Rethinking mental health policy
A cross-policy approach for addressing the UK's mental health burden
May 2018
Mental health problems are widespread and a broader stance from policymakers is required.

Figure 1
Prevalence of mental health disorders, percentage of adult population
The mental health and well-being of the population is an important and valuable resource to the UK — one which needs to be actively cared for and protected. Mental health problems are becoming more widespread, yet they often remain hidden in our society. People from all walks of life are affected, and the causes and consequences can be complex. However, despite the prevalence of mental health issues, the full costs of the illness and its broader impact on society are often overlooked.
Executive summary

The Government’s pledge to increase mental health funding is a step in the right direction – however, to fully address the direct and indirect costs of the problem, a broader stance on mental health is required in all areas of public policy.

Among all groups in our society, the prevalence of mental health problems appears to be increasing. In the past two decades, there has been considerable growth in the number of individuals reporting common mental health disorders in the UK and abroad. In addition, more and more people are receiving treatment for their conditions, particularly in terms of medication and GP visits.

As mental health problems continue to rise, and more individuals are willing to seek help, the pressure on the NHS is mounting. Reduced funding over the past decade (in real terms), together with fewer resources to accommodate patients, has resulted in primary care services bearing much of the burden. Throughout the system, a knock-on effect has been felt in quality. Mental health services have historically lagged behind physical health services in terms of treatment pathways, training and resources.

The need for additional funding and reform for mental health services is now higher up in the UK’s political agenda. In the 2017 election, each major political party called for reform of mental health services in order to achieve parity of esteem between physical and mental health. The NHS Five Year Forward View for Mental Health also spells out the plan for achieving better mental health services, which includes the introduction of evidence-based treatment pathways.

However, the UK’s growing mental health problems are not solely the burden of the NHS. Beyond the obvious impacts to the health system, mental illness results in significant costs for our society and economy, for example, through lost productivity. In addition, the determinants of mental health problems are not confined to psychological factors. Economic, social and occupational factors affect individuals’ mental well-being on a day-to-day basis. These, often overlooked, implications of mental illness require a broader, whole-government approach to mental health in the UK.
The UK’s mental health

Mental health problems are common ...

Mental health problems are widespread in the UK, yet are often hidden. The Adult Psychiatric Morbidity Survey 2014 (APMS),\(^1\) published in December 2016, sheds light on just how prevalent mental illness is in our society.

One in four adults in the UK (26.8%) has been diagnosed with a mental health condition in their lifetime. However, a much higher proportion (43%) of those surveyed self-reported experiencing mental illness at some point in their lives.\(^1\)

Among the many different types of mental illness, mixed anxiety and depression is the most common mental health problem in the UK, with 7.8% of people meeting the criteria for diagnosis.\(^1\)

The UK’s mental health

... but, some people are more likely to be affected than others

Mental health problems affect people from all walks of life, yet for some groups in our society, mental illness is significantly more common than others.

Firstly, men are considerably less likely to report a mental health disorder than women. Over 20% of women surveyed by the APMS reported experiencing a mental health problem in the last week, compared with 13% of men.²

Age is also a factor. As Figure 2 demonstrates, women between the age of 16 and 24 are far more likely to have reported a mental health problem (28.2%) than any other demographic group in the UK.²

Mental health problems are also distributed unevenly across the UK’s ethnic groups. Mental health problems were reported more regularly among ‘Black/Black British’ individuals, with 22% reporting a mental health condition in the past week. Conversely, ‘White British’ individuals are closer to the national average (17.0%), with 17.3% reporting a common mental disorder.²

Apart from demographics, there are also a number of social and economic factors, which create divisions in terms of the prevalence of mental illness, for example:

► Mental health problems are twice as common among unemployed individuals when compared with people in full-time employment.

► Cigarette smokers are considerably more likely to have a common mental health disorder (23.3% for light smokers and 31.3% for heavy smokers) when compared with non-smokers (14.2%).

► Single adult households, with no children, are significantly more likely (29.4%) to have mental health issues than the national average (17%).

Significant differences also exist in terms of the geographic distribution of mental health problems. Among England’s regions, the South West had the highest proportion of individuals who had experienced a common mental disorder in the past week. As illustrated in Figure 3, the South East had the lowest proportion at 13.6%.²

Among all groups, the common trend is that mental health problems are rising ...

Mental health problems have risen, across almost every age group among both men and women in the UK. As shown in Figure 4, the percentage of people reporting a common mental health disorder in the past week has risen from 15.5% to 18.9% since 1993.³

![Figure 4](https://example.com/figure4.png)

**Figure 4**
Experienced common mental disorder in the past week (aged 16-64), by year

To understand the scale of this increase, consider that this rise is equivalent to over 1.4 million additional people suffering from a mental health problem. It is equivalent to the entire population of Merseyside and greater than the entire population of Estonia.

The percentage point increase in mental health problems was largest among women aged 16 to 24, with over 28% of respondents noting a mental health condition in the past week in the 2014 APMS survey, compared with 20% in 1993.³

This increasing trend is not unique to the UK. Around the world, the number of people who are affected by mental health is also rising. In 1990, approximately 416 million people suffered from depression or anxiety. These numbers rose to 615 million in 2013.⁴

... yet, a significant number of sufferers remain untreated

Only 37% of adults in the UK with a common mental health disorder are receiving treatment for their condition.⁵

While this figure may seem low, it is actually the highest it has ever been in the UK. The proportion of people with mental health problems receiving treatment was just 23% in 2000 and 24.4% in 2007.⁶ The improvement is even larger for those with severe mental health issues, with over 50% reporting treatment in 2014, compared with 33% in 2000.

Part of the reason for the increasing rate of treatment is that the stigma associated with mental health problems has changed significantly over the past decade.

In a recent survey prepared for Time to Change, over half of those interviewed said it is easier to talk about their mental distress now than ever before.⁷ However, there is still considerable room for improvement. As of 2014, 9% of people surveyed would not want to live next door to someone who has been mentally ill, while 11% of people believe that those with mental illness should not be given any responsibility.⁸

The improving rate of treatment among those with mental health problems is undoubtedly positive for society, but also presents a challenge to the NHS and other health services across the UK.

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⁵ The treatment rate incorporates the reported use of psychotropic medication and psychological therapy, as well as the extent of use of health care services for a mental health reason (GP, inpatient and outpatient health care), and day and community service use.


⁷ Stigma and discrimination are still rife for people with a mental health problem, Time to Change, 2014.

With the shift away from hospital-based care, a large share of the growth in demand for mental health services has been borne by general practitioners and community services.
Pressure on health care providers

The demand for mental health services is growing...

As mental health problems become more common, more and more individuals are presenting themselves to health care providers and community services in order to be treated.

Over the past decade, the number of people in contact with mental health services has risen by over 50%, representing approximately 650,000 extra individuals per annum.\(^9\)

As Figure 5 indicates, however, the manner in which these individuals are receiving treatment has changed drastically, with the percentage of people admitted to inpatient beds dropping steadily in recent years.

Figure 5
Rising demand for mental health services

... and a growing proportion of this demand is being met through primary care services

Throughout the UK, there has been a long-term shift in how mental health services are supplied to the population, with a move away from hospital-based care towards more community-based care.

Consequently, a large share of the growth in demand has been borne by general practitioners. Between 2000 and 2014, the proportion of individuals with mental health problems who had spoken to their GP in the last year increased from 38.2% to 46.4%.\(^{10}\)

Similarly, it appears that more people with mental health problems are using community and day care services than before (from 17.2% in 2000 to 20.6% in 2014).\(^{10}\)

This shift towards primary care services, and the increased use of medication in treatment, has subsequently led to a reduction in the number of beds and secondary care staff. However, this increased burden on the primary care system is likely to be felt further along the care pathway as the prevalence in mental health problems continue to grow.


The pressure on inpatient facilities is also evident ...

Despite the shift towards community-based care for mental health patients, the reduction in the available number of mental health beds is creating added pressure on providers' ability to provide safe and quality care.

As Figure 6 shows, the decline in mental health beds has been rapid. In 1987, there were over 67,000 available mental health beds in England. By 2016, this figure had fallen to less than 19,000 – representing a 72% decrease.11

While much of this decline is due to the shift towards interventions earlier in the care pathway, the growing demand for mental health services is creating additional strain on the availability of inpatient beds for those in need.

A survey conducted by the Commission on Acute Adult Psychiatric Care (2015) found that 91% of wards were operating above the recommended 85% occupancy level, with some running as high as 138%.12 This negative impact on patient waiting times can have knock-on effects for outcomes, particularly in the case of mental health crisis care.

Figure 6
Decline in mental health inpatient beds

... and staff numbers have not grown in line with demand

The number of mental health nurses in the NHS is also reducing, further limiting the ability to deliver high-quality care. Since the financial crisis in 2009, over 4,000 mental health nurses have exited England’s health care system.13

Given the rising demand for services, the corresponding contraction in the supply of resources is a cause for concern and understandably has a negative impact on service quality. Approximately 39% of NHS trusts were rated as ‘requiring improvement’ as at May 2017 – with the impact of staff shortages noted by the Care Quality Commission.14

Figure 7
Number of mental health nurses, 2009-16


The Government’s pledge to increase funding is welcome, but NHS Mental Health Trusts remain worried ...

In recent years, both the quality and funding of the UK’s mental health services have moved upwards on the Government’s policy agenda. In the 2017 election, all major political parties recommended additional funding towards mental health in order to ensure parity of esteem between physical and mental health care for patients.

In March 2015, research by Community Care and BBC News found that the funding for NHS trusts to provide mental health services had fallen by 8.3%, or £600mn, in real terms over the course of the last parliament (from 2010-11 to 2014-15). As a result, a portion of the new funding will be needed to fill some of the gaps in the system in terms of staff shortages, insufficient capacity and outdated care pathways.

However, in addition to the funding required to mend the system, a large-scale transformation will also be necessary if parity of esteem is to be delivered. Fundamentally, this involves reconfiguring services, which have historically been set up for acute physical diseases rather than longer-term, non-communicable conditions.

Given the scale of the challenge, a large number of NHS trusts remain worried about being able to meet care requirements. Approximately 80% of the NHS Mental Health Trusts in England surveyed in 2017 fear that they will not have the money this year to provide timely, high-quality care to the growing numbers of people seeking mental health support.16

Figure 8
Are you (NHS Mental Health Trusts) worried about investment in mental health services?


... and investing directly in mental health services will not be sufficient in addressing the issue

While the increased funding for mental health services in recent and future years is certainly a step in the right direction, a broader solution is required. This is because the determinants of mental illness are broad, and include a range of economic, occupational and social factors. The idea that mental health has social determinants is not new. For example, as far back as 1897, sociologist Émile Durkheim found that social integration was an important determinant of suicide.18

The social determinants found to impact mental health include:

- Employment status
- Occupation type
- Deprivation
- Housing quality and certainty
- Rurality vs. urbanity
- Marital status
- Physical health and well-being
- Religion and ethnicity

This means that while the Department of Health may take the lead on the UK mental health agenda, other sectors, including education, welfare, transport and housing should also stand up and be part of the solution. At a national level, leadership might come from the respective government departments representing these sectors. However, a broader set of public, private, voluntary, and community agents and assets will need to be mobilised at a local level if the heterogeneous needs of different individuals and communities are to be met. This will be challenging, but after more than 100 years of awareness and discussion of the broad range of determinants of mental health, the time to act is surely now.

18 Durkheim E., Suicide: a study in sociology. The Free Press, 1897.
The full burden of mental illness

Individuals, government and businesses across the UK shoulder the burden of mental illness.

The UK's mental health is an important asset to the economy, one which can provide benefits when maintained and incur costs when deteriorated. Unfortunately, the prevalence of mental illness in today's society means that, each year, significant costs are incurred as a result of mental illness.

These costs are not solely borne by the NHS – far from it. Mental illness touches various areas of our everyday life and as such, the costs are incurred across a broad range of areas in our society.

In line with EY's Social Return on Investment (SROI) methodology, costs associated with poor mental health can be categorised into fiscal, economic and social costs. Please see the Appendix on page 16 for key assumptions and sources.

Fiscal costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct mental health care funding</td>
<td>£13.6bn</td>
</tr>
<tr>
<td>Social care expenditure relating to mental health needs</td>
<td>£2.2bn</td>
</tr>
<tr>
<td>Induced physical health care costs</td>
<td>£11.2bn</td>
</tr>
<tr>
<td>Education funding for school counsellors</td>
<td>£0.1bn</td>
</tr>
<tr>
<td>Criminal justice system expenditure relating to mental health-related crimes</td>
<td>£0.3bn</td>
</tr>
<tr>
<td>UK Government welfare expenditure relating to mental health conditions, including employment support allowance, incapacity benefits and disability living allowance</td>
<td>£6.3bn*</td>
</tr>
<tr>
<td>Foregone tax revenues as a result of increased worklessness</td>
<td>£12.0bn*</td>
</tr>
</tbody>
</table>

Economic costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost output, as a result of increased worklessness, sickness absence, crime and diminished productivity</td>
<td>£27.2bn</td>
</tr>
</tbody>
</table>

Social costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct and indirect reductions in quality of life for those affected by poor mental health</td>
<td>£64.3bn</td>
</tr>
<tr>
<td>The value of informal care provided by friends, relatives and volunteers</td>
<td>£7.4bn</td>
</tr>
</tbody>
</table>

* Note: UK Government welfare expenditure and foregone tax receipts are not included in the total £126bn burden, as they represent transfers rather than a consumption of resources.

19 Society’s return on investment: A proposed standard for measuring and unlocking the true value of health and care, Ernst & Young LLP, 2016.
Direct funding £13.6bn
Informal care £7.4bn
Social care £2.2bn
Crime £0.3bn
Physical health care £11.2bn
Education £0.1bn

£64.3bn

Lost output £27.2bn

£126bn in total

Reduced quality of life

£126bn in total

Reduced quality of life

£64.3bn

Lost output £27.2bn

Direct funding £13.6bn

Informal care £7.4bn

Social care £2.2bn

Crime £0.3bn

Education £0.1bn

Physical health care £11.2bn
Direct mental health care costs are just the tip of the iceberg ...

On the surface, one might assume that the main cost of mental health problems to the UK’s economy sits within the NHS and other health care providers across the UK. However, despite the estimated £13.6bn of annual funding to mental health services across the UK, this makes up just over 10% of the total cost of mental illness to the nation.20,21

Instead, the largest cost related to mental health problems in the UK is a social cost. Mental illness directly reduces the quality of life of people who experience symptoms, while indirect impacts on well-being may also be experienced by friends, relatives or victims of crime. As governments and economists worldwide begin to move away from a narrow GDP measure of success, and instead focus on the well-being of the population, it is important that these impacts are captured. Using the Department of Health and Social Care's Quality Adjusted Life Years (QALYs) methodology, we have estimated that mental health problems cost the UK over £64bn in quality of life impacts each year.22

... and cashable costs are incurred across different public services

The costs of reduced well-being and the value of informal care provided to people with ill mental health may not feel tangible, as they are not cashable to those in society. Nevertheless, among cashable costs, there is also a wide variation in where mental health impacts public services.

The first obvious area is direct mental health-related services. While there is limited public information about the Government’s expenditure in this area, we estimate that less than £16bn is spent per annum on health and social care services for those with mental illness. However, a large cost to health services more broadly occurs because of the comorbidity (presence of two or more conditions in a person at the same time) of mental and physical health. People with ill mental health are two to four times more likely to die prematurely, and mental health problems can often hinder recovery from physical illness.23

As a result, people suffering from mental illness are more likely to consume resources in the UK’s health service, adding a cost to the NHS and other providers. This cost was estimated at £8bn for England in 2012.

Conversely, the financial impact on the criminal justice system and education is relatively low. Just 1% of crime victims attributed their experience to mental illness, which further contradicts some of the remaining social stigmas of the illness.24

Education spending includes the costs of counsellors for schools, which appears relatively low. Importantly, the costs of lower human capital accumulation, particularly in terms of lost research and knowledge in academics, has not been accounted for – but may be significant.

The lost output from mental health problems is significant and is likely to grow

Aside from the impact on human capital accumulation, which is likely to be high, mental health problems are costing the UK economy billions each year in terms of lost output.

We estimate that over 600,000 individuals are out of work because of mental health conditions, who would otherwise be contributing to the UK economy. Each year, this costs the UK economy over £20bn in lost output.

For those working, the Office of National Statistics (ONS) estimates that close to 16 million working days are lost because of mental health-related sick leave each year, costing the economy approximately £1.8bn in foregone productivity.25

Even for those attending work, the presence of mental health conditions significantly hinders productivity. Presenteeism is estimated to cost the UK economy £4.5bn per annum.

While these costs are large today, they are at risk of continuing to rise in the future. As the UK continues to move towards an information economy, one in which we rely on the knowledge and cognitive capabilities of our workers, the mental health of the population becomes even more of an asset.26 As such, if mental illness continues to rise, it is conceivable that the associated negative impact on the economy will grow in severity.

The impact on Government’s finances cannot be ignored

Approximately 600,000 individuals are not working as a result of mental illness, resulting in decreased tax receipts for the Government as well as increased spending on benefits. While this affects the Government’s fiscal balance, these costs do not reflect a consumption of resources, and are therefore not included in our £126bn annual figure.

Nevertheless, this represents an opportunity cost to the Government, since this money could otherwise be spent on other investments, policies and departments – and so should not be overlooked.

20 Mental health services: preparations for improving access, National Audit Office, 2016.
21 Cyhlarova E., Economic burden of mental illness cannot be tackled without research investment, Mental Health Foundation, 2010.
22 Quantifying health impacts of government policies, Department of Health and Social Care, 2010.
24 Mental Health and Risk, Cornwall Foundation Trust, 2016.
Each year, over 600,000 individuals are out of work because of mental health conditions. This alone costs the UK economy over £20bn per annum in lost output.
The impact on the mental health of any group of stakeholders, whether it be citizen, service user, staff or other, should be considered consistently and robustly in all key government decisions.
Developing a cross-policy approach on mental health

The impact of mental health problems on our society is vast ...

Protecting and maintaining the mental health of the population should be considered a priority for the UK Government. However, a number of findings suggest that unless action is taken, the problems associated with mental illness are likely to grow:

► Mental health problems are widespread in today’s society, more so than ever before. One in four people has been diagnosed with a mental health condition in their lifetime.

► Demand for mental health services has grown by over 50% throughout the past decade and greater proportions of sufferers are being treated for their conditions. Nevertheless, the majority of people reporting symptoms are still left untreated, indicating that there is considerably more room for demand to grow.

► The system tasked with providing mental health services to meet this demand is under severe strain, with limited resources to cope with the increasing levels of need. Despite increased funding promised to mental health services, 80% of NHS Mental Health Trusts in England say that they are worried about investment levels in the future.

► Furthermore, many of the UK’s mental health services are not fit for purpose and require considerable reform in order to meet patients’ needs. As in other developed economies, health services have historically been set up for acute physical diseases rather than longer-term, non-communicable conditions.

► The impact on the UK’s GDP is approximately £35bn per year, but is likely to rise as the economy relies more and more on knowledge-based jobs and industries.

► The impact on society is huge and, with assumptions, has been monetised at approximately £126bn of cost per annum. These costs include social, economic and fiscal elements, with the impact on well-being accounting for half of the overall burden.

... and it will require an equivalent cross-policy response

The responsibility of caring for our mental health does not sit solely on the shoulders of health care providers and cannot be addressed exclusively by policies at the Department for Health. Instead, as a public resource to us all, the mental health needs of our population should be considered across all aspects of government policy and decision-making. To enable an appropriate response to mental health problems, one which considers the full spectrum of impacts to our society, we propose that the UK Government should adopt a broader stance towards mental health in all areas of policymaking.

All Government departments should recognise their role in protecting the UK’s mental well-being. The impact on the mental health of any group of stakeholders, whether it be citizen, service user, staff or other, should be considered consistently and robustly in all key government decisions. Cross-departmental policymaking will be required in order to tackle the burden of mental health in our society – from interventions in education, to labour market reforms and community initiatives.
Appendix

Calculating the total burden of mental illness

Quality of life

Indirect reductions in quality of life are experienced by other individuals as a result of suicides and mental health-related crime. Taken together, the total impact on well-being is estimated to cost the UK over £64bn per annum.

Mental health problems directly impact on an individual’s well-being, as negative symptoms may limit their life satisfaction and ability to engage in activities. This direct reduction in quality of life can be valued using quality adjusted life years (QALYs).

We have used the methodology set out by the Department of Health and Social Care to translate the prevalence of mental health disorders into QALYs. This has been valued using the Department for Transport’s WebTag database to determine the value of the reduction in well-being, at £64bn per annum.28

Lost output

Mental health problems limit an individual’s ability to contribute to the economy, as output is lost because of worklessness, sick leave, suicides and reduced productivity.

Using the APMS data, we estimate that over 600,000 individuals are not employed because of severe mental illness,29 while ONS report that close to 16 million working days are lost because of mental health-related sick leave each year.30

These factors, combined with lower productivity on the job and lost output due to suicides, represent a lost opportunity for the UK economy.

On the basis of the UK’s gross value added (GVA) per capita,31 we estimate that these combined factors account for a total annual cost of £27bn to UK economy each year.

Informal care

Using ONS data on the value of informal care, we estimate that these informal and unpaid carers contribute over £7bn worth of support each year to people with mental illness.32

Crime

Despite the stigma surrounding mental health, Time to Change reports that just 1% of crime victims in the UK perceived the crime to be related to mental health problems.33

Crime has an impact on victims’ well-being and output potential, and also leads to a detrimental impact in terms of costs from damage, theft, security and insurance, which are borne by society as a result of crime. Using data collected from the Home Office,34 we estimate that these costs amount to an estimated £305 per annum.

Education

Funding for school counsellors is estimated at just £106mn for the UK, equivalent to less than 0.1% of the total cost of mental health.

Direct mental health care funding

Exact funding figures for the UK’s mental health services are not available, however, we have estimated that approximately £13.6bn is spent per annum on staff and non-staff costs in the provision of mental health treatment.

The National Audit Office has reported that total funding for NHS England’s mental health services is approximately £11.7bn per annum.35 An additional £630mn of funding is ring fenced in Wales, while Scotland spends approximately £1bn. The total spend in Northern Ireland has been projected at £270mn on the basis of observed funding trends.

Social care expenditure

NHS data reports that total social care expenditure relating to mental health needs for 18-64 year olds amounted to over £1.3bn in England in 2013-14.36 Aggregating this for the whole of the UK population, and inflating to 2017 prices, provides an estimate of £2.2bn per annum.

Indirect physical health care costs

The King’s Fund estimates that mental health problems contributed to roughly £11bn worth of costs in terms of physical health in 2016.37

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27 Quantifying health impacts of government policies, Department of Health and Social Care, 2010.
32 Unpaid carers provide social care worth £57 billion, ONS Digital, 2017.
34 The economic and social costs of crime against individuals and households 2003/04, UK Home Office, 2005.
35 Mental health services: preparations for improving access, National Audit Office, 2016.
Social welfare
Individuals with diagnosable mental health conditions may be eligible for Employment Support Allowance and Disability Living Allowance.

Together, over two million claims are made per year owing to mental health conditions, resulting in approximately £6.2bn of Government spending.38

Lost taxes
The increased number of out-of-work individuals, as a result of mental illness also impacts on Government's tax receipts. This is true for both direct taxes on income and indirect taxes on consumption such as VAT and excise duties.

In line with the Office of National Statistics, we assume an average tax rate of 18.7% for direct taxes, and 18.0% for indirect taxes.39 Taken together, these foregone tax receipts to the Exchequer amount to approximately £12bn.40 As with social welfare, this represents a transfer and, therefore, is not value lost from the economy.

Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing
The Adult Psychiatric Morbidity Survey (APMS) series provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over). This survey is the fourth in a series and was conducted by NatCen Social Research, in collaboration with the University of Leicester, for NHS Digital.

38 Disability Living Allowance (DLA) for adults, UK Government, 2017.
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