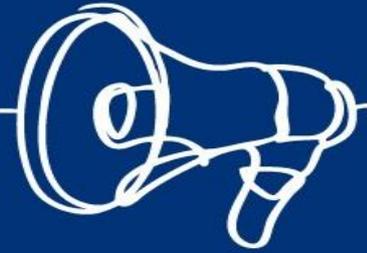


Policy briefing from Mind



Mental Health and the NHS Long Term Plan

February 2019

About Mind

We're Mind, the mental health charity for England and Wales. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Background

On 7 January 2019, NHS England published its 'Long term plan' (LTP) for the NHS. The plan follows the Prime Minister's June 2018 announcement of an extra £20.5bn a year funding for the NHS in England over the next five years. The LTP sets out how NHS England intends to use this investment as part of a longer term strategy to transform NHS services in the next decade and to meet the increasing demands being placed on them by an ageing population.

When the Prime Minister announced the new funding, she said that improving access to mental health services is a priority, repeating her commitment that the Government wants to treat mental and physical health equally. As a consequence, mental health is a key priority area within the LTP.

Implementation and next steps

Following publication of the national plan, NHS England have asked local areas (the 43 STP areas in England) to develop their own implementation plans. Due to the late publication of the LTP, the financial year 2019/20 is being described as a 'transitional year'. STPs have until 'autumn' to develop their full 5 year plans for how they intend to deliver LTP in their areas. Areas have been told that they are expected to engage with their local communities as they develop their plans.

Further guidance to STPs on what is expected in these plans (included guidance on the mental health element) is expected in the spring.

Summary of NHS Long Term Plan commitments on for mental health

Investment in mental health services

- Funding for mental health services will grow faster than the overall NHS budget via new ring-fenced local investment fund worth at least £2.3bn a year by 2023/24.

Perinatal mental health services

- Increased access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a PD diagnosis will benefit an additional 24,000 women per year by 2023/24, in addition to the FYFVMH commitment that an extra 30,000 women getting mental specialist help by 2021. Care will be available from preconception to 24 months after birth (extended from 12 months).
- Expanded access to evidence-based psychological therapies within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions
- Fathers/partners of women accessing specialist perinatal mental health services and maternity outreach clinics to be offered evidence-based assessment for their mental health and signposting to support as required. This will contribute to helping to care for the 5-10% of fathers who experience mental health difficulties during the perinatal period.
- Increased access to evidence-based psychological support and therapy, including digital options, in a maternity setting. Maternity outreach clinics will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

Children and young people

- Increased funding for children and young people's mental health services – funding will increase faster than both overall NHS funding and total mental health spending.
- Extension of current service models to create a comprehensive offer for 0-25 year olds that reaches across current services for children, young people and adults
 - To be integrated across health, social care, education and the voluntary sector (e.g., iThrive)
 - Linked with Mental Health in Higher Education programme, with Universities UK – improve student welfare services; access to mental health services, including suicide reduction; improving access to psychological therapies; and groups of students with particular vulnerabilities
- Improved access to specialist services with goal for 100% of children and young people who need specialist mental health care can access in next decade
- Better crisis care with all children and young people experiencing a mental health crisis able to access crisis care 24 hours a day, seven days a week, via a single point of access through NHS 111.
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services, and school/college-based Mental Health Support Teams
- Mental health support to be embedded in schools and colleges via Mental Health Support Teams rolled out in in one-fifth to one-quarter of the country by end of 2023

- MHSTs will receive info and training to help them support young people more likely to face mental health issues – eg LGBT+ young people or children in care
- NHS England will test how the NHS could feasibly deliver four week waiting times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist mental health services – beyond psychosis and eating disorders
- NHS England will test approaches to support children and young people outside of education settings, and more upstream preventative support (including info sharing, digital interventions etc.) which aims to reduce need for specialist CAMHS.
- Increased investment in children and young people’s eating disorder services – to maintain delivery beyond 2020/21 of the existing waiting time standard (95% of children and young people with an eating disorder to receive treatment within one week in urgent cases / 4 weeks in non-urgent cases)
- Child obesity and mental health: a further 1,000 children per year will be treated for severe complications related to obesity, including poor mental health, by 2022/23
- New mental health services will be developed for children with complex needs, including children who have experienced sexual assault but are reaching Sexual Assault Referral Services
- Specialist community teams will support children and young people with autism and their families

Common mental health problems

- Further expansion of IAPT access for adults, older adults, and people with LTCs (extra 380,000 people per year able to access IAPT services)
- By 2020, the NHS will aim to have endorsed a number of digital therapies for use in IAPT, for depression and anxiety. This will also be expanded to include CYP therapies, virtual and augmented reality.
- NHS England will trial the provision of employment support via IAPT will offer support to 24,000 people by 2021.
- NHS England will test four-week waiting times for adult and older adult community mental health teams with selected local areas. We will then set clear standards for patients requiring access to community mental health treatment and roll them out across the NHS over the next decade.

Severe mental health problems

- By 2023/24, we will further increase the number of people with SMI receiving physical health checks to an additional 110,000 people per year, bringing the total to 390,000 health checks delivered each year including the ambition in the FYFVMH.
- New and integrated models of primary and community mental health care will support adults and older adults with severe mental illnesses. A new community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. This includes maintaining and developing new services for people who have the most complex needs and proactive work to address racial disparities.

- Local areas will be supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.
- By 2023/24, new models of care, underpinned by improved information sharing, will give 370,000 adults and older adults greater choice and control over their care, and support them to live well in their communities.

Emergency mental health support

- The NHS will ensure that a 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21. Services will be resourced to offer intensive home treatment as an alternative to an acute inpatient admission.
- Building on the FYFVMH commitment to reach 50% coverage by 2020/21, by 2023/24, 70% of A&E liaison services will meet the 'core 24' service standard, working towards 100% coverage thereafter.
- Provision of a single point of access and timely, universal mental health crisis care for everyone. Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need in the community and we will set clear standards for access to urgent and emergency specialist mental health care, including post-crisis support for families and staff who are bereaved by suicide.
- Increased availability of alternative forms of provision for those in crisis, such as sanctuaries, safe havens and crisis cafes provide a more suitable alternative to A&E for many people experiencing mental health crisis, usually for people whose needs are escalating to crisis point, or who are experiencing a crisis, but do not necessarily have medical needs that require A&E admission.
 - Models such as crisis houses and acute day care services, host families and clinical decision units can also prevent admission. The NHS will work hand in hand with the voluntary sector and local authorities on these alternatives and ensuring they meet the needs of patients, carers and families.
- A Clinical Review of Standards will make recommendations for embedding urgent and emergency mental health in waiting time standards. This means that everyone who needs it can expect to receive timely care in the most appropriate setting, whether that is through NHS 111, accessing a liaison mental health service in A&E, or a community-based crisis service. Specific waiting times targets for emergency mental health services will for the first time take effect from 2020.
- Ambulance staff will be trained and equipped to respond effectively to people in a crisis, including the introduction of new mental health transport vehicles to reduce inappropriate ambulance conveyance or by police to A&E. We will also introduce mental health nurses in ambulance control rooms to improve triage and response to mental health calls, and increase the mental health competency of ambulance staff through an education and training programme. Inpatient care

Inpatient care

- NHS England will work with services to reduce the typical length of stay in these units to the national average of 32 days. This will contribute to ending acute out of area placements by 2021 (a FYFVMH commitment)
- Capital investment from the forthcoming Spending Review will be needed to upgrade the physical environment for inpatient psychiatric care.

Suicide prevention

- Reducing suicides to remain an NHS priority over the next decade. NHS England will provide full coverage across the country of the existing suicide reduction programme.
- NHS England will design a new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients.
- Suicide bereavement support for families and staff working in mental health crisis services will be made available in every area of the country.
- Building on the work of the Global Digital Exemplar (GDE) programme, NHS England will use decision-support tools and machine learning to augment our ability to deliver personalised care and predict future behaviour, such as risk of self-harm or suicide.

Smoking cessation

- A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users and in learning disability services. This will include the option to switch to e-cigarettes while in inpatient services.

Workplace wellbeing

- The NHS will improve access to mental health support for people in work and support people with SMI find and keep a job. As the largest employer in England, the NHS is taking action to improve the mental health and wellbeing their workforce and setting an example to other employers.
- The NHS Chief People Officer, working with the national workforce group will take action for all NHS staff to improve health and wellbeing, building on the NHS Health and Wellbeing Framework that includes recommendations from the Stevenson/Farmer review of mental health and employers, and to support improved health and wellbeing of staff and management of sickness absence.

Back to work support

- Increased access to IPS, to support an additional 35,000 over FYFVMH commitments people with severe mental illnesses where this is a personal goal to find and retain employment by 2023/24, a total of 55,000 people per year.

Homelessness

- NHS investment of up to £30m extra on meeting the needs of rough sleepers, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.

Problem gamblers

- The NHS will invest in expanding specialist clinics to help more people with serious gambling problems and work with partners to tackle the problem at source.

Primary care

- £4.5bn to fund expanded community multidisciplinary teams aligned with new primary care networks.
- New models of primary and community support will include:
 - Expansion of social prescribing so that over 900,000 people will be referred to social prescribing schemes by 2023/24.
 - Over 1,000 trained social prescribing link workers to be in place by the end of 2020/21, rising further by 2023/24.
 - Expansion of personal health budgets so that up to 200,000 people will benefit by 2023/24. The NHS will also expand its offer of PHBs in mental health services.

Inequalities

- Funding allocations based on more accurate assessment of health inequalities and unmet need, greater duties to show how funding is spent to tackle inequalities.
- The NHS will continue to commission, partner with and champion local charities, social enterprises and community interest companies providing services and support to vulnerable and at-risk groups.

Digital services

- Greater use of virtual services in primary care, including telephone and video consultations, investment in nhs.uk platform. Support for the development of apps and online resources to support good mental health and enable recovery.
- By 2023/24, all patients will have a right to choose a telephone or online consultation from their own practice or a digital GP provider (a digital first primary care option).

Workforce

- NHS Improvement now has lead responsibility for workforce.
- New online nursing degree will be created, with significantly cheaper tuition fees than traditional courses – and linked to placements at NHS trusts and in primary care services. Aiming for a 2020 launch.
- Newly qualified doctors and nurses entering general practice will be offered a 2 year fellowship
- Ensuring clinicians get adequate supervision time
- Work to train doctors in generalist skills is accelerated.
- HEE are increasing the percentage of their budget spent on workforce development – with a focus on primary care CPD
- The development of credentials in mental health is being accelerated, with the aim of publishing standards in 2020
- The Practitioner Health Programme, to help all doctors access specialist mental health support, is being further expanded.

Integrated Care Systems

- By April 2021, Integrated Care Systems (ICSs) will cover the whole of England. Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level.
- ICS “will also provide stronger foundations for working with local government and voluntary sector partners on the broader agenda of prevention and health inequalities”.

Public health responsibilities

- The Government and NHS will consider where there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be.

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