

The NHS Long Term Plan - Mental Health

Published 16 January 2019

Following on from our article on the legislative changes set out within the NHS Long Term Plan, here we consider the impact of the [Plan](#) on mental health services.

The Plan identifies mental health as a core component in each of the broad delivery outcomes, notably: 'Making sure everyone gets the best start in life', 'Delivering world-class care for major health problems' and 'Supporting people to age well'. While the real impact will depend on delivery detail, some of the key commitments can be categorised as follows:

Funding:

| Commitment | Our View |
|--|--|
| <ul style="list-style-type: none"> A renewed commitment to grow investment in mental health services faster than the NHS budget overall for each of the next five years. Mental health will receive a growing share of the NHS budget, worth in real terms at least a further £2.3 billion a year by 2023/24. | <ul style="list-style-type: none"> An explosion in demand for mental health services generally, and children and young people's services specifically, mean that what appears to be a significant injection of resource may nonetheless fall well short of what is needed to meet demand and deliver the changes in service design. |
| <ul style="list-style-type: none"> A new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending, and 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 or college-based Mental Health Support Teams. | <ul style="list-style-type: none"> Many commentators have already identified that in the absence of a significant increase in qualified NHS staff, the commitments will be difficult to deliver. |

Children:

| Commitment | Our View |
|--|---|
| <ul style="list-style-type: none"> A single point of access through NHS 111 to ensure all children and young people experiencing crisis will be able to access crisis care 24/7. | <ul style="list-style-type: none"> Many areas already offer a single point of access, but this needs to be supported by available assessment, community, crisis and inpatient services that can respond appropriately in a crisis. Again the reality of resource allocation will be key. |
| <ul style="list-style-type: none"> Mental health support for children and young people in schools and colleges - rolled out to between one-fifth and a quarter of the country by the end of 2023. | <ul style="list-style-type: none"> While the involvement of the education sector in mental health support will be widely welcomed, we anticipate questions, if not resistance, from educational establishments if they are expected to deliver from existing staff and funding resource. Complex questions of expertise and integration will need to be addressed. |
| <ul style="list-style-type: none"> Extension of current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. The new model will deliver an integrated approach across health, social care, education and the voluntary sector. | |

Other priority areas:

| Commitment | Our View |
|---|--|
| <ul style="list-style-type: none"> ○ Focus on meeting the physical health needs of mental health patients. ○ Increased access to perinatal mental health care. | <ul style="list-style-type: none"> ○ Many of the priority areas can be seen as addressing the identified need to co-ordinate the management of acute and mental health needs pro-actively, preferably outside of hospital, in a way which reduces crisis intervention and improves the ability of those with mental illness to function and live positively in the community. |
| <ul style="list-style-type: none"> ○ A 24/7 community-based mental health crisis response by 2020/21. | |
| <ul style="list-style-type: none"> ○ A new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients. | <ul style="list-style-type: none"> ○ This builds on the Five Year Forward View for Mental Health and policy developments including the Transforming Care Programme. |
| <ul style="list-style-type: none"> ○ Additional support for people with severe mental illnesses to find and retain employment. | <ul style="list-style-type: none"> ○ Integration between a raft of agencies providing physical and mental health input, social care support, education and employment input and community services will be key to the success in delivery. |
| <ul style="list-style-type: none"> ○ Acceleration of the roll out of Personal Health Budgets in mental health services, for people with a LD and people receiving social care support. | <ul style="list-style-type: none"> ○ Again that integration will be heavily dependent on whether the resource commitments match the delivery aims. |
| <ul style="list-style-type: none"> ○ New and integrated models of primary and community mental health care for severe mental illness. The 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. Services will be resourced to offer intensive home treatment as an alternative to an acute inpatient admission. | |

In summary the plan represents the expected focus on the overlap between mental and physical healthcare, the crisis in children's services and the need to shift crisis and other support from hospitals to the community.

Again, the devil will be in the detail, as while the commitments and intentions will be widely welcomed, the resource allocation and service integration required to make them a reality will be a significant challenge.

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