

# **THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH**

**A Policy Unit briefing on the findings of the independent  
Mental Health Taskforce and the implications for  
psychiatrists and the wider NHS workforce**

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February 2016

## 1. Introduction

*"People have said that they want their mental and physical needs treated in the same place and with equal respect. The College agrees. Improving the psychological care of those with physical illness and the physical health of those with mental disorders is paramount. The Mental Health strategy is key to enabling this, but it will take sustained work to bring mental health onto an equal footing with physical health, ending decades of inequality.*

*"Strategies don't deliver themselves though, people do. As doctors who specialise in mental health, psychiatrists in England are already playing a key role in the diagnosis and treatment of patients with serious mental health conditions. These frontline mental health professionals also deserve the support the strategy promises.*

*"The Royal College of Psychiatrists will play its part in making the objectives set out in the strategy a reality." **Professor Sir Simon Wessely, President of the Royal College of Psychiatrists.***

### The Mental Health Taskforce

The Mental Health Taskforce<sup>1</sup>, set up by NHS England in March 2015, had responsibility for creating and publishing a new five-year all-age national strategy for mental health in England to 2020, aligned to the Five Year Forward View (FYFV)<sup>2</sup>. Chaired by Paul Farmer, Chief Executive of Mind and co-Chair Jacqui Dyer, Expert by Experience, the Mental Health Taskforce heard from people with lived experience of mental health problems, carers, professionals, providers, voluntary organisations and the arm's-length bodies of the NHS. This includes NHS England (NHSE), Public Health England (PHE), Care Quality Commission (CQC), Health Education England (HEE), NHS Improvement<sup>3</sup> and the National Institute for Health and Care Excellence (NICE).

The Taskforce published its final report on 15 February 2016 which marks the first time a shared national ambition for mental health in the NHS has been set for the arm's-length bodies across the life course, with each recommendation being designed to help deliver the FYFV.

Furthermore, the NHS in England has committed to the biggest transformation of mental health care across the NHS in a generation, **pledging to help more than a million extra people and investing more than a billion pounds a year by 2020/21**. This investment is in addition to the previously announced new funding for children, young people and perinatal mental health care.

### Our role

The President of the Royal College of Psychiatrists (RCPsych), Prof Sir Simon Wessely, and Dr Adrian James, Registrar at RCPsych, with the support of the College's Policy Unit, have played a pivotal role in the development of the final report. Our involvement has included:

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<sup>1</sup> [NHS England, The Mental Health Taskforce, March 2015.](#)

<sup>2</sup> [NHS England, Five Year Forward View, October 2014.](#)

<sup>3</sup> NHS Improvement is the new arm's length body that will drive and support both urgent improvements at the frontline and the long term sustainability of the healthcare system. It combines the merged organisations, Monitor and the Trust Development Authority.

- Prof Sir Simon Wessely has been a member of the Taskforce, providing expert opinion and advice
- Holly Taggart, Policy Analyst, has provided secretariat support to NHS England
- We have participated in Task and Finish groups on research and the NHS workforce
- We have submitted written evidence as part of the call for evidence process
- We have provided feedback and editorial support throughout.

### Our impact

The Policy Unit worked closely with all Faculties and Sections of the College to ensure the views of people working across all psychiatric specialties were incorporated. We are pleased that many of our priority areas (Table 1) have been well represented in the new mental health strategy for England.

*Table 1. RCPsych priorities for the Mental Health Taskforce*

Perinatal mental health services	Child and adolescent mental health services	Psychological therapies	Inpatient beds/ crisis care/ acute care pathway
Forensic mental health services	Mental health of older adults	Addictions	Evidence and research
Data and outcomes	The physical health agenda	Wellbeing of NHS staff	NHS workforce

### *Purpose of this briefing*

This briefing summarises the findings of the independent report of the Mental Health Taskforce and considers the implications of the recommendations for our members working across a range of psychiatric specialities, as well as the wider NHS workforce. As the Taskforce’s report is targeted primarily at the arm’s-length bodies of the NHS, it is useful to disaggregate the findings in terms of their impact on NHS staff, and in turn, patients, carers and their families.

This briefing is structured as follows:

- Key messages
- Commissioning for prevention and quality care
- Good quality of care for all 7 days a week
- Innovation and research to drive change now and in the future
- Strengthening the workforce
- A transparency and data revolution
- Incentives, levers and payment
- Fair regulation and inspection
- Conclusion.

## 2. Key messages

### Priority actions for the NHS by 2020/21

Recommendations have been made to the five NHS arm's-length bodies to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people, as well as to other government departments (Table 2).

*Table 2. Priority actions for the NHS by 2020/21*

**A 7 day NHS – right care, right time, right quality**

**An integrated mental and physical health approach**

**Prevention at key moments in life**

**Building mentally healthy communities**

**Building a better future**

If these recommendations are implemented in full over the next five years, the proposals will have the following impact on our members as well as the wider NHS workforce (Table 3). Please note: this list is by no means exhaustive.

*Table 3. Key implications for our members and the wider NHS workforce*

#### **Public mental health**

- A Prevention Concordat programme will be developed and a new multi-agency suicide prevention plan will be developed in order to reduce suicides by 10% by 2020

#### **Primary care**

- 280,000 more people living with SMI will have improved support for their physical health

#### **Perinatal psychiatry**

- 30,000 more women each year will be able to access evidence-based specialist MH care during the perinatal period

#### **Child and adolescent psychiatry**

- 70,000 more CYP will be able to access appropriate services

#### **General adult psychiatry**

- 600,000 more adults with CMD will have access to IAPT and 50% of people experiencing a first episode of psychosis will be treated within two weeks

#### **Rehabilitation and social psychiatry**

- The NHS, local authorities, housing providers and other agencies will work together to increase access to supported housing for vulnerable people with MH problems

#### **Old age psychiatry**

- A new CQUIN to improve the recognition and treatment of depression in older people will be introduced

#### **Liaison psychiatry**

- At least half of all Acute Trusts will deliver 'core 24' liaison psychiatry by 2020/21

#### **Addictions psychiatry**

- Local areas must demonstrate how they will integrate assessment, care and support for people with co-morbid substance misuse and MH problems

#### **Medical psychotherapy**

- NHS England will trial a new model of care that allows secondary MH providers to manage care budgets for tertiary mental health services, with secure care being one of the priority areas

#### **Forensic psychiatry**

- A new health and justice pathway will be developed to deliver integrated health and justice interventions in the least restrictive setting (residential rehabilitation, supported housing and forensic or assertive outreach teams)

#### **Academic psychiatry**

- Clinical academics in psychiatry and neuroscience will not be disadvantaged relative to other areas of health research funding.

### 3. Commissioning for prevention and quality care

#### The problem

- Commissioning of services is fragmented between Clinical Commissioning Groups (CCGs), local authorities and the NHS
- As a result, the quality of local mental health commissioning is variable.

#### Delivery plan to 2020/21: what does this mean for our members?

##### *A public mental health approach*

- A **Prevention Concordat** programme will support all Health and Wellbeing Boards (along with CCGs) to put in place updated joint prevention plans that include mental health and co-morbid alcohol and drug misuse, parenting programmes, and housing, by *no later than 2017*
- NHS England will continue to work with Health Education England (HEE), Public Health England (PHE), Government and other key partners to **resource and implement Future in Mind**, building on the 2015/16 Local Transformation Plans
- Alcoholism and drug addiction will be tackled through outcome-based interventions with local areas demonstrating how they will **integrate assessment, care and support for people with co-morbid substance misuse** and mental health problems, supported by the £30 million Life Chances Fund
- A new **multi-agency suicide prevention plan** will be *developed by 2017*, reviewed annually thereafter and will be supported by new investment in order to reduce suicides by 10% by 2020
- The NHS, local authorities, housing providers and other agencies will work together locally to increase access to **supported housing for vulnerable people with mental health problems**
- Behaviour change interventions, such as Time to Change, and Mental Health Champions, will continue to **improve public attitudes** towards mental health by at least a further 5% *by 2020/21*.

##### *Support into work*

- *By 2020/21*, an additional 29,000 people per year living with mental health problems will be supported to find or stay in work through **increasing access to psychological therapies** for common mental health problems and doubling the reach of Individual Placement and Support (**IPS**)
- Qualified **employment advisers** will be fully integrated into expanded psychological therapies services *by 2020/21*
- A **social finance fund** will be tested to improve mental health and employment outcomes
- **Evidence-based health-led interventions** that are proven to deliver improved employment outcomes will be commissioned using the funds currently used for Employment Support Allowance (ESA).

##### *Collaborative decision-making*

- **Co-production with clinicians** and experts-by-experience will be at the heart of commissioning and service design, and involve working in partnership with voluntary and community sector organisations, applying the four PI (Performance Indicators) principles of Purpose, Presence, Process and Impact.

## 4. Good quality of care for all 7 days a week

### The problem

- There is no comprehensive set of standards for mental health comparable to those for physical health care. Combined with under-investment, most people receive no effective care, and too few benefit from the full range of NICE-recommended interventions
- Long stays in high-cost secure hospitals and delayed discharge are common, often owing to the lack of recovery-focused care and suitable 'step-down' services.

### Delivery plan to 2020/21: what does this mean for our members?

#### *Access standards and maximum waiting times*

- *By 2020/21* at least **30,000 more women** each year will have access to evidence-based specialist mental health care during the perinatal period
- **70,000 more children** and young people will be able to access high-quality mental health care when they need it *by 2020/21*
- An **additional 600,000 adults** with anxiety and depression will have access to integrated evidence-based psychological therapies, resulting in at least 350,000 completing treatment *by 2020/21*
- **50% of people** experiencing a first episode of psychosis will be treated with a NICE-approved care package within two weeks of referral, rising to at least 60% *by 2020/21*
- **Crisis Resolution and Home Treatment Teams** will need to deliver **24/7** care *by 2020/21*. An equivalent model will also be developed for children and young people
- At least **half of all Acute Trusts** will deliver 'core 24' liaison psychiatry *by 2020/21*
- Standards will be introduced for acute psychiatric care, with the expectation that care is provided in the **least restrictive setting** and as close to home as possible, including specific actions to substantially **reduce Mental Health Act detentions** and **out-of-area placements** *by 2020/21*
- A new **health and justice pathway** will be developed to deliver integrated health and justice interventions in the least restrictive setting.

#### *Primary and secondary prevention of poor physical health*

- People with mental health problems who are at greater risk of poor physical health will need to **access prevention and screening programmes**, including NHS Health Checks and interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services
- **280,000 more people living with SMI** will have their physical health needs met through early detection and by expanding access to evidence-based physical care assessment and intervention each year *by 2020/21*
- Staff will need to deliver care in line with their Trust's operational plan for a **national reduction in premature mortality** among people with SMI, developed *by 2017/18*
- All mental health inpatient units and facilities (for adults, children and young people) will become smoke-free *by 2018*
- **Liaison psychiatry teams** with expertise in older adults will be made available to specialist older-age acute physical health services

## 5. Innovation and research to drive change now and in the future

### The problem

- Delivering better care to more people not only requires increased investment, it also requires the development of new ways to improve the quality and productivity of services
- Mental health research receives less than 5.5% of all health research funding
- People need greater choice and control over the services provided for them including advice online, via live chat, email, text message and phone.

### Delivery plan to 2020/21: what does this mean for our members?

#### *New models of service delivery*

- The new models of care being piloted by the **vanguard sites** offer an opportunity to improve care for people with mental health problems. The College's Policy Unit is leading a programme of work in this area<sup>4</sup>)
- *In 2016/17* NHS England will trial a new model of care that allows **secondary providers** of mental health services to **manage care budgets** for tertiary mental health services, with the purpose of improving outcomes and reducing out-of-area placements. It is recommended that secure care commissioning, perinatal and specialised CAMHS services are prioritised
- A **new model** of acute inpatient care for **young adults aged 16–25** will be trialled *in 2016*, working with vanguard sites
- Providers should help to ensure that 'navigators' are available to people who need specialist mental health care from diagnosis onwards to guide them through options for their care and ensure they receive appropriate support.

#### *Parity for mental health research*

- A coordinated government plan will strengthen and develop the research process on identified priorities, with specific funding commitments attached. The Taskforce recommends that mental health research should follow the roadmap set out in the **ROAMER** (Roadmap for Mental Health in Europe) project<sup>5</sup>
- The funding requirements and criteria for decision-making to support parity through the existing **Research Excellence Framework**<sup>6</sup> will mean that clinical academics in psychiatry and neuroscience are not disadvantaged relative to other areas of health research.

#### *Using technology to give patients more choice and control*

- There will be an **expansion of the NHS Choices** website 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*
- There will be 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.

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<sup>4</sup> [The Royal College of Psychiatrists, \*Embedding mental health in the Five Year Forward View Vanguard Programme\*, February 2016.](#)

<sup>5</sup> [European Commission, \*A Roadmap for mental health research in Europe\*, September 2015.](#)

<sup>6</sup> The Research Excellence Framework (REF) is the system for assessing the quality of research in UK higher education institutions.



## 6. Strengthening the workforce

### The problem

- Building and maintaining a qualified workforce of committed staff is one of the greatest challenges facing the NHS - and it is most acute in mental health
- Providing specialist care to people experiencing mental distress is difficult, demanding work and requires exceptionally dedicated, caring individuals
- There are significant opportunities for increasing access to high-quality, integrated care that rely upon an expanded workforce with the right skills. However, recruitment is not easy in some areas: more than 18 per cent of core training posts in psychiatry are currently vacant, and psychiatry has the slowest rate of growth and the highest drop-out rate of any clinical specialty.

### Delivery plan to 2020/21: what does this mean for our members?

#### *Recruitment and retention of staff*

- The development of a costed **multi-disciplinary workforce strategy** for the future shape and skill mix of the workforce is required to deliver both this strategy and the workforce recommendations set out in *Future in Mind*; this will be developed *no later than 2016*
- The expansion of programmes that **train people to qualify as social workers** and contribute to ensuring the workforce is ready to provide high-quality social work services in mental health. This should include expanding 'Think Ahead' to provide at least an additional 300 places
- The national framework for a **public mental health workforce** should be implemented in full. Staff should be trained to prevent ill health, working across traditional boundaries, in line with its recommendations.

#### *Mental health related training*

- NHS staff will be measured on their **awareness of and confidence** in dealing with mental health in the annual NHS staff survey
- All GPs, including the 5,000 joining the workforce by 2020/21, will receive **core mental health training by 2020**
- There will be a new role for GPs with an **extended Scope of Practice** in mental health, with at least 700 working in practice *by 2020*
- Standards will be produced for all **prescribing health professionals** that include discussion of the risks and benefits of treatment, taking into account people's personal preferences, including preventative physical health support options and the provision of accessible information to support informed decision-making.

#### *Improving the health and wellbeing of NHS staff*

- NHS staff will have improved access to **health and wellbeing support**, including the management of mental health in the workplace and provision of occupational mental health expertise and effective workplace interventions, *from 2016 onwards*
- The NHS will be **incentivised to improve the health and wellbeing** of its workforce through a CQUIN, or alternative incentive payment, under the NHS Standard Contract, *by 2017*.



## 7. A transparency and data revolution

### The problem

- We do not know how quickly people are able to access services, the sort of care they are receiving or what outcomes they are experiencing
- Consistent and reliable data in mental health, still lags behind other areas of health. There is good information available but it is not co-ordinated or analysed usefully
- The inadequacy of good national mental health data and the failure to address this issue until recently has meant that decisions are taken and resources allocated without good information, perpetuating a lack of parity between physical and mental health care.

### Delivery plan to 2020/21: what does this mean for our members?

#### *Better use of patient data*

- The Department of Health and Health and the Social Care Information Centre (HSCIC) will advocate adoption of data-rich **Summary Care Records** (SCRs) that include vital mental health information, where individuals consent for information to be shared, *by 2016/17*
- Data that health professionals collect will be linked across public agencies, and assist effective commissioning and the implementation of new clinical pathways and standards as they come online through the **Mental Health Intelligence Network** *by 2016*
- **National metrics** to support improvements in **children and young people's** mental health outcomes will be developed. These will draw on data sources from across the whole system, including NHS, public health, local authority children's services and education, in order to inform the NHS and Public Health Outcomes Frameworks *by March 2016*
- Accurate **prevalence data** for children, young people and adults of all ages will be available through the commissioning of prevalence surveys at least *every 7 years*. This will help to ensure that mental health services are appropriate to the mental health needs in the local area.

#### *Data to drive transparency*

- The **CCG Performance and Assessment Framework** will include a robust basket of indicators to provide a clear picture of the quality of commissioning for mental health
- A **Mental Health FYFV Dashboard** will be developed 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 *by summer of 2016*
- NHS Improvement will prioritise **persistent non-compliance** in data collection and submission to the Mental Health Services Data Set (MHSDS), and take regulatory action where necessary
- The Department of Health will hold the HSCIC to **account for its performance**, and consult to set minimum service expectations for turning around new data-sets or changes to existing data-sets *by no later than March 2016*.

## 8. Incentives, levers and payment

### The problem

- More than half of Mental Health Trusts are paid using block contracts meaning they are paid a fixed amount regardless of how local needs are being met or the quality of care provided
- This rewards those that deliver low cost interventions, regardless of outcome, and penalises those that increase access or deliver more costly interventions, even though they may improve outcomes
- National guidelines to reward quality and outcomes are being poorly implemented at local level
- Some Trusts lack the financial levers to drive change and there is a risk that new models of care will make greater use of block contracts.

### Delivery plan to 2020/21: what does this mean for our members?

#### *Incentivising activity*

- There will be a **new CQUIN** to improve the recognition and treatment of depression in older people, modelled on the dementia CQUIN
- Payments will **incentivise the provision of integrated mental and physical healthcare** and will be adjusted to account for inequalities
- **Physical health providers will need to be reimbursed** for meeting mental health needs which may require re-classification of patient care described by Healthcare Resource Groups (HRGs), Treatment Function Codes (TFCs) and Office of Population Censuses and Surveys Classification of Surgical Operations and Procedures (OPCS) codes.
- People being supported in specialist older-age acute physical health services will have access to **liaison mental health teams**, incentivised through a CQUIN.

#### *Funding allocation*

- A **revised payment system** will 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 *by 2017/18*
- Advisory Committee for Resource Allocation (ACRA) should **review the funding allocation formula**, including the inequalities adjustment, to ensure it appropriately measures and weights factors contributing to mental health problems and inequalities on the basis of evidence *in 2016/17*. Membership of ACRA should also be revisited with the specific goal of ensuring that mental health expertise is adequately represented across the disciplines involved.

#### *Ensuring local health systems are accountable*

- CCGs will report within the **CCG Performance and Assessment Framework**
- CCGs will publish data on **levels of mental health spend** in their Annual Report and Accounts, by condition and per capita, including for Child and Adolescent Mental Health Services, *from 2017/18 onwards*
- Each CCG's spending on mental health services *in 2016/17* will increase in real terms, and should **grow proportionate to allocation increases** and the spend forecast for the year
- NHS England will **disaggregate the inequalities adjustment** from the baseline funding allocation for CCGs and Primary Care, making the value of this adjustment more visible and requiring areas to publicly report on how they are addressing unmet mental health need and inequalities in access and outcomes.

## 9. Fair regulation and inspection

### The problem

- The Health and Social Care Act 2012, as reflected in the NHS Constitution, provides rights to treatment, including access to consultant-led care within 18 weeks of referral and a choice of provider, but there is not yet parity between an individual's rights to physical and mental health care
- Although the right to choice of provider has been extended to mental health care there is no legal right to recommended interventions, or maximum waiting times, as there is for physical health care.

### Delivery plan to 2020/21: what does this mean for our members?

#### *Reviewing the Mental Health Act*

- The Department of Health will work with a wide range of stakeholders to review whether the **Mental Health Act** (and relevant Code of Practice) in its current form should be revised in parts, to ensure stronger protection of patient autonomy, and greater scrutiny and protection where the views of an individual with mental capacity to make healthcare decisions may be overridden to enforce treatment against their will.

#### *Changes to inspection and regulation*

- The CQC will set out how it will **strengthen its approach to regulating and inspecting** NHS-funded services to include mental health as part of its planned approach to assessing the quality of care along pathways and in population groups *between 2016-2020*
- The Department of Health will consider how to introduce the **regulation of psychological therapy services**, which are not currently inspected, unless provided within secondary mental health services.

#### *Investigating deaths in inpatient settings*

- There will be a new independent system for conducting and monitoring **investigations into all deaths in in-patient mental health settings**, including individuals who are detained under the Mental Health Act, are on a par with the way other deaths in state detention are investigated
- NHS Improvement and NHS England will set out the steps taken to ensure that all **deaths by suicide in NHS-funded mental health settings**, including out-of-area placements, are learned from, to help to prevent repeat events.

## 10. Conclusion

### Implementation

According to an analysis conducted by the Centre for Mental Health, successful implementation of the recommendations set out in the Taskforce report will depend upon the following:

- Effective national and local leadership
- A set of widely supported, prioritised action points
- Funding for change and the associated 'double-running' costs
- Close alignment with the incentives used in mainstream health policy
- The motivation of staff
- Visible accountability for achieving a strategy's goals
- Support from the public and professionals
- Partnerships between organisations
- A robust, stable and supportive implementation infrastructure
- The facilitation of innovation
- Good-quality programme and project management
- Time to implement policies effectively.

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. Funding 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. By no later than April 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.

### Next steps

The Mental Health Taskforce report covers many of our priority policy areas, including the recent findings of our Independent Commission on Acute Adult Psychiatric Care<sup>7</sup>. The Royal College of Psychiatrists will play its part in making these objectives a reality, but the role of the arms-length bodies, Government and wider partners in delivering on the commitments in both this strategy and the Commission report will be critical.

To mark the publication of the new mental health strategy for England, the Policy Unit is moving forward with projects that support and challenge the implementation phase of the strategy. These include a project<sup>8</sup> that seeks to ensure that existing and emerging vanguard sites are re-organising services so that they are appropriate for people with mental health problems, as well as people with complex co-morbidity, whilst still fulfilling their objectives of delivering integrated care in a more efficient way, as set out in the NHS Five Year Forward View.

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<sup>7</sup> [The Commission to review the provision of acute psychiatric care for adults, \*Old Problems, New Solutions: Improving Acute Psychiatric Care for Adults in England\*, The Royal College of Psychiatrists, February 2016.](#)

<sup>8</sup> [The Royal College of Psychiatrists, \*Embedding mental health in the Five Year Forward View Vanguard Programme\*, February 2016.](#)