The Five Year Forward View for Mental Health

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Five Year Forward View for Mental Health

Simon Stevens: "Putting mental and physical health on an equal footing will require major improvements in 7 day mental health crisis care, a large increase in psychological treatments, and a more integrated approach to how services are delivered. That's what today's taskforce report calls for, and it's what the NHS is now committed to pursuing."

Prime Minister: "The Taskforce has set out how we can work towards putting mental and physical healthcare on an equal footing and I am committed to making sure that happens."

The report in a nutshell:

- 20,000+ people engaged
- Designed for and with the NHS Arms' Length Bodies
- All ages (building on Future in Mind)
- Three key themes in the strategy:
  - High quality 7-day services for people in crisis
  - Integration of physical and mental health care
  - Prevention
- Plus 'hard wiring the system' to support good mental health care across the NHS wherever people need it
- Focus on targeting inequalities
- 58 recommendations for the NHS and system partners
- £1bn additional NHS investment by 2020/21 to help an extra 1 million people of all ages
- Recommendations for NHS accepted in full and endorsed by government

The current state of mental health

Mental health problems in the population:

One in ten children between the ages of 5 to 16 has a diagnosable mental health problem.

One in five mothers has depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth.

One in four adults experiences at least one diagnosable mental health problem in any given year.

One in five older people living in the community and 40 per cent of older people living in care homes are affected by depression.

Experiences of mental health care:

It is estimated that up to three quarters of people with mental health problems receive no support at all.

People with severe mental illness are at risk of dying 15 - 20 years earlier than other people.

Suicide rates in England have increased steadily in recent years, peaking at 4,882 deaths in 2014.

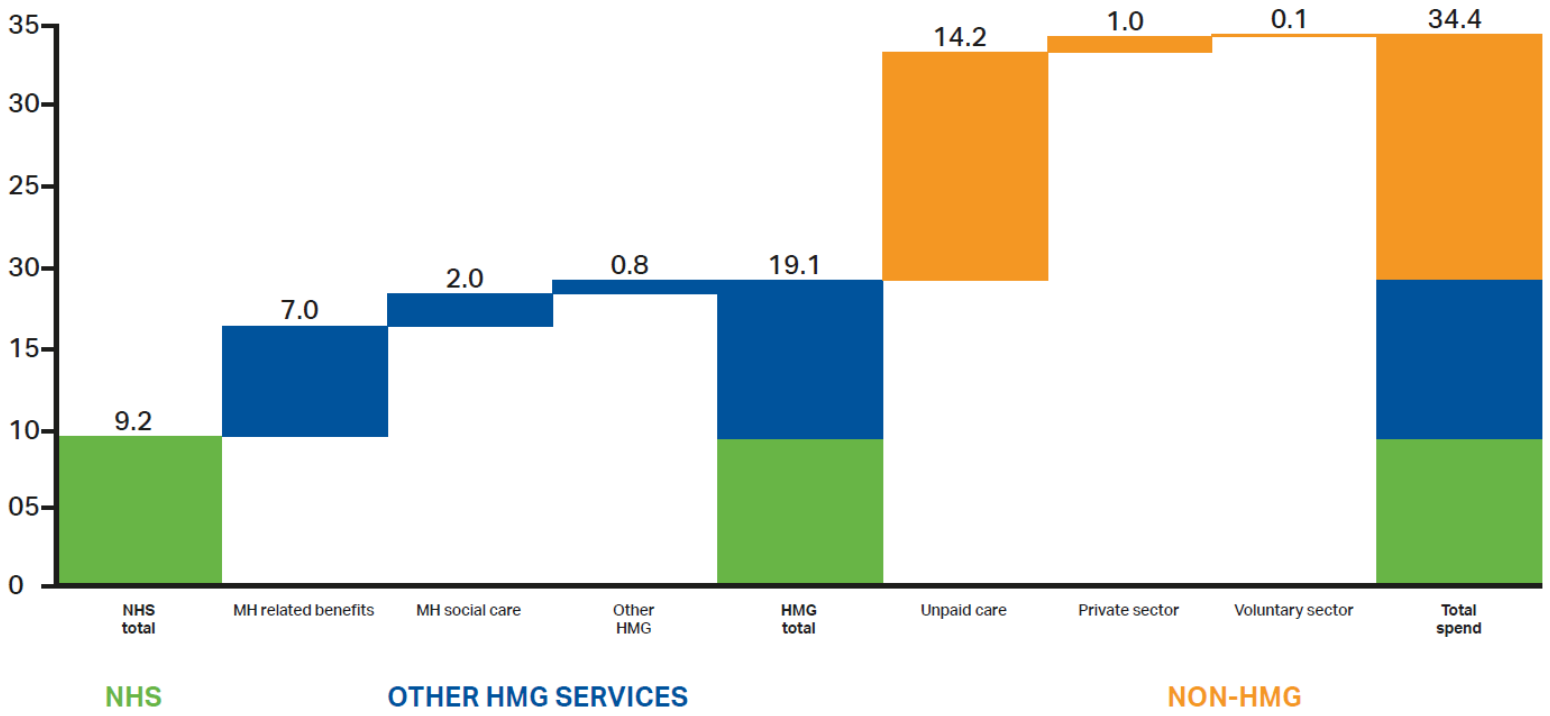
In a crisis, only 14% of adults surveyed felt they were provided with the right response.

"The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services".

The costs of mental health care today

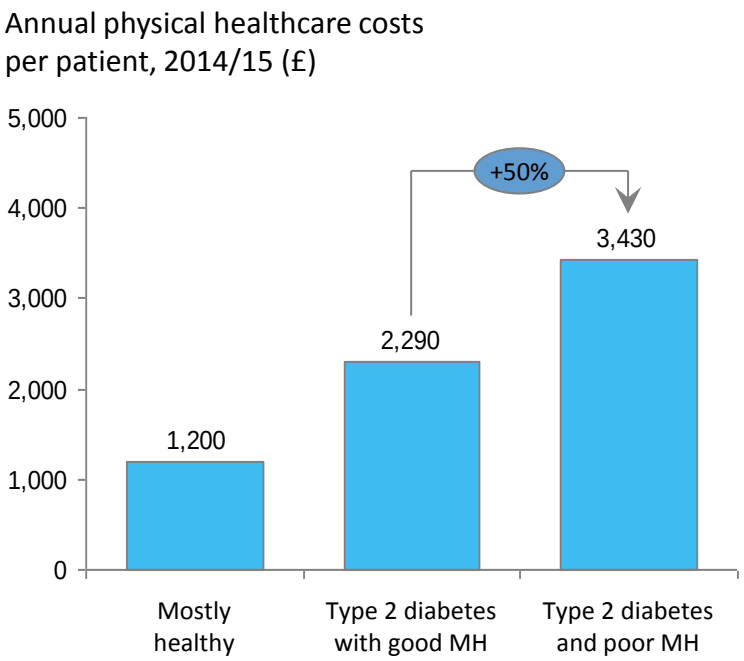
- Poor mental health carries an economic and social cost of £105 billion a year in England.
- Analysis commissioned by the MHTF found that the national cost of dedicated mental health support and services across government departments in England totals £34 billion each year, excluding dementia and substance misuse.

Total cost of mental health support and services in England 2013/14 (£bn)

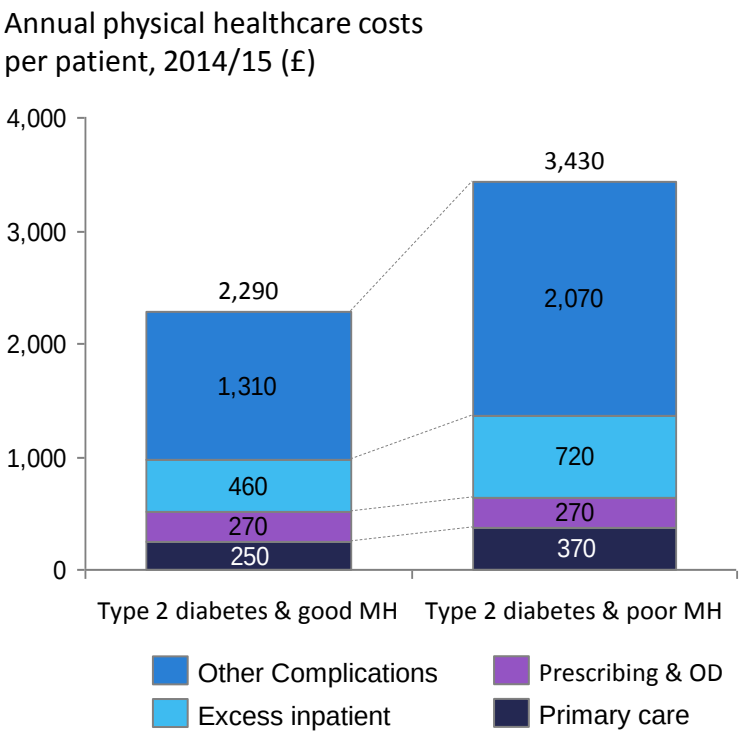


Poor mental health can drive a 50% increase in physical care costs

Physical healthcare costs 50% higher for type 2 diabetics with poor MH



Additional costs due to increased hospital admissions and complications



Presence of poor mental health responsible for £1.8bn of spend on type 2 diabetes pathway

Note: Does not include spend on prescribing psychiatric drugs and other mental health services
Source: Hex et all, 2012; APHO Diabetes Prevalence Model for England 2012; Long-term conditions and mental health: The cost of co-morbidities, The King's Fund

Opportunities for change

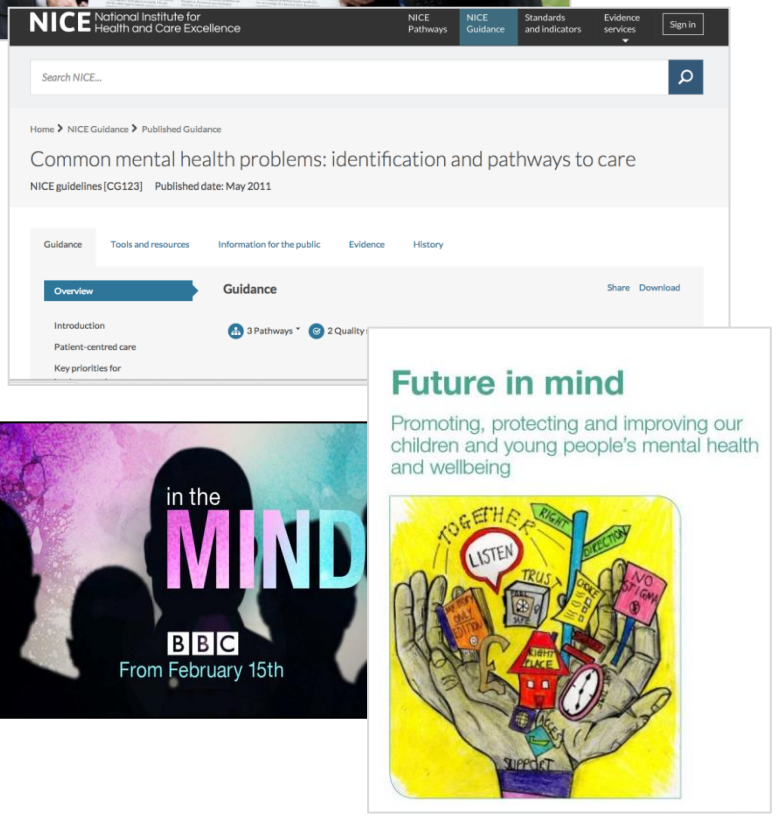
There is now a cross-party, cross-society consensus on what needs to change, with a real desire to shift towards prevention and transform care

Public attitudes towards people with mental health problems have improved by 6% in recent years

Mental health is a top priority for the NHS amongst young people

More than 1000 employers recognise the importance of mental health and are starting to act

There has been important progress e.g. through the development and implementation of NICE guidelines, the introduction of the first ever access and waiting time standards, & CYP transformation.



Aims and scope of the Taskforce

To develop a Mental Health Five Year Forward View for action by the NHS arms-length bodies, including:

- **Engaging experts by experience and carers to co-produce priorities for change**
- **Focusing on people of all ages – taking a 'life course approach'**
- **Addressing equality and human rights**
- **Enabling cross-system leadership**
- **Making comprehensive recommendations on data and requirements to implement changes, monitor improvement and increase transparency**
- **Assessing priorities, costs and benefits as well as identifying and addressing key risks and issues**

People's priorities for change

- 20,000 responses to online survey
- 250 participants in engagement events hosted by Mind and Rethink Mental Illness
- 60 people engaged who were detained in secure mental health services
- 26 expert organisations submitted written responses
- 20 written submissions from individual members of the public

The themes identified through the engagement process informed the four priorities that shape the full set of recommendations…

Priority 1: A 7 day NHS – right care, right time, right quality

Selection of key recommendations for 2020/21:

- **No acute hospital should be without all-age mental health liaison services** in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the 'core 24' service standard as a minimum.

- **A 24/7 community-based mental health crisis response should be available** in all areas across England and services should be adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission. For adults, NHS England should invest to expand Crisis Resolution and Home Treatment Teams (CRHTTs); for children and young people, an equivalent model of care should be developed within this expansion programme.

- **At least 10% fewer people should take their own lives** through investment in local multi-agency suicide reduction plans.

Priority 2: An integrated approach to mental and physical health care

Selection of key recommendations for 2020/21:

- **30,000 additional women each year should have access to evidence-based specialist mental health care** during the perinatal period.
- **There should be an increase in access to evidence-based psychological therapies to reach 25 per cent of need** so that at least 600,000 more adults with anxiety and depression can access care (and 350,000 complete treatment) each year. There should be a focus on helping people who are living with long-term physical health conditions or who are unemployed. There must also be investment to increase access to psychological therapies for people with psychosis, bipolar disorder and personality disorder.
- **280,000 more people living with severe mental illness have their physical health needs met** by increasing early detection and expanding access to evidence-based physical care assessment and intervention.

Priority 3: Promoting good mental health and preventing poor mental health

Selection of key recommendations for 2020/21:

The best start in life:

- Implement the whole system approach described in Future in Mind, helping 70,000 more children and young people to access high quality care.

Employment:

- Up to 29,000 per year more people should be supported to find or stay in work each year through increasing access to psychological therapies for common mental health problems (described above) and doubling the reach of Individual Placement and Support (IPS).
- Ensure that qualified employment advisers are fully integrated into expanded psychological therapies services.
- Identify how the £40 million innovation fund and other investment streams should be used to support devolved areas to jointly commission more services that have been proven to improve mental health and employment outcomes.

Priority 3: Promoting good mental health and preventing poor mental health (contd.)

Selection of key recommendations for 2020/21:

Justice:

- Establish a comprehensive health and justice pathway.
- Expand Liaison and Diversion schemes nationally.

Housing:

- Explore the case for using NHS land to make more supported housing available (DH, CLG, NHSE, HMT)
- Use evidence to ensure that the right levels of protection are in place under the proposed Housing Benefit cap to Local Housing Allowance levels for people with mental health problems who require specialist supported housing

Priority 4: 'Hard-wiring' mental health across the NHS

System transformation:

- Promote equalities and reduce health inequalities in mental health through leadership and transparency
- Integrate commissioning for prevention and quality
- Establish comprehensive access pathways and standards for mental health (across conditions, ages and settings)
- Promote a co-ordinated approach to innovation and research
- Produce and deliver on a multi-disciplinary workforce plan
- Improve data and transparency, including a MH FYFV dashboard
- Reform payment and incentives to move away from unaccountable block contracts
- Update the regulatory framework
- Establish strong leadership (local, national and cross-Government) for a mentally healthy society

The Chief Scientist, working with all relevant parts of government, the NHS ALBs, independent experts, industry and experts-by-experience, should publish a report a year from now setting out a **10-year Government and ALB strategy for mental health research**.

HEE should develop a **multi-disciplinary workforce strategy** for mental health to deliver the Taskforce report. To support the future of "Think Ahead", DH should train more than 300 new Mental Health social workers and 5,000 CYP IAPT therapists over the next three years from the £1.4bn investment.

DH should establish a **new independent system for conducting or monitoring investigations into all deaths** in in-patient mental health settings, including individuals who are detained under the Mental Health Act, on a par with the way other deaths in state detention are investigated.

Funding and spend transparency

NHS England is investing additional funding in mental health - growing to £1 billion by 2020/21 - to deliver the priority recommendations for the NHS in the strategy.

This is additional to the £280m annual funding announced for children, young people, and perinatal care in 2014/15.

The funding will help an extra 1 million children, young people and adults to receive high-quality support when they need it by 2020/21.

CCGs should be increasing overall mental health spending over and above the growth in their total baseline allocation to improve the quality of mental health care in line with the strategy, and re-invest any resulting efficiencies in the provision of that care. .

Transparency: Through implementing the Taskforce recommendations, by 2020/21 we will be clearer about where money is spent on providing high quality mental health care across the NHS to facilitate improvement in outcomes and greater accountability, both locally and nationally.

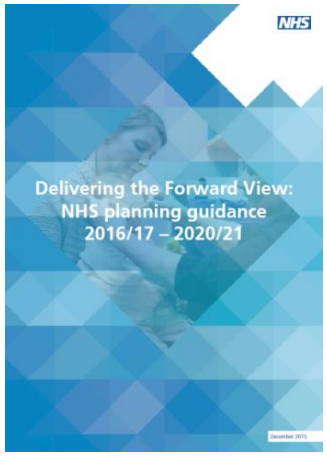
Implementation and oversight

Planning Guidance & Mandate: the NHS should ensure measureable progress towards parity of esteem by implementing Taskforce priorities, including 'must dos' for 2016/17. Further guidance will be issued to support areas in developing their Sustainability and Transformation plans.

Trial and evaluation: Starting this year, NHS England and ALB partners will work with local areas to trial the implementation of proven and new models of care to identify how to target investment and realise savings locally to reinvest in mental health.

Transparency: The CCG Assessment and Performance Framework will include key mental health measures.

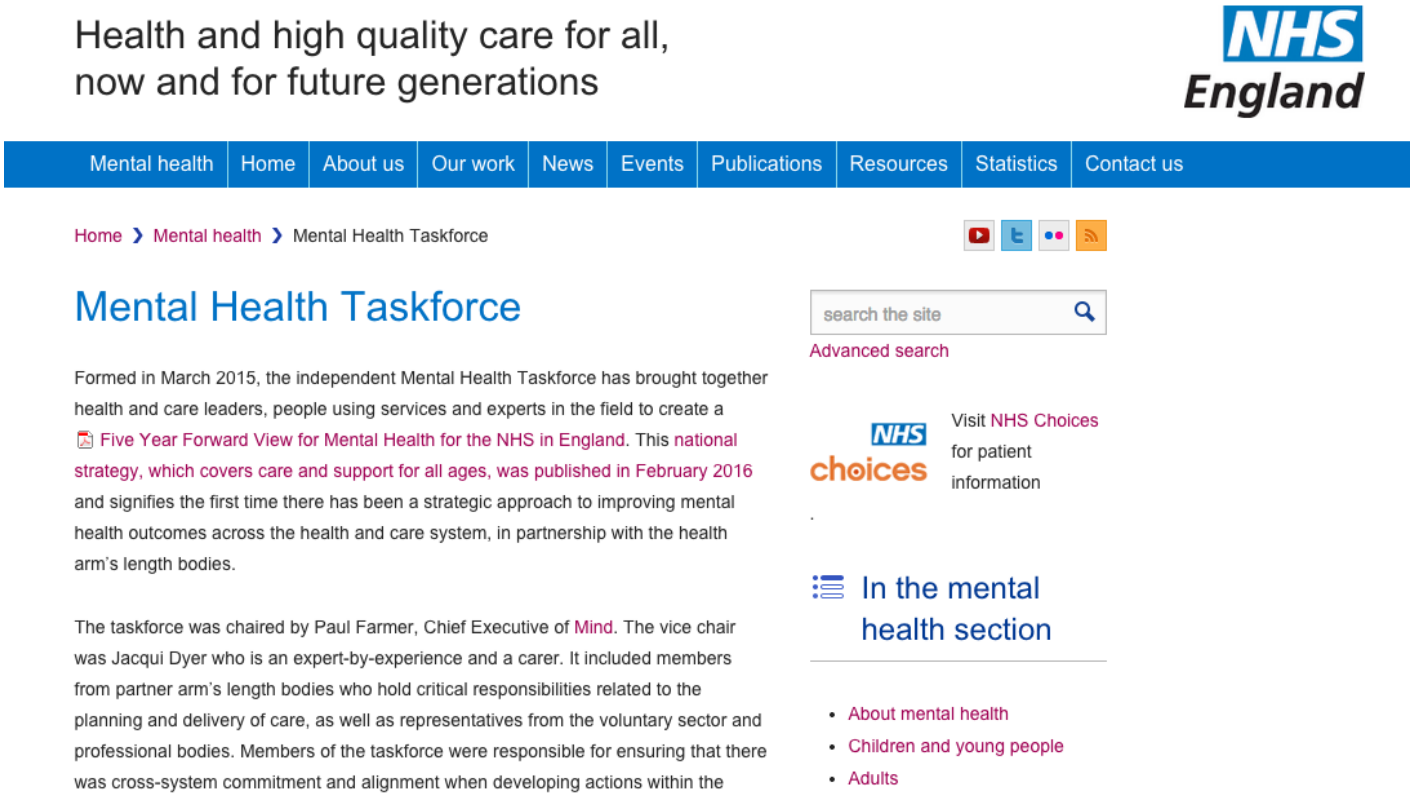
To complement this, a full mental health dashboard should be produced by the summer of 2016.



Governance and oversight: By no later than Summer 2016, NHS England, the Department of Health and the Cabinet Office should **confirm what governance arrangements** will be put in place to support the delivery of this strategy. This should include arrangements for **reporting publicly on how progress** is being made against recommendations for the rest of government and wider system partners, the appointment of **a new equalities champion** for mental health to drive change and **creating an independent external advisory board** to provide independent scrutiny and challenge to the programme.

For further information and to share your views

- **Visit**: www.england.nhs.uk/mentalhealth/taskforce



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Mental Health Taskforce

Formed in March 2015, the independent Mental Health Taskforce has brought together health and care leaders, people using services and experts in the field to create a Five Year Forward View for Mental Health for the NHS in England. This national strategy, which covers care and support for all ages, was published in February 2016 and signifies the first time there has been a strategic approach to improving mental health outcomes across the health and care system, in partnership with the health arm's length bodies.

The taskforce was chaired by Paul Farmer, Chief Executive of Mind. The vice chair was Jacqui Dyer who is an expert-by-experience and a carer. It included members from partner arm's length bodies who hold critical responsibilities related to the planning and delivery of care, as well as representatives from the voluntary sector and professional bodies. Members of the taskforce were responsible for ensuring that there was cross-system commitment and alignment when developing actions within the

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MH in STPs – key opportunities

Informal information to share with STPs

WORKING DOCUMENT

What are the properties of STPs?

- Are geographically based and cover health and care needs of the population that cover a larger area than the usual CCG planning footprints
- A place for commissioners and providers to collaboratively develop plans for a sustainable future over a 5 year period
- Should have multi-agency engagement including health and social care partners as a minimum
- Include physical and mental health care providers including acute trusts, primary care and secondary mental health care
- Include specialised services that are provided within that geography (even when they provide services to a wider population base)

What kinds of activities therefore are best articulated at an STP rather than a CCG level?

- Invest to save where savings realised beyond the 1 year commissioning cycle
- Invest to save where savings realised in a different setting (e.g., provide specialist MH care, save in acute physical health)
- Specialist services that require planning over a geography bigger than a single CCG
- Delivering care pathways that require a whole system approach (e.g., need care from primary, secondary physical and mental and social care)
- Investing in preventative or early intervention care to reduce costs of care later in the cycle

Examples of interventions that require collaboration at STP geography or timeline and links to information

What	Why at STP	Benefits realised	Evidence/ examples
Liaison mental health services	Savings are released in acute physical care and to acute physical commissioners, where service is provided as MH specialist service	Improved outcomes, Reduced LOS, Reduced admissions, better care with less resources, reduced costs for MUS, reduced psychological distress following self-harm and suicide reduction	https://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=d6fa08e0-3c6a-46d4-8c07-93f1d44955e8 http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/10/2a-Report-of-the-2nd-Annual-Survey-of-Liaison-Psychiatry-in-England-20-.pdf
Addressing physical health needs of people with SMI	Requires co-ordination across a range of providers, with savings released in acute care providers where care delivered in primary/ community care.	Improved outcomes through access to physical care interventions, reduction in health inequality, reductions in unnecessary emergency and unplanned physical care activity. Savings through reductions in emergency and unplanned activity	http://www.qualitywatch.org.uk/sites/files/qualitywatch/field/field_document/QualityWatch_Mental_ill_health_and_hospital_use_summary.pdf
Holistically addressing mental and physical health needs via IAPT	Requires co-ordination across a range of providers with savings released in physical care with investment in MH care.	Improved mental and physical health outcomes. Savings of up to 25% LTC care. Improved employment.	http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

Examples of interventions that require collaboration at STP geography or timeline and links to information

What	Why at STP	Benefits realised	Evidence/ examples
Children and young people's local transformation plans (LTPs)	Requires multi-agency buy in particularly across local authority and CCG. Requires addressing wider determinants of health in addition to improvements to clinical care (also scale needed for co-commissioning – see p5)	Improved early access to evidence based care, improved outcomes, long term, likely reductions to demand for adult mental health services,	https://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf https://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf
Delivering care pathways and outcomes across organisations including EIP and ED	Requires multi-agency buy in in particular across primary, secondary mental and physical health care commissioners and providers	Improved access, improved mental and physical care outcomes, person-centred care, improved experience at organisational boundaries, reduced future healthcare	https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/04/eip-resources.pdf https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf
Perinatal mental health	Requires planning over a larger footprint for economies of scale, requires collaboration between mental and physical care providers over maternity providers	Better outcomes for mothers and children including reduced pre-term birth, infant death, improved school attainment, improved mental health, reduced costs relating to health and social outcomes of child.	http://eprints.lse.ac.uk/59885/ https://www.centreformentalhealth.org.uk/falling-through-the-gaps https://www.nice.org.uk/guidance/cg192

Examples of interventions that require collaboration at STP geography or timeline and links to information

What	Why at STP	Benefits realised	Evidence/ examples
Delivering the well pathway for dementia/ innovative care packages for dementia e.g., care home vanguard	Requires co-ordination between local authority, NHS, care homes, acute providers and others. [see also Liaison MH]	Improved health outcomes, improved quality of life, reduced social isolation, shifting from fragmented to connected care, potential reduced costs in secondary care	https://www.england.nhs.uk/mentalhealth/resources/dementia/ https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/care-homes-sites/
Co-commissioning for tertiary services inc. CYP/ Secure/ ED/ CAMHS tier 4	Could facilitate gain/ loss share among STP partners, incentive for CCGs to make appropriate investment in non specialised services in order to reduce demand and overall costs and support sustainability.	Improved outcomes, joined up care pathways, reduced cost-shifting, lower overall costs, more investment in care closer to home, care in the lowest intensity setting, quicker discharge from inpatient settings,	https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/spec-serv-collabrtv-comms-guid.pdf
Employment/ Health join up including IPS and IAPT	Pooled shared budgets with Job Centre+ and CCGs more feasible due to DWP admin footprints, outcome based commissioning jointly with LA/ CCG for health/ work impact possible	Improved employment and health outcomes, reduced overall government spend on population, improved quality of life	http://www.socialfinance.org.uk/impact/health-and-social-care/#sthash.j3TerH0D https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/415177/IPS_in_IAPT_Report.pdf

Examples of interventions that require collaboration at STP geography or timeline and links to information

What	Why at STP	Benefits realised	Evidence/ examples
Housing and Health join up	• Housing is a multi-agency responsibility across NHS, social care and public health +DWP • suitable housing is a key determinant of MH+ can prevent crisis • Benefits accrue across the system	5% reduction in bed days 10% reduction in readmission 4.7% reduction in bed days due to DTOCs 50% reduction in OATs *Source: Housing and Health, collaboration between HACT and Common Cause Consulting*	http://www.candi.nhs.uk/our-services/tile-house-0 https://www.mentalhealth.org.uk/sites/default/files/Mental_Health_and_Housing_report_2016_1.pdf
Single point of 24/7 access to MH Crisis Care	• May require larger geography to make sustainable • Benefits may accrue elsewhere	Improved service user experience, Increased referrer satisfaction Reduced calls to ambulance Increased productivity Reduced avoidable harm	http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/11/mh-urgent-commiss-doc-102014.pdf http://www.nhsiq.nhs.uk/media/2422305/northumberlandtyne_cs_final.pdf
+local examples			

Other areas where mental health might look to deliver specific benefits as part of their STP footprint

Leadership	Mental Health has met a lot of challenges that acute care is now facing, e.g., living within a fixed (block) budget, closing beds, treating people closer to home and out of hospital. MH leaders should play a **key role in supporting STPs to address financial challenges and need for new care models**
Demand management and care close to home	Mental health interventions often have an impact on reducing the wider costs of care for a population therefore **links must be made with other leaders in the health economy** to secure the importance of high quality evidence based mental health interventions.
Multidisciplinary teams	Mental health providers are used to working in MDTs and may wish to **share and co-develop integrated models of care** including risk management/stratification with others in the STP, particularly in plans to address long term conditions,
Integration with social care and multiple agencies	Mental health can act as a leader in local health economy plans to **collaborate with social care and other agencies** such as leisure, employers, arts, voluntary sector organisations etc. Mental health providers and commissioners are often working in this way already