Centre for
Mental Health

The NHS Long Term Plan

What does it mean for mental health?

Introduction

The NHS Long Term Plan was published on 7 January 2019 setting out NHS England's priorities for the next decade and identifying the ways in which it will make use of the long-term funding settlement that was agreed by the Government in July 2018.

The Plan has profound implications for the whole of the NHS and for the nation's health. It not only determines how the additional funds earmarked for the NHS will be spent but how the NHS will be organised in the next ten years, what its priorities will be and how it will go about achieving its objectives.

The Plan also has major implications for the nation's mental health and the future of mental health services. Coming out almost three years on from the *Five Year Forward View for Mental Health*, it both overlaps with and will eventually succeed it. Many of its pledges expand on the recommendations of the Five Year

Forward View and other existing mental health policies and strategies.

The Plan's implications for mental health cover a range of areas. There are specific proposals for both children's mental health and for adults. There are proposals for other health services that interact with mental health. And there are proposals for system change and workforce development that will have an impact on mental health.

This briefing provides an initial analysis of the key components of the Plan in relation to mental health and what implications they might have.

The Plan will be followed by a number of further documents setting out how it will be implemented: most notably on the development of the workforce required to put its proposals into practice.

The big picture

The Plan sets out what it describes as a 'new service model for the 21st century' with three over-arching principles, stating that "the NHS will increasingly be:

- More joined up and coordinated in its care...to support the increasing number of people with long-term health conditions...

- More proactive in the services it provides...with the move to 'population health management'...

- More differentiated in its support offer to individuals...to take more control of how they manage their physical and mental wellbeing" (p12).

These principles have, to some extent, been heard many times before, but as they are developed in the Plan they have some profound implications for the way the NHS is organised and its relationships with its partners. This includes a strong message about the potential benefits of legislation to reform key aspects of the 2012 Health and Social Care Act (for example its encouragement of competition between organisations) and a suggestion that the current division of labour between the NHS and public health in local government may need to be revised.

For people with mental health difficulties, these principles – if delivered on – could bring significant benefits. At least half of people with a mental health condition also have at least one long-term physical illness, and many have multiple and complex needs that current systems struggle to meet (Naylor *et al.*, 2012). A health and care system that sought to meet

people's needs more holistically, that aimed to act early to prevent problems from escalating, and that offered genuinely personalised support would offer a very different experience to that which many people with mental health difficulties encounter today.

As a first step towards embedding these principles, the Plan commits that by 2021 all local health economies will become Integrated Care Systems (ICSs). Already established in a small number of places, ICSs are described in the Plan as bringing "together local organisations to redesign care and improve population health" and creating "a practical and pragmatic way of delivering the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care" (p29).

Within the NHS, at least, an ICS brings providers of different health services closer together and blurs the boundary between them and commissioners of services. In most areas, ICSs have retained the geographical areas assigned to Sustainability and Transformation Partnerships (STPs) in 2016 – though some have been established on smaller footprints (Charles *et al.*, 2018). How ICSs and STPs relate to local government has been more problematic in many areas, and their links with other public services are also yet to be developed. For ICSs to bring about significant changes to mental health support, these issues need to be resolved and genuinely equal partnerships created to ensure that public health, social care, housing and other relevant services are at the heart of these arrangements, not on the sidelines.

Primary and community health services

The Plan makes a commitment that "for the first time in the history of the NHS...real terms funding for primary and community health services is guaranteed to grow faster than the rising NHS budget overall" (p14). This will increasingly take the shape of "expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices" (p14).

These teams and networks were first introduced at scale through the New Models of Care 'Vanguards' programme and expanded following the creation of Sustainability and Transformation Partnerships nationwide in 2016. An analysis of the initial 'Vanguard' sites found that very few had explicitly included mental health support within the 'integrated' teams despite their stated aim of supporting people with the most complex, multiple needs (Naylor *et al.*, 2017).

As these networks and teams grow and become established nationwide, it is therefore essential that the opportunity is grasped to embed mental health support within them and ensure that they meet the needs of people with mental health difficulties, particularly those also living with physical health problems. Those that take the opportunity can begin to implement collaborative care approaches to mental and physical health (Naylor *et al.*, 2012) and potentially meet the needs of people who currently do not get adequate help from either primary or secondary mental health services. A wide range of approaches to primary mental health care is already in place in many local areas but many struggle to sustain funding or work within the constraints of existing payment and accountability systems (Newbigging *et al.*, 2018).

Personalisation, prevention and social prescribing

A theme that recurs throughout the Plan is the imperative to enable people to look after their own health more effectively. The NHS's role is conceived as being not just to treat illness but to support people to live healthily, with a particular focus on helping people with long-term conditions to self-manage and preventing emerging problems from worsening. While there is nothing new about this, its emphasis in the Plan is pronounced, with pledges about scaling up the use of personal health budgets and extending access to social prescribing through the appointment of link workers (p25).

The Plan makes a number of significant new proposals under the heading of 'prevention'. These include the provision of smoking cessation support for new mothers and their partners and "a new universal smoking cessation offer…for long-term users of specialist mental health, and in learning disability services" (p35). The former's significance to mental health relates to evidence of an association between maternal smoking during pregnancy and poor mental health during childhood (Gutman *et al.*, 2018). And the latter is a major step forward in tackling the 15-20 year mortality gap for people with a severe mental illness, 40 per cent of whom smoke (more than twice the average) (Szatkowski *et al.*, 2015).

The Plan pledges targeted weight management support for some people with a high BMI and to double funding for the NHS Diabetes Prevention Programme (p39). Neither of these proposals specifically mentions people with mental health difficulties, yet recently published data suggests that people on GP 'severe mental illness' registers are up to three times more likely than average to have diabetes and that physical health problems tend to happen far earlier in life for this group (National Mental Health Intelligence Network, 2018). It will therefore be essential that these programmes seek proactively and appropriately to support people with a mental illness.

Likewise, the Plan makes a number of proposals to expand cancer screening services (p60). There is evidence that people with a mental illness are less likely to access cancer screening services, so as these grow it is vital that specific efforts are made to ensure equal access.

The Plan proposes to expand the provision of Alcohol Care Teams in hospitals with high levels of alcohol-dependence admissions (p40). These teams will need to establish effective links with mental health services and with local authority alcohol treatment services if they are to meet people's needs effectively and bridge the gap that leaves too many people with inadequate help (Institute for Alcohol Studies and Centre for Mental Health, 2018).

In addition, the Plan seeks to build on progress made through the *Five Year Forward View for Mental Health* in offering physical health checks to people using mental health services by expanding this further (p41). It pledges to invest in specialist mental health provision for people who are rough sleeping (p42). And it proposes to expand specialist clinics for people with serious gambling problems (p43).

Children, young people and young adults

The Plan focuses considerable attention on the need to scale up and improve mental health support for children, young people and young adults. Many of the proposals in this section, most notably the creation of new mental health support teams in schools and colleges, are drawn from the Government's green paper *Transforming Children and Young People's Mental Health*. Specific proposals include plans for the expansion of community-based crisis services for children and young people (p50), for at least one-fifth of schools and colleges to have a mental health support team in place by the end of 2023, and for a feasibility test for a national access and waiting time standard for specialist services.

The Plan also seeks to address the perennial issue of transitions between child and adult mental health services by creating "a comprehensive offer for 0-25 year olds" (p51).

To ensure funding for these developments, the Plan pledges that funding for children and young people's mental health will rise faster than the average for the NHS and more than for mental health services for adults.

These are very significant proposals that should bring about a rise in the number of children and young people who are offered help for their mental health and reduce waiting times. Given evidence of a steady rise in the prevalence of poor mental health, particularly among young women, in the last decade (McManus *et al.*, 2018), and a much faster rise in help-seeking and referrals to specialist CAMHS (NHS Benchmarking, 2018) this will be essential.

But it is also crucial that support is offered to families, children and young people before difficulties become severe enough to need specialist help. These are predominantly commissioned by local authorities and schools, and often provided by voluntary and community organisations, Sure Start centres, youth services and others. They also need sufficient and sustainable funding to offer effective help that prevents problems from arising or from escalating to crisis point.

Adult mental health services

The Plan also makes a number of very significant pledges about mental health services for adults. These include:

- Expanding the availability of specialist perinatal mental health services, from preconception to two years after birth, and extending support to their partners if they need it

- A further expansion in the Improving Access to Psychological Therapies (IAPT) programme, particularly for people with long-term physical conditions

- Testing a four-week waiting time target for community mental health teams

- Developing "a new community-based offer [which] 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 misuse" (p69)

- Building on the current expansion of crisis care, "ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone" (p70) including nationwide use of the NHS 111 line, 24/7 community support, alternatives to admissions (such as crisis houses and sanctuaries) and improved ambulance services

- Designing a "new Mental Health Safety Improvement Programme" to prevent suicide in inpatient units and offer support for people bereaved by suicide (p72)

The Appendix to the Plan gives extra detail on some specific areas of mental health support. It sets out plans to expand further the availability of employment services using the evidence-based Individual Placement and Support (IPS) approach to help another 35,000 people who have "a personal goal to find and retain employment" by 2023/24 (p117). It makes pledges to improve mental health support

in the criminal justice system, including improved continuity of care for people entering or leaving prison, supporting Community Service Treatment Requirements for people who might otherwise get a prison sentence, and providing trauma-informed services for children in the youth justice system (p118). And it pledges to provide holistic support to people leaving care and to veterans leaving the Armed Forces (p119).

This is a major reform programme: partly building on extending the *Five Year Forward View for Mental Health* but also focusing on some new areas. The Plan's emphasis on primary and community mental health services in particular is a departure from most previous strategies' main focus on more specialised services. It recognises that investment in 'core' community services is essential for people to get consistent, ongoing help. Achieving this, however, will need investment in effective models of primary

as well as secondary care (Newbigging *et al.*, 2018), with a very significant role for social care and social work – and beyond that a range of other local authority services, not least housing support (Trewin, 2017).

The Plan notes that all of its pledges are based on the assumption that the forthcoming funding settlement for adult social care will "not impose any additional pressure on the NHS over the coming five years" (p31). It speaks about the importance of partnership working and pledges to "support local approaches to blending health and social care budgets" (p32). Beyond that, it provides little detail about how social care services will interact with the NHS, at least in relation to mental health. While this is inevitably contingent on wider political developments, the invisibility of social care in the Plan risks repeating the experience of previous strategies, including the *Five Year Forward View for Mental Health*, of taking insufficient account of its importance.

Workforce

Throughout the Plan, there is an acknowledgement that spending plans on their own will not guarantee that its promises can be met. The workforce is crucial. As with some previous strategies, including the *Five Year Forward View for Mental Health*, a more detailed workforce plan is promised later in the year. Nonetheless, the Plan identifies areas of focus with regard to the workforce for the NHS to help it to achieve its aims. These include increasing the accessibility of training, with a particular focus on mature students, who are disproportionately represented among those undertaking mental health nurse training (p83). It also looks at making greater use of apprenticeship schemes for a range of jobs in the NHS, and at growing the medical workforce (with a particular focus on general practice).

The Plan also acknowledges the importance of supporting the existing NHS workforce. It particularly pledges to "shape a modern employment culture for the NHS – promoting flexibility, wellbeing and career development, and redoubling our efforts

to address discrimination, violence, bullying and harassment" (p86) and to expand the Practitioner Health Programme for doctors seeking mental health support (p87). It also commits to improve staff health and wellbeing, to extend the Workforce Race Equality Standard up to 2025, and to develop an equivalent for disability to make the NHS "a model employer" (p86).

Research by Centre for Mental Health and others has identified the need for far-reaching changes to the way the mental health workforce in particular is recruited, trained, developed, supported and managed (Durcan *et al.*, 2017). New and growing roles such as peer supporters, link workers and employment specialists offer opportunities to reach out to more people to work in mental health and to create different career options for people already working in the NHS. A long-term vision for the workforce is essential if we are to attract, train and develop the people we need for the future now. And at every stage, every NHS organisation at every level needs to give unwavering attention to the wellbeing of its workforce.

Money

The Plan makes a clear commitment to increase funding for mental health services and to ensure that local NHS commissioners are held to account for achieving this.

It also sets out proposed changes to the way service providers are paid for the work they do. For many years, differences between the way mental and physical health services are paid have been noted to disadvantage the former (because they predominantly get a 'block contract' for a whole service rather than 'episodic' payments for individual activities). As a result, national bodies have sought to change the ways mental health services are paid for, but have yet to move away decisively from block contracts.

The Plan makes no mention of how this will develop in the next ten years. However, it proposes more generally across the NHS to "move funding away from activity based payments and ensure a majority of funding is population-based" (p101). This could mean that we move closer to a system where mental and physical health services are paid for much more similarly and where the current bias is therefore (at least partially) removed.

At the same time, the Plan also seeks to ensure that NHS funds are spent wisely and efficiently. This includes tackling 'unacceptable variation' in the time staff spend with service users in mental health and community services (picking up the recommendations of Lord Carter's review of productivity in these services, 2018) and extending the Getting It Right First Time (GIRFT) programme, which has recently begun in mental health services with a focus on reducing long stays in out of area 'locked rehabilitation' hospital beds (see https://gettingitrightfirsttime.co.uk/medical-specialties/mental-health/).

Perhaps inevitably, the Plan signals an intention also to reduce 'administrative costs' (by £700 million in total in five years), for example by "simplifying costly and overly bureaucratic contracting processes" (p106).

Public health

Building on the pledges on prevention, the Plan notes that while the NHS "cannot be a substitute for...local government" many services commissioned by public health services are provided by NHS organisations. It will therefore "consider whether there is a stronger role for the NHS in commissioning sexual health services, health visitors and school nurses" (p33) though notably does not mention substance misuse services in this regard.

This statement has raised understandable concerns about the future of public health within local government. Health visiting, school nursing and drug and alcohol services all have pivotal roles in relation to mental health but do not always have strong links with mental health services. Yet while reductions in funding have placed enormous pressure on public health budgets, many have found local government fertile ground for tackling the determinants and mental and physical health and influencing beyond the health and social care system (for example in housing, community safety and economic development) (Bell, 2016).

As one local authority chief executive noted in response to the Plan:

"By definition [the NHS] can only take a limited view of the potential to improve public health. The big prize in public health is the ability to address wider social determinants of health and reduce inequalities... With responsibilities over education, economic development, housing and social care – among others – local government is best placed to improve outcomes across the spectrum for communities."

(Paul Najsarek, Policy Spokesperson on Community Wellbeing, Society of Local Authority Chief Executives & Senior Managers, and Chief Executive, Ealing LBC)

In setting out the next steps for creating Integrated Care Systems, the Plan notes that local areas will "be expected to engage with their local communities and delivery partners in developing plans...based on a comprehensive assessment of population need" (p110). Public health teams will need to be at the heart of this process.

What next?

The NHS Long Term Plan sets out an ambitious agenda for health services in England for the next decade. It offers a vision for the ways NHS England wants health services to develop and provides a lot of specific pledges about how that will be achieved. Many of those, in the nature of a ten-year plan, will take some time to materialise.

Setting strategies of this scope and magnitude is no easy task. If it makes more promises than the NHS can deliver, it will inevitably fall short and become discredited. If it promises too little, opportunities to make a difference will be missed and it will lose momentum. The Long Term Plan will hope to have found a mid-point that makes it both achievable and worth achieving.

The establishment of new access and waiting time targets for a wider range of mental health services will be an important litmus test. While such targets are often derided as blunt instruments which risk distorting clinical priorities or elevating speed of access over quality of care, they have also been shown to make a significant and positive impact on spending decisions and clinical practice in the areas they cover (Centre for Mental Health, 2016). If they really can bring about faster access to high quality care, they could help to bring 'parity' for mental health a step closer. If they do not make a measurable difference, or they are seen to have a negative impact, they will quickly lose credibility and an important opportunity to create a level playing field will have been missed. The Plan's suggestion that these be tested at a smaller scale before being extended nationally may in that sense be a wise decision.

By the standards of any previous overall NHS strategy, the Long Term Plan gives a high profile to mental health services and makes a large number of promises for what it will do in the next ten years. There are, of course, gaps and some areas of the Plan are as yet undeveloped, with further guidance to come. For those working in and alongside the NHS, bringing about the proposed changes to both child and adult mental health services will be a challenge. It will require the newly established Integrated Care Systems in particular to have a clear focus on mental health and its relationships with their wider health and care systems.

The major limitation in the Plan would appear to be its exclusivity to the NHS. Without social care or public health in particular, it misses out on significant parts of the health and care system without which it cannot possibly fulfil its potential. Putting its principles into practice will depend on health and local government, commissioners and providers alike, and their many partners, pooling resources and sovereignty, and collectively being prepared to cede power to the people and communities they seek to serve. This coming together will only work if it is on an equal, mutual basis.

The biggest uncertainty, meanwhile, is likely to be about the system's ability to attract and keep the workforce it needs to make the Plan work on the ground. The subsequent workforce plan will offer more detail about this, but it is likely to require a significant amount of creativity and flexibility to build and sustain the workforce the NHS and its partners will need to meet its commitments long-term.

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