

# Seeking contributions to the Mental Health Taskforce: A Five Year Strategy for Mental Health

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# NHS Five Year Forward View

“Over the next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together...we have a much wider ambition to achieve genuine parity of esteem between physical and mental health by 2020.”

NHS 2014



# How this work will get done

- By bringing together lived experience, professionals and people across the NHS
- Co-production of approach
- All ages
- Equalities issues
- Not reinventing the wheel but building on the rich evidence base that already exists
- Looking at finances as well to make best use of existing resources and identify where people's needs are not being met or could be met better



# Purpose

- Create a new five-year all age “life course” NHS England strategy for mental health to 2020, aligned to the Five Year Forward View (FYFV), with a focus on reducing inequalities

In this context, life course means meeting the needs of people wherever they are at in their life experience. This includes:

- Pregnancy, children and young people
  - Living well (adults)
  - Older people
- Terms of Reference agreed with Simon Stevens, Chief Executive of NHS England
  - Strategy to be published in summer of 2015



# Formal membership

- Representatives from 'arms-length bodies' responsible for aspects of health and support;
- Organisations and individuals representing lived experience of mental health problems and key groups such as children and older people;
- Some of the organisations playing a key role in delivery, such as professional bodies.



# Taskforce member organisations

- The voice of lived experience and voluntary organisations – Jacqui Dyer, Mind, NSUN, Young Minds, Age UK, Rethink Mental Illness
- Professional expertise – National Clinical Directors of NHS England, Royal College of GPs, Royal College of Nursing, Royal College of Psychiatrists, British Psychological Society, CCGs, NHS Confederation's Mental Health Network, College of Social Work, Derbyshire Healthcare Foundation Trust (Vanguard)
- System partners – Department of Health, Monitor, Health Education England, Public Health England, Care Quality Commission, Trust Development Authority, Local Government Association



# The approach

- Identifying priority outcomes within NHS-funded and NHS-commissioned services which will seriously turn mental health outcomes around for the people of England
- Agree a set of priority outcomes for delivery by 2020
- Address the aspects of mental health and wellbeing which need to see the most improvement
- Milestones for every year of the strategy

Priority outcomes will be based on what people tell us (public, people with lived experience, carers, professionals, organisations) as well as available evidence, data and existing policy developments.



# The NHS can't do it alone

- People have a range of needs which ought to be supported in order to meaningfully improve life experiences and outcomes.
- This includes housing, social support, education, welfare, justice and employment.
- The strategy needs to identify which organisations / people / services need to be working together to deliver.
- It is important to identify these 'dependencies' for life areas and experiences linked with NHS-funded and NHS-commissioned services.



# Between now and mid May...

Between now and the 17 May:

- Set initial priority outcomes within the Five Year Forward View context, targeting inequalities and mapping dependencies with other life areas
- Get as many people and organisations as possible to share their priorities with me
- Begin to map year-on-year milestones and measurable objectives



# Between mid May and end June...

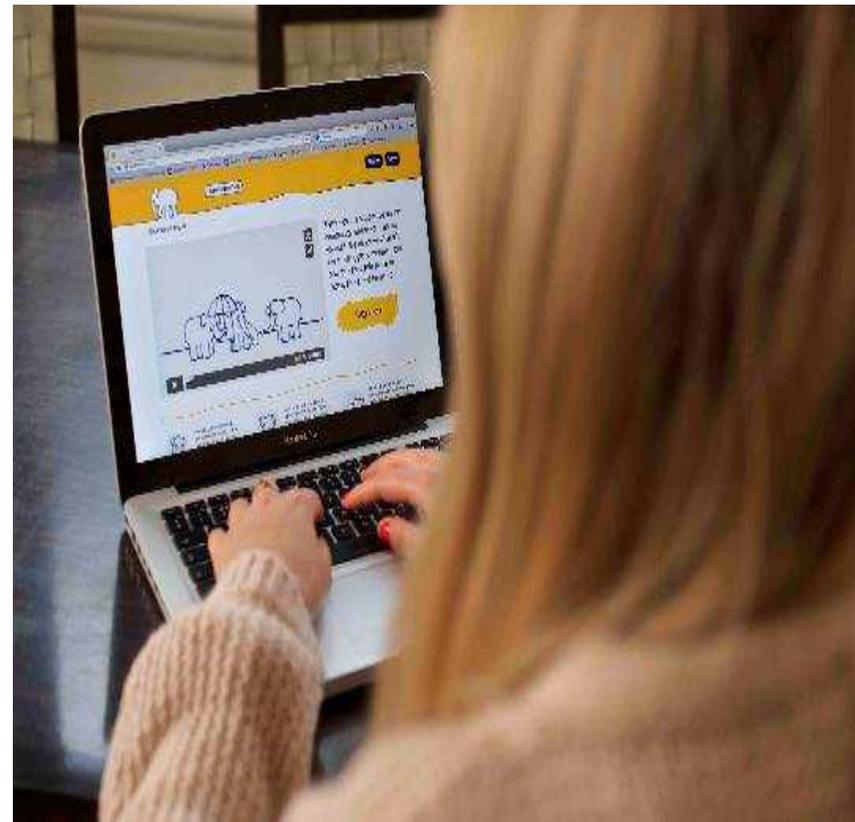
Between 17 May and 30 June:

- Work with national system partners to agree year-on-year milestones for delivery
- Identify and agree national methods and levers for priority outcomes (leadership, quality, workforce, data, finance, commissioning)
- Discuss priorities and the 'how to' in communities across England
- Map evidence base for proposed changes



# How can you contribute?

- Discuss core questions at planned meetings, workshops, conferences or other events – summarising and sharing key points or conclusions on priorities and email it in
- Submit sources of important information for consideration e.g. a method of mental health support that is exceptionally effective and innovative
- Share written evidence
- All of this needs to be sent to [england.mhtaskforce@nhs.net](mailto:england.mhtaskforce@nhs.net)
- Spread online survey [www.surveymonkey.com/s/mh2020](http://www.surveymonkey.com/s/mh2020)



# Six key questions to answer

1. What are the 3 priority outcomes i.e. overarching ambitions for change you want to see in the way that the NHS provides mental health support – and why?
2. What, specifically, would need to be different by 2020? (Considering age groups, inequalities and varying mental health needs?)
3. How would you measure this change?

## 4. What does each priority outcome mean for different groups?

In this context, this means measurable objectives for each of:

- Groups affected by inequality of access and outcome e.g. BME
- Pregnant women, children, young people, adults, older people, black and minority ethnic groups and people with multiple needs
- Whole population (prevention), “one in four” (mild or moderate mental health problems), “one in fifty” (severe mental illness), “when needs collide” (long term conditions and disability”), “when needs are intensive and ongoing” (complex)



## 5. What is achievable in each year?

In this context, this is practical milestones, year-on-year, which would help achieve priority outcomes by 2020.

This includes leadership, quality, integrated approaches to care, workforce development, data, commissioning, co-production, payment and pricing, research, digital, monitoring and reporting.



6. Do you know of examples of mental health support which is delivered in the way you have described your priorities?

- What is the support and who is it aimed at?
- What makes it particularly effective and what impact does it have on mental health?
- What evidence is there, if any, about the cost benefits of this approach?



# Survey questions on a page

1. What are the 3 priority outcomes i.e. overarching ambitions for change you want to see in the way that the NHS provides mental health support – and why?
2. What, specifically, would need to be different by 2020, particularly for different age groups and to address inequalities?
3. How would you measure this?
4. What does each priority outcome mean for different groups?
  - Groups affected by inequality of access and outcome e.g. BME
  - Pregnant women, children, young people, adults, older people, black and minority ethnic groups and people with multiple needs.
  - Whole population (prevention), “one in four” (mild or moderate mental health problems), “one in fifty” (severe mental illness), “when needs collide” (long term conditions and disability”), “complex” (intensive and ongoing”
5. What is achievable in each year? In this context, this is practical milestones, year-on-year, which would help achieve priority outcomes by 2020. This includes leadership, quality, integrated approaches to care, workforce development, data, commissioning, co-production, payment and pricing, research, digital, monitoring and reporting.
6. Do you know of examples of mental health support which is delivered in the way you have described your priorities?

Email to: [england.mhtaskforce@nhs.net](mailto:england.mhtaskforce@nhs.net)



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w: [mind.org.uk](http://mind.org.uk) for general information

