**The tasks of the Taskforce**

Mental health seems to have had a political promotion in the past weeks. Notably, it was one of the key social injustices – alongside poverty, gender and racial discrimination - highlighted in Theresa May’s inaugural [speech](https://www.gov.uk/government/speeches/statement-from-the-new-prime-minister-theresa-may) as Prime Minister. This prominence matters. You might not remember the last time that David Cameron spoke about mental health – but that wouldn’t be surprising because he did so on the morning of David Bowie’s death, so probably the only people who actually heard him were the 40 or so in the audience, including me. But his launching of the 2012 [Dementia Challenge](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf) managed to avoid the demise of an international icon, and the cogs of government sprang into action.

Shortly after Theresa May’s speech, it was [announced](https://www.gov.uk/government/news/department-of-health-ministerial-responsibilities) that mental health would now come within the purview of the unshuffled (and presumably unruffled) Secretary of State, rather than being the responsibility of one of his Ministers. Again, this is politically significant and a welcome move. The Ministers previously responsible for mental health made genuine improvements (which the College has recognised by [awarding](http://www.rcpsych.ac.uk/pdf/Roll%20of%20Honour%2006-03-15.pdf) both Norman Lamb and Paul Burstow President’s Medals), and Alistair Burt, a thoroughly decent man, was an unflamboyant but steady voice as well. It’s exciting to think about what the added attention of the Secretary of State could mean.

So there’s some good news. The bad news is that the good news has come at a particularly critical time for mental health. The Care Quality Commission has just completed the first round of its inspections of mental health trusts under their new framework, and the[results](http://www.cqc.org.uk/content/first-round-nhs-mental-health-trust-inspections-completed) make fairly grim reading. No trusts are ‘outstanding’. One third are ‘good’ and the remaining two-thirds ‘require improvement’. OK, anyone who has been on the receiving end of a visit from the Inspectorate will need no reminding of the imperfections of the system, but it would be foolish to simply ignore these results. Things aren’t right. Likewise, the number of patients sent out-of-area - sometimes hundreds of miles away – has more than quadrupled between [2011/12](http://www.bbc.co.uk/news/uk-27285555) and [2015/16](http://www.bbc.co.uk/news/health-36333850) – proving that our decision to launch the [Crisp Commission](http://www.rcpsych.ac.uk/policyandparliamentary/commission.aspx) was more than justified. And the hearty welcome that met the announcement of the first access and waiting times standards for mental health has sharply given way to [anger](http://www.independent.co.uk/voices/the-government-promised-that-mental-health-services-would-be-equal-to-the-rest-of-the-nhs-so-far-its-a6965151.html) that they won’t be fully funded.

Giving political prominence to mental health is important, but prominence is meaningless without a plan. And there is a plan. And a pretty good one at that. A few days ago NHS England published its [implementation plan](https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf) setting out the actions it is taking to fulfil the recommendations of the influential Five Year Forward View for Mental Health [report](https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf) of the Mental Health Task Force. Those sad people who follow this blog may remember this featured rather prominently in a number of blogs last year, partly because it seemed to be rivalling the Chilcot Inquiry when it came to ever elastic deadlines, but it did indeed deliver earlier this year. Simon Stevens (the CEO of the NHS), Paul Farmer (the chair of the Task Force) and myself did the press launch. The Curse of Cameron was avoided, no celebrities passed away on that day, and we got very good coverage. But the publication of the Implementation Plan is actually more newsworthy, because it outlines how new funding will be made available for CCGs year on year, as well as showing how the workforce requirements will be delivered in each priority area and the way in which data, payment and other system levers will support transparency. The latter may sound like a dull cliché, losing its tarnish through over use, but is actually essential if we are to “follow the money”.

So if Carlsberg made plans, they’d look like this – costed, practical, measured in tone and measurable in nature. And I am pleased to say that the RCPsych can take some credit for both: the original report and for this plan. The College identified twelve priority areas for inclusion within the Taskforce report, of which 100% were included. Of our 13 Faculties and the Public Mental Health Network, the Mental Health Taskforce’s report included recommendations specific to 12 of them (the exceptions were intellectual disability and neuropsychiatry, which unfortunately were beyond the remit of the Taskforce). Similarly, our comments have been taken on board with the implementation plan – thanks in no small part to the heroic efforts of Holly Taggart, our invaluable Policy Research Fellow, who kept me supplied with a regular stream of messages, post it notes and killer facts to cover up my many areas of ignorance.

But we can’t and won’t rest on our laurels. The College has a key (and somewhat meta) role in implementing the Taskforce’s implementation plan, and we’re not hanging around. Throughout the summer, the Liaison Faculty is working with NHS England to model and analyse different options for allocating transformation funding. The CCQI is developing a self-assessment tool for CCGs to measure whether Early Intervention in Psychosis services are actually delivering NICE-concordant care. The Policy Unit is advising NHS England and the HSCIC on the development of a better indicator for measuring Out of Area Treatments, and its work implementing the recommendations of the Crisp Commission (did I mention that was established by the College? Well, I’m mentioning it again) will facilitate the reduction of Out of Area Treatments (“OATs”) by showing services, CCGs and psychiatrists how they can review pathways and remove the bottlenecks which lead to them. NHS England has commissioned the College to run its ‘Building Capacity in Perinatal Services’ project, and the NCMH to develop its Achieving Better Access programme of work for acute adult care. Underpinning this, the College continues to make the case to Government that access and waiting times must be fully funded.

Theresa May lamented that ’if you suffer from mental health problems, there’s not enough help to hand.’ Hopefully with a plan, political prominence and the College promoting the discussion and pulling its weight, the next Prime Minister will list mental healthcare as a national asset rather than as an injustice.

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