

<b>REPORT TITLE</b>	<i>The Five Year Forward View for Mental Health</i>
<b>DISCUSSION LEAD</b>	<i>Sheena Cumiskey, Chief Executive, Cheshire &amp; Wirral Partnership</i>

## **REPORT SUMMARY**

As part of the NHS Five Year Forward View, NHS England Chief Executive Simon Stevens commissioned an independent taskforce to produce a ten-year strategy for improving mental health outcomes across health and care. The taskforce was chaired by Paul Farmer, Chief Executive of Mind, with Jacqui Dyer, an expert by experience and carer, as Vice Chair. The taskforce put an emphasis on co-production with people with mental health problems and carers, over twenty-thousand of whom responded to the consultation and shaped the report.

The report builds on issues covered in recent mental health policy, particularly the Department of Health's (DH) 2011 report, [No Health without Mental Health](#), and the 2015 report on children's mental health, [Future in Mind](#). It identifies that significant progress has been made in areas such as public attitudes, improved outcomes, and developing services like psychological therapies. However there are also huge challenges; an increase in people using services, insufficient funding, lack of parity between physical and mental health care, differences in funding between CCGs, and variations in outcomes in local areas mean that much more needs to be done.

The report calls for a 'fresh mindset' with leaders taking 'decisive steps' to make improvements in the three main areas of prevention, seven-day services and integrated physical and mental healthcare. Within this there should be a focus on people at high risk of developing mental health problems, such as those in poverty or unemployed, people facing other forms of discrimination and children and young people – the age at which many mental health problems start.

The report sets out recommendations for national and local organisations in the areas of commissioning, workforce, regulation, data and funding. £1 billion additional investment will be required to make the improvements.

NHS England has accepted the recommendations in the report. It expects that the measures identified will be reflected in local sustainability and transformation plans, and in how CCGs allocate their budgets.

## **RECOMMENDATION/S**

It is proposed that the Health & Wellbeing Board commission a response to what our health and social care system are planning to do respond to the report's recommendations.

## 1.0 SUPPORTING INFORMATION

The report provides a comprehensive picture of the current priorities and problems in mental health. The key issues and priorities are summarised here.

Mental health problems are widespread – one in four adults experience at least one diagnosable problem in any year. Mental health problems are estimated to disadvantage the economy by £105 billion a year. Some groups and life situations are particularly connected with the risk of mental health problems.

Children and young people – nearly half of mental health conditions start before the age of 14, and 75 per cent by age 24. One in ten children between the ages of five and 16 have a diagnosable mental health problem – with children from low income families three times more likely to be affected than those on a high income. However most get no support, the wait for psychological therapy was 32 weeks in 2015/16 and the small number of people needing inpatient care can be sent anywhere in the country.

Pregnant women and mothers – one in five women suffer depression, anxiety or psychosis during pregnancy or in the first year following childbirth. Suicide is the second leading cause of maternal death (behind cardiovascular disease). Forty per cent of localities provide no specialist community perinatal services, and less than 15 per cent provide fully effective services.

The connection between physical and mental health problems – people with chronic mental health conditions are at risk of dying 15 to 20 years earlier than the general population; two-thirds of deaths are from avoidable illness such as heart disease, often caused by smoking. However there continues to be a lack of access to physical healthcare. People with long-term physical illness who develop mental health problems suffer more complications.

Employment and housing – stable employment and housing are both major factors in successful recovery, but there is a lack of specialist occupational health support, and a 65 per cent gap in employment for people with severe mental health problems – just 43 per cent of people with mental health problems are in employment. There is a link between mental health problems in children and poor housing.

Armed forces veterans – only half of veterans with mental health problems seek help from the NHS and those that do are rarely referred to effective support. NHS England is currently consulting on support for this group.

Older people – one in five older people in the community, and 40 per cent of those in care homes are affected by depression, but often do not receive appropriate support.

Marginalised groups – people from marginalised groups such as black, Asian, lesbian, gay, transgender and disabled people are at greater risk of poor mental health.

Criminal justice system – nine out of ten people in prison have a mental health, drug or alcohol problem.

Suicide – rates are rising after many years of decline. Men are three times more likely than women to commit suicide, which is the leading cause of death for men aged 15- 49. Most people had been in touch with a GP/health professional shortly before their death. Inpatient suicides have significantly declined due to better safety precautions.

## **2. Priority Actions for delivery by 2020/21**

### **2.1 A seven-day NHS providing access to urgent crisis care in the same way as physical health care**

Early interventions by dedicated teams have been shown to improve outcomes and reduce costs, but the CQC found that just half of community based crisis response teams across England could offer a 24/7 service. The report also indicates that only a minority of A&E departments offer 24/7 psychiatric liaison that meets quality standards. Improved crisis response will help reduce suicides and will help to provide a better service to marginalised groups.

#### **Recommendations**

- By 2020/21, NHS England should ensure that community-based mental health crisis support is available as an alternative to inpatient admission across England. This should involve investment to expand crisis resolution and home treatment teams for adults, and the development of an equivalent service for children and young people.
- Out of area placements should be reduced and eliminated as quickly as possible.
- By 2020/21 all acute hospitals should offer mental health liaison and at least 50 per cent should meet the core 24 hour services standard as a minimum.
- People experiencing their first episode of psychosis should have access to a NICE approved care package within two weeks of referral. By April 2016 more than half of people should have access to early intervention in psychosis services, rising to at least 60 per cent by 2020/21.
- Lives lost through suicide should be reduced by ten per cent by 2020-21. Every area should develop a multi agency suicide prevention plan that demonstrates how areas will address high risk locations and population groups.
- National and local commissioners must tackle unwarranted variations in care, and the DH should appoint a new equalities champion to drive change.
- By April 2017 the DH should establish an independent system for assuring the quality of investigations into the deaths of NHS funded inpatients, and should establish a national service framework for sharing learning.

### **2.2 Integrated mental and physical healthcare**

The 'Mandate to the NHS' establishes parity between mental and physical health care, but this is not reflected in funding or outcomes. Despite evidence that addressing mental health as part of integrated provision can improve outcomes, this generally goes unaddressed.

#### **Recommendations**

- By 2020/21 NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period, including access to psychological therapies and the right range of specialist community or inpatient care.
- By 2020/21 at least 280,000 people with severe mental health problems should have their physical health needs met through screening and secondary prevention. For instance, the current incentive scheme for GPs to encourage monitoring physical health should continue. Mental health inpatient services should be smoke free by 2018.
- Despite the huge expansion of access to psychological therapies, this is still meeting only 15 per cent of needs. NHS England should increase access to reach 25 per cent of needs, so that at least 600,000 more adults receive support by 2020/21. There should be greater focus on people with physical and mental health needs, the unemployed and people with severe mental health problems.

## **2.3 Promoting good mental health, preventing poor mental health and creating mentally healthy communities**

The report points out that preventing mental health problems is not just the remit of the NHS but spans national and local government. The task force sets out cross-agency recommendations to build on the Prime Minister's commitment to 'a mental health revolution'.

### **Recommendations**

- By 2020/21 at least 70,000 more children and young people should have access to high quality mental health care when they need it. NHS England should continue to work with partners to fund and implement the whole system approach set out in Future in Mind so that outcomes are improved. Local Transformation Plans should be implemented, and integrated into Sustainability and Transformation Plans.
- The Children and Young People's Improving Access to Psychological Therapies Programme should be rolled out by 2018, with access standards for Child and Adolescent Mental Health Services in place by March 2017. The DH should establish an expert group to address the complex needs of children at risk of mental health problems, such as care leavers and those with disabilities. The Government should review the best way to ensure the expansion of parenting programmes announced by the Prime Minister, and ensure these are integrated with Local Transformation Plans.
- The NHS must play a greater role in supporting people with mental health problems to find or keep a job. By 2020/21 each year up to 29,000 more people should be supported to find or stay in work through increasing access to psychological therapies. Access to Individual Placement and Support, which results in 30 per cent of users gaining employment, will help an extra 30,000 people with severe mental illness. By 2020/21 at least nine thousand more people will be in employment.
- The taskforce points to the importance of local government in the promotion and prevention agendas. It recommends the creation of joint local Mental Health Prevention Plans, building on the success of local Crisis Care Concordat Plans. Health and wellbeing boards should do this by 2017, and should be supported by a National Prevention Concordat Programme established by Public Health England (PHE). The plans should cover elements such as mental health and drug/alcohol misuse, parenting programmes, and housing.
- The DH, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, supported with new investment.
- The DH, Department for Communities and Local Government, NHS England, the Treasury and others should work with local authorities to develop specialist housing support, and to make the case for the use of NHS land for supported housing.
- The Department for Work and Pensions should ensure the right levels of protection are in place for people who use housing support, in light of the housing benefit cap on local housing allowance.
- The Ministry of Justice, Home Office, DH, NHS England and PHE should work together to help people in the criminal justice system by expanding liaison and diversion schemes nationally.
- The DH and PHE should continue to help local communities to raise awareness of good physical and mental health, and to end stigma.

## **2.4 Changes to supporting systems**

The report makes recommendations in the areas of innovation and research, strengthening the workforce, transparency and data, and fair regulation and inspection. Recommendations include:

- Health Education England should work with NHS England, PHE, the LGA and others to develop a costed, multi-disciplinary workforce strategy by 2016. Social work should be

- considered routinely in mental health workforce planning, and the Think Ahead fast-track training scheme for mental health social workers should be expanded.
- DH should carry out a review of existing regulation under the Health and Social Care Act to identify disparities and gaps between provisions relating to physical and mental health services.
  - The CQC should set out how it will strengthen its approach to inspecting and regulating NHS-funded services to include mental health.

## **2.5 Funding and delivery**

The taskforce identifies that an extra £1 billion investment is needed by 2020/21 to make the improvements set out in the report – this will also allow efficiency savings to be generated, which should be reinvested in prevention and early intervention. New models of care, health and social care integration and devolution all present opportunities to improve how mental health services are commissioned and funded, such as moving towards population-based commissioning and personal budgets. However, the risks associated with ambitious, new systems must be carefully managed. A focus on mental health, and keeping up levels of spending, must be maintained, despite the challenging financial circumstances.

The taskforce identifies eight principles to underpin reform: locally-led, evidence-based; co-produced with users and carers; reduces inequalities; integrated care across physical and mental health and social care; prevention and early intervention prioritised; safe, effective, personal care in the least restrictive setting; good data used to drive and evaluate progress.

### **Recommendations**

- A Mental Health Advisory Board, reporting to the Five Year Forward View Board, should be established to publicly report on implementation of the report's recommendations. The Cabinet Office and DH should establish cross-government oversight of system-wide recommendations.
- NSH England and NHS Improvement should lead on developing a revised payment system for mental health providers by 2017/18 to provide the financial basis for implementing the report's recommendations.
- As a minimum, by 2016/17 CCGs should be able to demonstrate how they increase mental health investment within their overall allocation increase. By 2020/21 CCGs should be required to publish a range of benchmarking data to provide transparency about mental health spending and performance.
- By April 2017 place-based budgets should be in place for CCGs commissioning specialised services. The task force welcomed the NHS England initiative which allows mental health providers to manage specialised service budgets to improve community and inpatient pathways.
- NHS England should work with partners to develop and publish a clear and comprehensive set of care pathways for the range of mental health interventions, along with quality standards and guidance.

### **REFERENCE MATERIAL**

: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>