

# London and South East CYP-IAPT Learning Collaborative

## A Brief guide to the Mental Health Taskforce Five Year Forward View Report published Feb 2016

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**The Mental Health Taskforce document is a whole life span report that seeks to address the challenges raised in the wider NHS England strategy document: The Five Year Forward View**

It is a national strategy created by the Mental Health Taskforce, an independent body of people including experts-by-experience, clinical experts and health and care leaders with the aim of transforming current mental health services to improve care and outcomes in mental health for people of all ages. The report was published in February 2016 and sets out **58 recommendations for the Government** and arm's length bodies (such as NHS England) **to implement by 2020**. It will likely form the **background to all policy decisions across mental health in England** – this will guide service improvement, commissioning, training and workforce development.

Below is a distillation of the report with an emphasis on information relevant to Children and Young People's (CYP) services. The section headers reflect the original document and recommendation numbers are referenced throughout should you want to refer to them. This summary is intended to guide busy clinicians and managers to the key proposals in the report – but we recommend that managers and clinical leads read the full report which can be accessed [here](#).

### Headline for CAMHS:

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The taskforce recommends the **implementation of Future in Mind in full**, with its commitment to the **sustainment and expansion of CYP IAPT** to 2018 at least.

### Priority actions identified for the NHS:

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1. A 7 day NHS – providing right care, right time, right quality
2. An integrated mental and physical health approach
3. Promoting good mental health and preventing poor mental health– helping people lead better lives as equal citizens

## Getting the foundations right



**BY 2020/21  
AT LEAST 70,000  
MORE CHILDREN  
AND YOUNG  
PEOPLE SHOULD  
HAVE ACCESS TO  
HIGH-QUALITY  
MENTAL HEALTH  
CARE**

The taskforce recommends the **implementation of Future in Mind in full**, with refreshment of Local transformation plans which will be integrated into **new Sustainability and Transformation Plans (STPs)** which include all local health and care (R1).

There is an **emphasis on prevention** that includes updating Joint Strategic Needs Assessments to include mental health (R2), multi-agency **suicide prevention plans** to be in place by 2017 (R3) and extra money for the Life Chances Fund to tackle alcohol and drug addiction (R4). Those at greater risk of poor physical health will gain access to screening, health checks and interventions and all **inpatients units are to be smoke free** by 2018 (R20).

Pilots will be established to develop **evidence based approaches to co-production** by April 2018 (R8) and population based budgets will give opportunity to commission specialist services (R9). New models of working will also be trialled in Vanguard sites in 2016/17 to improve outcomes and reduce out of area placements (R9).

Behaviour change interventions, such as Time to Change, will continue to be supported and community Mental Health Champions will help to **improve attitudes to mental health by 5%** by 2020/21 (R12).

## Good quality care for all 7 days a week

A **comprehensive set of care pathways**, with accompanying quality standards and guidance, will be established by 2020/21. These will incorporate physical health interventions and **principles of co-production** (R13). Specific priorities for service improvement include:

- Greater access to evidence based specialist mental health care for women during the **perinatal** period (R15)
- 50% of people experiencing **first episode psychosis** to have a NICE approved care package by April 2016, rising to at least 60% by 2020/21 (R16)
- An equivalent model to adult **crisis care** to be established for CYP Including 24 hour 7 day availability across the country and intensive home treatment. All age mental health liaison services in emergency services and inpatient wards established by 2020/21 (R17).
- Standards for providing care in **the least restrictive way, as close to home as possible**. Including plans to **reduce Mental Health Act detentions** and targeted work to **reduce the over-representation of Black, Asian and Minority Ethnic (BAME)** and other disadvantaged groups in detention rates, as well as **elimination of out of area care** by 2020/21 (R22).
- Addressing fragmented pathways in **secure care** and increased provision of community services, and trials of new co-commissioning, funding and service models to support recovery for people of all ages who have severe mental health problems and significant risk and safety issues (R23). A complete **health and justice pathway** to be developed to integrate interventions (R24).



Pathway	2015/16	2016/17	2017/18	2018/19	2019/20
Referral to treatment pathways	Psychological therapy for common mental health disorders (IAPT)	█			
	Early intervention in psychosis	█			
	CAMHS: community eating disorder services	█			
	Perinatal mental health		█		
	Crisis care		█		
	Dementia		█		
	CAMHS: emergency, urgent, routine		█		
	Acute mental health care		█		
	Integrated mental and physical healthcare pathways (IAPT / liaison / other integrated models)		█		
	Self harm			█	
	Personality disorder			█	
	CAMHS: school refusal			█	
	Attention deficit hyperactivity disorder				█
	Eating disorders (adult mental health)				█
	Bipolar affective disorder				█
	Autistic spectrum disorder (jointly with learning disability)				█
	Recovery pathways	Secure care recovery (will include a range of condition specific pathways)		█	
Secondary care recovery (will include a range of condition-specific pathways)				█	

*Mental Health Taskforce Five Year Forward View, Feb 2016 p.36*

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

An integrated Personalised Commissioning programme should be supported to ensure integrated payments reflect mental health needs of those with long term physical health conditions. Vanguard sites to trial greater access to **personal budgets** for people of all ages (R25).

In order for the UK to lead in development and application of **new mental health research**, a 10 year strategy should be published one year from now (R26). Steps should be taken to ensure that clinical academics in mental health are not disadvantaged relative to other areas of health, through review of funding requirements and criteria. (R27)

Better investment and use of technology is needed to communicate and make services more accessible online, and work to promote and direct people to effective **digital mental health products** should be expanded from 2016 onwards (R28).

**New models of working** have been suggested by the task force: inclusion of mental health and social work into the Better Care fund (R29), establishing '**navigators**' to guide through services and provide information (R30), and a Vanguard site trial of a **new model of acute inpatient care for 16-25 year olds** (R31).

## Strengthening the workforce

In order to deliver this and the **Future in Mind recommendations, clear and costed workforce development strategy** should be reported on by no later than 2016 (R32).

Improvements to staff wellbeing and equipping the workforce with expertise in mental health have been prioritised:

- Provision of **occupational mental health expertise and workplace interventions** by 2016 (R33)
- Introduction of an **incentive payment relating to staff health and wellbeing** by 2017 (R34)
- Development of **measures of staff awareness and confidence** in dealing with mental health (R35)
- **Core mental health training for GPs** and development of new role of GPs with extended scope of practice in mental health (R37)
- Development of **standards for all prescribing health professionals** including risks and benefits, personal preferences, preventative health support and accessible information (R38).

## Transparency and data revolution

To address the need for **improved data** on prevalence and incidence, access, quality, outcomes, prevention and spend across mental health services, a 5 year plan should be developed with a progress report setting out actions by the end of 2016 (R39). Proposals for **national metrics for CYP mental health outcomes** to be reported on by 2017 (R40).

To drive improvements in services and accountability, the CCG Performance and Assessment Framework should include indicators to provide a **clear picture of the quality of commissioning** and a **complimentary dashboard** should be developed by summer 2016 that identifies key performance and outcomes data (R41). Unnecessary data collection should be identified and action can then be taken against persistent noncompliance and submission to the MHSDS (R42). **Improvements to data linkages and data sharing** can be supported by minimum service expectations in regard to turning around new datasets and changing existing ones by summer 2016 (R44).

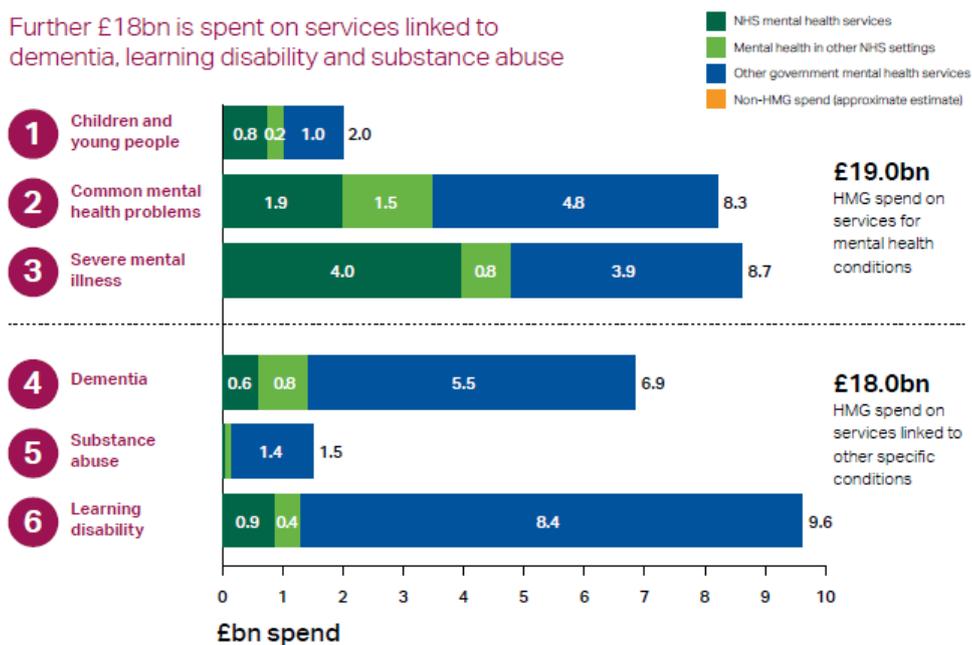
To gather more useful data, the taskforce encourages **adoption of Summary care records by 2016/17** (R45) and **regular prevalence surveys** for all ages every 7 years (R46).

## Incentives, levers and payments

To improve outcomes and service transformation, introduction of a **revised payment system** by 2017/18 and as soon as possible for CYP services (R47). The inequalities adjustment should be distinguished from baseline funding for CCGs and primary care, with improved **public reporting** on addressing unmet mental health needs and inequalities in access and outcomes (R48). A **review of NHS funding allocation** formulas to support parity between mental and physical health in 2016/17 (R49). Levels of mental health spend and investment should be reported on in CCG annual reports by condition and per capita, from 2017/18 onwards (R50).

## £19bn is spent on services for mental health conditions

Further £18bn is spent on services linked to dementia, learning disability and substance abuse



Note: Dementia healthcare expenditure only includes spend on mental health services for dementia, not on physical health co-morbidities (e.g. diabetes), which would increase spend by £3bn

*Mental Health Taskforce Five Year Forward View, Feb 2016 p.57*

### Fair inspection and regulation

A **review of the Mental Health Act (R51)** should be undertaken to ensure greater protections for patients **and of the Health and Social Care Act (R52)** to identify any gap between provisions in services between mental and physical health.

In terms of regulation, the CQC should set out how it will strengthen regulating and inspecting mental health services (R54), and undertake a Joint Targeted Area Inspection to assess how health, education and social care services are **working together** to improve mental health (R55). Steps to ensure deaths by suicide are learned from should be identified and embedded into CQC inspections (R57). There should also be greater investigation of, independent scrutiny of, and learning from deaths in inpatient mental health settings (R56).

### Leadership inside the NHS, across government and in wider society

Governance arrangements to deliver this strategy should be put in place by **summer 2016** including public reporting of progress, and the appointment of a new equalities champion for mental health to drive change (R58).

### Next Steps:

More detailed information and guidance will follow the publication of the taskforce report - we will do our best keep you up-to-date with new developments

*All images used from The Five Year Forward View for Mental Health (2016) with thanks*