



The Five Year Forward View for Mental Health

A report from the independent Mental Health Taskforce to the NHS in England

Key points

- Following the publication of the Five Year Forward View, Simon Stevens commissioned the Mental Health Taskforce to produce an independent report.
- The taskforce sets out a number of priority areas for action, including improving crisis care and physical health outcomes.
- The report identifies the need to invest an additional £1 billion in 2020/21, which will generate significant savings. It builds on the £280 million investment each year already committed to drive improvements for children and young people.
- The taskforce report recommends the creation of a Mental Health Advisory Board reporting to the Five Year Forward View Board, publicly updating on progress against recommended outcomes.

Introduction

Formed in March 2015, the Mental Health Taskforce brought together health and care leaders, people using services and experts in the field to create a mental health Five Year Forward View for the NHS in England.

The report, published in February 2016, sets out a vision for improving the mental health of children, young people, working-age adults and older people. In addition to recommendations focused on the NHS and associated arm's-length bodies (ALBs), the final report also makes a series of wider recommendations aimed more broadly at government and wider partners, including local government.

For the NHS, the taskforce sets out a number of priority areas for action. People facing a crisis should have access to mental health care seven days a week and 24 hours a day, in the same way that they are able to get access to urgent physical health care. The report identifies the need to invest an additional £1 billion in 2020/21, which will generate significant savings. It builds on the £280 million investment each year already committed to drive improvements in children and young people's mental health, and perinatal care.

This briefing summarises key points from the report for Mental Health Network members.

Background

Following the publication of the *Five Year Forward View*¹ in October 2014, the Mental Health Taskforce was commissioned by Simon Stevens, on behalf of the NHS, to produce an independent report setting out the start of a ten-year journey for transformation. The report makes recommendations to the NHS and national ALBs. Those bodies include the Care Quality Commission, Health Education England, NHS England, Public Health England and NHS Improvement.

Achieving change also requires action to address wider societal issues, including support to stay in education or work, access to supported housing and tackling stigma. In addition to recommendations focused on the NHS and associated ALBs, the report also makes a series of wider recommendations aimed more broadly at government and wider partners.

More than 20,000 people gave their views to the taskforce on how the NHS needs to be reshaped to improve its response to people's mental health needs. NHS England published a summary of those views in September 2015.²

Priorities emerging from that exercise were to promote good mental health and prevent problems arising, to increase access to high-quality services and provide greater choice of evidence-based care.

The taskforce's final report also builds on the recommendations of the Children and Young People's Mental Health Taskforce report, *Future in mind*, which was published in March 2015.³

Priority actions for the NHS by 2020/21

The taskforce's report sets out a number of priorities for change over the next five years. A summary of those priorities follows below.

Supporting people experiencing a mental health crisis

The taskforce recommends that, by 2020/21, "NHS England should expand Crisis Resolution and Home Treatment Teams (CRHTTs) across England to ensure that a 24/7 community-based mental health crisis response is available in all areas, and that these teams are adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission." A model of care will be developed for children and young people within this expansion programme.

As a step towards establishing a seven-day NHS for people's mental health, it is also recommended that NHS England should ensure that 'Core 24' liaison mental health services are available in up to half of acute hospitals across England, providing 24/7 all-age mental health liaison services in emergency departments and inpatient wards.

The report also recommends that more must be done to prevent suicides. The report states that "improving the seven-day crisis response service across the NHS will help save lives". By 2020/21, at least 10 per cent fewer people will take their own lives. This can be done, it is suggested, by leading a major drive to reduce suicide across the population to support areas to put multi-agency prevention plans in place.

NHS Improvement and NHS England should identify what steps services should take to ensure that all deaths by suicide across NHS-funded mental health settings, including out-of-area placements, are learned from, to prevent repeat events. It is further recommended that the CQC should then embed this information into its inspection regime.

Improving responses to mental and physical health needs

The taskforce recommends that NHS England should lead work to ensure that, by 2020/21, 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. This will involve developing, evaluating and implementing models of primary care whereby GPs and practice nurses take responsibility for delivering the full suite of physical care screenings, outreach, carer training and onward interventions or referrals, in line with NICE guidelines. This model should include outreach workers or carer training to support service users to access primary care.

In addition, NHS England should ensure that people being supported in specialist older-age acute physical health services have access to liaison mental health teams – including expertise in psychiatry of older adults – as part of their package of care. This should be incentivised through the introduction of a new national CQUIN or alternative incentive payments, and embedded through the vanguard programmes.

By 2020, Public Health England should prioritise ensuring that people with mental health problems who are at greater risk of poor physical health get access to prevention and screening programmes. This includes primary and secondary prevention through screening and NHS Health Checks, as well as interventions for physical activity, obesity, diabetes, heart disease, cancer and access to ‘stop smoking’ services. As part of this, NHS England and Public Health England should support all mental health inpatient units and facilities (for adults, children and young people) to be smoke-free by 2018.

MCP, PACS, UEC vanguards and the Integrated Personalised Commissioning Programme should be supported to ensure that the inclusion of payment for routine integrated care adequately reflects the mental health needs of people with long-term physical health conditions within new care model programmes. Vanguard sites should also provide greater access to personal budgets for people of all ages, including children and young people who have multiple and

complex needs, to provide more choice and control over how and when they access different services.

The report also recommends that NHS England should invest to increase access to integrated evidence-based psychological therapies for an additional 600,000 adults with anxiety and depression each year by 2020/21 (resulting in at least 350,000 completing treatment), with a focus on people living with long-term physical health conditions and supporting 20,000 people into employment.

The Cabinet Office should ensure that the new Life Chances Fund of up to £30 million for outcome-based interventions to tackle alcoholism and drug addiction requires local areas to demonstrate how they will integrate assessment, care and support for people with co-morbid substance misuse and mental health problems.

Transforming perinatal care for children and young people

The report states NHS England should deliver a “fundamental change” in the way children and young people’s services are commissioned and delivered. By 2020/21, it is suggested at least 70,000 more children and young people each year should have access to high-quality mental health care when they need it.

NHS England should continue to work with Health Education England, Public Health England, government and other key partners to resource and implement *Future in mind*, building on the 2015/16 local transformation plans and going further to drive system-wide transformation. The CYP local transformation plans should be refreshed and integrated into the forthcoming sustainability and transformation plans (STPs).

NHS England should work with CCGs, local authorities and other partners to develop and trial a new model of acute inpatient care for young adults aged 16-25 in 2016, working with vanguard sites. This should evaluate: developmentally and age-appropriate inpatient services for this group; supporting young people in an environment that

maximises opportunities for rehabilitation and return to education, training or employment; viewing the young person within their social context; and enlisting the support of families or carers. This should build on the existing trials of new models of 'transitional' services for those aged 0–25.

By 2020, NHS England should invest to ensure 30,000 more women each year access evidence-based specialist mental health care during the perinatal period. This should include access to psychological therapies and ensuring the right range of specialist community and inpatient care are in place across England.

Access standards and care pathways

By 2020/21, the taskforce recommends that NHS England should complete work with ALB partners to develop and publish a clear and comprehensive set of care pathways, with accompanying quality standards and guidance, for the full range of mental health conditions. These standards should incorporate relevant physical health care interventions and the principles of co-produced care planning, balancing clinical and non-clinical outcomes (such as improved wellbeing and employment). Implementation should be supported by use of available levers and incentives to ensure delivery, plus – among other enablers – the development of aligned payment models by NHS England and NHS Improvement. In addition, NHS England should ensure that by April 2016 more than 50 per cent of people experiencing a first episode of psychosis should have access to a NICE-approved care package within two weeks of referral, rising to at least 60 per cent by 2020/21.

Models of payment

The report states that "mental health services have been plagued by years of under investment". It also states that "more than half of mental health trusts are paid using block contracts". The taskforce report argues that this means financial levers to drive change are lacking, and explores the current state of play with regard to alternative models of payment approaches being developed. In future, it states, payment models should "incentivise swift access, high-quality care and good outcomes, while

detering cherry picking of people who seem 'easiest-to-treat'." NHS England should ensure that "by April 2017, population-based budgets are in place which give CCGs or other local partners the opportunity to collaboratively commission the majority of specialised services across the life course". It is further recommended this is tested "at scale, with a particular focus on secure care commissioning, perinatal and specialised CAMHS services." NHS England and NHS Improvement should together lead on costing, developing and introducing a revised payment system by 2017/18 to drive the whole system to improve outcomes that are of value to people with mental health problems and encourage local health economies to take action in line with the aims of this strategy. This approach should be put in place for children and young people's services as soon as possible. A full set of principles to underpin payment approaches in mental health should look like is contained within the report, and summarised briefly on the next page (see page 5).

Acute and secure care

In 2016, NHS England and relevant partners should set out how they will ensure that standards co-produced with experts by experience, clinicians, housing and social care leads are introduced for acute care services. Integral to the standards should be the expectation that acute mental health care is provided in the least restrictive manner and as close to home as possible, with the practice of sending people out of area for acute inpatient care due to local acute bed pressures eliminated entirely no later than 2020/21. Plans for introduction of the standards should form part of a full response to the Independent Commission on Acute Adult Psychiatric Care, established and supported the Royal College of Psychiatrists, by no later than the end of 2016/17.

NHS England and NHS Improvement should also ensure that use of the Mental Health Act is closely monitored at both local and national level, and rates of detention are reduced by 2020/21 through the provision of earlier intervention. Targeted work should be undertaken to reduce the current significant over-representation of BME and any other disadvantaged groups in acute care.

Principles underpinning payment approaches in mental health

1. "Unaccountable" block contracts for mental health should not be used.
2. Providers should be rewarded for delivering whole pathways of care and achievement of outcomes, rather than providing a number of days of care within a particular setting.
3. Both national and local outcome measures should be used.
4. Where integrated care is needed, payment should similarly be integrated.
5. Payment approaches should include access standards, where these are developed, to drive achievement of improved access.
6. Payment approaches should be developed with experts by experience, reward engagement and delivery of access to excellent care for particular groups, where this is appropriate. This may include BME populations and people with co-morbidities.
7. Outcomes should be holistic and reward collaborative working.
8. Payment systems must promote transparency and increased provision of high-quality data.
9. Payment systems should support improved productivity, value, efficiency and reduced costs.
10. Payment systems should support pathways through services, rewarding and incentivising step down to lower-intensity settings and a focus on care in the least restrictive setting.
11. National guidance should support commissioners to commission effectively using appropriate payment approaches.
12. Additional support should be provided to commissioners to build leadership, capacity and capability in commissioning services.

NHS England should lead a comprehensive programme of work to increase access to high-quality care that prevents avoidable admissions and supports recovery and 'step down' for people of all ages who have severe mental health problems and significant risk or safety issues. Care should be provided in the least restrictive setting, as close to home as possible. This should seek to address "existing fragmented pathways in secure care, increase provision of community-based services such as residential rehabilitation, supported housing and forensic or assertive outreach teams and identify new co-commissioning, funding and service models". This work should also "tackle inequalities for groups shown to be over-represented in detentions and lengthy stays, and seek to ensure that out-of-area placements are substantially reduced".

Tackling inequalities in access and outcomes

The taskforce report states more must be done to tackle inequalities in access and outcomes.

The report states that "there has been no improvement in race inequalities relating to mental health care since the end of the five-year Delivering Race Equality programme in 2010. Inequalities in access to early intervention and crisis care, rates of detentions under the Mental Health Act 1983 and in lengths of stay in secure services persist." National and local commissioners must show leadership in tackling unwarranted variations in care. The Department of Health should address race equality as a priority and appoint a new equalities champion to drive change.

Supporting employment

Employment should be consistently recognised as a crucial health outcome. The report calls for the NHS to play a greater role in supporting people to find or stay in employment.

The taskforce recommends that, by 2020/21, up to 29,000 more people living with mental health problems should be supported to find, or stay in, work through increasing access to psychological therapies for common mental health problems and expanding access to individual placement and support (IPS). NHS England, the report states, should

at least double the IPS programme to reach 30,000 people in contact with secondary mental health services, meaning at least 9,000 more people will be supported to find employment each year.

Building on the existing centres of excellence, NHS England should seek to match this investment by exploring the use of social impact bonds (SIBs) or other social finance options.

A transparency revolution

In order to support improvements in commissioning and inform effective decision-making, the taskforce report calls for a “data revolution”. The Department of Health, HSCIC and MyNHS, working with NHS England, should improve transparency in data to promote choice, efficiency, access and quality in mental health care, ensuring that all NHS-commissioned mental health data is transparent (including where data quality is poor) to drive improvements in services.

The CCG Performance and Assessment Framework should include a robust basket of indicators to provide a clear picture of the quality of commissioning for mental health. To complement this, NHS England should lead work on producing a mental health Five Year Forward View dashboard by the summer of 2016 that identifies metrics for monitoring key performance and outcomes data that will allow us to hold national and local bodies to account for implementing this strategy. The dashboard should include health and social outcomes for people with mental health problems.

By April 2016, NHS England and Public Health England should also set out a clear plan to develop and support the Mental Health Intelligence Network over the next five years, so that it supports data linkage across public agencies, effective commissioning and the implementation of new clinical pathways and standards as they come online.

NHS workforce

NHS England should ensure current health and wellbeing support to NHS organisations extends to include good practice in the management of mental health in the workplace, plus the provision of occupational mental health expertise and effective workplace interventions from 2016 onwards. NHS England should also introduce a CQUIN or alternative incentive payment relating to NHS staff health and wellbeing under the NHS standard contract by 2017. Furthermore, NHS England should develop and introduce measures of staff awareness and confidence in dealing with mental health into annual NHS staff surveys across all settings.

Health Education England should work with NHS England, Public Health England, professional bodies, charities, experts by experience and others to develop a costed, multidisciplinary workforce strategy for the future shape and skill mix of the workforce required to deliver both this strategy and the workforce recommendations set out in *Future in mind*. This review should address training needs for both new and existing NHS-funded staff and should report by no later than the end of 2016.

“NHS England should develop and introduce measures of staff awareness and confidence in dealing with mental health into annual NHS staff surveys across all settings.”

Implementation and delivery

The taskforce report puts forward “an ambitious but deliverable strategy” for mental health to “realise improvements in prevention, access, outcomes and experience, backed by a strong clinical and economic case for investment”. Implementation, it states, will require robust leadership.

Governance

A robust governance framework should be put in place to implement the programme, which should be refreshed in 2019/20 in the light of new data that will emerge. A summary of the key elements of the recommended governance arrangements are illustrated in the box below.

Governance arrangements

- **Establishing NHS England as the lead ALB** with responsibility for overall delivery of the strategy, led by the appointment of a new senior responsible officer.
- **Embedding co-production** within the design and delivery of the programme, through the involvement of those with experience of mental health services and the organisations that represent them. This should include creating an independent external advisory board to provide independent scrutiny and challenge to the programme.
- **Establishing a new cross-ALB** programme board as a single coherent governance structure for delivering the strategy at a senior operational level, including defining the best approaches for local delivery.
- **Appointing an equalities champion**, with a specific remit to tackle mental health inequalities across the health system and through cross-government action.
- **Ensuring the necessary level of resource** within the national team overseeing day-to-day implementation.

The Department of Health, Cabinet Office and NHS England should put in place clear mechanisms for ensuring that the cross-government recommendations made in this report are implemented in full, and support continued action to combat stigma and discrimination.

Investment

The report clearly states that “without additional investment it will not be possible to implement this strategy and deliver much-needed improvements to people’s lives, as well as savings to the public purse”.

Investment is required in priority areas to help put the “essential building blocks in place” to improve the system over the long term and to increase access to proven interventions that improve outcomes and deliver a return. The report identifies that an additional £1 billion should be available in 2020/21. This builds on the £280 million investment each year already committed to drive improvements in children and young people’s mental health, and perinatal care.

The report’s proposals for investment are primarily targeted at expanding access to evidence-based care and scaling up effective programmes of work, supported by system reforms that are already happening and where the NHS can expand workforce capacity relatively quickly.

However, the taskforce also recognises the reality that reinvesting in services, planning for and recruiting into the workforce, and initiating system reform takes time. Proposals therefore focus on consolidating and expanding programmes for children and young people, for perinatal care and for early intervention in psychosis next year, in parallel to laying the ground for wider investment across the full range of priorities for action from 2017/18 onwards.

“The report identifies that an additional £1 billion should be available in 2020/21.”

Securing new investment and realising the associated savings will “require commissioners and providers, nationally and locally, to demonstrate that they are delivering high-quality care and value for money within their budgets”. This means “implementing evidence-based standards for treatment, supporting quality improvement, improving data on outcomes and spend, a strong commitment to transparency, and integrating services at every level to meet the needs of their population”.

Mental health must remain a priority in a challenging financial climate for the NHS in the next five years. This is why the taskforce has set out specific recommendations “to ensure that there is proper transparency and accountability for how money is spent”. As a minimum, from 2016/17 the taskforce expects CCGs to be able to demonstrate how they will increase investment in mental health services in line with their overall increase in allocation each year or in line with the growth in recurrent programme expenditure.

“This is why the taskforce has set out specific recommendations ‘to ensure that there is proper transparency and accountability for how money is spent’.”

Wider recommendations to government

The taskforce also makes a number of wider recommendations to government and system partners, including the following.

Mental health research

The Department of Health, working with all relevant parts of government, ALBs, independent experts, experts by experience and industry, should publish a report in one year from now setting out a ten-year government and ALB strategy for mental health research.

Department for Work and Pensions

The Department for Work and Pensions should ensure that when it tenders the Health and Work Programme it directs funds currently used to support people on employment support allowance to commission evidence-based health-led interventions that are proven to deliver improved employment outcomes – as well as improved health outcomes – at a greater rate than under current work programme contracts.

Furthermore, the Department of Work and Pensions should, based on the outcome of the Supported Housing review in relation to the proposed housing benefit cap to local housing allowance levels, ensure the right levels of protection are in place for people with mental health problems who require specialist supported housing.

Health and criminal justice

Ministry of Justice, Home Office, Department of Health, NHS England and Public Health England should work together to develop a complete health and justice pathway to deliver integrated health and justice interventions in the least restrictive setting, appropriate to the crime which has been committed.

Digital

The Department of Health, through the National Information Board, should ensure there is sufficient investment in the necessary digital infrastructure to realise the priorities identified in this strategy. Each ALB should optimise the use of digital channels to communicate key messages and make services more readily available online, where appropriate,

drawing on user insight. Building on trial findings, NHS England should expand work on NHS Choices to raise awareness and direct people to effective digital mental health products by integrating them into the website and promoting them through social marketing channels from 2016 onwards.

Children and young people

The Department of Health should, together with the Department for Education, establish an expert group to examine the needs of children who are particularly vulnerable to developing mental health problems and how their needs should be best met, including through the provision of personalised budgets. Both departments should also review the best way to deliver parenting programmes.

The CQC should work with Ofsted to establish how inspectorates can work together to look at how effectively health, education and social care systems are coming together to improve mental health outcomes.

Tackling stigma

The Department of Health should work with Public Health England to continue to support proven behaviour change interventions, such as Time to Change, and to establish mental health champions in each community to contribute towards improving attitudes to mental health by at least a further 5 per cent by 2020/21.

“The CQC should work with Ofsted to establish how inspectorates can work together to look at how effectively health, education and social care systems are coming together to improve mental health outcomes.”

Mental Health Network viewpoint

We very much welcome the vision and priorities set out by the report. The Mental Health Network chief executive is a member of the Mental Health Taskforce and has been heavily involved in its work.

We know much more must be done to improve access and outcomes relating to services, and – crucially – that this will only be possible with significant additional investment. The taskforce is clear that extra funding in the order of £1 billion in 2020/21 will be necessary to deliver on this ambitious agenda, over and above commitments made earlier in 2015 relating to children, young people, perinatal and eating disorder services.

Whether the recommendations contained within this report are successfully implemented will be a key test of the government’s commitment to mental health over this parliament.

For more information about the issues raised in this briefing, please contact rebecca.cotton@nhsconfed.org

References

1. NHS England (2014), *Five Year Forward View*.
2. NHS England (2015), *The Five Year Forward View Mental Health Taskforce: Public engagement findings*.
3. Department of Health (2015), *Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing*.

Mental Health Network

The Mental Health Network is the voice of mental health and learning disability service providers for the NHS in England. We represent providers from across the statutory, independent and voluntary sectors.

We work with government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of our members and to influence policy on their behalf.

The Network has 68 member organisations, which includes 93 per cent of statutory providers (NHS foundation trusts and trusts) and a number of independent, third sector and not-for-profit organisations. Our membership also includes housing associations to reflect the link between mental wellbeing and safe, affordable accommodation.

For more information about our work, visit www.nhsconfed.org/mhn or email mentalhealthnetwork@nhsconfed.org

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Registered Charity no: 1090329

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