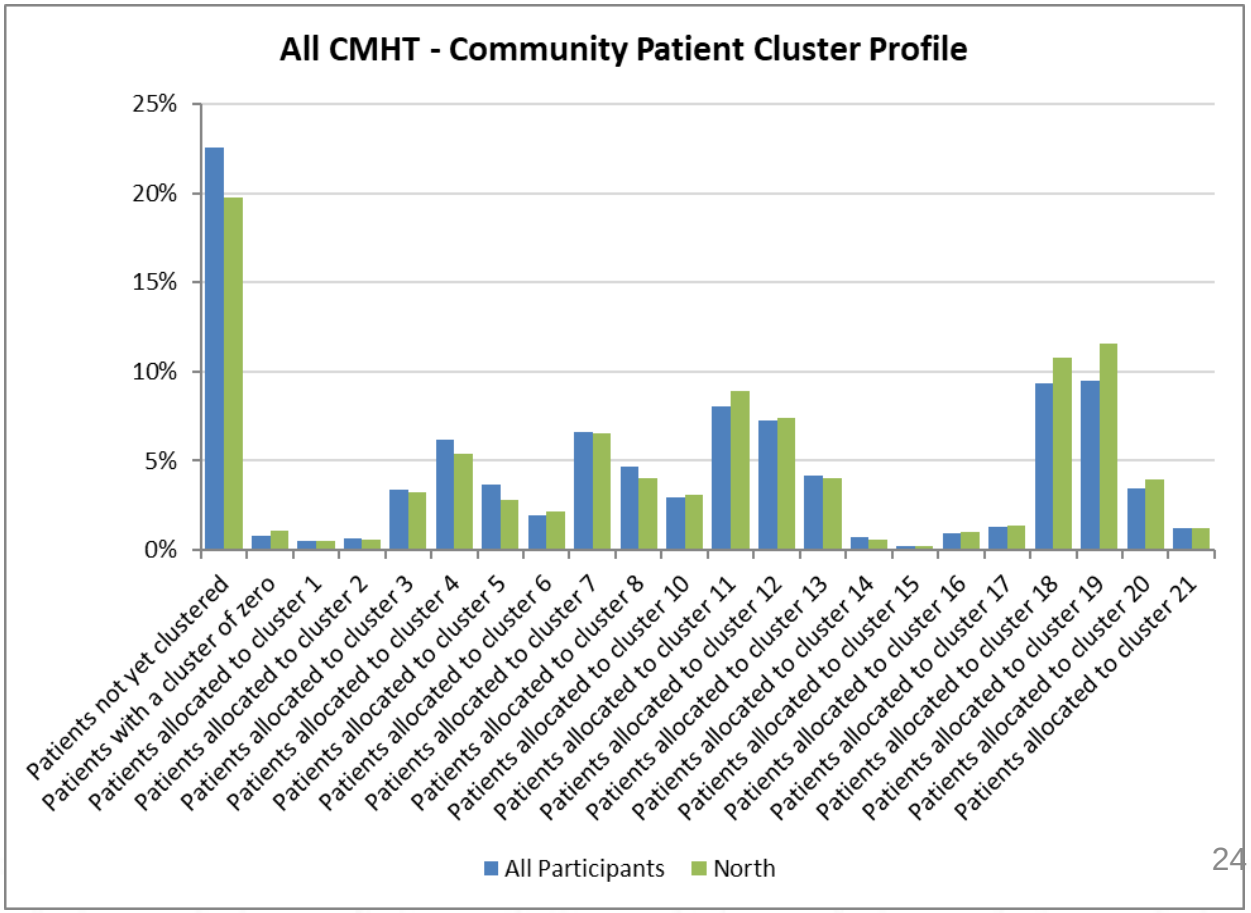
Benchmarking community caseloads

Profile of Trust level PbR patient cluster profiles

- Analysis of all Trust care cluster data for 2016/17 is shown in the chart opposite which confirms a profile of total caseloads by major cluster group as follows:

- Unclustered – 23%
- Non-Psychosis (1-8) – 28%
- Psychosis (10-17) – 26%
- Organic (18-21) – 23%

- Further analysis by Trust and region shows interesting variation with major urban areas typically demonstrating above average incidence of psychosis in both inpatient and community care cluster data.

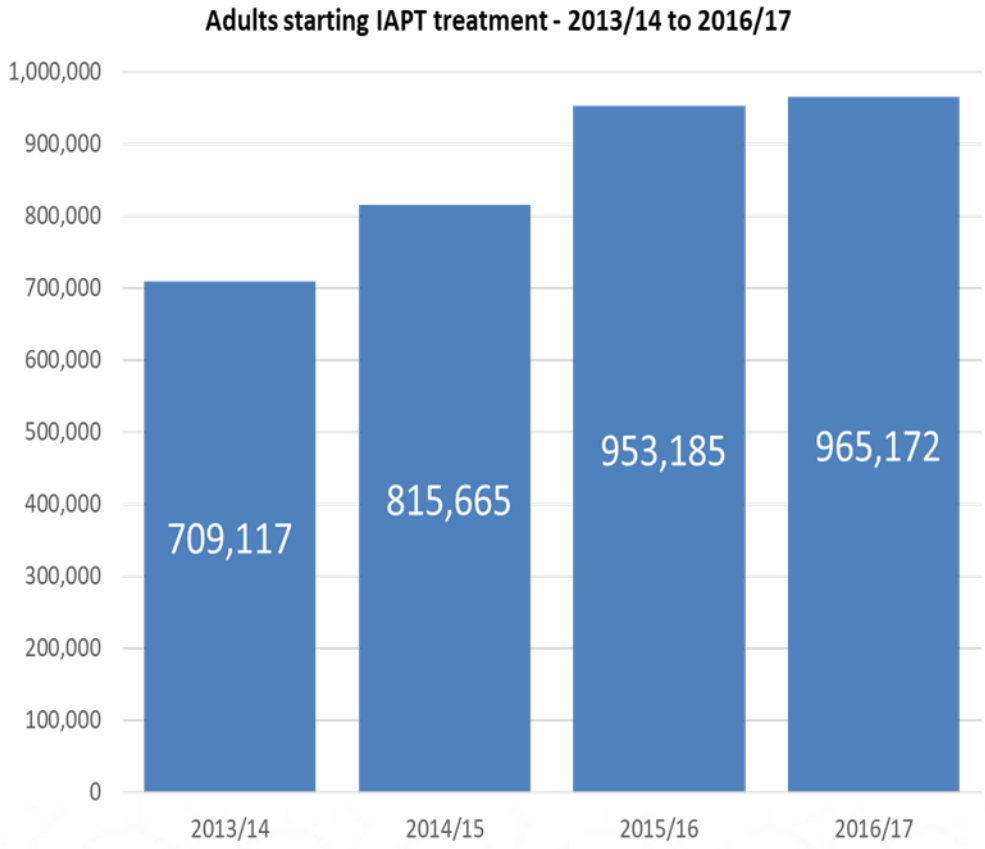


NHS Benchmarking Network

Community MH Caseload

Caseload levels and IAPT activity

- NHS England's IAPT programme covered 965,172 patients during 2016/17. The chart opposite summarises the growth that has taken place in the programme since 2013/14.
- IAPT's core offer is around providing rapid access to care for people with mild to moderate mental health conditions which now provide access to almost 1 million people in England. The growth of IAPT may have reshaped the profile of people on the caseloads of secondary care Trusts in England.
- The growth of IAPT can be cross-referenced to changes in the shape of England's community mental health service caseload. Analysis of the number of patients in Care Clusters 1-3, "Common Mental Health Problems & Non-Psychotic Moderate Severity" have reduced from 11% of caseload in 2012 to 6% in 2017. The balance of caseload has become more acute over the same period. This confirms that fewer people with mild to moderate mental health problems are supported by CMHS than in 2012.
- This is profiled further in the table on the following page and subsequent time series page;



NHS Benchmarking Network

Community MH Caseload

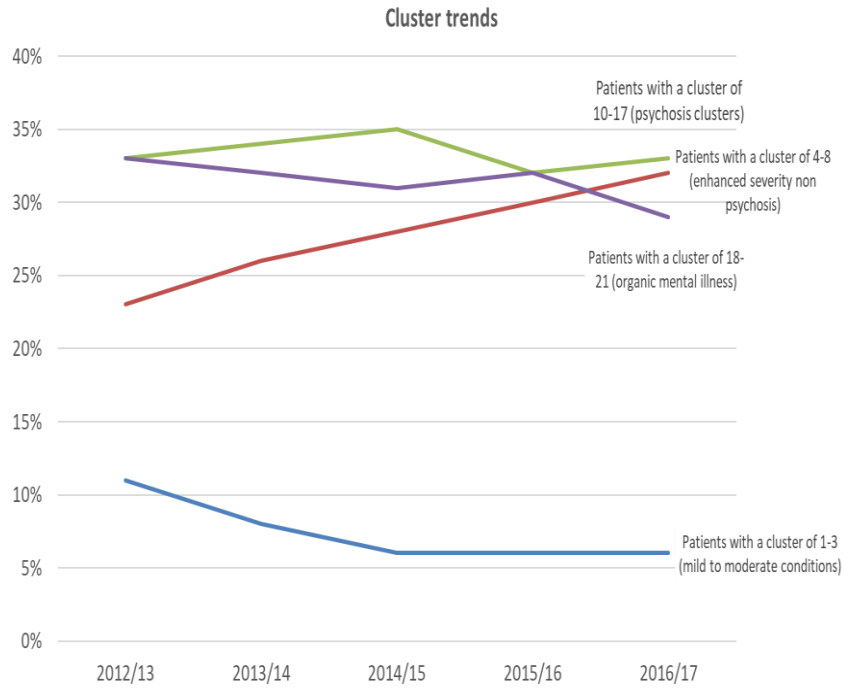
Profile of service utilisation by major care cluster groups

	16/17	15/16	14/15	13/14	12/13
Patients with a cluster of 1-3 (mild to moderate conditions)	6%	6%	6%	8%	11%
Patients with a cluster of 4-8 (enhanced severity non-psychosis)	32%	30%	28%	26%	23%
Patients with a cluster of 10-17 (psychosis clusters)	33%	32%	35%	34%	33%
Patients with a cluster of 18-21 (organic mental illness)	29%	32%	31%	32%	33%

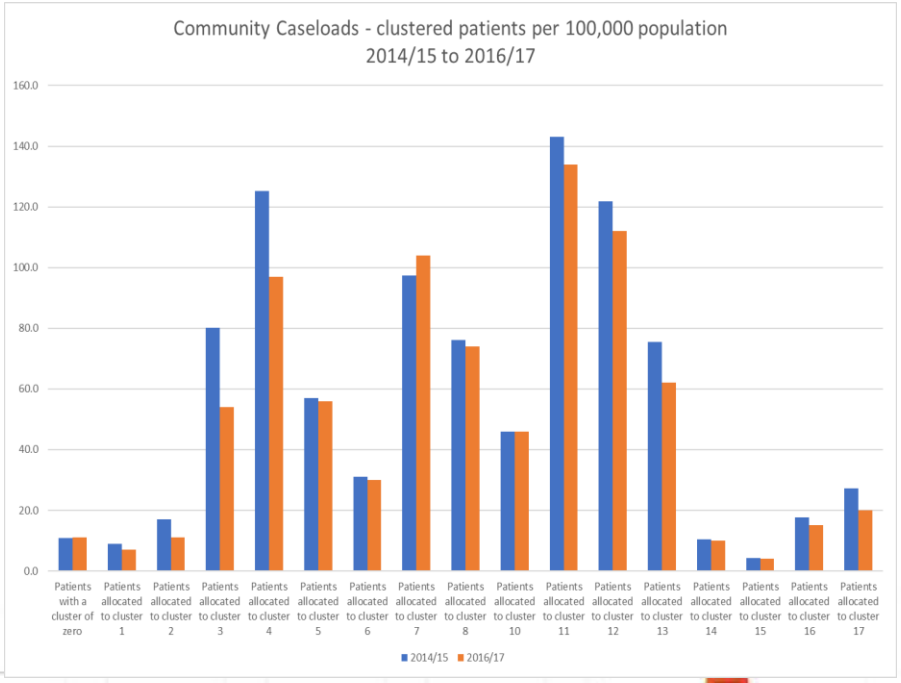
- Analysis of England's community team care clustering data confirms interesting trends in the complexity of community caseloads over the last 5 years. The table above tracks the care clusters for all patients with a valid care cluster over the period 2012-2017. The least acute of the care clusters (1-3, "Common Mental Health Problems & Non-Psychotic Moderate Severity") have reduced as a share of total caseload from 11% of caseload in 2012 to 6% in 2017. Other interesting developments include the growth of enhanced severity non-psychosis clusters 4-8 from 23% of patients in 2012 to 33% of caseload in 2017. Psychosis has remained generally steady at 33% of caseload over the period. Organic mental illness has reduced marginally from 33% of cases to 29%.
- The trends in caseload clustering data are consistent with a hypothesis that complexity of caseload has increased in recent years. One of the main drivers for this is the transfer of mild to moderate caseload to IAPT services and a refocusing of non-psychosis care on a more acute cohort of patients. Time series trends in CMHS caseloads and contacts over the last 4 years are provided on the following page. This confirms an overall reduction in caseloads and contacts whilst IAPT services have grown.
- Further analysis of cluster data for the period 2015/15 to 2016/17 confirms an overall downsizing of community caseloads across most care clusters, although this change is least marked in psychosis clusters 10-17. This is illustrated in the chart on the following page.

Community Trends – Cluster profile

The chart on the below shows overall trends in CMHS caseload cluster profiles over the period 2012/13 to 2016/17. This confirms a trajectory of diminishing eligibility for mild to moderate mental health conditions which are predominantly supported in IAPT.



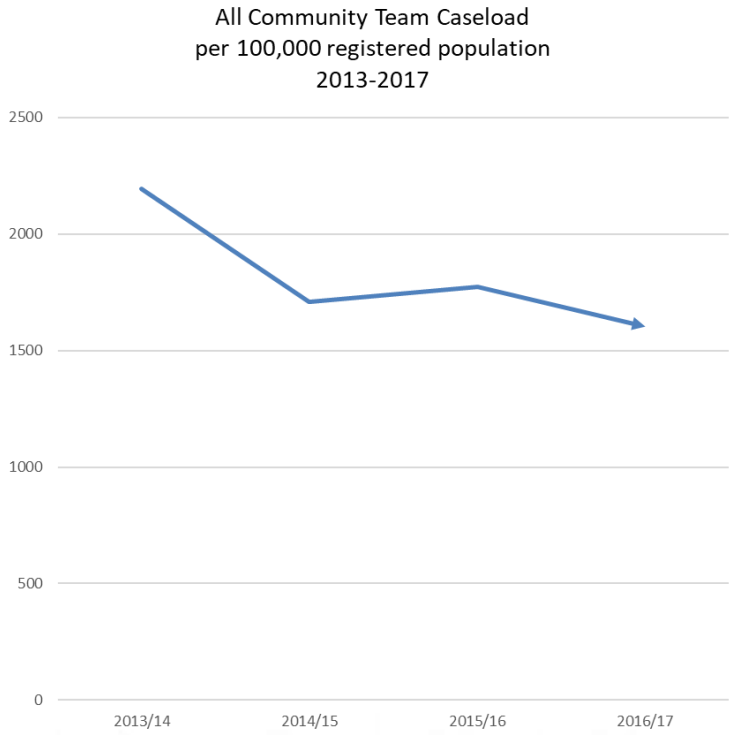
Further analysis of cluster data for the period 2014/15 to 2016/17 confirms an overall downsizing of community caseloads across most care clusters, this change is most evident in the non-psychosis care clusters 1-8, with the largest reductions evident in clusters 3 and 4, equivalent to a reduction of over 60,000 people on caseload over the 2-year period. Psychosis clusters 10-17 also show a combined reduction of around 40,000 people. The impact of these reductions on caseloads are shown in the charts on the following page which show overall caseload and contact rates across England over this period.

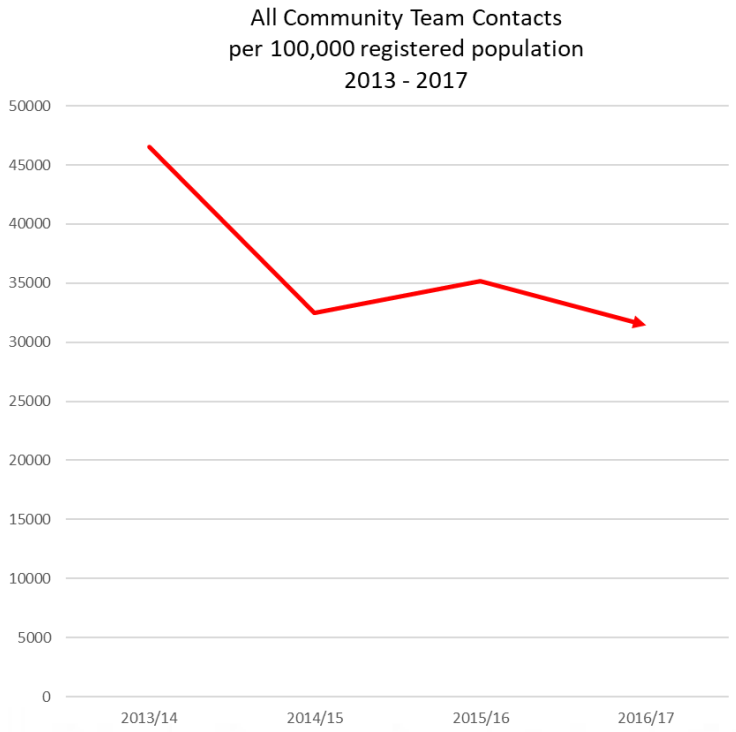


NHS Benchmarking Network

Community Trends - Timeseries

Community Mental Health Teams - Caseloads and contacts per 100,000 population

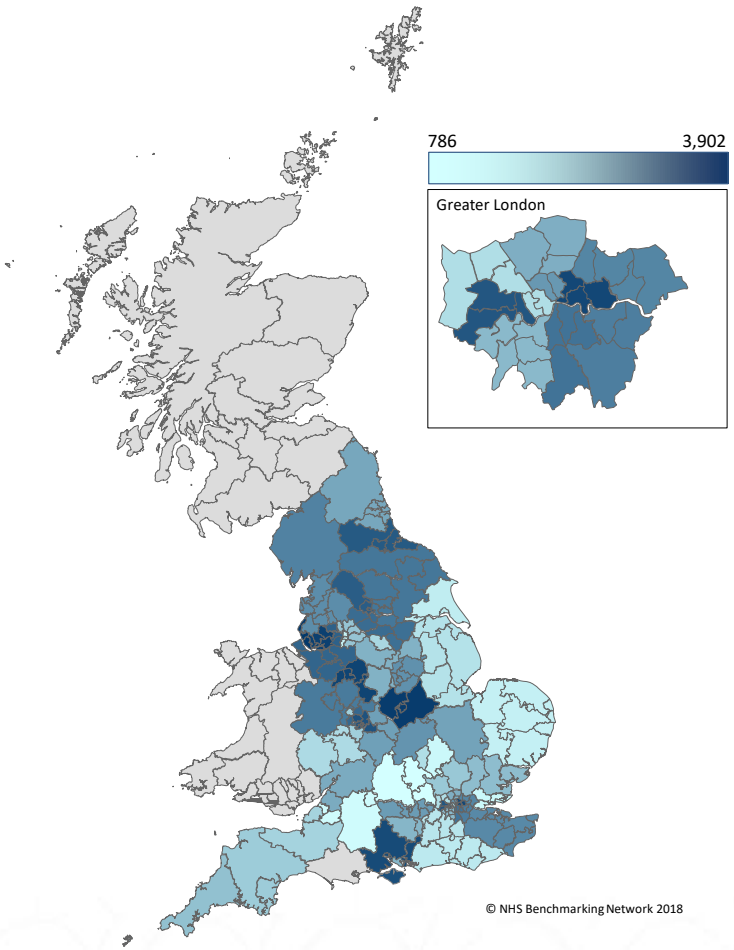




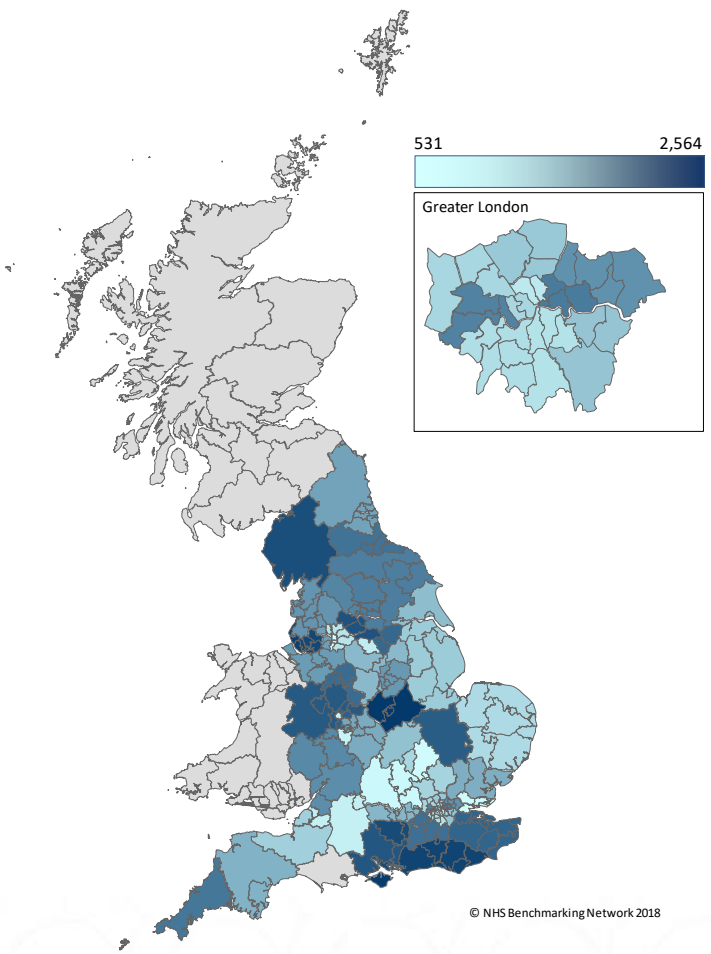
Variation in Community caseloads

Regional variations in community team caseloads (per capita) on the maps below.

Community team caseload per 100,000 registered population (All CMHTs)



Community team caseload per 100,000 weighted population (All CMHTs)

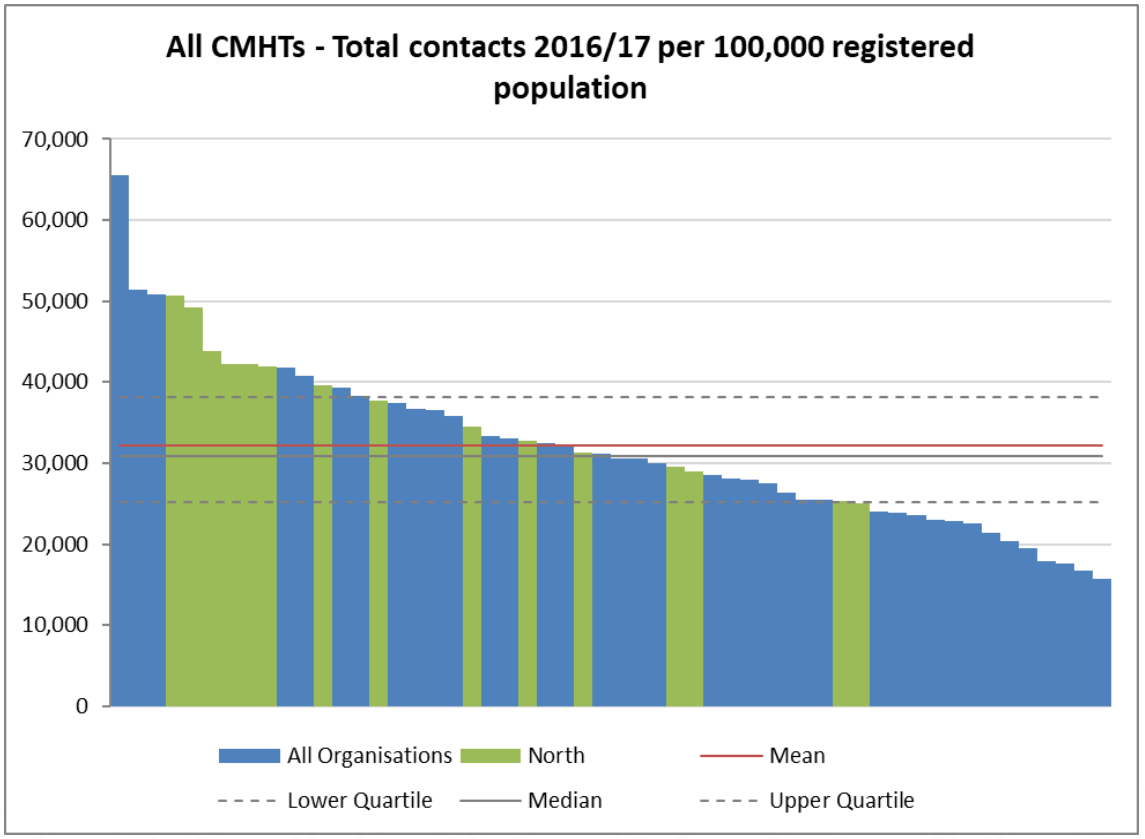


NHS Benchmarking Network

Example benchmarking comparisons

Community Mental Health Teams - Contact levels per 100,000 population 2016/17

- The chart opposite shows total contact rates for CMHS activity in 2016/17 when benchmarked per 100,000 population aged 16+. Overall contact rates average 32,252 contacts per 100,000 population for all CMHTs
- This equates to an England wide position of 14 million contacts per year delivered by specialist community mental health teams.
- 76% of contacts are face to face contacts with a residual 24% of contacts delivered non-face to face (telephone, e-mail, MDT sessions etc). Comparative evidence from previous years suggests a gradual increase in the amount of non face to face contacts delivered which have increased from 19% in 2012/13 to 24% in 2016/17, perhaps indicating greater use of digital technologies.
- The level of contacts delivered by Trusts displays a 4-fold variation with opportunities for optimising the amount of community care delivered in line with an appropriate strategy on inpatient bed provision.
- The map on the following page shows variation in contact rates by Trust catchment area.

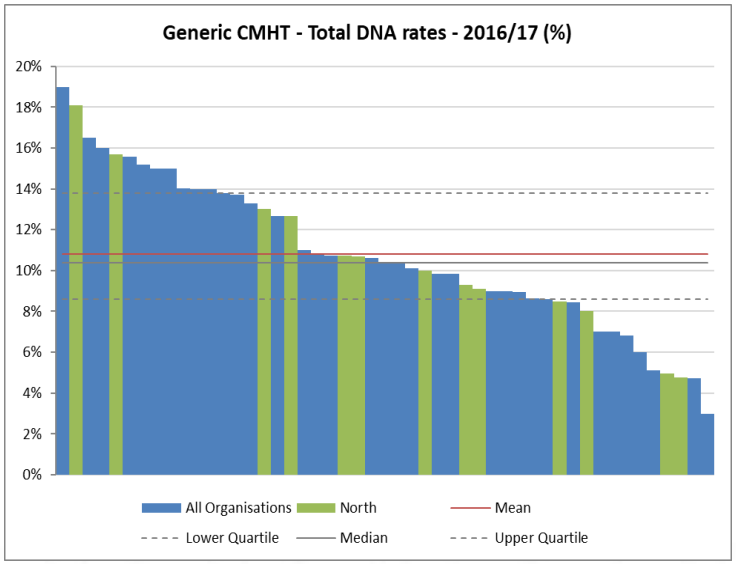


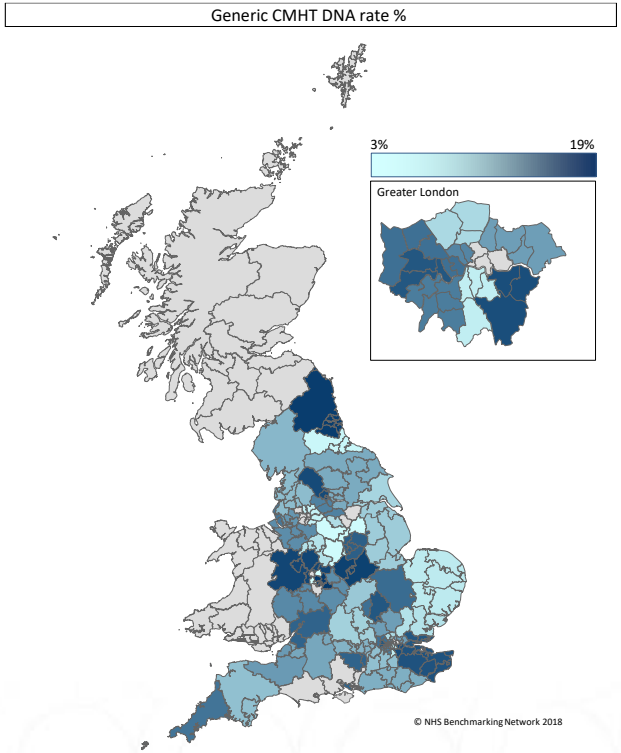
NHS Benchmarking Network

Community MH DNA Analysis

Community Mental Health Teams - DNAs 2016/17

- Analysis of CMHS did not attend (DNA) rates confirmed variation both across Trusts and also between types of CMHS teams.
- The chart and map below show the mean average DNA rate for Generic CMHTs of 11% in 2016/17, with a range across Trusts from 3% to 19% of appointments.
- DNA positions vary by team type with the following examples illustrating DNAs for other CMHS team types;
  - Assertive Outreach = 10%
  - Rehab and Recovery = 6%
  - Assessment & Brief Intervention = 11%
  - Older People = 4%





NHS Benchmarking Network

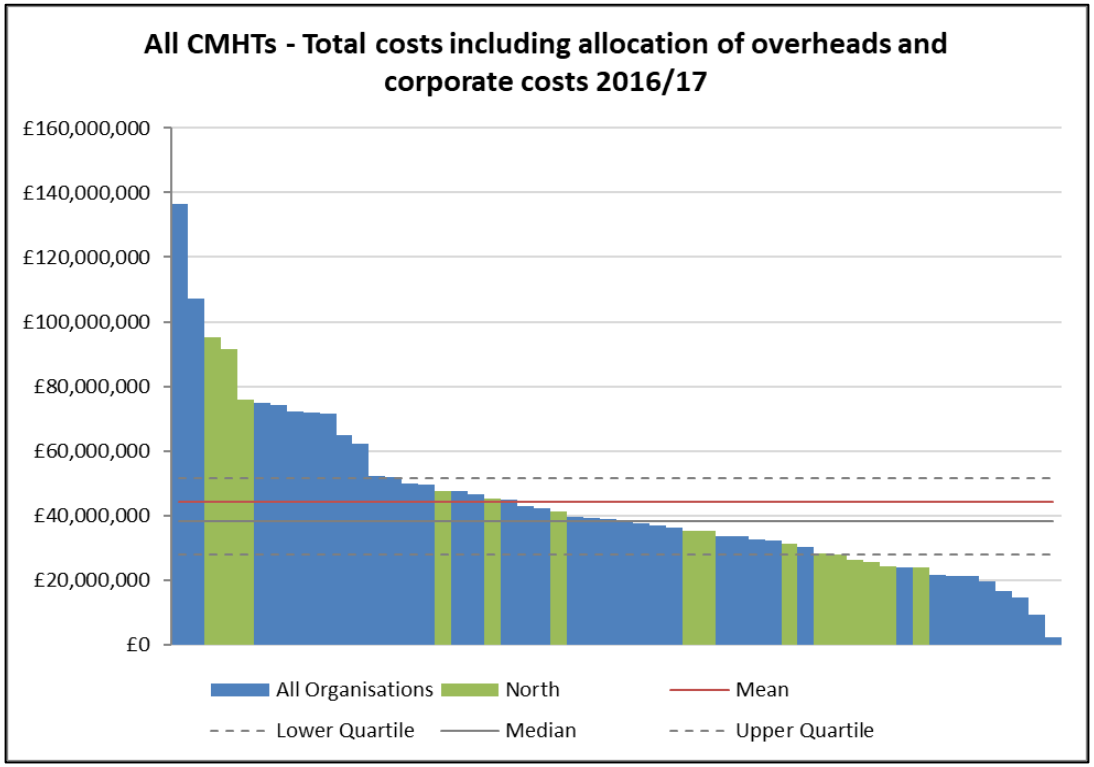
Benchmarking Network

CMHS Finance

CMHS Finance

Community Mental Health Teams - Total Expenditure 2016/17

- The chart above shows total costs for all Community Mental Health Teams per Trust. This equates to a position of £44.4m per Trust. This figure is not benchmarked but shown as an aggregate value for all Trusts. The variation shown in the chart therefore reflects both the variable size of Trust footprints, and to some extent the degree of priority given to CMHS.
- When extrapolated to an England wide position the data suggests a total investment in CMHS of £2.38b in CMHS in 2016/17.

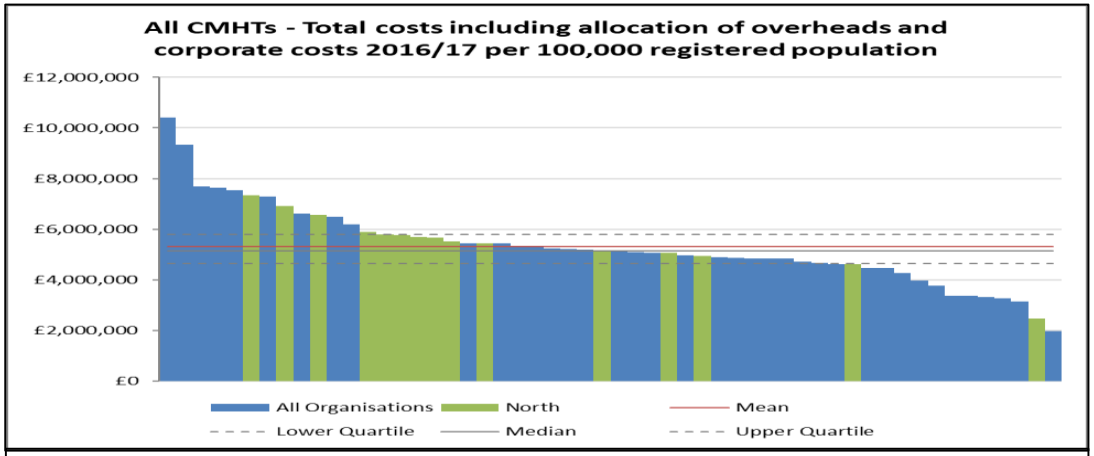


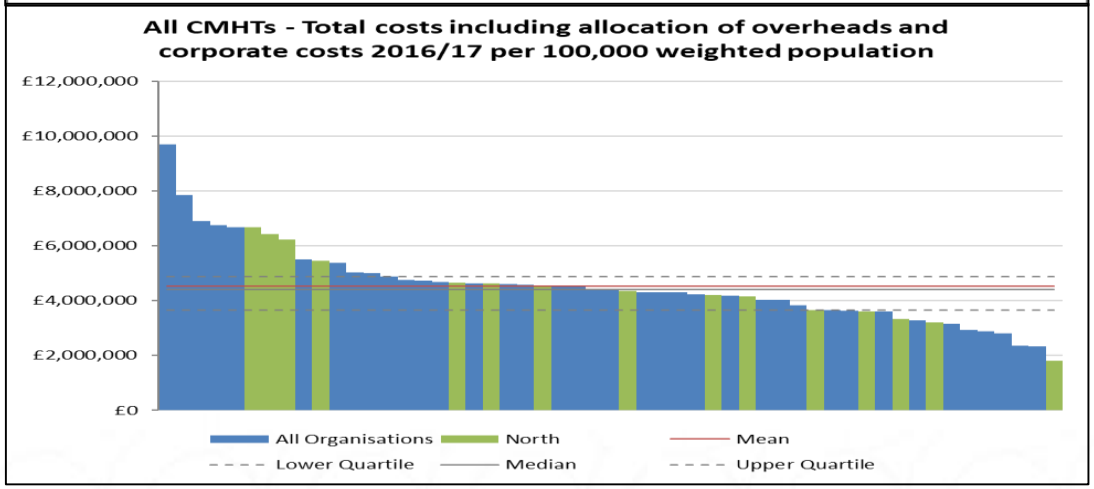
NHS Benchmarking Network

CMHS Finance

Community Mental Health Teams – Per capita expenditure

- The chart to the right shows total costs for all Community Mental Health Teams per 100,000 registered population. This equates to a position of £5.3m per 100,000 population.
- The costing methodology averages the mix of CMHS teams used across each Trust. It should be noted that not every Trust offers every CMHS team function and the investment levels shown in the chart reflect a mean average for actual expenditure.
- Most Trusts offer Generic CMHT services, CRHTs, Older people's CMHTs and EIP teams. However, only around half of Trusts offer community forensic services. other CMHS teams with lower levels of provision include; Rehabilitation and Recovery, Eating Disorders, and Perinatal teams (in 2016/17 although this position is growing at pace with the Perinatal community development initiative).
- The second chart shows the distribution when a weighted population is used.





NHS Benchmarking Network

CMHS Finance

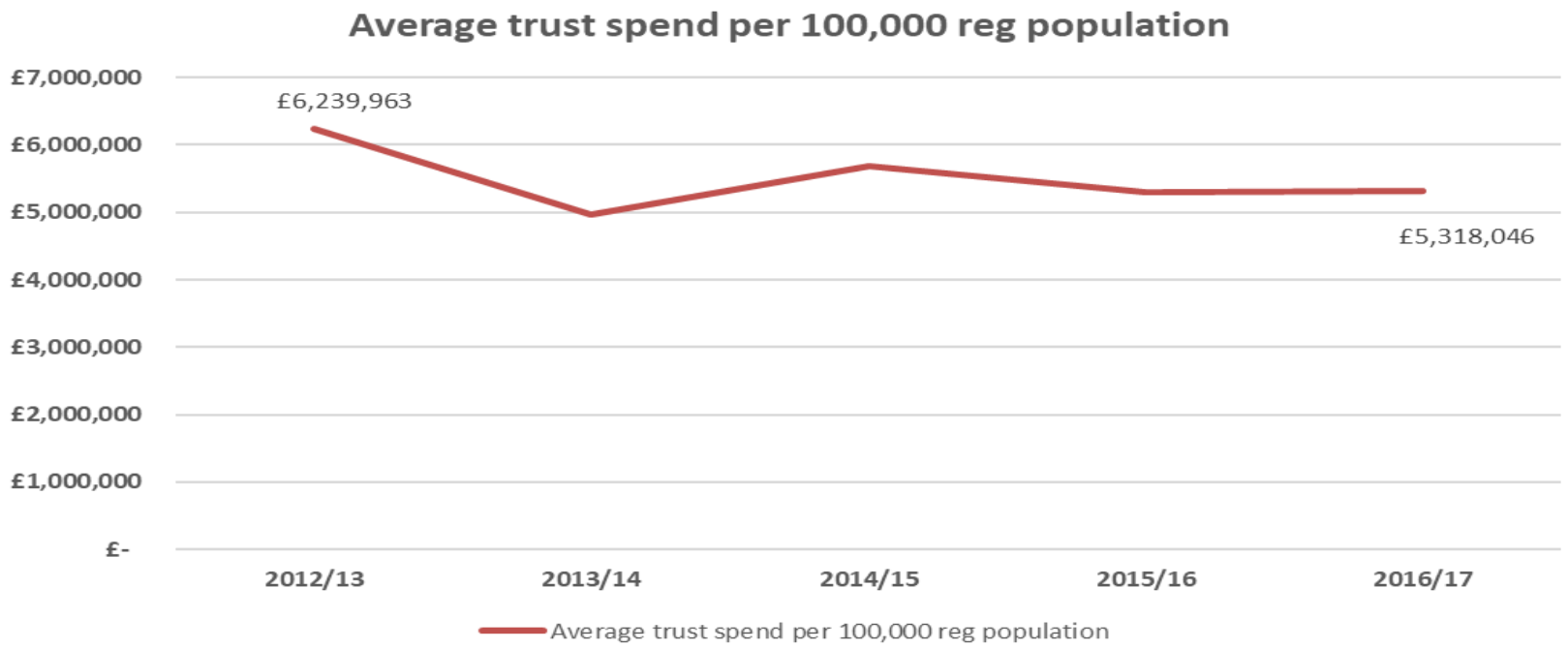
Community Mental Health Teams – Unit Costs 2016/17

- The table opposite shows costs for all Community Mental Health Teams across a number of domains including:
  - Average absolute spend per Trust £44.4m
  - Average costs per 100,000 population £5.32m – this covers population catchments in team age bands i.e. Older Peoples CMHTs and Memory Services use 100,000 population aged 65+, all other teams use working age adults i.e. population aged 16-64
  - Average costs per 100,000 population standardised for all people aged 16 and over (i.e. not adjusted for different age bands in catchments for adults and older people)
  - Average costs per year of care (derived from Total Costs / number of people on caseload at 31/3/2017)
  - Average cost per contact (face to face and non-face to face)
- In interpreting these costs please note the following positions

1. *Not all Trusts offer all CMHT services, the costs shown are for Trusts where services are provided*
2. *Calculations for year of care use year-end caseloads for the denominator, in practice some CMHTs may have average caseload lengths of less than 1 year*

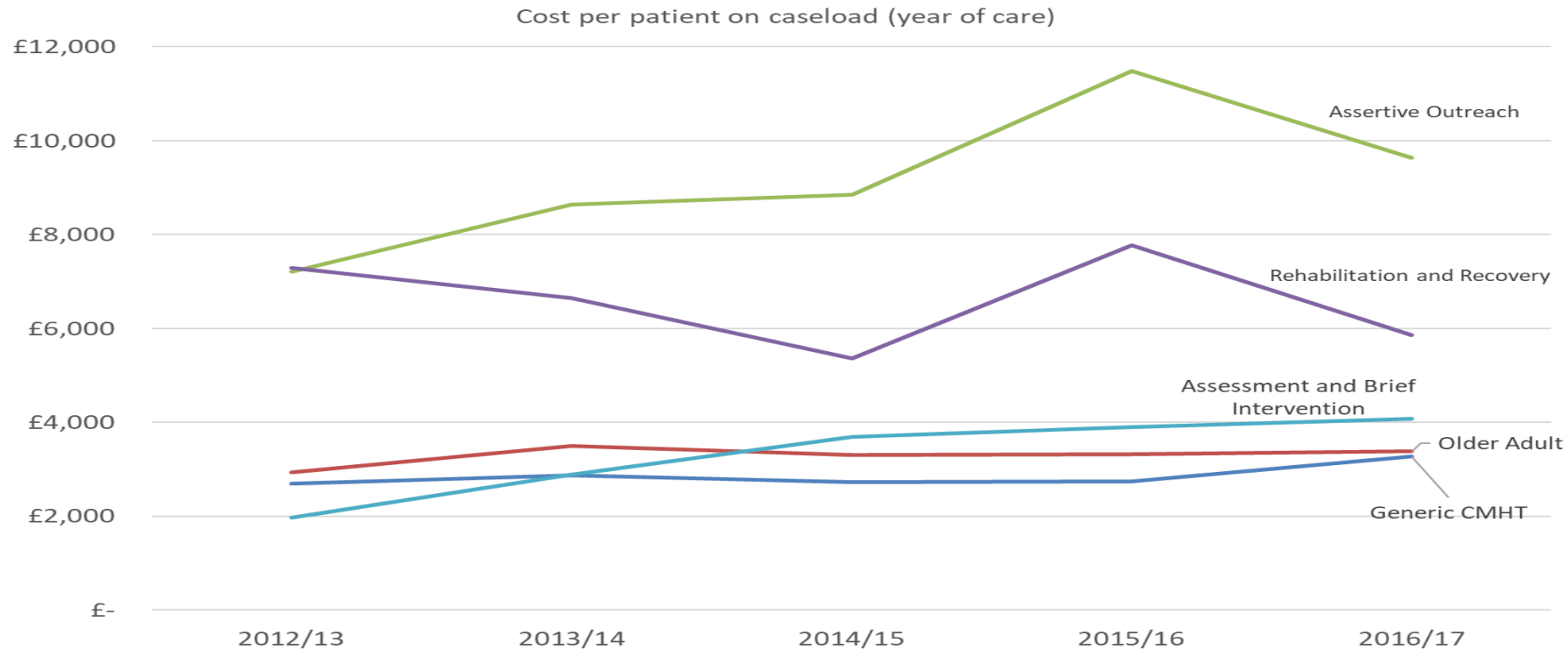
CMHS Cost Profiling 2016/17	Average Cost per Trust (absolute spend) £m	Average cost per 100,000 population (pop in age group) £m	Average cost per 100,000 population (All people aged 16+) £m	Average cost per patient (year of care) £	Average cost per contact £
Team type					
Generic CMHTS	17.7	2.6	2.1	3,345	163
Assertive Outreach	2.2	0.4	0.29	9,134	140
Rehabilitation & Recovery	2.4	0.3	0.29	8,061	223
Assessment & Brief Intervention	4.5	0.8	0.57	N/A	216
Older People	7.5	4.3	0.91	4,161	189
CRHT	7.4	1	0.95	N/A	220
EIP	2.9	0.5	0.35	8,204	230
Perinatal	0.6	0.1	0.07	4,240	274
Eating Disorders	1	0.1	0.11	6,410	233
Forensic	1.6	0.2	0.17	14,622	512
Memory Services	2.8	1.2	0.34	2,829	294
Other CMHTs	5.3	1.4	0.64	7,620	295
Totals – England Average	**£44.4m**		**£5.32m**		

Community Team Finance – investment trends



In 2016/17, Trusts reported an average spend on Community Mental Health Services of £5.3 million per 100,000 population. This is a 15% decrease on the investment levels reported in 2012/13 (£6.239m per 100,000 population), and should also be considered alongside wider NHS price index changes during this period (estimated at 1% per annum). The decrease in spend is therefore greater when assessed in real terms.

Community Team Finance – unit cost trends



The chart above shows the costs per patient for a year of care on a community caseload. Despite the reduction in overall CMHS spend per capita shown on the previous page, the chart above shows a general upwards trajectory of unit costs per patient on caseload. This can largely can be explained by the reduction in overall CMHS caseload sizes reported earlier, creating a smaller denominator of patients over which total CMHS costs are recovered.

Benchmarking Network

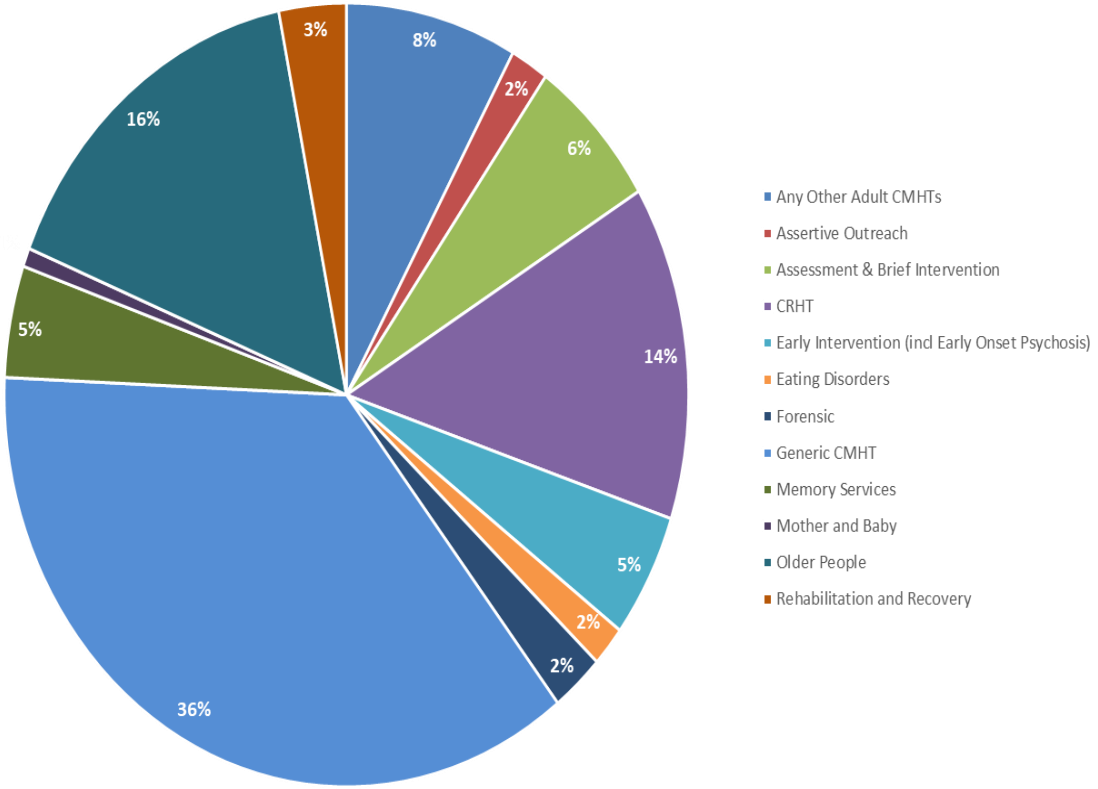
Workforce Profile

Community Mental Health Services

Raising Standards through Sharing Excellence

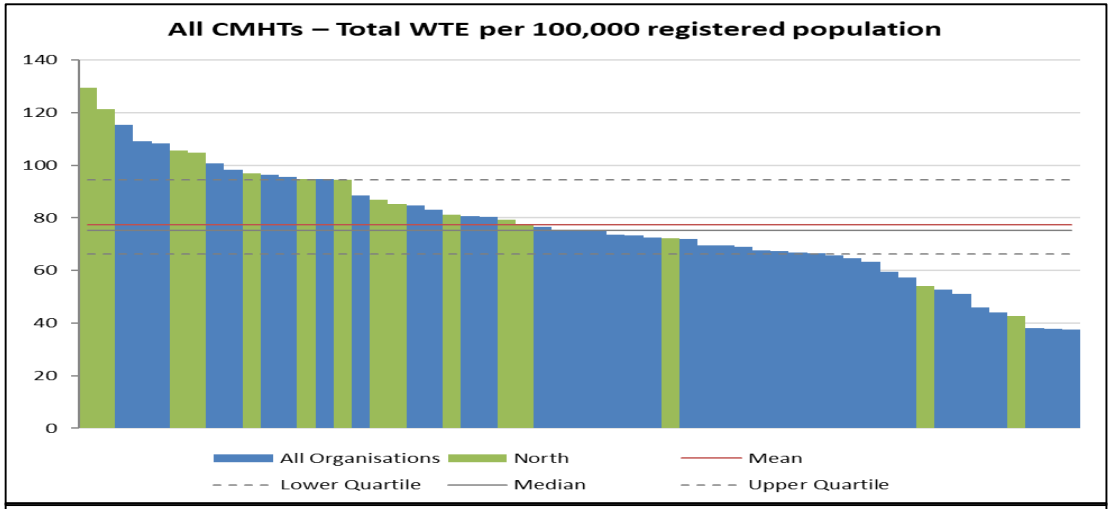
Workforce demographics All CMHS Staff

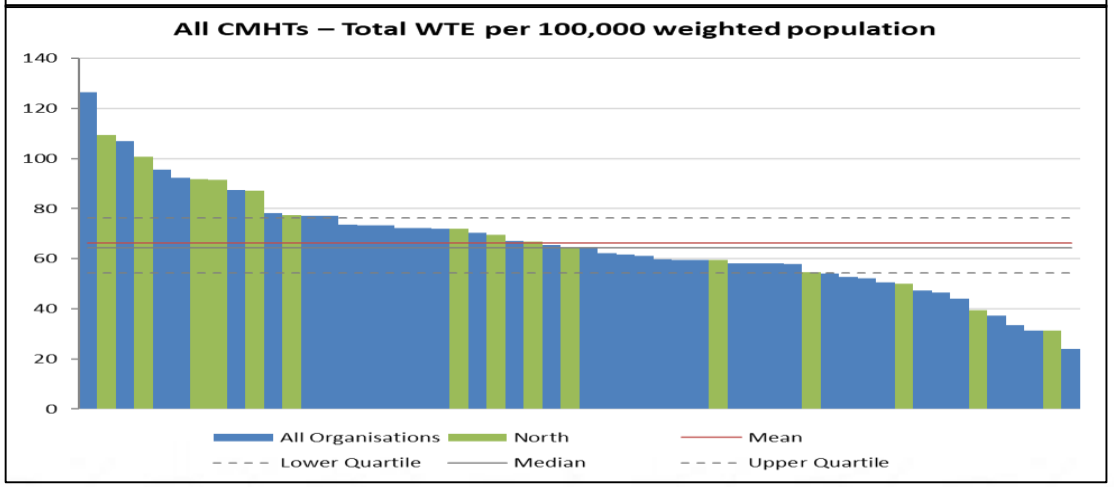
- The project requested data on the composition of the CMHS workforce in each Trust. This data was profiled by team type and also by characteristics of the workforce. On 31st March 2017 there were **40,216 WTE** staff reported by Trusts as part of the national CMHS workforce.
- Trusts were able to provide detailed profiling data on **36,400 WTE** of these staff working across Community Mental Health Services, which forms the basis for our subsequent analysis of workforce demographics.
- Headline positions from this data include; 72% of staff are female, 79% are White British and 29% from other ethnic backgrounds, 61% of staff are aged under 50, and 76% of staff work more than 4 days a week.
- The chart opposite shows the split of total CMHS workforce by team type. The three largest team types account for two-thirds of all staff and are:
    1. Generic CMHTs (36%)
    2. Older People (16%)
    3. Crisis Resolution and Home Treatment (14%)
- Total workforce WTE reported by the largest types of community teams are;
    - Generic CMHT - 14,600
    - Older People – 6,324
    - CRHT – 5,557
- Charts on the following pages profile each team type in terms of gender, age, ethnicity, and extent of full-time working.



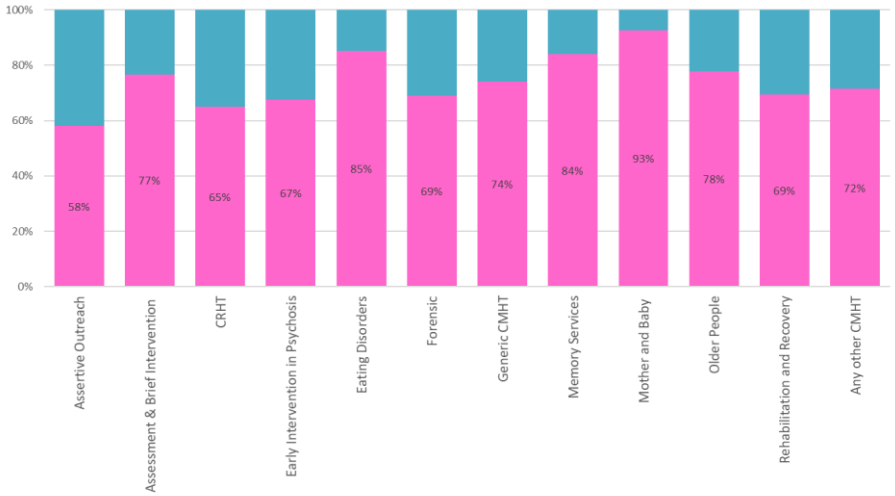
CMHS workforce size

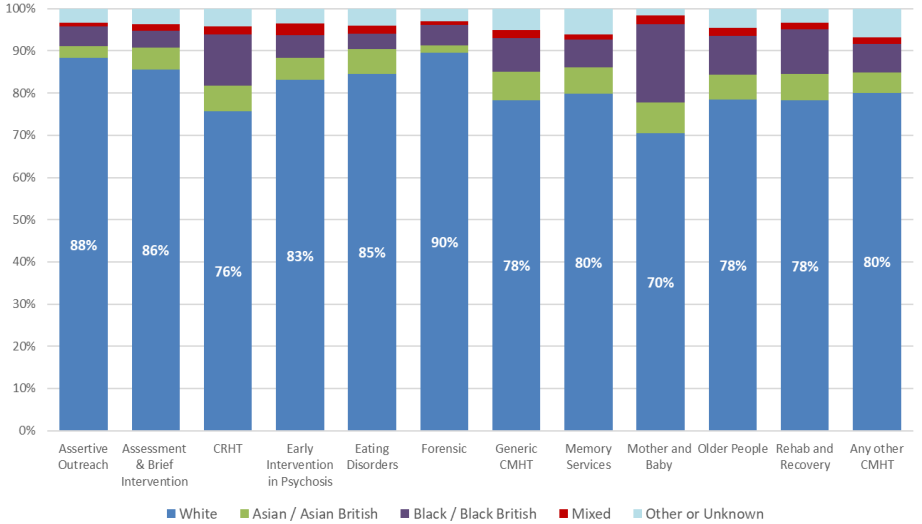
- The project requested data on the composition of the CMHS workforce in each Trust. Total workforce WTE reported by Trusts are shown in the charts opposite which describe;
    - Total workforce (all disciplines, all teams) per 100,000 registered population
    - Total workforce (all disciplines, all teams) per 100,000 weighted population
- Regional variations are evident in the data. This variation references a number of factors relating to mental health needs and the wider UK labour market and include:
    - Baseline funding of mental health Trusts by local and national commissioners
    - The degree to which local need factors are reflected in Trust baseline funding
    - Availability of specialist clinical staff
    - Wider labour market and housing market trends that impact on ongoing recruitment and retention.
- A general observation evident from the data is that the labour market is tightest in London and the South, whilst staffing levels tend to be higher in the North, where both needs based funding and staff availability is higher than in the south.

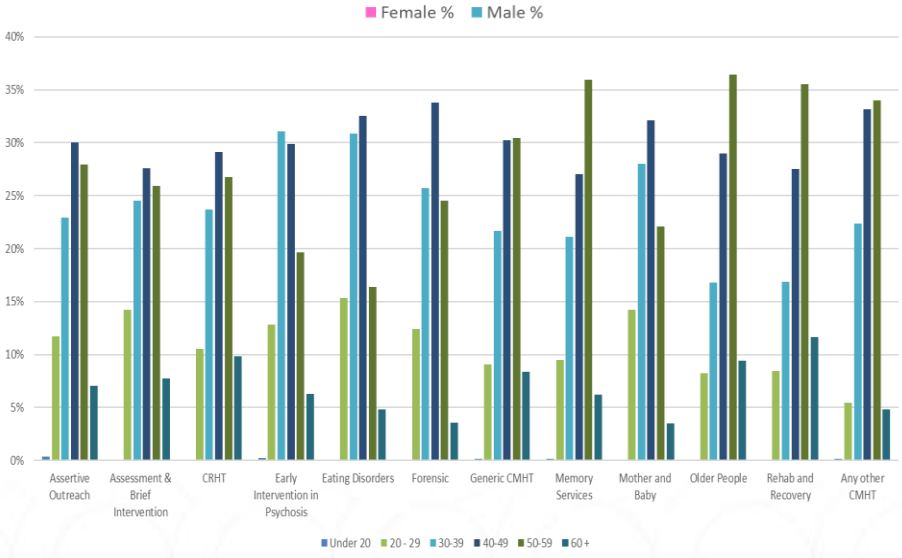


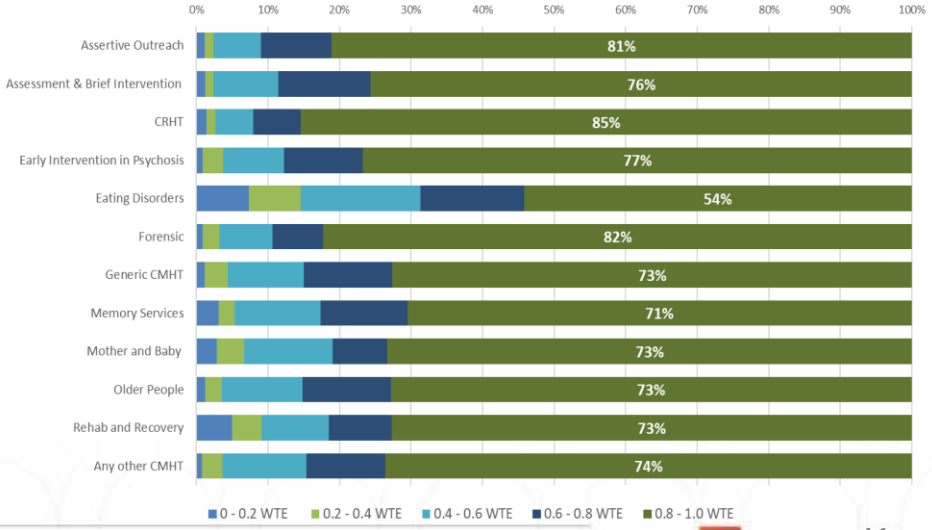


Gender, age, ethnicity, and hours by team type





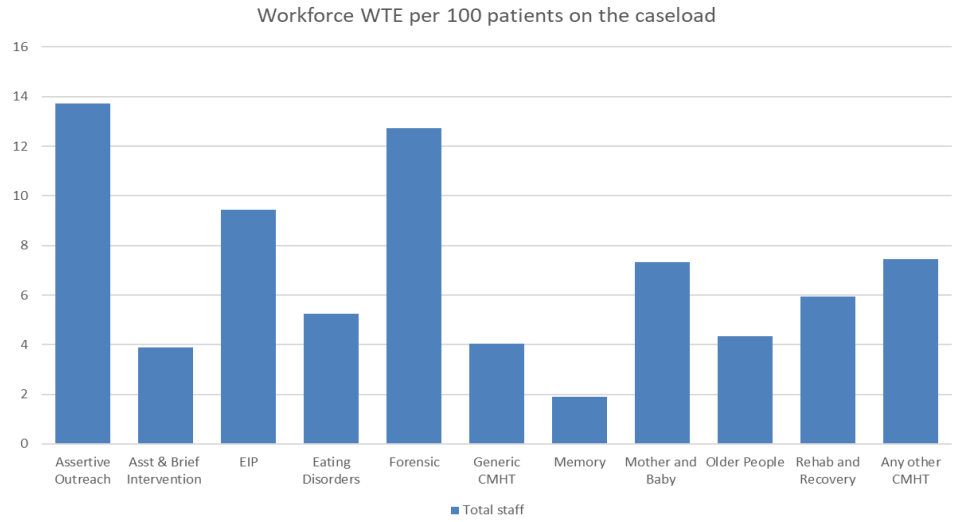




NHS Benchmarking Network

Size and shape of the workforce – by team type

- The chart opposite shows the size of each CMHT team's workforce relative to the number of patients on that team's caseload. Assertive Outreach and Forensic teams typically have the largest team size relative to patients (although both these teams are typically small in size and support small numbers of patients).
- The table opposite shows the typical number of contacts provided by each type of community team. The methodology for assessing contacts delivered per annum is dividing the total number of contacts for each team by the recorded caseload of the team.
- The most intensive level of input is provided by Assertive Outreach teams at 62 contacts per annum, followed by Early Intervention in Psychosis teams (30 contacts per annum).
- Teams with the lowest intervention rate are typically Memory Services where care packages are relatively brief.
- In interpreting the data on Assessment and Brief Intervention teams please note that the methodology used will be skewed by the counting of total contacts for this service which will include a large amount of assessment, triage and gatekeeping work, whilst active caseloads at year end will be relatively small compared to overall team workload.



Team type	Contacts per patient per year (if on caseload for 12 months)
Generic CMHTS	16
Assertive Outreach	62
Rehabilitation & Recovery	16
Assessment & Brief Intervention	15
Older People	14
CRHT	N/A
EIP	30
Perinatal	16
Eating Disorders	19
Forensic	22
Memory Services	8
Other CMHTs	27

Disciplines of the workforce – by team type

	Assertive outreach	Assessment & Brief Intervention	Generic CMHT	Older People	Rehab and Recovery
Psychiatry	8%	6%	9%	10%	5%
CPN	35%	37%	34%	41%	32%
Social Workers	5%	2%	5%	2%	1%
Occupational Therapists (OT)	4%	3%	7%	8%	13%
Clinical Psychologists	3%	4%	7%	3%	2%
Psychology - Other	0%	8%	2%	1%	1%
Peer support workers (paid)	1%	1%	0%	1%	1%
Support Workers and Other Unqualified Clinical Staff	31%	8%	12%	16%	35%
Outreach workers	0%	0%	0%	0%	0%
Psychotherapists	0%	5%	2%	0%	0%
Team Manager	3%	3%	3%	2%	1%
Admin support	7%	18%	17%	15%	7%
Other	4%	5%	3%	1%	3%

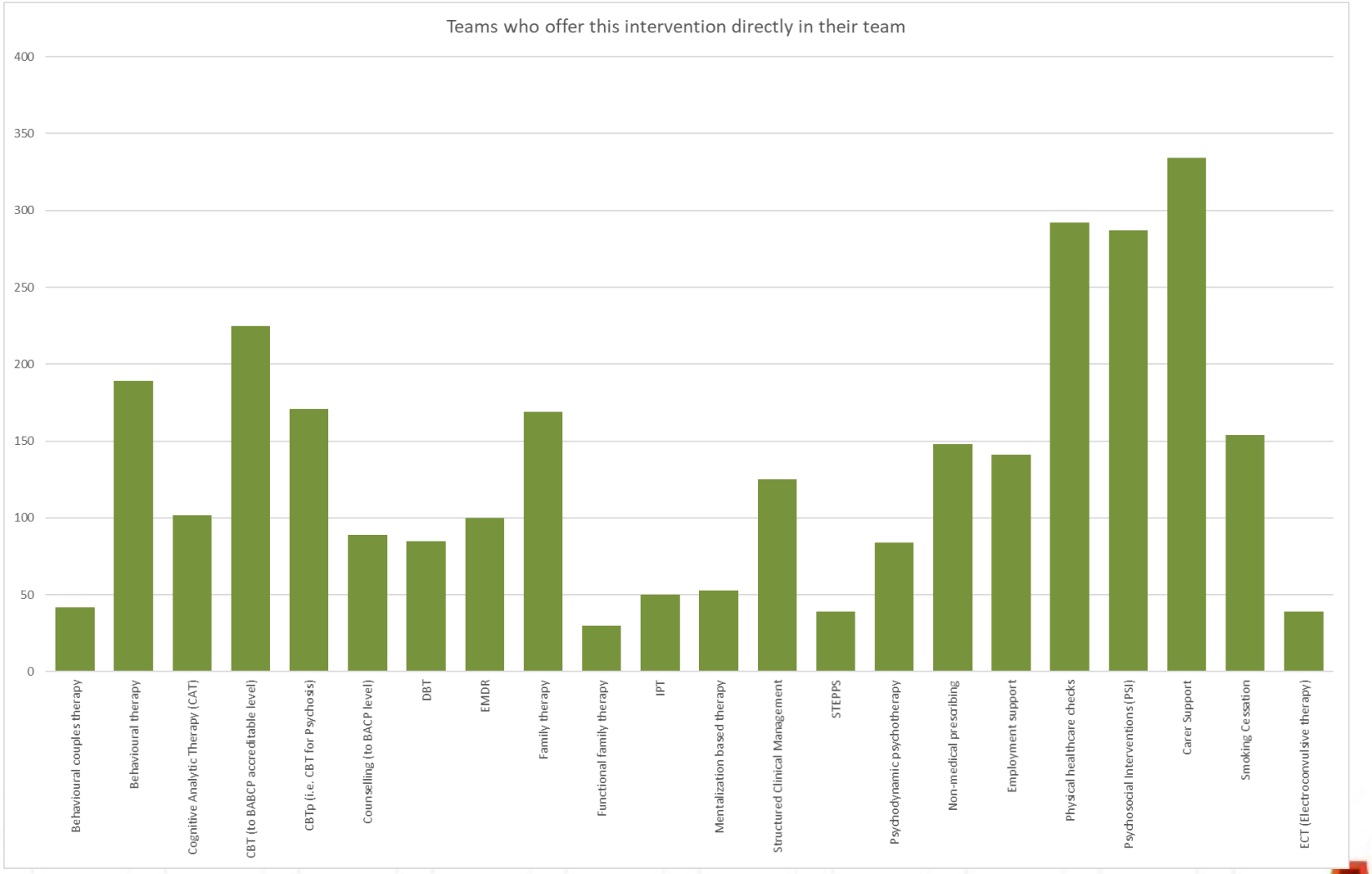
Psychological therapies and interventions

Participants provided information on the types of psychological therapies and interventions available, indicating whether these were provided by members of the team or available through onward referral. The following interventions were included:

- Behavioural couples therapy
- Behavioural therapy
- Cognitive Analytic Therapy (CAT)
- CBT (to BABCP accreditable level)
- CBTp (i.e. CBT for Psychosis)
- Counselling (to BACP level)
- DBT
- EMDR
- Family therapy
- Functional family therapy
- IPT
- Mentalization based therapy
- Structured Clinical Management
- STEPPS (Systems Training for Emotional Predictability and Problem Solving)
- Psychodynamic psychotherapy
- Non-medical prescribing
- Employment support
- Physical healthcare checks
- Psychosocial Interventions (PSI)
- Carer Support
- Smoking Cessation
- ECT (Electroconvulsive therapy)

- The chart on the following page summarises in absolute terms how many teams support the provision of specific interventions. Please note that there is an element of incompleteness in this data and the findings are best interpreted in terms of the relative popularity of different interventions offered.
- The most frequently provided interventions are; support for Carers, Physical Healthcare checks, and Psychosocial interventions.

Psychological therapies and interventions



NHS Benchmarking Network

Psychological therapies and interventions

- The chart opposite shows the extent to which specific therapies and interventions are available by different team types.
- Areas highlighted in green show interventions that are provided by 50% + of teams.
- Trusts that provided team level data to the CMHS audit will be able to compare their position on these measures at individual team level.

Type	Assertive Outreach	Assessment & Brief Intervention	CRHT	EIP	Eating Disorders	Forensic	Generic CMHT	Memory	Mother and Baby	Older People	Rehab and Recovery	Any other team
Behavioural couples therapy												
Behavioural therapy	■			■	■		■		■	■		
Cognitive Analytic Therapy (CAT)					■		■					
CBT (to BABCP accreditable level)				■	■		■		■	■		
CBTp (i.e. CBT for Psychosis)				■			■				■	
Counselling (to BACP level)					■							
DBT												
EMDR							■		■			
Family therapy	■			■	■		■		■			
Functional family therapy												
IPT					■				■			
Mentalization based therapy												
Structured Clinical Management	■				■	■			■			
STEPPS (Systems Training for Emotional Predictability and Problem Solving)												
Psychodynamic psychotherapy												
Non-medical prescribing							■	■				
Employment support				■			■				■	
Physical healthcare checks	■		■	■	■	■	■	■	■	■	■	
Psychosocial Interventions (PSI)	■		■	■	■	■	■	■	■	■	■	
Carer Support	■	■	■	■	■	■	■	■	■	■	■	■
Smoking Cessation	■			■			■		■		■	
ECT (Electroconvulsive therapy)												

directors of adass
adult social services

Benchmarking Network

Social Care

Combined data collection by NHS Benchmarking Network and ADASS

Coverage and scope – Social Care

- A key aspect of the CMHS audit was a request to Local Authorities to identify and quantify the contribution of Adult Social Care to mental health services. This data collection was undertaken in partnership with ADASS with two data collection templates developed to identify;

1. Processes used to support mental health and the role of the AMHP (ADASS)
2. Quantification of Social Care mental health workforce and costs (NHS Benchmarking Network)

- A total of 99 Local Authorities responded to one or both of the collections that were undertaken. Of these:

- 61 responded to both collections
- 19 only responded to the NHSBN collection (80 in total for NHSBN)
- 19 only responded to the ADASS collection (80 in total for ADASS)

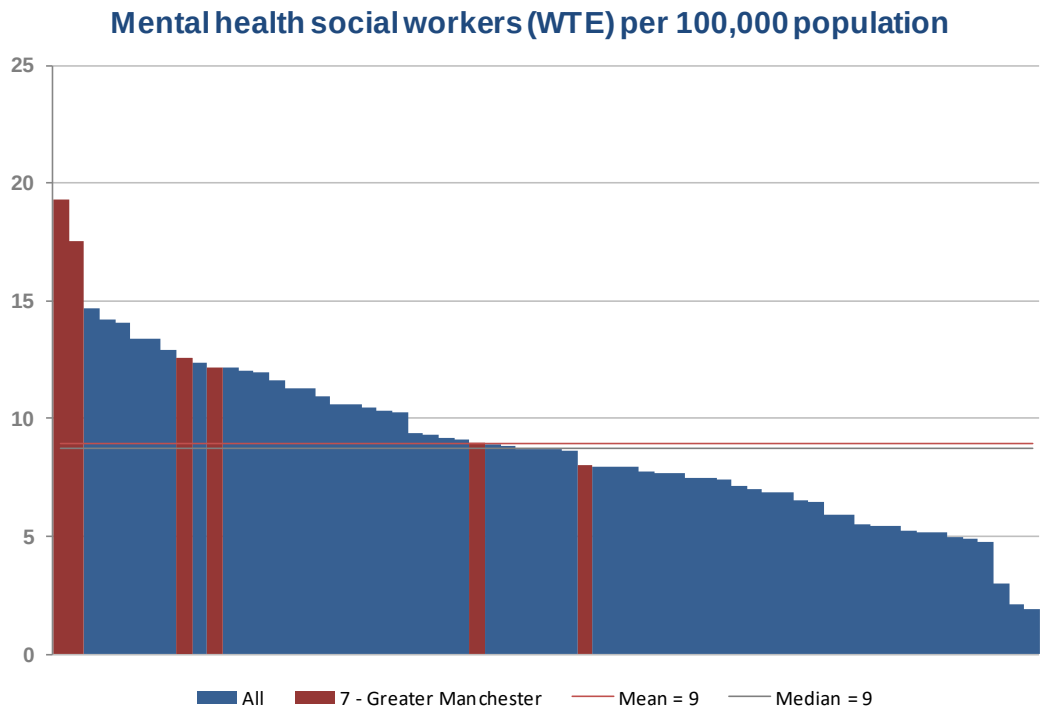
- The findings from the two data collections were merged and have been discussed with colleagues from ADASS. We are grateful to colleagues from ADASS for their support for this element of the project.

- Where Local Authorities within your STP area contributed to the Social Care data collection, this is highlighted by identifying each local Authority in your STP area as a green bar on the charts.

Mental Health Social Workers (WTE) per 100,000 population

- When a population benchmark is applied, Local Authorities report an average position of 9 WTE mental health Social workers per 100,000 population.
- Comparisons with other staff groups employed by NHS Trusts in CMHS reveals the positions in the table below, Community Psychiatric Nurses are the largest staff group and account for 43% of all CMHT staff.

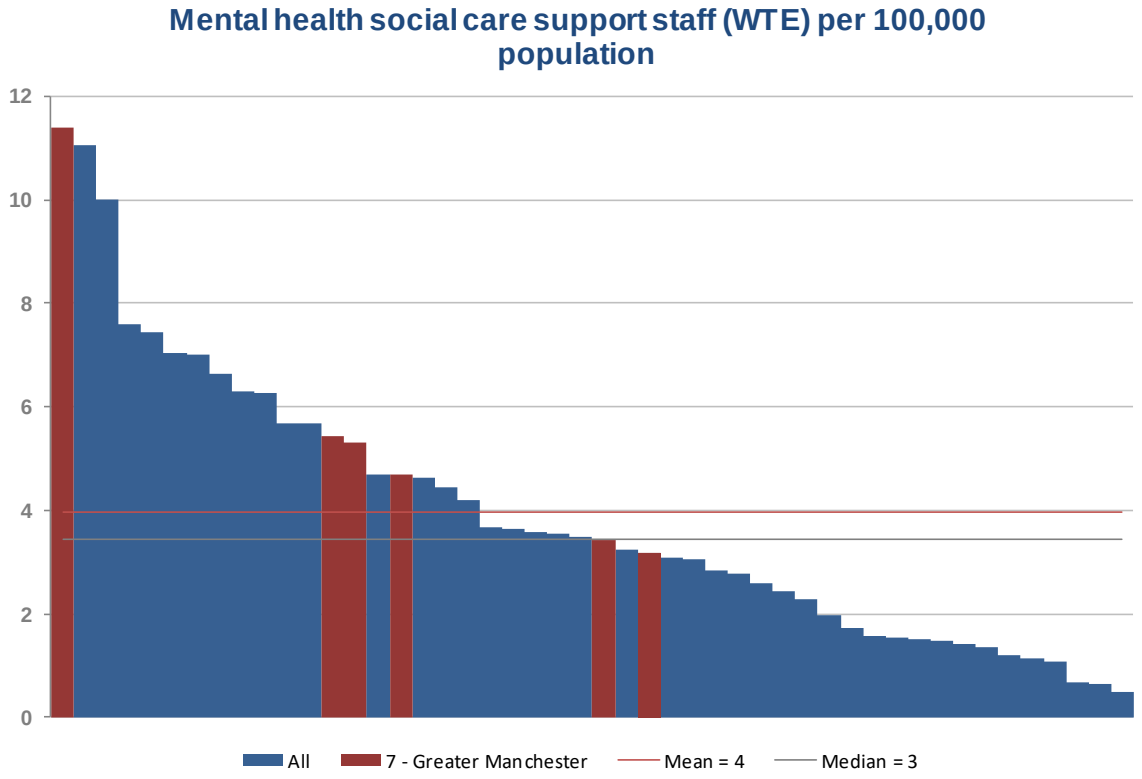
NHS Trust Employed CMHS Staff CMHT Staff Discipline	Average across all CMHT team types per 100,000 population WTE
Consultant Psychiatrist	4
Other Psychiatry (including Trainees)	4
Community Psychiatric Nurse	33
Clinical Psychology	6
Occupational Therapist	5
Social Worker	3
Support worker and Other Unqualified	11
Peer Support Worker (paid)	1
All Other Staff	10
Total WTE	77



NHS Benchmarking Network

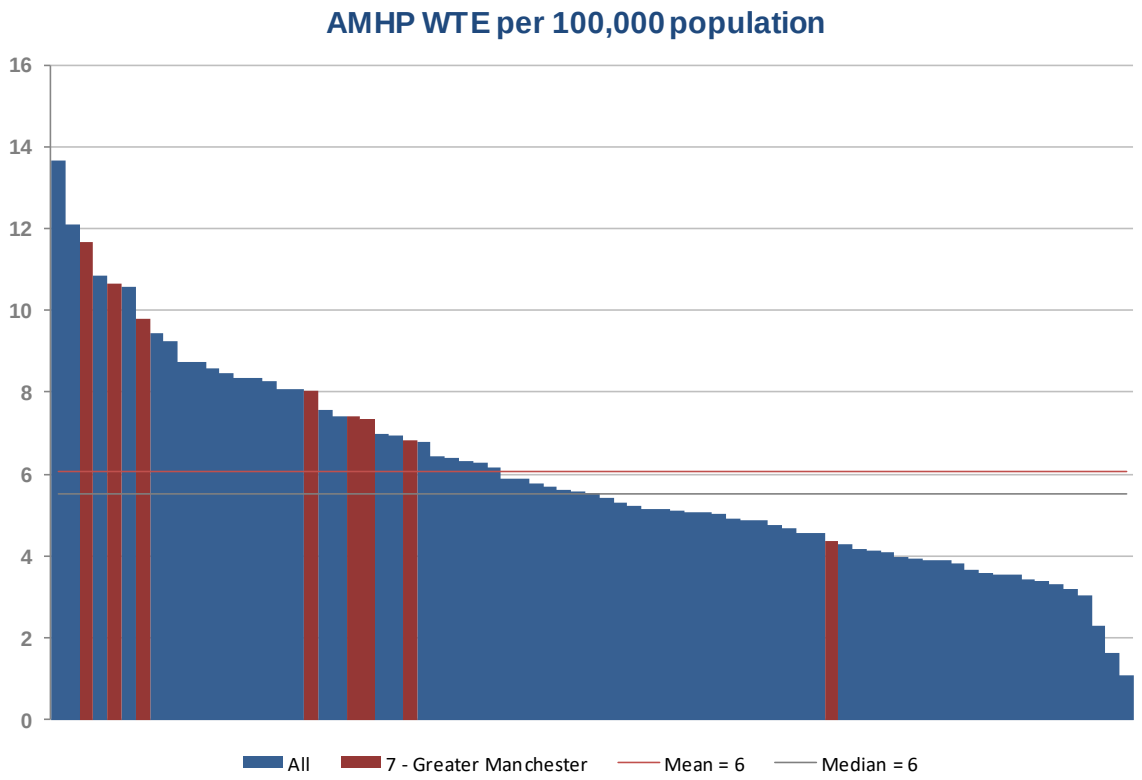
Mental Health social care support staff (WTE) per 100,000 population

- When a population benchmark is applied, an average position of 4 WTE mental health social care support staff working in mental health was reported per Local Authority.



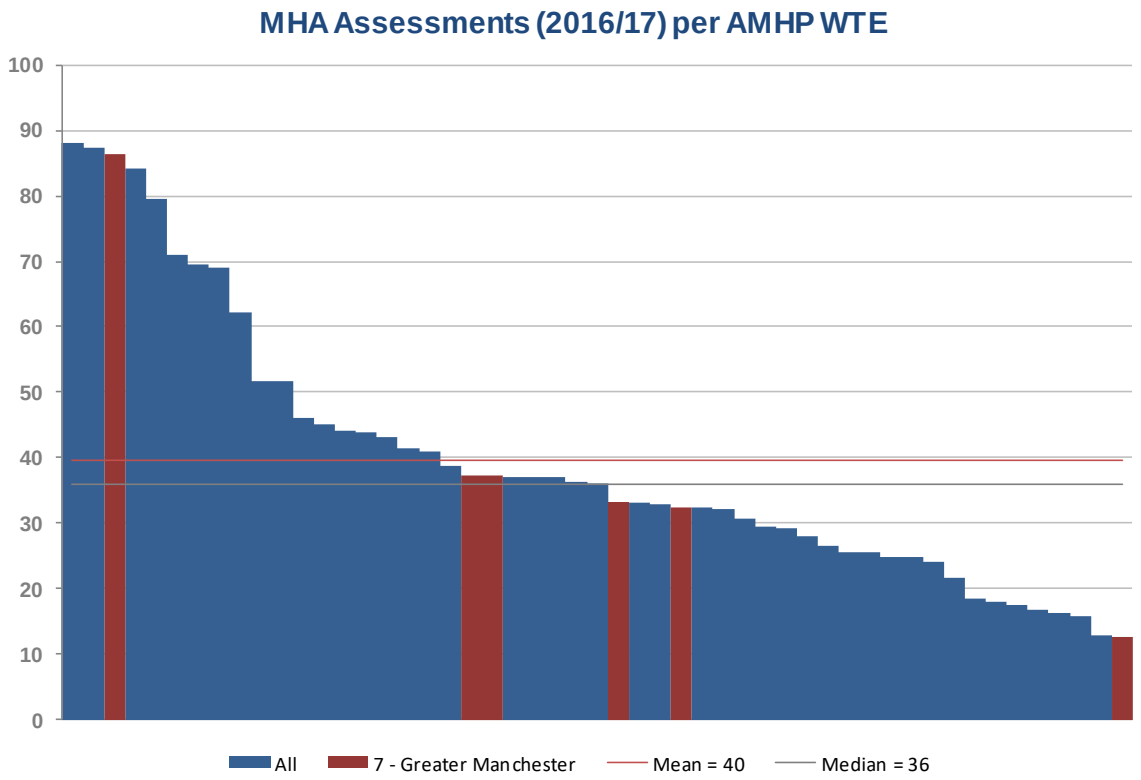
AMHP Workforce per 100,000 population

- Around two thirds of Social Workers working in mental health are AMHPs
- Local Authorities report an average position of 6 WTE AMHPs per 100,000 population.
- If data is extrapolated from the submissions received, this would suggest there are around 3250 WTE AMHPs in England.



Number of assessments per AMHP (WTE)

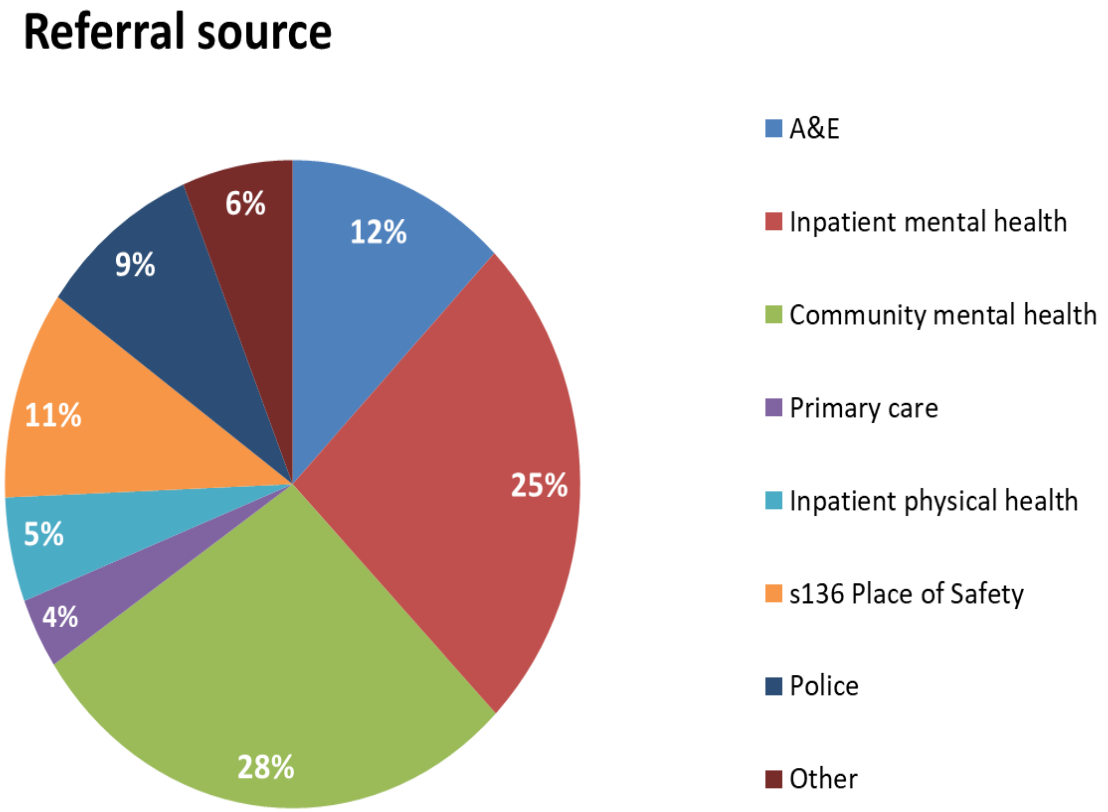
- On average, 40 Mental Health Act assessments were undertaken per WTE AMHP during 2016/17.
- There is wide variation amongst Local Authorities with average MHA assessments per AMHP WTE ranging from 12 to 88 per annum.



NHS Benchmarking Network

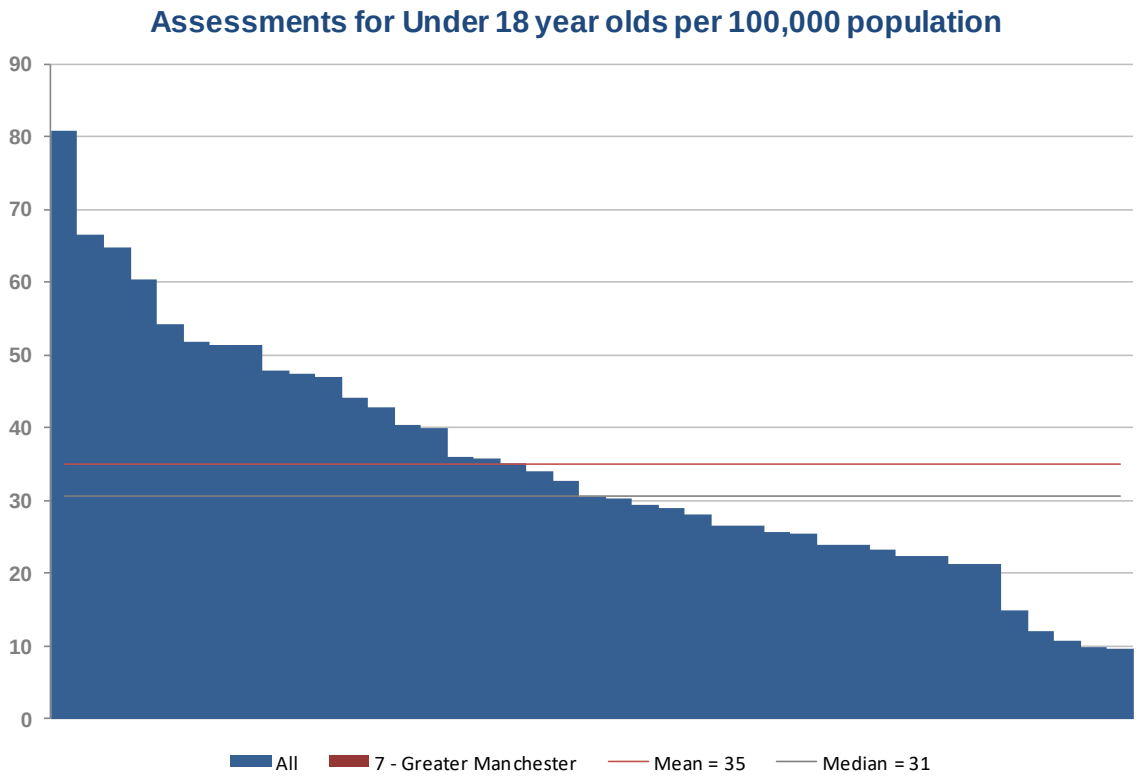
Referral source for Mental Health Act assessment

- The two most common sources of referral for Mental Health Act assessments are community mental health teams (28%) and inpatient mental health (25%).
- A&E departments account for 12% of all referrals.
- The Police / Justice system and S136 activity account for a combined 20% of referrals.
- Relatively few referrals (4%) are received directly from primary care.
- The category “other” includes a number of sources with only small numbers of referrals including the criminal justice system, voluntary sector and friends/family.



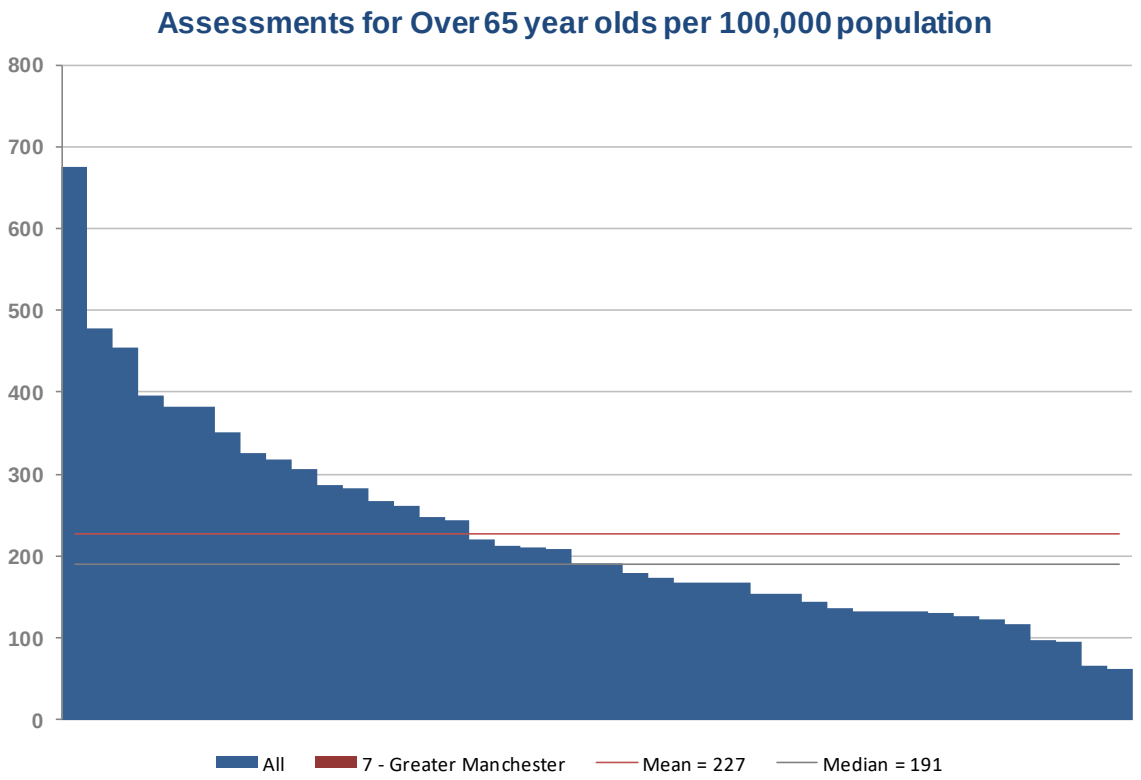
Assessments for Under 18s

- 48% of participants reported they had seen a “small” increase in assessments for under 18s in the last 5 years. 34% reported this increase has been “significant”.
- Participants reported an annual average of 35 assessments for young people per 100,000 population (age 0-17 inclusive).
- This can be extrapolated to an England-wide position of around 4,100 assessments per year being undertaken for under 18 year olds.



Assessments for Over 65s

- 42% of participants reported a “small increase” and 38% a “significant” increase in assessments for older adults (age 65+).
- Participants reported an annual average of 227 assessments for older people per 100,000 population (age 65 +).
- This can be extrapolated to an England-wide position of around 22,500 assessments per year being undertaken for those age 65+.



Benchmarking Network

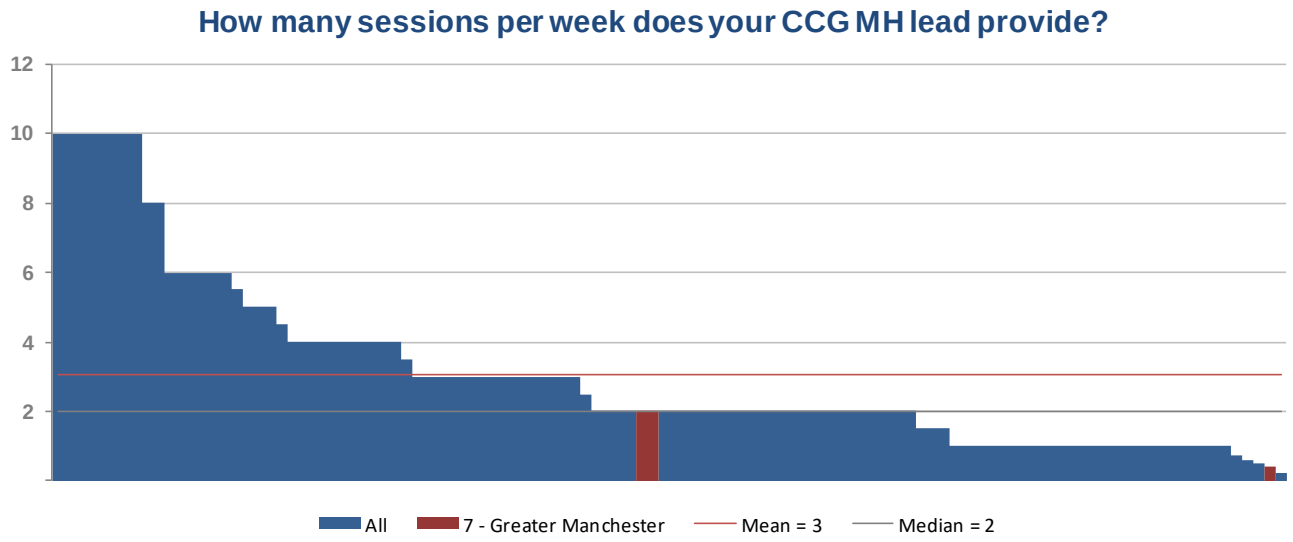
Primary Care

Defining and quantifying the contribution of primary care to mental health services

Primary Care specialisms

Workforce – CCG Mental Health Leads

- 93% of CCGs reported having a dedicated mental health lead (typically a GP mental health lead).
- The median position reported by CCGs is that 2 sessions are provided (i.e. 1 day) per week, although the chart below notes a wide variation in practice and capacity levels across CCGs.

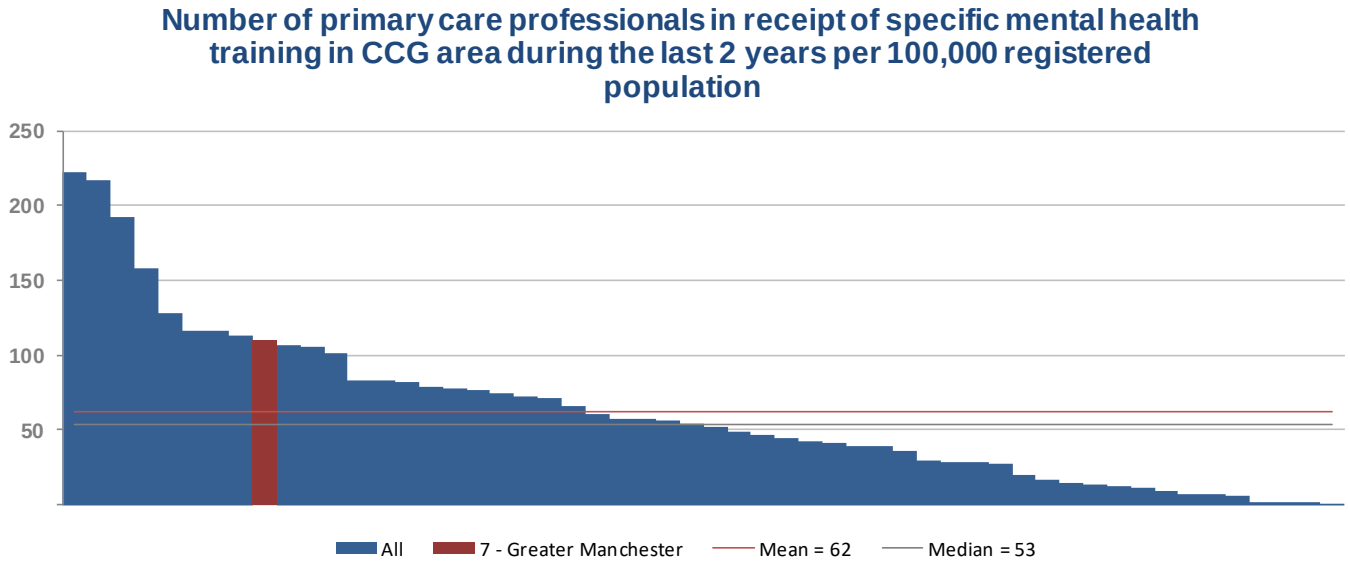


NHS Benchmarking Network

Primary Care mental health specialist training

Mental Health training for primary care professionals

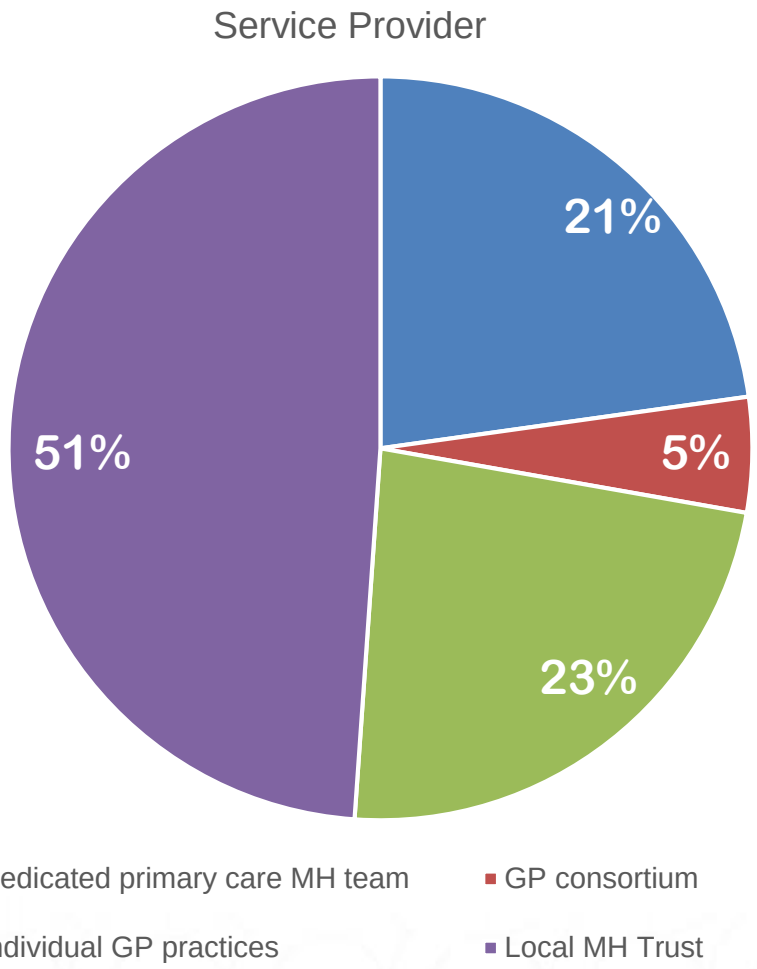
- Participating CCGs reported over 10,000 primary care professionals who were in receipt of specific mental health training in the last 2 years (please note data completeness is an issue on this metric).
- On average 62 primary care professionals per 100,000 registered population have been in receipt of mental health training over the last 2 years. When extrapolated to an England-wide position this suggests around 35,000 primary care staff have received MH specific training in the last 2 years.



NHS Benchmarking Network

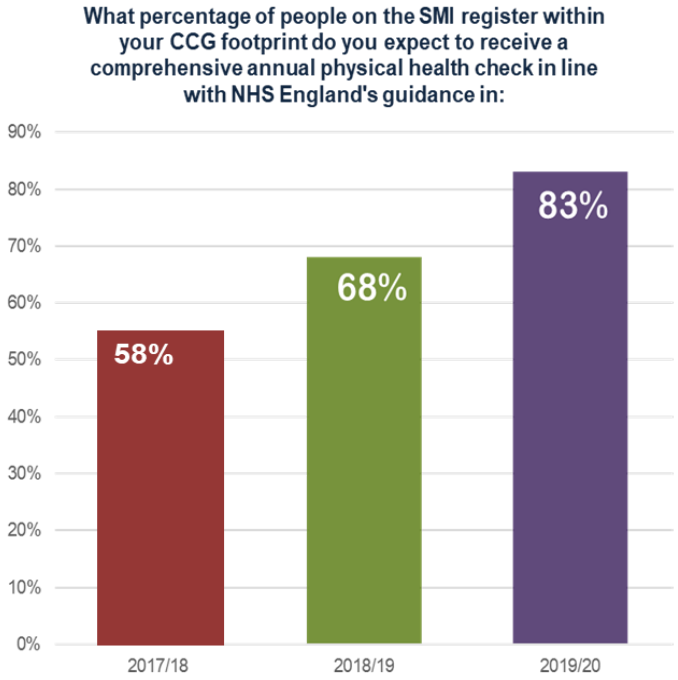
Enhanced Primary Care

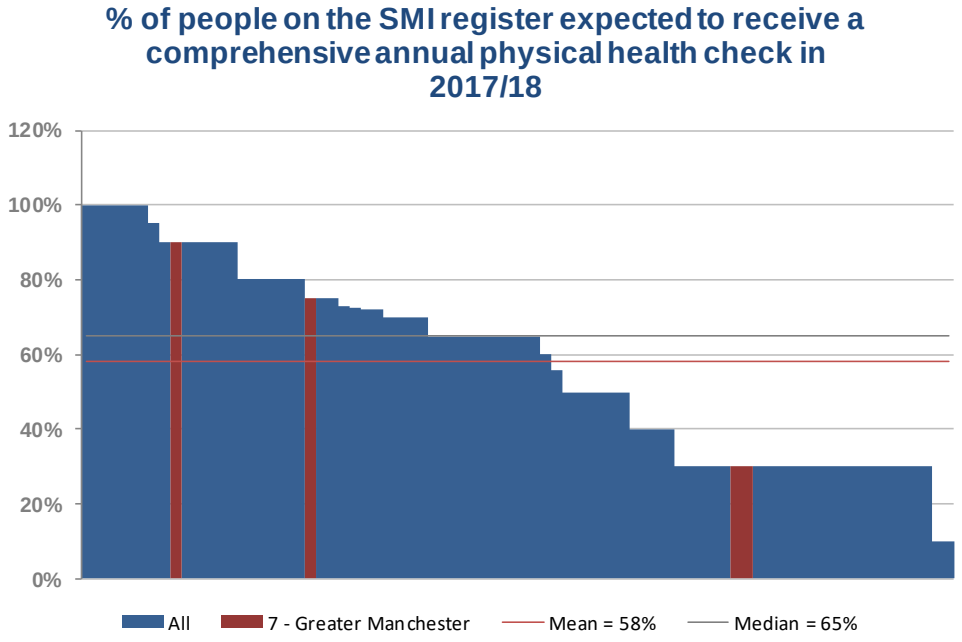
- CCGs were asked to describe the extent to which additional mental health services are commissioned, i.e. services delivered in primary care that are outside the scope of traditional specialist mental health services. A total of 104 CCGs provided data on 196 services.
- An average position for these additional primary care based services is that 1,644 patients are supported per 100,000 population. If this is extrapolated to an England-wide basis this would equate to 904,036 patients accessing care. It is likely that many of these patients will be accessing additional primary care based services including IAPT.
- Mental Health Trusts account for 51% of this provision, GP practices and consortia 28%, and 21% delivered by dedicated primary care mental health teams.
- Indicative costs for this service provision are £511,061 per 100,000 population. Or £281 million invested if extrapolated to an England-wide basis.
- This equates to an average cost per patient supported of £676.



Physical Healthcare Checks

- As part of the CMHS audit CCGs were asked to outline local projections for appropriately integrating physical healthcare and mental health care for service users with severe mental illness. Each CCG was asked to outline future trajectories for ensuring that people on SMI registers in primary care receive a comprehensive annual physical healthcare check. This shows a national position increasing from 58% in 2017/18 to 83% in 2019/20 (see left hand chart). Analysis of baseline positions for CCGs reveals large variation in positions in 2017/18 ranging from 10% of SMI patients to 100% (right hand chart).





NHS Benchmarking Network

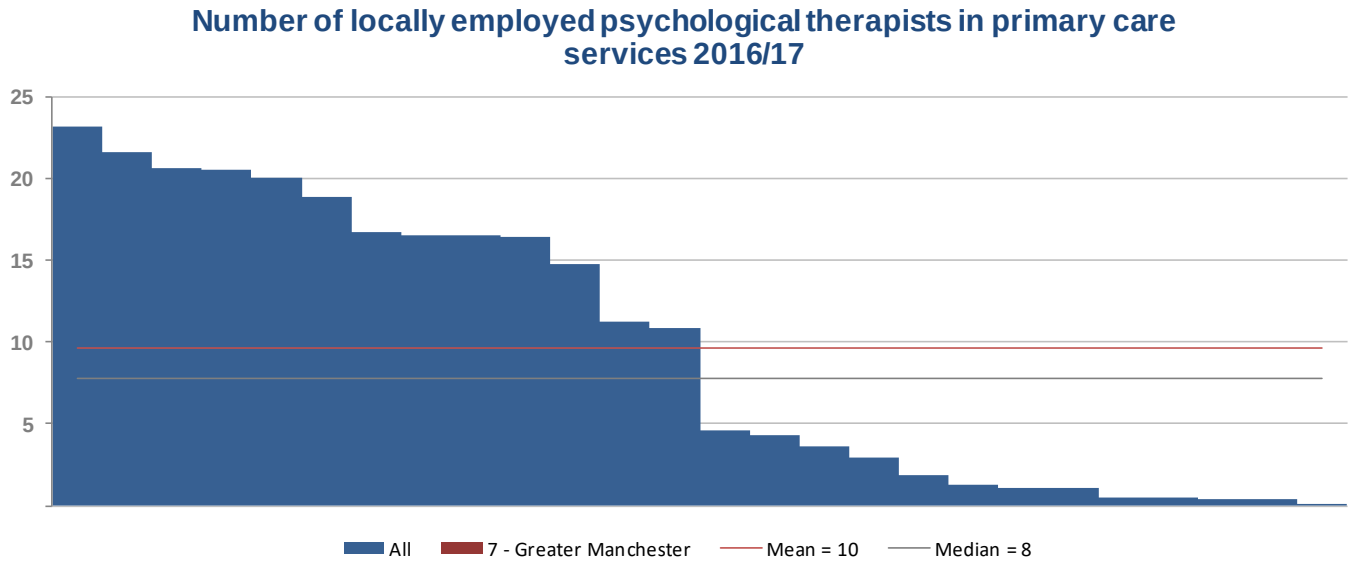
Supported Housing; capacity and spend

- Attempts to describe the extent of supported housing provision for mental health service users were partially successful with a large number of CCGs responding with data on supported housing provision. The largest category identified was residential care homes which highlights how the needs of older adults with mental illness are increasingly met. Further data on supported flats, group homes and therapeutic communities was provided although it was not possible to disaggregate this to specific mental health service user cohorts.

	Spaces per 100,000 population	% of spaces occupied 31/3/2017	Spend per 100,000 population	Spend per space (approx.)
Residential care home	35	86%	£866,000	£24,700
Supported flat / group home	25	93%	£278,000	£11,120
Therapeutic community	2	100%	£49,000	£24,500

Psychological Therapists (locally employed)

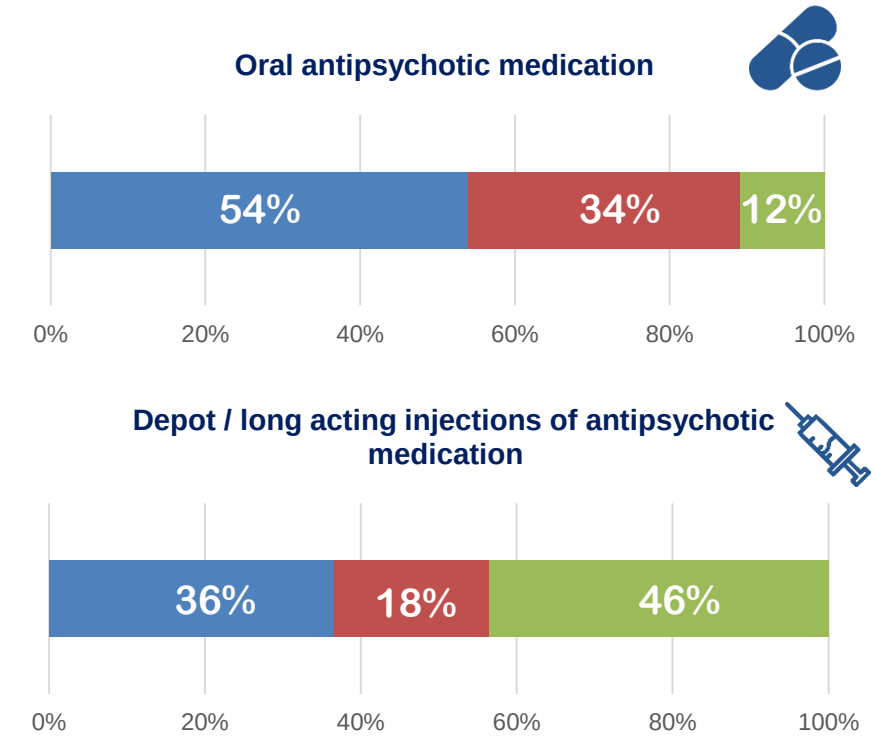
- Number of locally employed psychological therapists in primary care services 2016/17 was quantified from 31 CCG responses. This highlights problems for CCGs in identifying and quantifying the contribution of locally employed psychological therapists in primary care.
- Average values reported by the 31 CCGs are 9.3 WTE per 100,000 population. Please note that this data excludes therapists located within IAPT services, who are in addition to this figure.
- If this was extrapolated to an England-wide basis this would equate to 4,949 WTE across England. Caution should be exercised on this extrapolation due to the small amount of data and low data values reported by around half of those CCGs who were able to reply to this question.



Mental Health prescribing

Established shared care protocol for…

- The project attempted to profile care pathways for mental health prescribing including the extent to which shared care protocols are in place between primary care and specialist mental health services.
- Participating CCGs reported their shared care protocol for oral antipsychotic medication and depot/ long acting injections of antipsychotic medication.
- 54% of CCGs had a primary care agreement to prescribe oral antipsychotic medication under shared care.
- 46% of CCGs prescribe depot / long acting injections of antipsychotic medication using secondary care only.

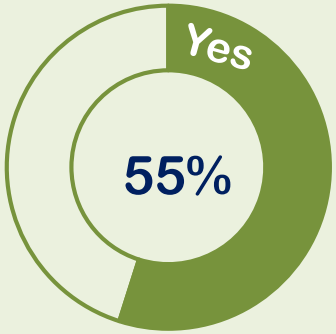


NHS Benchmarking Network

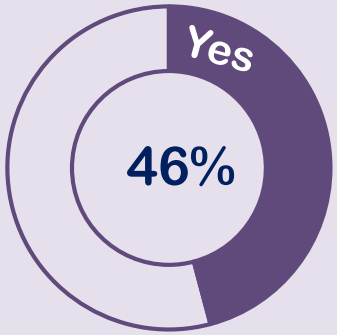
Mental Health prescribing

Participants reported different protocols across mental health prescribing

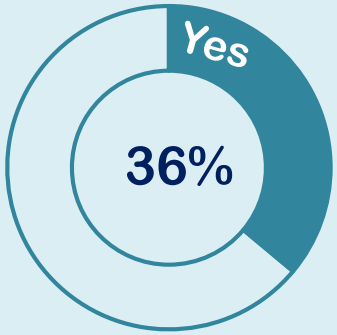
Do you consider any antipsychotic drugs as not generally available or requiring any special requirements (outside of its SPC)?



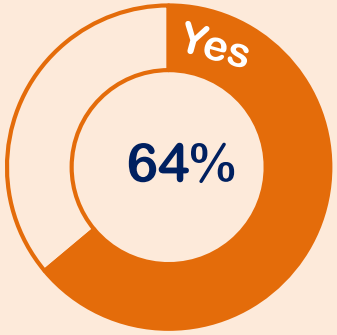
Are there systems in place to allow depot/long acting antipsychotics to be administered in primary care by GPs or Practice nurses?



Are there systems in place between primary and secondary care to act on DNAs from depot clinics?



Do you have an established shared care protocol for prescribing Lithium (and Valproate for Bipolar disorder)?



NHS Benchmarking Network

Benchmarking Network

Voluntary Sector

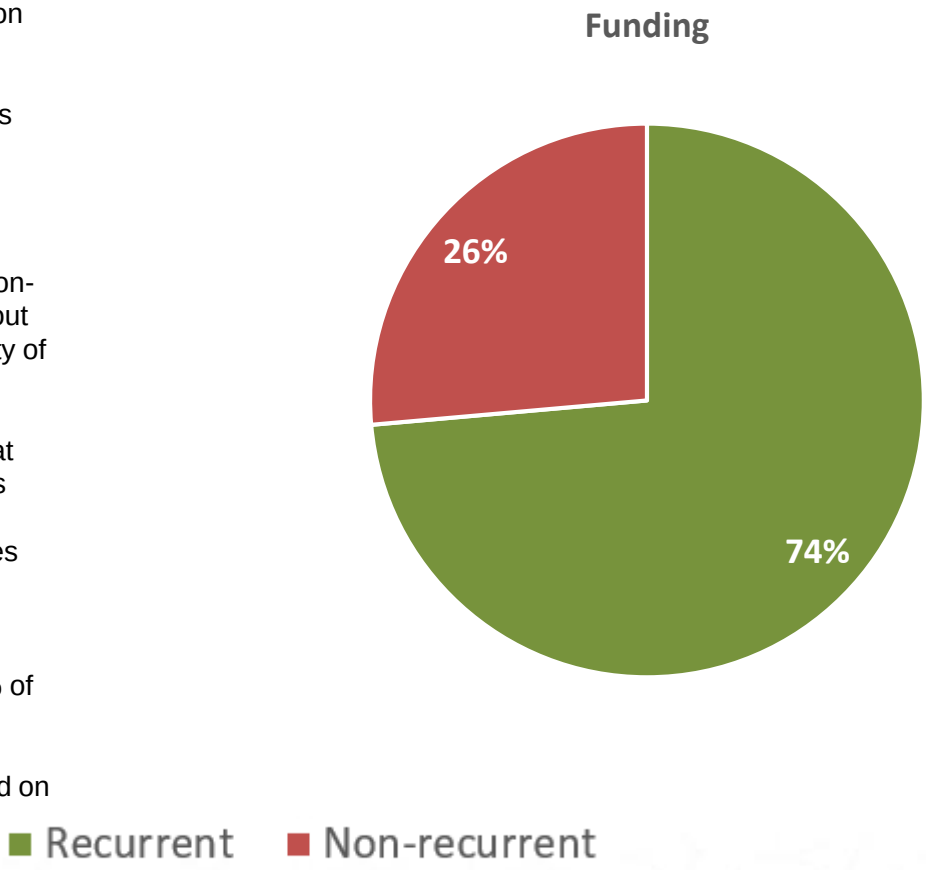
Defining and quantifying the extent of support to mental health service users commissioned by CCGs from Voluntary Organisations and the 3rd sector

Most common service offers nationally

Type of service	Number of services	Total patients supported	Total investment	Cost per patient supported (approx.)
Counselling	129	35,289	£13 million	£359
Support groups	125	20,000 +	£7.5 million	£359
Health and Wellbeing programmes	97	57,335	£9 million	£161
Peer Support	77	6,976	£2.5 million	£358

Recurrent / Non-recurrent commissioning

- Participant CCGs were asked about the extent to which services commissioned from the Voluntary Sector were commissioned on an ongoing (recurrent) basis.
- Responses suggested that 74% of services were commissioned on a recurring basis which confirms a reasonable degree of continuity around service provision.
- 26% of services are commissioned on a non-recurrent basis which raises questions about ongoing commitment of CCGs and capacity of VO providers.
- The proportion of services of each type that were commissioned on a recurrent basis is shown on the next page. This reveals interesting positions in terms of the services that are most and least likely to be commissioned on a recurring basis. Supported Housing services are commissioned on a recurring basis in 82% of schemes, whilst Peer Support schemes appear to be the most short-term in nature and are the least likely to be commissioned on a recurring basis (52%).



Commissioning arrangements

Peer support 52%

Support groups 54%

Benefits support 56%

Counselling 63%

Crisis housing 65%

Health and wellbeing programmes 68%

NICE recommended psychological therapies 73%

Employment support 77%

Housing support 82%

Non-recurrent **Commissioning arrangements** **Recurrent**

Conclusions and further information

- The results of the national audit of Community Mental Health Services make interesting reading and describe a service that is at the core of the NHS offer for people with mental illness. Around 700,000 people were on community mental health service caseloads at the time of the audit. The audit demonstrates variation in service provision across England, but in the context of large-scale provision of community mental health services. Around 14 million contacts were delivered by community mental health teams in 2016/17. Some of the variation in provision is explained by differences in demand, investment levels, and also the local configuration models chosen in each mental health system.
- Data on the CMHS workforce confirms a skilled workforce in place that has a rich multi-disciplinary skill-mix and relies mainly on qualified staff. Around 40,000 WTE clinical staff were identified by the audit and have been profiled by their main demographic characteristics, disciplines, skills, and services delivered. Regional variations are evident in the workforce and wider labour market with the south of England and London facing the biggest challenges in recruiting and retaining a suitable workforce.
- Community based mental health services are where most people access specialist mental health care and play a key role in supporting the mental health system. CMHS teams play a key role in gatekeeping inpatient services and supporting service user rehabilitation and recovery. Over half of service users are supported by 2 team types; Generic CMHTs and Older People's CMHTs. A wide range of other services also exist including those focused on first episode psychosis, assessment and brief intervention, rehabilitation, forensic care, and perinatal services. Of the services initially established by the 1999 National Service Framework for Mental Health, it is Assertive Outreach teams that are now the most infrequent, although CRHTs and EIP teams are thriving and play a key role in managing the mental health system.
- Overall CMHT caseload and contact levels have reduced in the last 4 years, with much of this reduction being possible to attribute to the parallel growth of IAPT services as an alternative service offer. The largest reductions in caseload and contact rates are evident in care clusters 1-3, for people with mild to moderate mental health conditions.

- A wide series of products will be generated by the project which will be disseminated in a structured manner to NHS England, NHS England regional teams, STPs, CCGs, Mental Health Trusts, and Local Authorities.
- The NHS Benchmarking Network would like to express our thanks to project participants including; NHS England's national mental health team, Health Education England, Association of Directors of Adult Social Services, individual NHS Trusts, Local Authorities, and CCGs. NHSBN are grateful for the input provided by these organisations and also by the Network's mental health reference group.
- Further information on the project can be obtained by contacting members of the Network's project team including; s.watkins@nhs.net zoe.morris@nhs.net, d.barker4@nhs.net, and Jessica.walsh1@nhs.net