

Closing the gap: priorities for essential change in mental health

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Christine Heron LGiU associate

Summary

The Department of Health has published [its priorities for transforming support](#) for people with mental health problems over the next two to three years. The priorities are to be carried out at national and local level and include:

- a crisis care concordat setting out expectations for patients in crisis
- an 'information revolution' to improve data, including work by PHE to gather information on promoting wellbeing and preventing mental ill-health
- choice of consultant/mental health professional at first outpatient appointment.

Briefing in full

Background

Closing the Gap supports the measures in the national mental health strategy No Health Without Mental Health, the Mental Health Implementation Framework and the Suicide Prevention Strategy. It is intended to bridge the gap between long term strategic ambitions and short term actions through 25 priorities for action – issues that current programmes are starting to address and where 'strategy is coming to life'. The government will report on progress on these priorities next year.

Increasing access

1 High quality mental health services with an emphasis on recovery and meeting local need

Commissioners need better information on what works in mental health. Action to provide this includes.

- NICE has produced a range of quality standards and is producing more.

- NHS England has launched a mental health leadership programme for clinical commissioning groups (CCGs), is producing best practice specifications for specialist mental health services such as schizophrenia, and is developing a range of commissioning tools including those to support integration of physical and mental healthcare.
- The Joint Commissioning Panel for Mental health has produced value-based commissioning guidance.
- A national summit on best practice in psychosis in March 2014.
- PHE to build evidence on promoting wellbeing and preventing mental illness
- PHE, NHS England and the LGA are working together on joined up resources e.g. drug and alcohol and mental health.

2 An information revolution around mental health

There is a need for better understanding about mental health to be used as a basis for improvement.

- A mental health intelligence network (MHIN) – similar to the national cancer intelligence network – will be established to identify trends such as age, and geography, and information about what local services are provided and how effective these are. This information will be made publicly available but will primarily be for health and wellbeing boards, CCGs and other partners to implement change.
- PHE will run a new programme to gather information about mental health, wellbeing and prevention and will produce a framework for action early in 2014. The DH has produced the mental health dashboard to track key measures from the outcome frameworks; work will take place to assess whether these are the best outcome measures – currently there is work to investigate an outcome around recovery.
- Better local information sharing is important for ensuring personalised, joined up support.

3 Waiting time limits for mental health services

The Government's Mandate to the NHS sets out a commitment to developing access or waiting time standards to establish parity with physical health. NHS England is collecting data on this, and new standards will be introduced in 2015 for adults and children and young people's mental health.

4 Tackling inequalities in access

Work is taking place to address inequalities in service use and outcomes, e.g. low take up of psychological therapies by black and minority ethnic communities, older people and ex offenders and veterans; the DH is working with groups such as Age Concern and the Race Equality Foundation to increase take-up.

5 & 6 Increasing access to psychological therapies for adults and children

600,000 adults receive psychological therapies every year, and in the last three years 45,000 have been helped to come off benefits and return to work. The government intends to increase uptake to 900,000 a year. It is incentivising CCGs to increase access through the Quality Premium additional funding scheme. NHS England is planning a country-wide extension of the transformation programme for talking therapies for young people by 2018.

7 The most effective services will get the most funding

A new payment system for mental health was introduced in 2012 – assessing people in clusters of conditions (e.g. cognitive impairment or dementia) with a scale of seriousness (e.g. low-level need) that are linked to payments for care packages rather than block contracts. The government is working with NHS England and Monitor to develop the new payment and pricing system for mental health (payment by results although this term is becoming less common) to base it more on quality and outcomes rather than volumes of activity. From April 2014, the Health and Social Care Information Centre will provide monthly reports to commissioners on provider performance. The report indicates 'In the future this could mean that the best services i.e. those that deliver the most successful outcomes, such as highest recovery rates, get more funding'.

8 More choice

The government is establishing new legal rights for choice in mental healthcare similar to what is available in physical healthcare – choice of provider/consultant/mental health professional when people attend their first outpatient appointment (with some exemptions around emergencies or compulsory detentions). NHS England is working with local areas on applying personal health budgets in mental health.

9 Reduce all restrictive practices and end the use of high risk restraint

The government has asked the Royal College of Nursing to work with others to develop new guidance which will then be consulted on.

10 Friends and family test

The use of the test to allow patients with mental health problems to comment on their experience of services has been piloted and will be used routinely from December 2014. The report encourages providers to start in advance of this date.

11 Poor quality services identified sooner and action taken

The report points to measures being taken to make Care Quality Commission (CQC) inspection and regulation more robust. Specific measure relating to mental health include a thematic review of emergency mental health, and mental health inspections to be more focused on the views of people who use services and their carers, including those detained under the Mental Health Act.

12 Better support and involvement for carers

The Standing Commission on Carers is focusing its fact-finding visits on how carers of people with mental health problems are being supported. The Carers Trust has produced best practice guidance and an assessment tool for involving carers in the planning and delivery of mental health services.

Integrating physical and mental healthcare

13 Better integration of mental and physical health

As much as 80 percent of all mental health care takes place in GP surgeries and hospitals. Work to ensure staff in these settings understand mental health include.

- Health Education England (HEE) to develop training programmes to equip all healthcare workers to understand the links between physical and mental health
- A new NHS England programme to ensure equal priority with physical health across the entire health system
- Public Health England (PHE) has started work to improve understanding of mental health in the public health workforce
- The Royal College of GPs is working to improve GPs' understanding of severe mental illness including physical health needs and crisis care; it will appoint a mental health clinical lead and will enhance GP training to better cover mental healthcare.
- The government has allocated the Better Care Fund, and most of the 14 integrated care pioneers include a focus on joined-up mental health.

14 Front-line services respond more effectively to self-harm

The report indicates that emergency departments often ignore NICE guidelines to offer a comprehensive physical, psychological and social assessment of people who self-harm. GPs should also refer people to talking therapies where appropriate. A new measure in the NHS Outcomes Framework will identify the percentages of those who attend emergency departments that receive a psychosocial assessment. The government will also identify how other frontline services can improve their response to self-harm.

15 No one in mental health crisis should be refused a service

The report indicates that people in crisis are turned away from service at weekends or if they are full and that this must not continue. Crisis support should focus on avoiding hospital admission.

- A national Crisis Care Concordat developed with a range of stakeholders will be published shortly; this will set out what people in crisis should receive, focusing on better coordination between emergency and mental health services including a single point of access.

- The government is also piloting 'street triage' in which people with mental health problems work with police officers to provide rapid assessment and referral for people who have not committed crimes.

Promoting mental wellbeing and preventing mental health problems

16 Better support for postnatal depression

Around ten percent of women suffer mental health issues around pregnancy or birth. Health Education England is involved in mental health training for health visitors and midwives, with a specialist in every birthing unit by 2017.

17 Schools supported to identify mental health problems sooner

New developments include.

- The new special educational needs code of practice due to be introduced in September 2014 will provide statutory guidance on identifying children and young people with mental health problems who have a special educational needs.
- An interactive e-Portal providing access to the latest evidence, guidance and tools will be operational early in 2014.

The government also encourages all schools that have not implemented measures in the Mental Health Strategy Implementation Framework to do so as soon as possible.

18 End the cliff-edge of lost support at age-18

The report indicates that too many young people with ongoing mental health problems no longer receive the right levels of support when they turn 18, with the most affected often the most vulnerable and disadvantaged.

- NHS England is developing a service specification for transition from child and adolescent mental health services (CAMHS) which can be used by CCGs and councils to apply best practice and monitor performance.
- A high level scoping study is being carried out to examine the evidence for both physical and mental health services for people aged 15 to 24 years and the implications for care pathways.

Improving the quality of life of people with mental health problems

19 People with mental health problems will live healthier and longer lives

The report describes the health inequalities and lifestyle and social issues faced by people with mental health problems. It is encouraging GPs, mental health workers and people with mental health problems to take more action to improve their physical health.

20 More people will live in homes that support recovery

Although settled, safe accommodation is vital for people with mental health problems there are no clearly defined models for what this should look like. The government 'wishes' to allocate up to £43 million to support a small number of housing projects designed with and for people with mental health problems and learning disabilities and to learn from this to showcase good practice. A national forum on housing will be hosted in 2014.

21 A national liaison and diversion service

The government is introducing a Liaison and Diversion service at police interview and custody suites and courts to provide early assessment, support. Information about individuals' assessments will be shared with the court and will be taken into account in decisions about charging and sentencing. The service will be trialled in twenty areas over the next two years, evaluated, and rolled out swiftly thereafter. The government is also looking to change how people are treated post-sentencing, e.g. improving access to mental health treatment requirements.

22 Enhanced support to victims of crime

People with mental health problems are far more likely to be victims of crimes than perpetrators. The new Victim's Code which came into effect in December 2013 gives enhanced support to people with mental health problems in the criminal justice system, such as the right to ask to give testimony by video link. From October 2014 the majority of support for victims will be commissioned by local police and crime commissioners who can work with health and care commissioners to ensure a shared approach.

23 Support employers to help more people with mental health problems stay in or enter employment

NHS England is working with the Department for Work and Pensions to identify best practice for employers in recruitment, retention and support. PHE is carrying out a major programme of support for employers. From late 2014, the government is introducing a new health and work service to provide advice to employers, and assessment and support for employees who have been on sickness absence for four weeks to help them back to work.

24 New approaches to help people with mental health problems move into work and support them when unable to work

Psychological Wellbeing and Work: Improving Service Provision and Outcomes – research commissioned by DH and DWP – made a number of proposals which the Government is considering developing into pilots focusing on better integration between employment and health services. Initiatives may include developing the link between psychological therapies and employment support, resilience building in people out of work, and access to work and wellbeing assessments online, by phone and face to face. These will complement existing programmes such as Access to Work and Work Choice.

25 Stamping out discrimination

The report expresses the intention to 'continually challenge' and 'ultimately remove' stigma and discrimination. It points to the Time to Change campaign led by Mind and Rethink Mental Illness which aims to change public attitudes, and has already reached 29 million people. It describes research into the impact of the Equality Act 2010 which shows people with mental health problems are already experiencing less discrimination from friends, family and in society. The government wants all departments and NHS organisations to sign the Time to Change pledge.

Comment

This report is a useful update on significant developments such as the Crisis Care Concordat. It emphasises the government's intention for parity between mental and physical healthcare as set out in the NHS Mandate. It was signed off by the Deputy Prime Minister and the Secretary of State for Care and Support, perhaps emphasising the particular support for this policy from the Liberal Democrat part of the coalition.

As the document was published, a row was taking place about the decision by NHS England and Monitor to reduce the tariff for mental health and community trust services by 20 percent more than that for acute providers in 2014-15, in effect requiring a fifth higher savings; this was on the basis that implementing the Francis report did not apply to these providers. Health Service Journal (HSJ) reports that a coalition of organisations – the Mental Health Network, NHS Confederation and Foundation Trust Network – appealed to Jeremy Hunt, but no change has been made. HSJ understands that some may be considering whether to apply for a judicial review on the grounds that this breaches the Government's parity of esteem policy.

Care and Support Minister Norman Lamb has said he is 'appalled' by NHS England and Monitor's decision, and that trusts' draft budgets will be scrutinised by Government, with action taken if there was evidence that mental health finances were suffering unduly. NHS England has pointed to the need for better financial, activity and performance data in mental health which is being addressed by the 'information revolution' – one of the 25 priority areas. The clinical director for mental health warned providers against disinvestment in intensive clinical teams and pointed to major investment by NHS England in training CCG mental health leads to roll out parity of esteem.

The dispute rumbled on through February with NHS Board member Lord Adebowale expressing the view that the decision was 'astonishing' and 'unacceptable'. NHS England and Monitor issued a joint statement saying that commissioners and providers are able to negotiate and agree local prices under [the national payment system guidance](#) published in December. The Mental Health Network has countered by claiming that 'the starting point for local negotiations will be a differential'.

A further dispute took place in the House of Lords about the government's decision to stop the annual survey of mental health spending. Opposition representatives said the survey showed the proportion of NHS spending on mental health had fallen for two years, and that it was being scrapped because it revealed cuts. The government said that the survey had been stopped in 2012 to 'reduce bureaucracy' and that NHS England will publish data on mental health spending in 2012-13.

Establishing national *mandatory* tariff-based pricing has been a long and difficult process in mental health. This was due to be introduced in April 2014, but has been paused by Monitor due to problems with data quality and different stages of readiness in applying the cluster model across the country. The current system of national tariff and local negotiation will continue as data quality and work to link the tariff to outcomes improves; only then will a decision be made on whether setting national prices in mental health will be appropriate in the longer term.

Closing the Gap refers to basing future payment systems on outcomes and quality rather than activity, which are laudable aims. It would seem though that plans to target funding at providers delivering the most successful outcomes are unlikely to be achieved in the near future.

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