

# Terms of reference

Mental Health Taskforce: A Five Year Strategy for Mental Health

## 1. Background

One in four people experience mental ill health in their lifetime. For those who do not directly have this experience, many of us know and care for people who do. Less than 30% of people currently access the support they need and for too many, the quality of care is variable and outcomes are inconsistent. While life expectancy has improved dramatically for most people with most conditions, there is a clear exception for people affected by severe mental illness, where people are at risk of dying on average twenty years prematurely from a lack of integrated physical and mental health care. Economically, costs to society and the NHS total £105 billion per year. Most importantly, the experiences and life outcomes of people affected by mental health problems are not improving at a pace or scale that we should expect in England today.

Fortunately, there is a rich evidence base for effective prevention and treatments, with the case for change well delineated<sup>1</sup>. Yet we continue to face challenges in developing and commissioning evidence-based services and a workforce with sufficient capacity and capability to deliver effective, compassionate and integrated care in the least restrictive settings.

*'No Health without mental health'* was published in 2012 by the Department of Health (DH), followed by the *'Crisis Concordat'* in 2013 with further commitments to improve access and waiting time standards as set out in the *'Achieving Better access to mental health services by 2020'* (DH and NHS England). *'Future in Mind'*, the report of the Children and Young People's Mental Health Taskforce was launched in March 2015. The Five Year Forward View describes a vision for improving outcomes for mental health on four fronts: better prevention; increased early access to effective treatments and crisis care; integration of care to reduce premature mortality; and new commissioning models. In light of the opportunities introduced by this vision, new funding for children and young people and evidence that outcomes remain variable, a new cross-system national strategy on mental health is needed to take us through to 2020.

## 2. Purpose

The Mental Health Taskforce is responsible for creating and publishing **a new five-year all age national strategy for mental health to 2020**, aligned to the Five Year Forward View (FYFV).

The Mental Health Taskforce will:

- oversee the publication of a new "life course" national mental health strategy published in the summer of 2015, which builds on recent policy
- address equality and human rights commitments relating to the mental health of our population
- take a collective approach to cross-system leadership in development of the strategy and propose robust approaches to implementation following publication
- make comprehensive recommendations on the mechanisms and data requirements to implement the mental health strategy and to monitor delivery and outcomes of it
- ensure that priorities, costs and benefits within the strategy are assessed
- identify strategic and directional risks and issues, and work to resolve these
- ensure that people with personal experience of mental health problems, their families and carers, and wider stakeholders are engaged appropriately and consistently in the delivery, monitoring and governance of the strategy.

## 3. Scope

The Taskforce will collaborate across its constituent membership to deliver improvements in access, outcomes and experience throughout the mental health pathway. This includes prevention, first contact with services, diagnosis, treatment, optimising quality of life and support for those living with complex and longer term mental health conditions - what is

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<sup>1</sup> London School of Economics and Political Science: 2011. 'How mental health loses out to physical health care'

described as “across the life course”. This includes at risk groups, including co-morbidity of mental health problems with long term conditions and dementia, and across equality strands.

The Taskforce will need to consider a range of enabling functions, including leadership, workforce development, research, intelligence, commissioning, finance, payment/pricing systems and levers, co-production with people with personal experience of mental ill health – as well as delivery, reporting and monitoring arrangements for the mental health strategy going forward. The strategy will be developed according to ambition and feasibility, setting out the work needed to improve mental health outcomes, including year on year deliverables as well as cost/benefit options for the pace of implementation.

#### 4. Interfaces and Key Functions

The Taskforce will be part of the governance structure for delivery of the FYFV. It will be responsible for making links with and ensuring alignment between a range of programmes and initiatives that will support improved access, outcomes and experience for people affected by mental health issues, their families and carers. It will include the following and other relevant programmes within the six Arms Length Bodies (ALBs):

- The national **Prevention Board** which is taking forward FYFV commitments on prevention
- The **Integrated Personal Commissioning** programme which is being trialled in national demonstrator sites in 2015/16 and bring together health and social care budgets for individuals.
- The **Models of Care** programme which is developing the new models of care outlined in the FYFV.
- The **National Information Board** which is focussed on the use of data and technology to transform outcomes for patients and citizens more effectively.
- Mental health Clinical Commissioning Group (CCG) leaders, Strategic Clinical Networks and mental health access and waits programme – which includes NHS England, Monitor and the Trust Development Agency.

#### 5. Roles and responsibilities

- The **Chair and Vice-Chair** are responsible for ensuring that the Taskforce operates in such a way as to deliver its key functions. The Chair will be Paul Farmer, the Chief Executive of Mind and the Vice-Chair is Jacqui Dyer, Expert by Experience.
- **Senior representatives** from other work programmes may be invited to advise, participate in decision making or contribute resources where there is a common purpose or objective.
- A **virtual secretariat** composed of representatives from NHS England, Mind, Rethink Mental Illness and the Mental Health Policy Group will be responsible for day-to-day development of the Taskforce’s outputs in support of the Co-Chairs.
- **NHS England** is responsible for ensuring that ALBs are engaged and committed to planning and delivering on the work of the Taskforce.

#### 6. Principles of engagement

- The Taskforce will produce a national 5-year mental health strategy for ‘The Six’ Chief Executive Board<sup>2</sup>, as set out in the scope above.
- Taskforce members will be expected to demonstrate and report on the wider engagement of their stakeholders / constituencies.
- The Taskforce will establish an expert reference group. From this group the Taskforce will establish task and finish groups to assist with the development and delivery of the strategy. This will include economic analysis, research and data, and equalities analysis.
- Task and finish groups will appropriately and meaningfully involve people with personal experience of mental ill health, families and carers.

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<sup>2</sup> The Six Chief Executive Board is comprised of NHS England, Health Education England, the Care Quality Commission, Public Health England, the Trust Development Authority and Monitor.

## 7. Membership

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| <b>Chair and Vice-Chair</b>                              | Paul Farmer, Chief Executive, MIND and Chair<br>Jacqui Dyer, Expert by Experience and Vice-Chair  |
| <b>NHS England</b>                                       | Dr. Geraldine Strathdee, National Clinical Director (Mental Health), Dr. Jackie Cornish, National Clinical Director (Children, Young people & Transitions), Dr. Alistair Burns, National Clinical Director (Dementia) |
| <b>Public Health England</b>                             | Senior representative to be confirmed   |
| <b>Health Education England</b>                          | Senior representative to be confirmed   |
| <b>Monitor</b>   | Senior representative to be confirmed   |
| <b>Care Quality Commission</b>                           | Senior representative to be confirmed   |
| <b>Trust Development Authority</b>                       | Senior representative to be confirmed   |
| <b>NHS Confederation, Mental Health Network</b>          | Stephen Dalton, Chief Executive   |
| <b>Derbyshire Healthcare Foundation Trust (Vanguard)</b> | Steve Trenchard, Chief Executive  |
| <b>NSUN</b>  | Sarah Yiannoullou, Managing Director  |
| <b>Young Minds</b>                                       | Sarah Brennan, Chief Executive  |
| <b>Rethink Mental Illness</b>                            | Mark Winstanley, Chief Executive  |
| <b>Age UK</b>  | Tom Wright, Chief Executive   |
| <b>Local Government Association</b>                      | Carolyn Downs, Chief Executive (or designate agreed with Chair)   |
| <b>Royal College of GPs</b>                              | Dr. Maureen Baker, Chair (or designate agreed with Chair)   |
| <b>Royal College of Psychiatrists</b>                    | Professor Sir Simon Wessely, President (or designate agreed with Chair)   |
| <b>Royal College of Nursing</b>                          | Peter Carter, Chief Executive   |
| <b>British Psychological Society</b>                     | Professor Jamie Hacker Hughes, President-Elect (or designate agreed with Chair)   |
| <b>CCG Mental Health leadership</b>                      | Dr. Philip Moore, Chair   |
| <b>Ex Officio</b>  | Lord Victor Adebowale, Non Executive Director, NHS England<br>Sarah McClinton, Director, Mental Health and Learning Disability, Department of Health  |