



HM Government

The Government's response to the Five Year Forward View for Mental Health

January 2017

Introduction

Irrespective of your age, income or background, the likelihood is that you or someone close to you has experienced mental illness. One in four of us, around 13 million people, will have a common diagnosable mental disorder in any given year. Below the age of 16, one in ten children suffers from a diagnosable condition, the equivalent of three pupils in every classroom. In addition, up to 20% of young people experience cyberbullying on social media, which in the worst cases can lead to anxiety and depression, a concern for at least 45% of parents.

In the last few years, public awareness of mental health and mental illness has grown significantly. We talk about mental health more openly. We understand mental illness better, and we have started to remove some of the stigma that has long surrounded it.

But we still have a lot more to do. As the Prime Minister has said, it is this Government's ambition to tackle the burning injustices that persist in our society, including the inequalities caused by poor mental health and the continued inability of many people to get the mental health treatment they need.

This report sets out the Government's response to the work of the Mental Health Taskforce, commissioned under the last Government. The Taskforce came at a critical juncture. Its report to NHS England, the *Five Year Forward View for Mental Health*¹ was a vital contribution to the national debate on mental health, providing an independent and far-reaching overview of what modern mental health services should be.

The Government is pleased to be able to accept the Taskforce report in full. These recommendations establish the basis for an ambitious programme for NHS mental health services as described in NHS England's *Implementing the Five Year Forward View for Mental Health*.² The Department of Health has already supported the delivery of this plan with additional investment of £1 billion a year by 2020/21 to improve mental health services. The Government will hold NHS England to account for the effective and efficient spending of that extra funding and the delivery of the Five Year Forward View for Mental Health.

But the Five Year Forward View for Mental Health set out a programme of reform beyond the NHS, extending across Government departments and Whitehall's arm's length bodies. This document is the formal response to those recommendations made to Government. It sets out a far-reaching programme of work to improve mental health

1 The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England. NHS England, February 2016
www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

2 Implementing the Five Year Forward View for Mental Health. NHS England, July 2016
www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

services and their links to other public services, and builds mental health prevention and response into the work of Government departments to improve the nation's mental health and reduce the impacts of mental illness.

These reforms will drive serious and sustained improvement in access to, perception of, and delivery of mental health services in this country. We want mental health services that are available 24/7 to people who need it, that are dedicated to helping people live well and be able to focus on managing their own mental health, in their homes and communities. The ambition is to deliver improvements in mental health that will lead to an additional one million people receiving high-quality care by 2020/21.

And alongside this report in January 2017, the Prime Minister announced plans to make further progress in relation to children and young people, employment, access to services, and righting the injustices people with mental health problems face. Because if we are to tackle the issues that many with mental health problems face, we must look beyond the NHS to schools, our universities, our workplaces and in our communities – and look to prevent mental illness in the first place. These steps include, for children and young people:

- Publishing a Green Paper on children and young people's mental health later this year, to contain new proposals for both improving services across the wider system and increasing focus on preventative activity across all delivery partners
- Supporting schools, colleges and local NHS services to work more closely together to provide dedicated children and young people's mental health services, by evaluating emerging models and approaches, to explore the impact closer working can have. We will support this by funding the provision of mental health first aid training for teachers in secondary schools
- Launching a programme of pilot activity on peer support for young people with their mental wellbeing. The pilots will test the provision of well-trained mentors within a comprehensive support structure in schools, colleges and community settings, as well as online support and resources, to help identify issues and prevent them from escalating
- A programme of randomised control trials of promising preventative programmes, to test three different approaches to mental health promotion and the prevention of mental health illness. The results of these trials will help to give schools the information they need in deciding which programmes are most effective for their pupils
- Requesting that the Care Quality Commission undertakes an in depth thematic review of children and young people's mental health services in 2017/18 – the first of its kind.

As well as this, for adults and the wider system:

- NHS England will expand its delivery of digitally enabled mental health services
- We will examine the best way for employers to register their commitment to the mental health of staff, and undertake a review of how people with mental ill-health in the workplace might suffer discrimination

- The Government will, with the organisation Money and Mental Health, undertake a review of the process through which people in debt inform creditors about their mental health
- The Government will also extend the current improving places of safety programme, with a further investment of up to £15m, to improve access to health based places of safety and provide and promote new models of community based care for people in mental health crisis.

But even with these additional steps, there is still a great deal left to do. Because despite good work in recent years, mental health remains the poor cousin of physical health. People are not encouraged and supported to stay mentally healthy and when people's mental health deteriorates they are not always seeking the support they need early on, at the point that conditions can be better managed and the possibility of a good recovery outcome is higher. In spite of increased investment and better diagnosis, mental illness is getting worse, not better. Rates of suicide, self-harm and depression are worryingly high and demand on services is growing. While stigma is falling away, it continues to exist, preventing vulnerable people in need of support and care from receiving the help they need.

All this needs to change. This means many organisations playing their part, from the NHS to the education system, employers to tech and social media companies. In responding to the NHS Taskforce, setting out the detail of what Government is doing and will do to take forward its recommendations, this report represents another important step in achieving change.

Recommendations for Government

The Mental Health Taskforce was chaired by Paul Farmer, Chief Executive of Mind, and the vice chair was Jacqui Dyer who is both a carer and an expert-by-experience. The Taskforce membership included representatives from the Department of Health, NHS England, Public Health England, Health Education England, the Care Quality Commission and NHS Improvement. Professional bodies and the voluntary sector were also represented. Tasked to produce a new “life course” national mental health strategy, its report *the Five Year Forward View for Mental Health*³ was published in February 2016.

The Taskforce report document made 58 recommendations in total, for NHS England, Public Health England, NHS Improvement, Health Education England and for Government. The responses for those recommendations made to NHS England can be found in *Implementing the Five Year Forward View for Mental Health*.⁴

Those recommendations made to Government, including some for which responsibility is shared with NHS England and Arm's Length Bodies, are all included in this document, which discusses our responses to each of them in turn.

We are also committed to delivering the vision set out in the report *Future in Mind*, published in March 2015, that established a clear and powerful consensus about change across the whole system for children and young people's mental health, including health, justice, social care and education. Children want to grow up to be confident and resilient, supported to fulfil their goals and ambitions. So we are placing an emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention, looking at how we can do more upstream to prevent mental health problems before they arise.

Recommendation No 1: NHS England should continue to work with Health Education England (HEE), Public Health England (PHE), Government and other key partners to resource and implement *Future in Mind*, building on the 2015/16 Local Transformation Plans and going further to drive system-wide transformation of the local offer to children and young people so that we secure measurable improvements in their mental health within the next four years. This must include helping 70,000 more children and young people to access high quality mental health care when they need it. The CYP Local Transformation Plans should be refreshed and integrated into the forthcoming Sustainability and Transformation Plans (STPs), which cover all health and care in the local geography, and should

3 The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England. NHS England, February 2016
www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

4 *Implementing the Five Year Forward View for Mental Health*. NHS England, July 2016
www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

include evidence about how local areas are ensuring a joined up approach that is consistent with the existing statutory framework for children and young people.

Response: The Government accepts this recommendation.

Children and young people's mental health and wellbeing is a priority for this Government. The Government is committed to working with key partners to deliver an ambitious five year programme of system wide transformation backed by a significant additional £1.4bn that the Government is making available over the course of this Parliament – to secure the improvements in access to the high quality mental health care for children and young people Future in Mind envisaged and the Five Year Forward View for Mental Health endorsed.

In 2015/16, 123 Local Transformation Plans (LTPs) covering all 209 CCGs were developed setting out how local agencies will work together to improve children and young people's mental health across the full spectrum of need. All local areas are refreshing and republishing their LTPs integrating these with the new Sustainability and Transformation Plans (STPs) for 2016/17. LTPs will continue to be refreshed annually in line with business planning cycles and subject to rigorous assurance processes by NHS England. These include reporting on the spend on children and young people's mental health and on children and young people's eating disorders.

In addition we are looking at how best to improve the mental health provision in our schools through:

- Making Mental Health First Aid training available to all secondary schools, aiming to have trained at least one teacher in every secondary school by 2019
- Evaluating promising preventative programmes for use in schools
- Launching a pilot programme of peer support in education and community settings and online
- Extending the Department for Education's existing single point of contact joint training pilot to cover around 1,200 more schools and colleges in an additional 20 areas.

The Department of Health and Department for Education, together with NHS England, will jointly develop and produce a Green Paper on children and young people's mental health later this year, to include new proposals for both improving services and increasing focus on preventative activity across all delivery partners.

A strong and dynamic workforce will be critical for the delivery of Future in Mind. The Health Education England Workforce Strategy due to be published in early 2017 will support this. By 2020/21, at least 1,700 more therapists and supervisors will need to be trained and employed to meet additional demand, and the strategy will also outline actions needed to improve retention of existing staff.

In addition to these new therapists, all localities should work with the existing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme to

deliver post-graduate training in specific therapies, leading to at least 3,400 existing children and young people's mental health service staff being trained by 2020/21.

We have also introduced the first access and waiting time standard for people experiencing a first episode of psychosis, which came into effect in April 2016 and apply to children and young people aged 14 or over. The standard states that more than 50% of all people experiencing a first episode of psychosis should commence NICE-concordant treatment within two weeks of referral.

We are exceeding the target, for example in October 2016 76.6% of people started treatment within 2 weeks.

New access and waiting times standards for children and young people with an eating disorder were published by NHS England in August 2015, and will come into force in April 2017. The target is that children and young people referred routinely to services should be seen within four weeks, and those referred for urgent help should be seen within one week. 95% of those in need should receive treatment in accordance with the standards by 2020/21.

Recommendation No 3: The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by the end of 2017, reviewed annually thereafter and supported by new investment.

Response: The Government accepts this recommendation.

A survey by the All Party Parliamentary Group on Suicide Prevention, published in January 2015, highlighted that 30 percent of local areas do not have suicide prevention plans and 40 percent do not have multi-agency suicide prevention groups.

The Department of Health is working with Public Health England and local authorities to ensure that every local area has a multi-agency suicide prevention plan in place by 2017. To date, we have worked with local authorities to improve this position and a survey by Public Health England in 2016 showed that 95 percent of local authorities now have a multi-agency suicide prevention action plan in place or in development. We have published further information using a national map today.

Public Health England published refreshed guidance to local authorities to support development of local plans in October 2016, supported by a series of regional guidance masterclasses. In addition, the Secretary of State for Health wrote to every local authority chief executive in October to encourage them to develop clear and robust plans.

The Department of Health is leading work during 2017 to ensure that each local plan is quality assured and reflects best practice. They will each be reviewed annually.

The Department of Health has published a progress report on the cross-Government suicide prevention strategy alongside this document, which sets out the ways in which we are strengthening the strategy in key areas for action and how we are delivering the

recommendations of the Five Year Forward View for Mental Health and the recommendations of the interim report by the Health Select Committee inquiry into suicide prevention.

Recommendation No 4: The Cabinet Office should ensure that the new fund of up to £30 million for outcome-based interventions to tackle alcoholism and drug addiction through proven approaches requires local areas to demonstrate how they will integrate assessment, care and support for people with co-morbid substance misuse and mental health problems. It should also be clear about the funding contribution required from local commissioners to pay for the outcomes that are being sought.

Response: The Government accepts this recommendation.

The fund launched in July 2016 and included a call out for social impact bond (SIB) proposals linked to drug and alcohol dependency. £30m will be available for SIBs tackling addiction. The fund application requires all applicants to provide details of the financial contribution that will be made by local commissioners. A notional contribution rate of 20% from the fund to each SIB has been set, although it has been made clear that this could be increased if a strong case can be made for a higher contribution from central government. Public Health England and NHS England will be invited to sit on the expert panel to assess full applications in 2017 to ensure each proposal can demonstrate the integration of assessment, care and support for people with both substance dependency and mental health issues.

Recommendation No 5: By 2020/21, NHS England and the Joint Unit for Work and Health should ensure that up to 29,000 more people per year living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and doubling the reach of Individual Placement and Support (IPS). The Department for Work and Pensions should also invest to ensure that qualified employment advisers are fully integrated into expanded psychological therapies services.

Response: The Government accepts this recommendation on the basis that there are a range of opportunities to commission the evaluation.

The Government and NHS England has committed to increasing access to psychological therapies to reach 1.5m people each year (an additional 600,000 per year). The expansion will have a focus on employment. NHS England has also committed to doubling in access to individual placement and support (IPS), enabling people with severe mental illness to find and retain employment.

Currently the Work and Health Unit, jointly funded by the Department of Health and the Department for Work and Pensions, in addition to testing a range of other measures, is increasing the number of Employment Advisors in Psychological Therapy services as part of the Improving Access to Psychological Therapies (IAPT) programme. The IAPT service model states that for every eight therapists there should be one employment advisor

working in IAPT services. £47.7 million will be invested to increase the numbers of employment advisors working in IAPT within the Spending Review period. This will ensure that integrated psychological therapy and employment support is available to people with common mental health problems across 45% of England. The investment in Employment Advisors in IAPT will enable us to more than double the current Employment Advisor capacity within IAPT services and also complements the NHS England measure to increase the provision of IAPT services from 15% to 25% of population need.

Funding will be used to enable IAPT services to recruit Employment Advisors from April 2017 and to support the collection and reporting of enhanced employment data to evaluate the outcome of the Initiative. The funding will also enable the Department for Work and Pensions to procure a national training programme for Employment Advisors and Specialist Employment Advisors to assure the quality of EA interventions, with training to start from June 2017.

The Department for Work and Pensions and the Department of Health have also published 'Improving Lives – the Work, Health and Disability Green Paper'. The Green Paper sets out the Government's proposals for improving work and health outcomes for disabled people and people with long-term health conditions.

Proposals focus on changes that can be made to the welfare system, by employers and across health services, to ensure that the health needs and employment aspirations of these individuals are fully supported. The Green Paper also explores how attitudes towards work, health and disability can be transformed across wider society, and looks at how Government can work with others to bring about long-lasting change.

A national consultation has been launched on the proposals in the Green Paper. This consultation will run until 17th February 2017, during which we are talking with and listening to a wide range of stakeholders to establish the best way forward on this agenda.

The Government will also ask an independent figure to lead a review on how best to ensure employees with mental illness are able to stay in work, where that is appropriate. This will explore what practical help is needed, including promoting best practice, promoting learning for trailblazer employers, as well as making available free tools to businesses, whatever size they are, to assist with employee well-being and mental health.

Recommendation No 6: The Department of Health and the Department for Work and Pensions, working with NHS England and PHE, should identify how the £40 million innovation fund announced at the Spending Review and other investment streams should be used to support devolved areas to jointly commission more services that have been proven to improve mental health and employment outcomes, and test how the principles of these services could be applied to other population groups and new funding mechanisms (e.g. social finance).

Response: The Government accepts this recommendation.

Using the Innovation Fund the Government is working with NHS England to develop large-scale health-led trials that create partnerships between local health service commissioners and providers, Jobcentres, and councils. The first areas we are working with to design health-led trials are the West Midlands Combined Authority and Sheffield City Region. These partnerships will test if health-led support services are effective at supporting disabled people and people with health conditions into work, how effectively they support people to stay in work and regions can work collaboratively on the health and employment agenda, through the introduction and integration of services.

We are also seeking views, as part of the consultation on the Work, Health and Disability Green Paper, on particular gaps in evidence or opportunities that we should seize to develop propositions to better support employment and health outcomes. We will assess responses to the consultation document and make further decisions about use of the Innovation Fund at this point.

Recommendation No 7: The Department for Work and Pensions should ensure that when it tenders the Health and Work Programme it directs funds currently used to support people on Employment Support Allowance to commission evidence-based health-led interventions that are proven to deliver improved employment outcomes – as well as improved health outcomes – at a greater rate than under current Work Programme contracts.

Response: The Government accepts this recommendation on the basis that there are a range of opportunities to commission the evaluation.

The new Work and Health programme will be providing employment support to claimants with a health condition or disability and the very long term unemployed. Better integration of health support is a particular priority, and we will be challenging providers to deliver integrated support to customers with multiple barriers. Across the whole programme we have been guided by the evidence, learning from the best of Work Programme and Work Choice and are setting up the programme with high quality evaluation built in.

Individuals, even with similar barriers or characteristics, can respond differently to those barriers, and so require tailored support. This is why we have elected to give providers considerable freedom in how they support claimants to move into lasting work rather than specify particular services. This is supported by a payment model which gives providers a strong incentive to deliver outcomes, including a price accelerator element which seeks to deliver better performance by increasing the return for investment for those who are harder to help.

Given the provider-led approach to delivery and the wider activity underway within Government to develop the evidence base, we do not think the Work and Health programme is the right focus for the recommendation. Whilst it is clear that improving employment prospects for people with Mental Health problems should be a strategic priority, there is a lack of evidence as to effective interventions that can be deployed at scale.

The Work and Health Unit secured nearly £115m of investment to implement a range of trials and interventions to build our evidence base on what works to keep people with health conditions and disabilities in work and to help those out of work to return to or gain employment. In recognition of the strategic importance of mental health over half of that funding is to help those with mental ill health.

In addition, we are forming a new partnership with employers to support mental health in the workplace. This will ensure that employers have the support they need for employees with mental health conditions, and explore what practical help is needed, including promoting best practice, promoting learning for trailblazer employers, as well as making available free tools to businesses, whatever size they are, to assist with employee well-being and mental health; and we will develop a better understanding about the discrimination people with a mental health condition may face, in relation both to recruitment and retention and career progression, so we can then identify the best actions to take.

Recommendation No 10: The Department of Health, Department of Communities and Local Government, NHS England, HM Treasury and other agencies should work with local authorities to build the evidence base for specialist housing support for vulnerable people with mental health problems and explore the case for using NHS land to make more supported housing available for this group.

Response: The Government accepts the principle of this recommendation.

Whilst we recognise that the evidence base could always be improved, the case for using specialised housing to support vulnerable people with mental health problems is relatively well established. The challenge is translating this evidence into action. This is something Public Health England (PHE), NHS England and other bodies are already working to achieve.

Regarding the use of NHS land, the Government's surplus land programme is designed to release surplus public sector land for housing. The Department of Health is committed to delivering its targets to release land for 26,000 homes and generate £2bn in capital receipts working closely with NHS Trusts and Foundation Trusts who own the majority of the estate, to identify and bring forward sites that are surplus.

The Government is keen to see health, as well as other sectors, play an even greater part in supporting housing for vulnerable people with mental health problems, and is supportive of this aim.

Recommendation No 11: The Department for Work and Pensions should, based on the outcome of the "Supported Housing" review in relation to the proposed Housing Benefit cap to Local Housing Allowance levels, use the evidence to ensure the right levels of protection are in place for people with mental health problems who require specialist supported housing.

Response: The Government accepts this recommendation.

The Government recently announced that the social sector local housing allowance will not apply to supported housing until April 2019, when a new funding model will be introduced. From April 2019 rent and eligible service charges will continue to be paid through housing benefit and universal credit up to the relevant local housing allowance rate. A separate top-up fund will be created to ensure that the supported housing sector continues to be funded at the same level it would otherwise have been in 2019/20, taking into account our plans on social rents. The top-up funding will be devolved to local authorities, ensuring that decisions on funding are made at the local level, linking with local commissioners. A consultation is currently underway, ending in February 2017. This will be followed by a Green Paper on the detailed arrangements for the top-up model in spring 2017. The final package will be announced in the autumn to allow time for transitional arrangements to be made ahead of the new model which will be in place from April 2019.

Recommendation No 12: The Department of Health should work with PHE to continue to support proven behaviour change interventions, such as Time to Change, and to establish Mental Health Champions in each community to contribute towards improving attitudes to mental health by at least a further 5 per cent by 2020/21.

Response: The Government accepts this recommendation.

The Department of Health awarded a further £12.5m to the national Time to Change anti-stigma campaign up to 2020/21 to improve the attitudes of people towards mental health. Combined with external funders (Comic Relief and the Big Lottery Fund), investment up to 2020/21 will be over £20m. To date, Time to Change have reported improved attitudes to mental health in over 3.4 million people. We will continue to monitor the implementation of this phase of the Time to Change programme to ensure it achieves further improvements in attitudes towards mental health.

Phase 3 of Time to Change (up to 2020/21) will focus on developing local Time to Change Hubs which will support and train people with lived experience to become mental health champions to influence change in attitudes and reductions in stigma in their local communities. Pilot Hubs are underway in Liverpool and Bristol, with the aim of establishing 16 Hubs across the country which will be hosted by local authorities. Phase 3 will also have a particular focus on improving the attitudes of young people toward mental health with the aim of reaching 1.75m young people and 1.5m parents each year by 2020. Time to Change plans to establish school networks with 1,000 secondary schools demonstrating significant Time to Change activities through dedicated action plans.

Recommendation No 24: The Ministry of Justice, Home Office, Department of Health, NHS England and PHE should work together to develop a complete health and justice pathway to deliver integrated health and justice interventions in the least restrictive setting, appropriate to the crime which has been committed.

Response: The Government accepts this recommendation.

Improvements to mental health provision are central to the reform of the criminal justice system, reducing offending and cutting crime. It is important that we intervene earlier to deal with mental health issues that could lead to a greater risk of re-offending. In particular, women affected by mental health problems are disproportionately represented in the prison population.

As part of this, cross-departmental work stream to increase the uptake of Mental Health Treatment Requirements (MHTRs) has started building on examples of where services are working well together to rapidly increase the use of MHTRs and community sentences.

Information obtained through Liaison and Diversion services, which identify and assess the mental health needs (alongside other vulnerabilities) at the point of arrest can be shared with courts to inform sentencing. The aim is to divert people into treatment and away from custody (where appropriate). This will be essential to enable the increased uptake of community sentences, which include MHTRs.

NHS England commissions Liaison and Diversion services, which currently cover over 50% of the population, and full roll out across England is expected by 2020/21.

Health and Justice stakeholders need to have clear understanding/guidance about commissioning services in such a way that mental health service providers are able to respond to the criminal justice system, providing treatment requirements in a timely way. The Department of Health and the Ministry of Justice are working together to develop a strategy to ensure that mental health issues are addressed as part of community sentencing and early intervention programmes. We will come forward with more detail on this work shortly.

Recommendation No 26: The UK should aspire to be a world leader in the development and application of new mental health research. The Department of Health, working with all relevant parts of government, the NHS Arm's Length Bodies, research charities, independent experts, industry and experts-by-experience, should publish a report one year from now setting out a 10-year strategy for mental health research. This should include a coordinated plan for strengthening and developing the research pipeline on identified priorities, and promoting implementation of research evidence.

Response: The Government accepts this recommendation.

The Department of Health is leading on the development of the 10-year Strategy for Mental Health Research. To date we have convened an overarching steering group including Mind, the Royal College of Psychiatrists, Arm's Length Bodies and the major funders of mental health research. Four working groups of academic experts, including a group specifically convened to cover children and young people's mental health research, have been established and are supporting the process. The working groups are co-chaired by people with lived experience of mental health problems. The Strategy is due to be published in spring 2017.

The Policy Research Programme (PRP) is a national research funding programme within the Department of Health. Its aim is to commission, fund and manage leading edge research that is focused on the needs of policymakers. A new Policy Research Unit for Mental Health will be established in 2017, the bids and proposals for which are currently under consideration, and the successful institution will be announced shortly.

Recommendation No 28: The Department of Health, through the National Information Board, should ensure there is sufficient investment in the necessary digital infrastructure to realise the priorities identified in this strategy. Each ALB should optimise the use of digital channels to communicate key messages and make services more readily available online, where appropriate, drawing on user insight. Building on trial findings, NHS England should expand work on NHS Choices to raise awareness and direct people to effective digital mental health products by integrating them into the website and promoting them through social marketing channels from 2016 onwards.

Response: The Government accepts this recommendation.

NHS England has set out its ambitions to exploit the information revolution in the Five Year Forward View.

NHS England has produced a strategy to improve mental health care through digital technology by 2020. This work includes developing comprehensive transparent performance data an expanding set of NHS accredited health apps, fully inter-operable electronic health records and building the capacity for all citizens to access their health information through new technology.

We will rapidly expand the treatment available by investing in digital mental health services. Digital services have the potential to transform the way mental health services are delivered by allowing people to check their symptoms, be triaged online and receive clinically-assisted therapy over the internet, when this is clinically appropriate for the person. These treatments have been tested in other countries and they work. In the right cases, they can offer access to treatment far quicker than traditional services.

Six Mental Health Trusts will take the role of Global Digital Exemplars. These trusts will be selected to focus on improving informatics and technology, leading to higher quality, safer care. Their innovations can then be shared with other Mental Health Trusts, enabling them to rapidly benefit from improvements in the use of information technology.

We will develop six digital tools, most with a particular focus on children and young people's mental health, for inclusion in an online library of digital apps for health to be launched by April 2017.

The mental health content on NHS 111 will improve, with a dedicated module of clinical triage for mental health, for use by NHS 111 advisers and clinicians. The module will cover depression, anxiety, suicide ideation, behaviour change and psychosis. This will improve diagnosis and referral into care when people contact NHS 111 with a mental health condition.

NHS England will review and redevelop the mental health content on the www.nhs.uk website so that the public can access up-to-date information to support their mental health. Improvements will also be made to enhance the website's role in signposting people into services such as the Improving Access to Psychological Therapies programme (IAPT).

Recommendation No 29: To drive and scale improvements in integration, the Department of Health and relevant partners should ensure that future updates to the Better Care Fund include mental health and social work services.

Response: The Government accepts this recommendation.

The Better Care Fund's (BCF) overarching aims are to keep people living independently at home and prevent them from needing more support. In 2015/16, the BCF was a minimum £3.8 billion, nationally, and local areas pooled an additional £1.5 billion, taking the total to £5.3 billion. £0.315bn of the planned expenditure from the BCF was on mental health. At a local level, the BCF has funded initiatives relating to mental health and social work services. However, as we endeavour to keep nationally prescribed conditions and performance metrics to a minimum, we would not consider asking for specific requirements relating to mental health or social work services.

The 2015 Spending Review committed to the continuation of the BCF to 2019-20, and our aim is to go further, faster, to deliver joined up care. The ways local areas integrate will vary and some parts of the country are already demonstrating different approaches, which reflect models the Government supports. The Government is currently designing the criteria and assurance process for the best-performing integration areas to graduate from the BCF. The Integration and Better Care Fund Policy Framework for 2017-19, due to be published early in the New Year, will set out the requirements for BCF plans and further detail on the graduation process.

The Government is providing a new dedicated £240 million Adult Social Care Support Grant in 2017 to 2018, to be distributed fairly according to relative need.

Last year the Government agreed to introduce a social care Council Tax precept of 2% a year, guaranteed to be spent on adult social care. The precept puts money-raising powers into the hands of local leaders who best understand the needs of their community and are best placed to respond. In recognition of the immediate challenges faced in the care market, councils can now raise this funding sooner if they wish. Councils will be granted the flexibility to raise the precept by up to 3% next year and the year after. This will provide a further £208 million to spend on adult social care in 2017 to 2018 and £444 million in 2018 to 2019.

These measures, together with the changes the Government made to the New Homes Bonus, will make available almost £900 million of additional funding for adult social care over the next 2 years.

Recommendation No 36: The Department of Health and NHS England should work with the Royal College of GPs and HEE to ensure that by 2020 all GPs, including the 5,000 joining the workforce by 2020/21, receive core mental health training, and to develop a new role of GPs with an extended Scope of Practice (GPwER) in Mental Health, with at least 700 in practice within 5 years.

Response: The Government accepts this recommendation.

All general practitioners already receive core mental health training as part of their initial education and qualification. Mental health is a key component of the Royal College of General Practitioners' training curriculum that all GP trainees must follow and demonstrate their competence in before they can practise independently as family doctors.

Mental health – and achieving parity of esteem with physical health – is an ongoing priority for Health Education England and the Royal College of General Practitioners, and a number of resources have been developed to support GPs and their teams to deliver the best possible care to our patients with mental health conditions.

Health Education England is working with NHS England and the Royal College of General Practitioners on improving and extending the training available. In 2016 the mental health components on the e-GP online e-learning service were revised and updated. In addition, the publication of a new Mental Health Core Skills and Knowledge Framework is imminent.

HEE is working with the Royal College of General Practitioners to support their work in developing a register of general practitioners with extended Scope of Practice (GPwER) in Mental Health, and will continue to support the Royal College on expanding the numbers of general practitioners with this extended role.

Recommendation No 37: The Department of Health should continue to support the expansion of programmes that train people to qualify as social workers and contribute to ensuring the workforce is ready to provide high quality social work services in mental health. This should include expanding 'Think Ahead' to provide at least an additional 300 places.

Response: The Government accepts this recommendation.

The Government supports the expansion of programmes that train people to qualify as social workers and contribute to ensuring the workforce is ready to provide high quality social work services in mental health. This includes our investing over £10m to support the fast track Think Ahead programme – which aims to increase the number of high-calibre mental health social workers – by at least 300. Think Ahead provides a fast track post graduate route into social work, for high-potential graduates and career-changers.

We have successfully introduced and championed the role of principal social workers, who are now in place in every local authority and some mental health trusts, supported by national and regional networks and providing strong leadership for social work. This is an

important step in ensuring greater consistency in achieving an enhanced profile for social work practice and its importance in delivering improved health and care outcomes. Embedding the role and function firmly within adult social care has led to improved practice leadership within statutory social care settings and much stronger support for social work.

The last year has also seen real progress in strengthening and consolidating arrangements for newly qualified social workers, with 1,208 registrations for the assessed supported year in employment (ASYE) in 2014-15, an increase of 14.5% on the previous year.

In July 2016 the Department of Health published its vision for adult social work, which recognises the vital role that social workers play in delivering best outcomes for adults including for those with mental health needs.

Building on the publication of 'The Role of the Social Worker in Adult Mental Health' in 2014, the Chief Social Worker for adults launched three new resources on 28 January 2016 as part of a new initiative 'Social Work for Better Mental Health'. Together, these three resources provide improvement tools and methodologies to help develop and sustain great social work across the mental health sector and help ensure the value of social work in improving mental wellbeing in society is recognised. A number of authorities and mental health trusts are utilising this initiative to help improve their practice.

A Department of Health-funded programme is underway to pilot new models of social work practice to deliver better outcomes for people with learning disabilities, autism and mental health conditions, which includes named social workers. It follows on from the No Voice Unheard, No Right Ignored consultation in which the Government laid out a vision that people with learning disabilities, autism or mental health needs, have a right to lead lives with the same dignity and respect as anyone else. This work will demonstrate that social work, as well as health care, has its own vital and specific role to play in the Government's ambition to ensure parity of esteem between mental and physical health.

The role of named social worker builds on core social work values, and the relationship between social worker, the person being supported and the wider health and care system. Named social workers could prove critical to the provision of more personalised care for the most vulnerable in society, helping them feel safe, supported and empowered.

The move means that families across the pilot areas will have their own named social worker to stand up for them, acting as their primary point of contact across the system. The sites taking part in the pilot are: Calderdale Council, Camden Council, Hertfordshire County Council, Liverpool City Council, Nottingham City Council and Sheffield City Council. The pilot will last six months and the participating authorities will have the opportunity to design, implement and refine the role of the named social worker and evaluate the impact on the lives of individuals with learning disabilities, mental health conditions and autism. Each site will be responsible for developing their plan, with assistance and coaching from the Innovation Unit and the Social Care Institute for Excellence (SCIE).

The Department of Health has also recently published the Capability framework for mental health forensic social workers. The resource identifies the capabilities, knowledge and skills needed at every stage of a forensic mental health social workers career.

The new social work regulator being proposed under the Children and Social Work Bill will regulate post qualification training courses in mental health related social work, in particular for Approved Mental Health Professionals.

Recommendation No 39: The Department of Health, NHS England, PHE and NHS Digital should develop a 5-year plan to address the need for substantially improved data on prevalence and incidence, access, quality, outcomes, prevention and spend across mental health services. They should also publish a summary progress report by the end of 2016 setting out how the specific actions on data, information sharing and digital capability identified in this report and the National Information Board's Strategy are being implemented.

Response: The Government accepts this recommendation.

NHS England, NHS Improvement, Public Health England, Health Education England and NHS Digital, together with the Department of Health, are developing a five year data plan to address the need for substantially improved data on prevalence and incidence, access, quality, outcomes, prevention and spend across mental health services. We expect to publish an update on progress against each of the data recommendations in early 2017.

A new annual schedule of updates to the Mental Health Services Data Set (MHSDS) has been introduced to ensure that the dataset is capturing all relevant data items to accurately measure performance and delivery. Collaborative work is underway under the auspices of the Mental Health Data and Information Programme Board to ensure the right information is being reported nationally, and that this is being fed back to providers and commissioners in a useful manner, and that local systems are able to make the data flow effectively.

Through the collaboration with the NIB, there will be a critical focus on developing the frameworks to facilitate improved data collection and use. An annual report detailing the National Information Board's progress on using data and technology to transform the health and care system was published in September 2016.

Recommendation No 40: The Department of Health should develop national metrics to support improvements in children and young people's mental health outcomes, drawing on data sources from across the whole system, including NHS, public health, local authority children's services and education, to report with proposals by 2017.

Response: The Government accepts this recommendation.

There is a new children and young people's mental health prevalence survey on track for reporting in 2018. This survey will update and extend the information we have on

prevalence of mental health conditions in children and young people in the general population from the last survey in 2004. It will also seek information about issues that have become more common since that last survey – including eating disorders, and the impact of cyberbullying and social media.

National data on children and young people's mental health services has been included in the Mental Health Services Data Set for the first time from January 2016. NHS Digital, NHS England, the Department of Health and other key players are working together to improve data quality and coverage of all mental health data. In 2017 this will have a specific focus on improving data from children and young people's mental health services.

The new integrated dashboard for mental health was published by NHS England in October 2016. This includes numbers of children and young people accessing treatment, alongside an overview of numbers admitted to inpatient services and those on adult wards. Further indicators are in development and will be added in future years, including the number of children and young people showing reliable improvement or achieving goals, and an average waiting time measure.

Recommendation No 41: The Department of Health, NHS Digital and MyNHS, working with NHS England, should improve transparency in data to promote choice, efficiency, access and quality in mental health care, ensuring that all NHS-commissioned mental health data are transparent (including where data quality is poor) to drive improvements in services. The CCG Performance and Assessment Framework should include a robust basket of indicators to provide a clear picture of the quality of commissioning for mental health. To complement this, NHS England should lead work on producing a Mental Health Five Year Forward View Dashboard by the summer of 2016 that identifies metrics for monitoring key performance and outcomes data that will allow us to hold national and local bodies to account for implementing this strategy. The Dashboard should include employment and settled housing outcomes for people with mental health problems.

Response: The Government accepts this recommendation.

The Department of Health is working with NHS Digital, NHS England, NHS Improvement and MyNHS to improve the availability and transparency of mental health data. The Mental Health Five Year Forward View Dashboard was published in October 2016 and will help us to monitor how our programmes are helping to improve mental health services across the country. An initial rating for mental health for CCGs was published on MyNHS in October 2016, as part of the CCG Improvement and Assessment Framework for 2016-17. The dashboard will form the basis of the CCG Improvement and Assessment Framework in the future.

Mental Health has been chosen as the pilot for developing more sophisticated data presentation on the My NHS website (www.mynhs.uk), and in particular to show changes in performance over time, so it will be easier for the public to access and understand local mental health data.

Recommendation No 44: By 2020/21, NHS England and NHS Improvement should work with NHS Digital and with Government to ensure rapid using and sharing of data with other agencies. The Department of Health should hold the NHS Digital to account for its performance, and consult to set minimum service expectations for turning around new datasets or changes to existing datasets by no later than summer 2016.

Response: The Government accepts this recommendation.

The National Information Board (NIB) aims to enable people to make the right health and care choices, and support health care professionals in their work, by improving digital access to health and care information and implementing digital data standards. A core element of this five-year data plan for mental health will be published in 2017 plan will be on ensuring that mental health is well represented across the domains and programmes of the NIB. An annual report detailing the National Information Board's progress on using data and technology to transform the health and care system was published in September 2016.

The Department of Health has agreed minimum service expectations with NHS Digital and key stakeholders for 2016/17, including agreed changes to Version 2 of the Mental Health Services Data Set (MHSD). The process for agreeing 2017/18 service expectations and Version 3 of the MHSD began in November 2016.

Recommendation No 45: The Department of Health and NHS Digital should advocate the adoption of data-rich Summary Care Records that include vital mental health information, where individuals consent for information to be shared, by 2016/17.

Response: The Government accepts this recommendation in principle.

Summary Care Records (SCRs) are drawn solely from GP records, and include details of vital health information such as allergies, and adverse reactions and medications. Currently around 97% of the population have SCRs, and around half of Mental Health Trusts are using them. The main focus of developments for SCRs over the next two years will be to drive delivery and use in scheduled and emergency care settings, to meet the commitment that clinicians in primary, urgent and emergency care, and other key transitions of care contexts, will be operating without the need to use paper records by 2018.

The SCR aim to retain important information in a central, national database which can be used by any healthcare professional in the country. This means that a doctor can easily see a patient's records in an emergency or if they are staying in another part of the country and need medical care, so this means that a patient in crisis should be able to get the most appropriate help more quickly.

SCRs for patients are set up automatically, but patients can opt out of having one. However, SCRs containing additional information – including about a patient's mental

health – require patient consent. Around a third of CCGs are currently planning to roll out SCRs with additional information. Further extension will take time as patient consent is required.

To ensure that patient confidentiality is maintained, NHS staff can only see an SCR if they are directly involved in a patient's care and have an NHS Smartcard with a chip and passcode. They will only see the information they need to do their job. Their details will be recorded whenever they access a patient's data to ensure there is an audit trail. They also have to ask a patient's permission every time they look at an SCR. If they cannot ask a patient, for example if they are unconscious, they will still be able to use the SCR but will have to record in the notes that they have done so.

Recommendation No 46: The Department of Health should commission regular prevalence surveys for children, young people and adults of all ages that are updated not less than every seven years.

Response: The Government accepts this recommendation.

The Survey of the Mental Health of Children and Young People was last carried out in 2004. A new survey will be carried out in 2017 and NHS Digital is on track to report in 2018. The survey will ask for information about issues that have become more prevalent since the previous survey, including eating disorders, impact of social media and cyberbullying. Separately we are exploring how we can improve our knowledge of the mental health of some vulnerable groups of children and young people such as those who are looked-after or voluntarily in care. The Department of Health will consider further, with NHS Digital and others, the timing and frequency of future prevalence surveys for children and young people.

The Adult Psychiatric Morbidity Survey – Survey of Mental Health and Wellbeing England is already conducted every seven years, reporting most recently in September 2016.

Recommendation No 50: The Department of Health and NHS England should require CCGs to publish data on levels of mental health spend in their Annual Report and Accounts, by condition and per capita, including for children and Adolescent Mental Health Services, from 2017/8 onwards.

Response: The Government accepts this recommendation.

We will take steps to hold the NHS to account for ensuring the full allocation of additional resources for mental health services within the NHS. CCGs are already committed to increasing their spending on mental health each year, at least in line with the growth of their funding allocation. NHS England has introduced indicators with the CCG Improvement and Assessment Framework and requirements in the guidance for developing Sustainability and Transformation Plans so that CCGs demonstrate they are doing this.

Recommendation No 51: The Department of Health should work with a wide range of stakeholders to review whether the Mental Health Act (and relevant Code of Practice) in its current form should be revised in parts, to ensure stronger protection of people's autonomy, and greater scrutiny and protection where the views of individuals with mental capacity to make healthcare decisions may be overridden to enforce treatment against their will.

Response: The Government accepts this recommendation.

The Department will continue to keep the Mental Health Act 1983 and its Code of Practice under review, evaluate evidence of the need for changes and take the action required as necessary.

Officials are currently exploring if any legal changes may be required to allow a person to be treated in the community for a mental health problem that would otherwise require a compulsory stay in hospital, through conditions placed in a Community Treatment Order. The Government's response to the No voice unheard no right ignored (NVUNRI) consultation, which looked at ways to further support people with learning difficulties, autism or mental illness, flagged up the potential for other changes to the MHA. Officials are seeking alternative means to legislative changes of addressing the practical issues raised in NVUNRI, alongside the wider Transforming Care work.

When the revised Mental Health Act 1983 Code of Practice was published in January 2015, the Department of Health committed to work with the CQC in carrying out an evaluation of the impact of the new Code once it had been embedded in working practices.

Recommendation No 52: The Department of Health should carry out a review of existing regulations of the Health and Social Care Act to identify disparities and gaps between provisions relating to physical and mental health services. This should include considering how to ensure that existing regulations extend rights equally to people experiencing mental health problems (e.g. to types of intervention that are mandated, to access to care within maximum waiting times).

Response: The Government accepts this recommendation in principle.

The Health and Social Care Act 2012 placed the principle of parity of esteem on a statutory footing. The Department of Health works consistently to ensure that health care legislation extends rights equally to people experiencing mental health problems and we will always consider opportunities to improve it further in the interest of patients. For example, the Policing and Crime Bill is seeking to reduce the time that mentally ill people can spend in detention after a Section 136 from 72 hours to 24 hours, achieving parity with other forms of police detention, to ensure people are directed to mental health services quicker.

The Government is absolutely committed to ensuring parity of esteem for those with mental health conditions when accessing services. Since the 2012 Health and Social Care

Act we have made significant progress by introducing access and waiting times standards for mental health services for all ages in the following areas:

- Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies (IAPT) programme, with 95% of people being treated within 18 weeks
- Treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis
- From April 2017, progress towards achieving the new access and waiting times for children and young people with eating disorders, so that by 2020 95% of children and young people are seen within one week if urgent and four weeks if routine, will be monitored

The majority of CCGs are meeting the waiting time elements of the standards for IAPT and Early Intervention in Psychosis, but we will go further.

Recommendation No 54: The Department of Health should consider how to introduce the regulation of psychological therapy services, which are not currently inspected unless they are provided within secondary mental health services.

Response: The Government accepts this recommendation.

The Government is committed to proportionate regulation of healthcare professions. Whilst statutory regulation is sometimes necessary where significant risks to users of services cannot be mitigated in other ways, it is not always the most proportionate or effective means of assuring the safe and effective care of service users.

The Department of Health has met with the CQC and other mental health stakeholders to consider the issues around regulating psychological therapy services and to explore how this may be achieved. A further update will be available later in 2017.

Recommendation No 56: The Department of Health should ensure that the scope of the Healthcare Safety Investigation Branch includes deaths from all causes in inpatient mental health settings and that there is independent scrutiny of the quality of investigation, analysis of local and national trends, and evidence that learning is resulting in service improvement.

Response: The Government accepts this recommendation.

The Healthcare Safety Investigation Branch will be an exemplar for the whole health system on how to undertake learning-orientated safety investigations, helping those in the system to improve their processes. It will also undertake some investigations itself but it is for HSIB to identify the incidents and accidents that it intends to investigate. The scope of the Healthcare Safety Investigation Branch (HSIB) includes the investigation of deaths in inpatient mental health settings. From 1 April 2017 HSIB will be required to publish a set of

principles on how investigations will be carried out including the nature of the events, circumstances, or outcomes that will be relevant factors in its investigations.

The CQC's review into the way NHS trusts review and investigate the deaths of patients in England, Learning, Candour and Accountability, was published on 13 December 2016. The Health Secretary made a statement in the House of Commons setting how the system will respond to this report from 31 March 2017.

Recommendation No 58: By no later than Summer 2016, NHS England, the Department of Health and the Cabinet Office should confirm what governance arrangements will be put in place to support the delivery of this strategy. This should include arrangements for reporting publicly on how progress is being made against recommendations for the rest of government and wider system partners, and the appointment of a new equalities champion for mental health to drive change.

Response: The Government accepts this recommendation.

From January 2017 an Inter-Ministerial Group for Mental Health, chaired by the Secretary of State for Health, will be established to hold all departments to account for delivery against these recommendations and ensure policy alignment across Whitehall.

To support this and provide detailed oversight, a cross Government programme board has been established, chaired by the Department of health, and attended by senior representatives from all Government departments that are responding to this strategy.

Separately, NHS England has established a programme board to oversee progress for all those recommendations that are for it and other Arm's Length Bodies of the Department of Health to deliver, as set out in NHS England Implementation Plan. This has been established to drive effective decision-making, accountability and strategy implementation across local, regional, and national activity.

Recommendations for Department of Health Arm's Length Bodies

Recommendation No 2: PHE should develop a national Prevention Concordat programme that will support all Health and Wellbeing Boards (along with CCGs) to put in place updated Joint Strategic Needs Assessment (JSNA) and joint prevention plans that include mental health and co-morbid alcohol and drug misuse, parenting programmes, and housing, by no later than 2017.

Response: The Government and PHE accept this recommendation.

Public Health England is leading the development of the Prevention Concordat Programme for Better Mental Health in conjunction with system partners. The programme aims to: galvanise local and national action around the promotion of good mental health and the prevention of mental illness; facilitate every local area to put in place effective prevention planning arrangements led by local authorities, clinical commissioning groups and health and wellbeing boards; and; enable every area to use the best data and intelligence available to plan and commission the right mix of provision to meet local needs. In its first year, the programme's development has been informed by stakeholder engagement across the country and by a stocktake of existing practice. These are informing the first suite of resources which include a rapid review of the evidence of what works (Mental Health and Prevention: Taking local action for better mental health published by the Mental Health Foundation in July 2016) and the following resources that will be published in Spring 2017: a Mental Health Joint Strategic Needs Assessment Toolkit; a Mental Health Promotion and Prevention Return on Investment Tool; Local Prevention Planning Guidance and pilot Masterclasses for Mental Health Champions to support them as prevention focused leaders. The programme will continue to grow and develop over the next four years to meet the needs of stakeholders, who are being continuously engaged as we collectively strive to ensure that everyone, irrespective of where they live, has the opportunity to achieve good mental health and wellbeing, especially communities facing the greatest barriers and those people who have to overcome the most disadvantages. This includes those living with and recovering from mental illness.

Recommendation No 20: PHE should prioritise ensuring that people with mental health problems who are at greater risk of poor physical health get access to prevention and screening programmes. This includes primary and secondary prevention through screening and NHS Health Checks, as well as interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. As part of this, NHS England and PHE should support all mental health inpatient units and facilities (for adults, children and young people) to be smoke-free by 2018.

Response: The Government and PHE accept this recommendation.

PHE has taken a series of actions to promote and facilitate improvements to the physical health of people living with or recovering from a mental health problem. Commissioners and providers have and been provided with new and extended guidance on key issues such as reducing the stubbornly high levels of smoking amongst this group including young people in contact with children and young people's mental health services and increasing the pace of mental health trusts becoming fully smoke free.

Working in partnership with NHSE, NHSI and CQC, PHE will continue to extend the suite of tools and guidance to ensure physical activity, diabetes, cancer screening and health check interventions and outcomes are more quickly and consistently improved for this group. This includes action for commissioners, local policy makers and practitioners working in the NHS, local authorities and VCS.

Recommendation No 27: The Higher Education Funding Council for England (HEFCE) should review funding requirements and criteria for decision-making to support parity through the Research Excellence Framework and take action to ensure that clinical academics in mental health (including in psychiatry and neuroscience) are not disadvantaged relative to other areas of health research, starting in 2016/17.

Response: The Government accepts the principle of this recommendation, regarding parity of funding, but is not able to place funding conditions on HEFCE.

The Government strongly supports innovation and excellent research in the field of mental health and will continue to work with NHS England to understand and address their concerns. However, legislation does not permit Government to place conditions on funding to HEFCE in terms of specific courses or programmes of research. In addition to this restriction it would be considered to be going against the Haldane principle, to which Government has committed, to define which areas of research should be funded. The Research Excellence Framework (REF) is administered by HEFCE on behalf of the other funding councils for Scotland, Wales and Northern Ireland. The funding bodies consult widely on the arrangements for the REF and on their funding allocation processes. Once allocations are made the funding is un-hypothecated and it is the Higher Education Institutions themselves who will determine how it is spent.

HEFCE has considered the issue of funding allocations for these disciplines very carefully over many months including holding several discussions with key parties in the research community. Allocations for 2016-17 were announced by HEFCE in March 2016.

HEFCE funding for Psychology, Psychiatry and Neuroscience has increased by over 16 percent. This is the largest increase across all of the life sciences.

As discussed under the response to recommendation 26, the Government is championing research via the Department of Health's 10-year Strategy for Mental Health Research, which is due to be published in spring 2017. A new Policy Research Unit for Mental Health will be established in 2017, the bids and proposals for which are currently under consideration, and the successful institution will be announced shortly.

Recommendation No 32: HEE should work with NHS England, PHE, the Local Government Association and local authorities, professional bodies, charities, experts-by-experience and others to develop a costed, multi-disciplinary workforce strategy for the future shape and skill mix of the workforce required to deliver both this strategy and the workforce recommendations set out in Future in Mind. This must report by no later than 2016.

Response: The Government and HEE accept this recommendation and will publish in early 2017.

HEE, working with partner organisations and individuals, has completed significant analysis of the current and required workforce to deliver the recommendations of the Five Year Forward View for Mental Health and the subsequent early drafts reported the findings and preliminary recommendations to the Five Year Forward View for Mental Health Board and Secretary of State for Health; the strategy is currently being finalised for publication in early 2017.

Recommendation No 38: By April 2017, HEE should work with the Academy of Medical Royal Colleges to develop standards for all prescribing health professionals that include discussion of the risks and benefits of medication, and take into account people's personal preferences, including preventative physical health support and the provision of accessible information to support informed decision-making.

Response: The Government and HEE accept this recommendation.

HEE and NICE commissioned the British Pharmaceutical Society to update the 2012 Competency Framework for All Prescribers and this was published in July 2016. HEE is working with the Academy of Medical Royal Colleges, the BPS and other stakeholders to ensure that this framework supports prescribing in mental health and to produce additional guidance where needed with the aim of publishing those in April. We will also produce a plan by April to raise awareness of the BPS guidance and any additional guidance within mental health services.

Recommendation No 53: Within its strategy for 2016–2020, the CQC should set out how it will strengthen its approach to regulating and inspecting NHS-funded services to include mental health as part of its planned approach to assessing the quality of care along pathways and in population groups.

Response: The Government and CQC accept this recommendation.

CQC has committed to provide more information on specific population groups, such as people with mental health needs in an acute hospital, and how new care models affect quality.

To facilitate strengthening this approach to regulating and inspecting the integration of physical and mental health in NHS-funded services CQC has begun undertaking a programme of work. It has three strands:

- Reviewing the approach to inspecting the quality of care provided by NHS acute hospitals to people with mental health problems. This will include how these providers respond to people with mental health problems who present in crisis. This will give a more complete picture of a local system's response to people experiencing mental health crises. Piloting will begin in early 2017.
- Reviewing the approach to assessing how the needs of people affected by mental health problems are met in primary care settings. This part of this work CQC are undertaking that is reviewing the use of population groups in inspections of general practice – one of these is the care for people experiencing poor mental health (including people with dementia). This is due to go out for consultation in March 2017.
- Encourage improvement in the provision of physical healthcare given to people in mental health services by enhancing our inspection of physical healthcare in mental health settings. This will be phased into the methodology in 2017-18.

Recommendation No 55: The CQC should work with Ofsted, Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Probation to undertake a Joint Targeted Area Inspection to assess how the health, education and social care systems are working together to improve children and young people's mental health outcomes.

Response: The Government and CQC agree that it is important to get a clear assessment of how the system as a whole is working to improve mental health outcomes.

We have asked CQC to undertake in 2017/18 an in depth thematic review of children and young people's mental health services – the first of its kind.

The review will look at detection of mental health conditions, referral to treatment, as well as treatment and recovery. The review will ensure that the operational context of mental health services is fully taken on board, supporting further policy development through the Green Paper. The review will take no more than 12 months to report, taking place in 2017/18.

CQC and Ofsted will consider, with the other inspectorates, how the joint programme of inspections can address this important area once the current programme of work is completed in 2019. These could take the form of Joint Targeted Area Inspections (JTAs) on children's mental health and wellbeing. This follows recommendations in Future in Mind, and the Five Year Forward View for Mental Health.

