Written submission to the Department of Health and Social Care's *Mental health and wellbeing plan* consultation

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.2 million staff.

Key points

- We welcome the Department of Health and Social Care's (DHSC) commitment to developing a new cross-government mental health plan and the potential for it to bring a strategic and systemic approach to mental health policy and delivery over the next 10 years.
- We have been pleased to support the broad consultation exercise underpinning the development of the plan and welcome the acknowledgement that the plan will consider the full range of mental health need. It is critical for national policy to take a multi-pronged approach given the high levels of demand and acuity currently seen in mental health services which is projected to continue for some time. This need has become even greater post pandemic and as the country contends with a cost of living crisis that is expected to be deep and prolonged.
- The plan needs to be radical, bold and transformational, with a focus on how to shift resources upstream and deliver a far more proactive and holistic model of health care to help prevent people developing mental ill health and enables early access to support for those that do.
- Support for children and young people must be an absolute priority. The plan needs to ensure whole system solutions are put in place across schools, children's services and other settings, with an increased focus on prevention and early intervention along with increased support in schools and colleges to meet needs now, and prevent a mental health epidemic in future years.
- We welcome DHSC's intention to focus on redressing disparities in the new plan, with targeted commitments to reduce differences in prevalence, and improve equity in service access and life outcomes.

- However, we are concerned about the lack of dedicated funding attached to the plan and the impact this will have on the scale of its ambition and deliverability in practice. We need to see the right level of support and investment to provide the funding and workforce required to truly reset the way we approach mental health care and deliver on ambitions over the next decade.
- In addition, the plan could helpfully consider increased support for wider public services, and in particular public health and social care, given the crucial role these services play in providing people with the wider care and support they need and in helping to prevent mental ill health and avoid deterioration.
- Mental health services are significantly under-staffed and this remains the most pressing challenge to the sustainability and accessibility of services and one which will take the longest to resolve. We welcome recognition of the need for better workforce planning in the discussion paper and we look forward to working with the government, stakeholders and trusts to support the development of this.
- Mental health trusts are also in desperate need of capital investment to shore up outdated buildings, to provide a more therapeutic environment and to deliver existing NHS Long Term Plan priorities.

Promoting positive mental wellbeing

Helping people to improve their own wellbeing

Our lifestyle choices are a key pillar of our mental and physical health. Trust leaders tell us that more resource and support to promote mental health and wellbeing in education and work settings, offer targeted and proactive responses to adverse childhood experiences and for children whose parents are suffering from mental ill health are essential. Trust leaders have also highlighted the importance of delivering interventions to support mothers and children during pregnancy and pre-birth.

However, it is also important that commitments in the plan are not limited to individual behaviour and healthy lifestyles, as this fails to recognise the deeply entrenched and complex factors influencing poor mental health.

How we can improve the population's wellbeing

The plan provides a clear opportunity to address the link between health and wealth, the impact of housing conditions, local places, employment opportunities and educational outcomes on people's long-term health outcomes, as well as the impact of people's health on their life opportunities.

Trust leaders have put forward a range of areas that national and local action could focus on to improve the population's wellbeing, such as:

- **Wellbeing within working environments:** for example, valuing individuals in their places of work within the health and care sector and beyond, and reducing stress and pressure; and creating time for people to support their own wellbeing;
- **Broadening mental health expertise:** ensuring that key players across the public service landscape have sufficient mental health expertise and resources to promote mental health and wellbeing, given the wider socioeconomic factors influencing mental health and wellbeing, including poverty, homelessness, and public health concerns including substance misuse;
- **Accessibility:** enabling access to wellbeing services and interventions including for deprived and rural communities;
- **Whole population measures:** for example, reducing costs of living; anti-bullying strategies in schools, workplace mental health measures and workplace cultures that support good mental health;
- **Psychologically informed environments:** promoting resilience and emotional wellbeing, and improved awareness training around wellbeing for staff; and
- **Co-production of strategies and delivery models:** using available data to inform priorities and address inequalities, and improving the understanding of inequalities and the impact on communities, as well as tailoring approaches for children and young people, including recognising the importance of strategic planning and delivery across agencies and communities.

The plan also provides a key opportunity to set out how the NHS – far from simply being a treatment service – has a key role to play in contributing to better socioeconomic outcomes in all regions of the country. As the largest employer in the country, the NHS's role in supporting communities and creating opportunities for good work, should not be underestimated.

How we support different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?

An element of the plan should focus on helping all sectors of the economy to understand how mental health affects the running of their service or business, their workforce and their client base or service user base. Any initiatives which support a better shared understanding of the impact of inequalities on communities, and of techniques to co-produce services and support with local communities, or to develop services and approaches that meet specific needs and improve outcomes would also be welcomed.

Preventing the onset of mental health conditions

The most important thing we need to address in order to reduce the numbers of people who experience mental ill-health

We agree that it will be important for the plan to recognise the impact of the wider determinants of health, and seek to address these to either mitigate risk or drive potential ill health. Key issues which we know have a profound impact on people's mental and physical health – which fall outside the NHS' direct responsibilities – include housing, education, social care, public health, welfare support, employment and public services.

A significant number of mental health trust leaders stressed the impact of wider socioeconomic factors on demand for mental health services in their responses to our survey prior to the pandemic: 92% said changes to benefits/universal credit – with 63% saying the impact was high, making it the most significant factor; 98% said financial hardship; 97% said housing; 97% said loneliness and isolation; and 91% said cuts to local services.

Trust leaders have particular concerns around the current and projected levels of need for children and young people, and have stressed that support to this group must be a priority to meet needs now, and prevent a further mental health epidemic in future years. Suggestions put forward include focusing on early support and avoiding over-medicalising and medicating children and young people. Trust leaders have also highlighted the importance of recognising and addressing the environmental factors influencing the mental health of children and young people.

Trust leaders have also stressed the importance of education and health promotion within schools and colleges and on social media platforms. They have also suggested an increase in the number of school health nurses for young people to access support from. For working aged adults, trust leaders have highlighted the importance of lessening the cost of living and reducing stress at work, and for older adults, tackling loneliness and increasing physical exercise has been stressed.

There must be increased support for wider public services, and in particular public health and social care, given the crucial role these services play in providing people with the wider care and support they need and in helping to both prevent mental ill health and avoid deterioration. Between 2015/16 to the end of the decade, public health funding was cut by £531 million in cash terms. In the context of broader constraints on local government funding, this has undermined councils' efforts to improve the health and wellbeing of their communities and placed additional strain on the NHS. In social care, there remains a need for a clear vision of reform, and tangible, fully funded measures. It is critical to

secure provision by improving staff pay and tackling high vacancy levels in the social care workforce, as well as to support the provider market, and to increase access and improve quality of care.

A coordinated approach which balances national policy to support the prevention agenda, with local level action on collaboration, planning and service delivery, will enable front line staff to implement the interventions which support communities to stay healthy. The government should be aware of the impact of any new policy on the health of those it affects, and seek to avoid undermining work to encourage behaviour change and improve wellbeing.

It is also important to remember that demand for services is complex and multifactorial – it is the reason for, as well as a result of, the care deficit permeating mental health services. Adequate mental health provision has a key role in prevention as well as treatment. Trusts and the wider health and care sector can add the most value when operating in partnership with an appropriately funded public health service, and accompanying government focus on addressing the wider determinants of health.

Examples of mental health trusts' role in prevention include: a system wide strategic programme in Bradford focused on transforming services with a focus on prevention and early intervention and integrating services; the work of 'South London Listens' and South London and Maudsley NHS Foundation Trust's work focused on the organisation as a community asset; as well as plans to create a child and adolescent mental health centre in South London looking at root causes of mental health issues and long term solutions.

How employers can support and protect the mental health of their employees

We support the principle of national initiatives which offer support to employers to support the mental wellbeing, and mental health of their employers. There is no doubt that support for employers could form a key channel to reach a much broader proportion of the general population.

The NHS is of course the largest employer in the country and remains keen to learn from other sectors. Trust leaders have therefore rightly highlighted a variety of initiatives and approaches underway to support and protect the mental health of their employees. These include:

- 1:1 counselling;
- robust and restorative 1:1 supervision;
- regular 1:1s with managers;

- wellbeing events/days;
- check ins;
- team building exercises;
- job recognition;
- flexible working patterns to support work/life balance; and
- use of outdoor areas such as gardens to provide therapeutic spaces for staff to take their breaks and enjoy the benefits of nature.

NHS Providers' report, Providers Deliver: Recruiting, retaining, and sustaining the NHS workforce, originally published in November 2021, provides a snapshot of just some of the work being done by trusts to support and protect staff with the resources currently available to them, acting as a springboard for driving further change and innovation.

However, trust leaders have also emphasised the need for additional funding for more staff alongside sustainably resourced wellbeing initiatives. The latest NHS staff survey results found barely one in four (27%) people working in the NHS feel that there are enough staff in their organisation to allow them to do their jobs properly, while there are also concerning increases in the proportion of staff suffering work related stress and, sadly, thinking about quitting the NHS.

To safeguard the recruitment, retention, and wellbeing of the NHS workforce in the long term, it is clear that enough additional staff are needed not only to cover existing workforce gaps, but also to bring additional capacity into the system. A fully costed and funded workforce plan, alongside increased long-term investment in workforce expansion, education and training, is absolutely crucial.

The most important thing we need to address in order to prevent suicide

The pandemic has had a considerable adverse impact on people's mental health, and that impact is expected to continue and grow in the coming years. The cost of living crisis too, presents additional pressure, and in this context, trust leaders are particularly aware of the potential growing risk of self-harm and suicide.

It is critical that people from all communities can easily access services in a timely way. Current plans to improve access and the quality of mental health services are welcome and will support system-wide efforts on suicide prevention. However, these plans require resources and support to be increased, on a sustainable basis, to match the growing prevalence of mental health conditions and the levels of more complex demand that services are now seeing.

Appropriate funding and support are needed in order for trusts to recruit the staff needed to deliver key measures, such as provision for those who attend A&E with self-harm injuries, for home treatment and for follow up within three days of discharge. Local prevention plans also depend on a joined-up approach between providers, local authorities and the voluntary sector.

Trust leaders have also highlighted the importance of education and initiatives to raise awareness about mental health from school age through to training in the workplace and with a particular focus on healthcare professionals, the police and those working in other relevant agencies.

Trust leaders have told us there needs to be:

- more work done to educate young people to recognise the signs and symptoms of self-harm and suicidal ideation;
- better signposting to local help and support;
- more investment in helping people build self-care skills;
- better resilience across public services to spot and help prevent emerging concerns from escalating; and
- better investment in the skills required to analyse population-based trends, and provision to support those bereaved by suicide.

For children and young people, trust leaders have highlighted the importance of recognising the impact of Adverse Childhood Experiences, collaboration between agencies and greater promotion locally of where to go for help.

Suicide prevention efforts by the NHS to date include work by the Suicide Prevention National Transformation Programme to develop multiagency action plans in a select number of areas to reduce suicide and self-harm and share learning. We would welcome further and expanded support for this work. All mental health trusts have also developed Zero Suicide plans and over 200 trusts are working in collaboration with others, through the Zero Suicide Alliance, to identify and share best practice on suicide prevention, including training modules and resources for trusts.

However, there is still more NHS providers can do to work together to resource, refresh and reinforce the approach being taken to suicide prevention. The chief executive of Mersey Care NHS Foundation Trust, Joe Rafferty, has also previously set out why and how we can develop our thinking, create breakthrough approaches, and fundamentally change individual and corporate cultural attitudes to suicide and suicidal activity.

Professor Louis Appleby also helpfully set out last autumn how NHS trusts can manage the ongoing risk of suicide rates increasing in future. This includes: strengthening services for those most at risk of suicide and its key risk factor, non-fatal self-harm; prioritising access to mental health liaison in emergency departments for anyone in chronic pain, mental health crisis, isolated or in debt; and trusts looking after their own staff and bereaved families.

Intervening earlier when people need support

What more the NHS can do to help people struggling with their mental health to access support early

It is important to recognise that services are reaching more individuals than ever before and trusts are doing all they can to help people struggling with their mental health to access support as early as possible with the staff and resources they have available.

However, despite the substantial progress made by those leading and working in the sector, challenges still remain. There are significant workforce gaps and thousands more staff are needed to deliver ambitions for the sector in the medium to longer term. There is also growing – and often more complex – demand for mental health services, which means a substantial treatment gap and barriers to accessing help early enough persist.

Trust leaders have put forward a range of suggestions for what more the NHS can do to help people struggling with their mental health to access support early. These include:
- making access to prompt and personalised care easier, for example by giving people a choice of treatment location and timing;
- offering easy and quick self-referral;
- focusing on delivering responsive services that work to prevent crisis;
- enabling free access to online resource, services and apps; and
- better signposting and making information and phone numbers easier to find.

Trust leaders have highlighted the need for greater investment in primary care based mental health services. New mental health practitioners in primary care settings are a welcome development and, with IAPT services, need to continue to grow and work together with wider neighborhood teams. More broadly, GPs and primary care have a key role to play in helping people struggling with their mental health to access support early by using all touch points to probe mental wellbeing as well as in providing continuity of care. This requires easy access to appointments and support to ensure GPs have the time and confidence to offer expanded services in this space: continuing to build on efforts

to improve awareness of mental ill health among GPs and their ability to spot symptoms and signpost to further care and support across all GPs will be critical. We also need to provide better support for GPs, such as easy access to expert consultants via phone, and more assertive services to offer patients where IAPT will not meet their needs.

The plan also needs to take into account the fact some communities access care via other pathways - often A&E and only when they have reached a crisis point. We also need to see a much better link up to broader public and voluntary sector services and social prescribing which primary care could facilitate effectively.

However, fundamentally, there remains a need for a fully costed and funded national workforce plan for health and care staff for the longer term, that not only sets out the desired and specific future size and shape of the workforce, but also commits to an ambitious programme of training and development. Having enough staff who are well trained would lower the current thresholds to access services.

It will also be important to review how mental health services and their partners in the wider system are resourced, commissioned and funded to improve access and the quality of care for individuals across the country. There must be increased support for wider public services, and in particular public health and social care, given the crucial role these services play in providing people with the care and support they need and in helping to both prevent mental ill health and avoid deterioration.

Children and young people

Despite services reaching more individuals than ever before, there is growing – and often more complex – demand for mental health services for children and young people, which means a substantial treatment gap and barriers to accessing help remain. It is critical that we tackle this care deficit. According to latest prevalence data, 1 in 6 children and young people now have a probable mental disorder, up from 1 in 9 in 2017.

Last year, 100% of the mental health trust leaders we surveyed said demand for treatment of children and young people with mental health illnesses had increased in the previous six months, while 84% said waiting times have got worse. Only one third of mental health trust leaders told us they were able to meet the current demand for children's care and most of them were concerned about their ability to meet anticipated demand for these services. Our findings are reflected in the latest national

data, which shows the number of children and young people on the 'mental health waiting list' is three times higher than when records began in 2016.

There was welcome additional funding announced for children and young people's mental health services in June 2021. However, while it will help to address some of the challenges facing services, we know more will be needed on a long-term basis. Building an appropriate bed base and a safe therapeutic environment, alongside increased community-based provision, preventing the need for admission, and workforce investment are all key. Taking these steps will help to ensure evidence-based treatment is accessible to children and young people that is high quality and as close to home as possible. Achieving this though, takes sustainable levels of investment over the long term.

Social care

The government must also consider the needs of children and young people in its plans for social care reform. A lack of suitable social care provision was cited by trust leaders as one of the key reasons why demand for children and young people's mental health services is not being met currently.

Trust leaders have expressed their concern that mental health settings, as well as general settings when there are no mental health beds available, are being used when places of safety provided by local authorities would be the most appropriate settings for many children and young people and the best use of resources. Trust leaders have told us there has been an increase in individuals with complex needs coming into A&E requiring social care packages, but cuts to tier 1 and 2 children's services in local authorities over the years have had, in the words of one leader, "a massive impact" and poor outcomes and placement breakdowns are also more frequent due to lack of suitable placements.

Trusts are taking a number of steps in collaboration with their partners in social care locally, such as working to deliver pop up package support, crash pads, crisis beds/day facilities and other short term supported accommodation options. However, these efforts are limited without robust national action, with trust leaders stressing a coherent strategy, funding and coordination between education, social care and health is what is needed fundamentally.

Ensuring people with wider health problems get appropriate mental health support at an early stage if they are struggling

Trust leaders have stressed the need for the NHS to focus on holistic care for the whole person, embedding mental health and social interventions in physical healthcare pathways more effectively and ensuring that this approach is supported by national policy.

Building skills in all public agencies so that we have a workforce equipped to assess mental wellbeing and approach care and support in an informed way through all contacts is a key element needed in order to support early intervention and identify where people are struggling. The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) has highlighted the importance of staff in general hospitals taking a patient's mental health history to help to ensure that appropriate healthcare needs are met at an earlier stage. NCEPOD's chief executive Marisa Mason has argued powerfully that "every hospital admission can be an opportunity to assess mental health as well as physical health needs", but to do this, "healthcare staff need to be available, trained, supported".

Other points made by trust leaders include:
- strengthening and building on models similar to liaison services in acute hospital settings;
- increasing access to specialist advice; and
- promotion of models of care that view a person holistically and where staff are aware of, and equipped to help mitigate, the impact wider health issues can have on mental health and vice versa.

As we set out above, timely and quick primary care support and referral pathways – that people know how to access – and the availability of a wide range of resources across all agencies which are promoted and easy to access have also been highlighted as crucial.

Improving the quality and effectiveness of treatment

The most important issues to address in order to improve NHS mental health care and treatment over the next 10 years

Quality of care and patient safety are at increasing risk due to the mismatch between demand for services and the overall funding, capital and workforce available. Despite the pressures of the last few years, quality has in most cases been maintained and most people have a good or excellent experience of care. However, we cannot continue to rely unreasonably on staff goodwill and resilience.

Workforce

Trusts have an important role to play to meet the workforce gaps they face, and have been doing a lot to date, by using new roles, changing skills mixes, and pursuing a range of recruitment and retention initiatives. However, the impact of these steps is necessarily limited without greater national progress on growing and funding the domestic pipeline and in retention initiatives.

In NHS Providers' March 2022 survey of trust leaders, 97% of respondents reported that workforce shortages are having a serious and detrimental impact on services, with 98% agreeing that this will slow down care backlog recovery. Respondents also reported that the NHS does not have robust national-level plans for tackling workforce shortages in the short- to medium-, and long-term (89% and 88% respectively).

Despite nominal increases in staff, given significant ongoing vacancies and increasing demand for services, trusts of all types are seeing substantial gaps across professions and regions. We continue to call for a nationally coordinated, fully funded and costed long-term workforce plan in order to tackle the current workforce crisis and to ensure the sustainability of the NHS.

The plan must have an adequate focus on building on the steps that have already been taken to grow the mental health workforce to date. Mental health trust leaders have raised their concerns that national recruitment efforts and funding has not always been focused on areas where their trusts necessarily need it – support and funding to recruit local people from local universities has been highlighted as area mental health trusts would welcome in particular for example.

Trust leaders have told us they need a national plan that increases training places for mental health and learning disability nurses, psychiatrists, allied health professionals, social workers and new roles. The plan must also commit to an ambitious programme of training and development to improve retention. Capital investment to make inpatient and community mental health settings better places to work would also help with staff morale and recruitment and retention.

Given that there are shortages are across the board, the 'one workforce' approach to workforce planning within local systems is key, as competition for staff between organisations risks exacerbating pressures on other parts of the system. The importance of training the wider workforce to be more aware of mental health conditions and the support needed is also critical. There also remains a need for national policy makers to align their thinking across the health and social care sectors.

It is important to emphasise that staff with the right skills in the right place are just as important as an increase in the number of staff: effective mental health services depend on multi-disciplinary teams

with the expertise and experience to meet individuals' care and treatment needs. The level of skill mix in inpatient settings and the desirability of working in these settings compared to, for example, community mental health services, is a concern meriting particular focus on inpatient settings.

Funding

We are concerned that there will not be any additional funding, at least in the short term, attached to the plan and about the impact this will have on the scale of its ambition and deliverability in practice. We need to see the right level of support and investment to provide the funding and workforce required to reset the way we approach mental health and deliver on ambitions over the next decade.

How mental health services and their partners in the wider system are resourced, commissioned and funded needs to be addressed to improve access and the quality of care for individuals across the country. There must be increased support for wider public services, and in particular public health and social care, given the crucial role these services play in providing people with the wider care and support they need and in helping to both prevent mental ill health and avoid deterioration.

Mental health trusts are also in desperate need of capital investment to shore up outdated buildings and infrastructures in order to provide a more therapeutic environment for patients as well as a better place for staff to work. A lack of capital investment also risks limiting the impact of NHS Long Term Plan investment on mental health services. Without significant changes to the capital regime, NHS mental health services will not overcome the substantial shortfall in care for those who need it most – some of the most vulnerable people in our society.

Tackling race inequality in mental health care

Trust leaders have emphasised that any successful plan needs a focus on inequalities and a focussed approach for people experiencing higher levels of mental health issues.

The inequalities in experiences of people from Black, Asian and minority ethnic backgrounds is a significant source of concern for trust leaders. Trusts are supportive of the government proposals as part of work to reform the Mental Health Act 1983 to legislate for culturally competent advocacy to be available to detained patients, subject to successful learning from pilot schemes and appropriate funding and resources.

However, there is more that needs to be done. The government has rightly emphasised that a targeted, multi-pronged approach is crucial to improving care, treatment under the Act, and interactions with the mental health system, for people from ethnic minority backgrounds. We need to

see sustained focus on delivering national plans to support local health systems to better address inequalities in access, experience and outcomes of mental healthcare.

Trusts have also told us they would welcome national support to take effective action on race equality by providing challenge, sharing best practice resources, and holding boards to account.

Trust leaders agree that more must be done to tackle structural racism, bias and discrimination and they are committed to doing all they can to address systemic inequality. They have also emphasised the need to consider wider inequalities experienced by the communities they serve, including in housing, employment, public health and other areas which have a profound effect on life chances and mental health.

Sharing good practice and delivering improvement

There is welcome focus in the government's Reforming the Mental Health Act White Paper on the importance of the government, NHS and other partners working together to bring about an overall cultural change within mental health services, including a national quality improvement programme looking specifically at care under the Act to enable and support a system-wide drive for change. We also welcome the paper's commitment to ensuring the new patient safety interventions and programmes make positive contributions to the therapeutic environment of mental health settings.

This work will require additional resources – for example, training for inpatient staff. Trust leaders have also raised more generally their concerns about the lack of long term recurrent funding to deliver improvement programmes despite in some cases them needing to be multiyear programmes.

The sector also has a role to play: NHS Providers' trust-wide Improvement programme, supported by the Health Foundation, is helping trust leaders to develop their understanding of and capabilities in improvement at scale. Trust leaders have also highlighted the importance of networks of family and friends, and carers need to be supported and their role in supporting people needs to be more fully embedded in the design and delivery of services. Co-production and engagement with people and communities is also critical to any improvement plans.

National bodies such as NHS England have a key role to play in ensuring that good practice is identified and shared in a systematic and coordinated way to help mental health providers with implementation or approaches to improvement. This includes looking at what other sectors, countries

and healthcare systems are doing in this space and whether there are lessons the NHS in England can apply.

Interdependency

The interdependence between mental health services and other frontline services, such as primary care, education, criminal justice and local authority commissioned services including social care, welfare and public health must be central to the plan These all have an important bearing on the pace, effectiveness and quality of provision, and in turn people with mental illness' quality of life.

Service redesign and improving referral pathways

Trust leaders have highlighted the need for a level of service redesign to ensure they are responsive, consistent, and available to all irrespective of where they live in England. They have also highlighted the need for easy and effective referral pathways to a range of services and interventions.

What the NHS is currently doing well and should continue to support people with their mental health

It is important to recognise the progress that has been made by the sector to grow the mental health workforce, expand services and provide the best possible care as close to home as possible with the staff and resources available.

Finding ways to meet demand despite capacity constraints

There are a range of steps trusts have been taking, working with local partners, to meet the needs of as many individuals in their local areas in the best way possible and overcome the demand capacity mismatch. We have heard of trusts, for example: setting up day services to provide an alternative to admission to hospital; using digital solutions to expand access to care where appropriate; and working with schools, GPs and their partners in local authorities and the voluntary sector, to deliver services that better meet individuals' needs who have reached a crisis point, or at an earlier stage to help avoid them reaching a crisis point altogether where this is possible.

One such example of the latter is Devon Partnership NHS Trust, which is working to help reduce the number of frequent attenders in their local emergency departments, via the creation of care plans with the patient and representatives from across the health and care sector, and working more closely with GP practices to established in advance the care that patients would like to receive. Lancashire and South Cumbria NHS Foundation Trust has also implemented an electronic messaging system to

allow GPs to contact consultant psychiatrists directly for clinical advice, in lieu of putting in formal referrals to the respective teams, which has had a positive impact in GPs' case management.

Trust leaders have also highlighted the following approaches that they have introduced to support people with their mental health:

- Development of pre-hospital mental health care;
- Backing self-help apps and access to various platforms, such as Hub of Hope;
- Looking at the role of the voluntary, community and social enterprise (VCSE) sector and how this can be integrated with NHS care;
- Utilising the role of primary care mental health practitioners to help promote access to support prior to a crisis occurring;
- Developing support and pathways for other emergency services who have frequent contact with people who have mental health problems/are in mental health crisis; and
- Early intervention community mental health services coming together to have regular meetings about children and young people on their caseloads to prevent duplication of work and share good practice.

Working collaboratively

Providers of mental health, learning disability and autism services have also been trailblazers in working together, formally and informally, to deliver more joined up, better care through a range of collaborative arrangements spanning place to pan-ICS level, which should continue to receive national support. For example, the efforts of one collaborative led to the reduction of children and young people's general adolescent beds in the area by a third and the average distance of placements away from home from 73 miles to seven.

We shone a spotlight on two further examples of effective collaboration by mental health trusts earlier this year:

- Providers of mental health services in the North West coming together to create the North West Bed Bureau, which has meant the area has more inpatient beds available to help deliver care closer to home and fewer people have to wait in general hospital beds or in the community; and
- Bradford District Care NHS Foundation Trust's work with Mind in Bradford and other local voluntary and community organisations to provide more intensive holistic support earlier to individuals and better meet growing demand for Bradford's adult community mental health services.

We would stress the importance of maintaining the ability for collaboratives to be able to focus on tackling the challenges that they decide are the right ones to focus on for their local populations. It also important for future plans to be mindful of the fact that most collaboratives are at different stages of maturity and it will be important to give them, even for those which are most advanced, time and support to consolidate the areas they have worked collaboratively on already. We would also stress that, while there have been examples of collaboratives working well when it comes to finances and resource allocation, their focus on targeting new investment to underfunded areas should not be a substitute for addressing any fundamental underfunding of services.

Co-production

Mental health trusts have significant experience of working in collaboration with service users, families and carers which is helping to deliver higher-quality, more person-centred and holistic care that better meets people's needs. Examples include:

- Mersey Care NHS Foundation Trust involved service users, families and carers and experts by experience in the design and delivery of its life rooms sites and services, which focus on providing a safe and welcoming space to meet others, access opportunities and learn about community resources;
- South London and Maudsley NHS Foundation Trust worked with partners and diverse communities to understand their needs and the key barriers to these currently being met. This work has resulted in co-produced actions being agreed and implemented to better meet demand, so helping to tackle both hidden and known care backlogs in the area;
- Gloucestershire Health and Care NHS Foundation Trust's worked with Inclusion Gloucestershire, a user led organisation, alongside Family Partnership Solutions, a family carer led community interest company, and Gloucestershire County Council, to develop training on autism and learning disabilities for health and social care staff;
- Oxford Health NHS Foundation Trust's work with Unloc to engage with young people, via youth boards, and ensure their voices influence how healthcare services are designed and delivered; and
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust has worked in partnership with staff, service users and families to design its Mitford Unit, which has been a leading centre for providing timely mental health support for adults with autism since 2016.

The Care Quality Commission also highlighted in its 2019/20 report of the use of the Mental Health Act 1983 how a wide range of services have empowered patients by applying the principles of least restriction and focusing on care planning and co-production.

What should be priorities for future research, innovation and data improvements over the coming decade to drive better treatment outcomes

Trust leaders have highlighted that research into new treatments and interventions for mental ill health is an area where greater focus is needed to improve outcomes for people in the future. They are keen for a more robust evidence based around what works to be developed so that this can be embedded into future service delivery.

Trust leaders have stressed priorities for future research, innovation and data improvements over the coming decade need to be aligned to key strategic priorities and operational pressures facing the sector. Trust leaders have also said that oopportunities for peer-led research should be maximised. Specific areas to prioritise include:

- support for children to prevent mental ill health in adulthood;
- what works as part of early intervention;
- research into the most appropriate treatments for complex emotional needs in older adults;
- social prescribing in order to develop a robust evidence base;
- conditions such as depression, anxiety, and eating disorders.

What inpatient mental health care should look like in 10 years' time

There are number of common themes that have emerged from our conversations with trust leaders about their view of the features of high-quality inpatient care.

Specialist, time-limed and recovery focused

Inpatient mental health care should be specialist, time-limited and focused on people's return to recovery with clear plans for discharge, supported by high-quality, robust and regular care and treatment reviews. All relevant services such as housing and community mental health teams should be involved at the point of an individual's admission.

Collaborative, person-centred and trauma informed

Trust leaders have also highlighted the importance of trusts working in collaboration with service users and people with lived experience to plan services and, in some cases, help deliver them. They have also stressed that care be person-centred, family-friendly and trauma-informed: the issues service users are experiencing are seen in the context of past events and their care helps them feel safe and build on their strengths and the support around them. Care must also be holistic, taking into

account meeting people's general physical health needs as well as their wider personal, social and employment needs.

Staff with the right skills, values and behaviours

Trust leaders have stressed the importance of services being delivered by a skilled multidisciplinary team of staff with the right values and behaviours who can assess holistically and can provide high quality interventions and therapy on a consistent basis.

They have also suggested that every ward, and community team, should contain an addiction therapist doing intensive work with service users and their carers. Addiction is a significant cause of mental illness and barrier to recovery, yet very few settings have access to expertise in the management of addictions.

Therapeutic physical environments

Trust leaders have also highlighted the importance of inpatient care being delivered in a therapeutic physical environment that aids recovery.

Improved access and increasing alternatives to hospital

Trust leaders also want people who are referred to mental health services to be seen far more quickly. Trust leaders have highlighted the importance of minimising the need, where clinically appropriate, for bed-based provision for children and young people in particular, with a shift to focus on co-ordinated multi-agency community-based care. They have also highlighted the importance of increasing alternatives to hospital for adults and older adults.

What needs to change in order to realise the vision for inpatient mental health care in 10 years time?

We need to ensure that there is enough capacity for people who do require care and treatment in an inpatient setting, and investment is put in to ensure these settings are fit for purpose and provide consistently high-quality care in all areas of the country.

Workforce

Trust leaders have stressed the importance of workforce first and foremost. The NHS Mental Health Implementation Plan 2019/20-2023/24 made clear that improving the therapeutic offer from inpatient services requires an increase in the level and mix of staff on acute inpatient wards. The steps trusts

have been taking to meet the workforce gaps – both in terms of numbers and skills – are limited without greater national progress on growing and funding the domestic pipeline and retention initiatives. We need to see a fully costed and funded national workforce plan for the longer term, that not only sets out the desired and specific future size and shape of the workforce, but also commits to an ambitious programme of training and development. Trust leaders have also highlighted the importance of the promotion of these environments being a good place to work for mental health staff – staff need to feel supported, well led and invested in with good skill development opportunities and career pathways.

Capital investment

Capital investment is essential to increasing capacity, ensuring safe and appropriate therapeutic environments, and enabling preventative approaches. NHS mental health inpatients services in many instances have lacked the investment in modernisation and development available to other parts of the health and care sector. These services are also reliant on a mixed market of provision, with the independent sector delivering a significant proportion of NHS-funded inpatient services in contrast to physical health services where the independent sector does not routinely manage complex cases.

Mental health trusts need capital investment, allocated quickly, fairly and transparently. While trusts welcomed the multi-year capital budget set at the October 2021 Spending Review, this funding injection followed years of prolonged under-investment in estates and facilities across the NHS, and the maintenance backlog remains a major concern for trusts. Trusts report insufficient capital envelopes and the risk to safety and patient care arising from deteriorating infrastructure and estates. The system for accessing and allocating capital also needs to be reformed in consultation with those planning and delivering services.

Revenue funding

Trust leaders welcomed the multi-year settlement from government in the recent spending review. However, there must be a shared understanding across government, national NHS bodies and the provider sector that balancing the operational challenges and achieving the financial ask remains challenging for trusts and systems. Increases for mental health follow decades of underfunding. Given the impact of the pandemic, we need to go further than current plans to meet rising mental health demand and to address the care backlog. This need has become even greater over the last few months as the country also now contends with a cost of living crisis that is expected to be deep and prolonged.

Trust leaders have stressed the importance of longer term funding schemes that bring certainty and do not divert resources away from core provision, and the importance of increasing social care capacity and public health funding. Trust leaders have also highlighted the importance of investments not excluding older adults.

Quality improvement and patient safety

Quality of care and patient safety is at increasing risk due to the mismatch between demand for services and the overall funding, capital and workforce available. Despite the pressures of the last few years, quality has in most cases been maintained and most people have a good or excellent experience of care. However, we cannot continue to rely unreasonably on staff goodwill and resilience.

There is welcome focus in the government's Reforming the Mental Health Act White Paper on the importance of the government, NHS and other partners working together to bring about an overall cultural change within mental health services, including a national quality improvement programme looking specifically at care under the Act to enable and support a system-wide drive for change. We also welcome the paper's commitment to ensuring the new patient safety interventions and programmes make positive contributions to the therapeutic environment of mental health settings. However, this work will require additional resources – for example, training for inpatient staff. Delivering the proposals of the white paper in full also requires the government to commit to additional funding and an expansion of the workforce, over and above current commitments.

While there needs to be room to allow local areas to address local needs, some trust leaders have argued that we need to agree a more standardised approach, informed by the evidence base, to the delivery of inpatient mental health services. For example, guidance on approaches to ward staffing as well as the number of patients and how therapeutic time should be delivered.

Further areas trust leaders have highlighted as important to deliver high-quality inpatient mental health care include:
- the importance of networks of family and friends, as well as support for carers with their role more fully embedded in the design and delivery of services;
- the importance of system priorities being driven by addressing health inequalities; and
- communication across services with education as fundamental to realise the vision for children and young people.

Supporting people with mental health conditions to live well

What we need to do or change in order to improve the lives of people living with mental health conditions

It is critical to recognise that there will always be people living with mental health conditions, and high quality care and support to enable them to live well must remain an important, properly focused element of future plans.

New models of community mental health care

There is a welcome ambition in the NHS Long Term Plan to deliver new integrated models of community mental health care backed by dedicated funding, which should be built on in the years ahead in order to support more people to live well with mental health conditions.

Such transformation will take time and needs sustained focus and resources beyond current funding envelopes to fully deliver. Before this programme began, 85% of mental health trust leaders we surveyed did not feel there were adequate mental health community services to meet local needs, highlighting the scale of the challenge this programme is focused on addressing. Furthermore, implementing these new models will involve the triple integration of mental health, physical health and social care, which will take time and require careful joint working across a range of local partners. These new models also need to be built around primary care networks (PCNs) and integrated care systems (ICSs), which are all working at various stages of development.

Roll out of the programme of new community care models across the country only began from April 2021, and we know the two-year early implementer phase of the programme was impacted by the pandemic, with areas having to pause this work when it was not operationally viable at the peak of COVID-19 first wave pressures.

Funding and workforce

We are mindful that the funding and workforce trajectories agreed for this programme beyond this year were set prior to the pandemic. This means they were calibrated to address a treatment gap due to a lack of investment in core community mental health services historically, rather than the impact COVID-19 and the cost of living crisis. We have also had some trust leaders tell us they still struggle to access proportionate levels of investment from commissioners for some of their 'core services' particularly community mental health teams

The scale of the challenge in terms of workforce, both in terms of numbers and skills – which vary from specialist mental health care to providing physiotherapy and employment support – is also a significant barrier. One trust leader also that there are "good levels of funding coming in to expand community and early intervention services, but the biggest challenge is finding the workforce and retaining them given the demands and pressures".

Support for public health and social care

Realising the vision for place-based and integrated community mental health care also requires increased support for wider public services more broadly, and in particularly public health and social care. Efforts to work in an integrated way, so central to the success of these new models, will be severely hampered if these areas remain underfunded and under-resourced.

Addressing wider socioeconomic factors

The wider socioeconomic factors influencing mental health, including poverty, homelessness, and public health concerns including substance misuse, must also be taken into account and addressed, by increasing access to appropriate housing, finances and social support, to ensure people can live well with mental illness.

Interdependency

The interdependence between mental health services and other frontline services, such as primary care, education, criminal justice and local authority commissioned services including social care, welfare and public health also must be recognised. These all have an important bearing on the pace, effectiveness and quality of provision, and in turn people with mental illness' quality of life.

Integration with physical health and stigma

Trust leaders have also stressed the importance of the integration of physical and mental health services, and continued work to reduce stigma around mental health conditions.

Improving the physical health of people living with mental health conditions

Trust leaders have stressed the importance of the integration of physical and mental health services to improve the physical health of people living with mental health conditions. Some trust leaders have suggested funding should be allocated to services which encourage mental and physical health services to work together more. The creation of digital systems that share information across

organisations and boundaries is seen as a particularly critical element. Trust leaders have also emphasised the importance of health promotion at a much earlier phase.

NCEPOD (the National Confidential Enquiry into Patient Outcome and Death) has set out a series of actions for trust boards, commissioners and healthcare professionals to take to improve care for people with mental health conditions admitted to general hospitals. These actions include:

- nominating or appointing a clinical lead for mental health in general hospitals;
- developing local clinical network arrangements between acute general health and mental health services;
- ensuring people admitted to acute general hospitals have prompt access to age-appropriate mental health liaison services when needed; and
- ensuring mental health risk management plans are clearly available in all general hospital records for patients admitted with a current mental health condition.

Changes at a system level to ensure that individuals with co-occurring mental health and drug and alcohol issues encounter 'no wrong door' in their access to all relevant treatment and support

Trust leaders have raised concerns about the divide between mental health treatment and drug and alcohol treatment caused by the separation of commissioning under the Health and Social Care Act 2012 and have suggested that more flexible and integrated approaches should be sought here. More broadly, trust leaders have stressed the importance of appropriate resourcing and improved understanding amongst staff who are equipped to ask the right questions and signpost correctly.

Improving support for people in crisis

Improving the immediate help available to people in crisis

There has been welcome investment and some good progress made in the delivery of mental health crisis and liaison services in recent years. However, when NHS Providers surveyed mental health trust leaders at the end of 2018 about their ability to meet demand for crisis resolution and home treatment services, 56% of those who responded told us they were not able to meet demand.

Meanwhile, last year 48% mental health trust leaders who responded to our survey focused on children and young people said they were not able to meet current demand for crisis resolution home treatment teams. It can be expected that, given growing demand and acuity, the situation will have deteriorated since our surveys took place.

We understand acute trusts in many areas of the country are also experiencing serious pressure in their emergency departments related to the increase in number and acuity of patients with mental health care needs – with rises in adolescent attendances in particular – and challenges around the availability of beds in the right setting for these individuals locally.

Trust leaders have stressed the need to be much more ambitious when it comes to improving support for people in crisis, given it is a minority of people in crisis who are presenting to services for the first time. Comprehensive and assertive outreach services that are easier for people to access are a key way of improving support for people.

They have highlighted a number of other ways of improving the help available to people in crisis:
- standardisation of pathways, improved capacity for self-referral and timely access to, and support and advice from, mental health professionals to other professionals;
- access to mental health joint response cars in a pre-hospital settings and dedicated mental health capacity in ambulance trusts in particular;
- access to alternatives such as crisis houses and crisis cafes; and
- tailoring crisis response and home treatment services to different age groups (i.e. children and young people, working age adults, and older adults respectively).

Trusts have also been working hard to provide alternatives to acute inpatient admission. For example, we have heard of trusts investing in seven day community support in order to provide a crisis response to help keep people out of hospital and facilitate discharge, as well as trusts bringing down the number of readmissions to forensic inpatient services by two thirds through collaborative local working. Throughout the pandemic, trusts have worked particularly hard to reduce avoidable admissions with enhanced crisis care and delivering, where appropriate, home-treatment models and clinical services online.

Welcome additional funding has been made available to continue to improve mental health support for people in crisis. It is important that adequate resources are allocated to trusts beyond the current spending period to sustain and spread elements that have been found to work for local populations and complement the implementation of the existing ambitions around mental health crisis care.

Comprehensive crisis pathways are likely to include jointly commissioned and delivered services between NHS trusts and local partners such as local authorities and the voluntary sector, and so these areas need adequate resources and support to deliver on ambitions around crisis care fundamentally.

Trust leaders have been particularly concerned by the impact the pandemic has had on funding for the voluntary sector and the significant knock-on effect of this on people who rely on the services third sector organisations provide.

We also need to address the underlying issues driving the pressures on services and the rising severity and complexity of people's needs at the point at which they present to services. One trust told us, in discussing the use of the Mental Health Act, that "the choice between detention and any alternative care and treatment plan was often stark and unrealistic at the point of assessment. Were there to be a genuine, safe alternative which would provide a therapeutic benefit to the individual, that would readily be chosen but it rarely exists at a time of mental health crisis". Services also need to able to reach people earlier, before they reach crisis point.

The NHS Long Term Plan sets out to significantly strengthen and improve community provision but this will take time given the longstanding underinvestment and prioritisation of these services. The 10 year plan must build on plans currently underway to expand access to high quality, community based mental health support including crisis care – and in particular ensure access for historically underserved populations.

Children and young people

The crisis pathway remains less well developed for children and young people and a shortage of specialist staff remains a key challenge. Of the mental health trust leaders who responded to our survey last year, only 48% said they were able to meet current demand for crisis resolution home treatment teams among children and young people. Only 50% were able to meet demand for psychiatric liaison services for children and young people.

This does, however, compare more favourably than the ability of services to meet demand for inpatient and community mental health services for children and young people, with 65% and 66% of trust leaders telling us they were unable to meet demand in these two areas respectively. Trust leaders are deeply concerned by the lack of services available to intervene sooner and help avoid individuals reaching a crisis point.

There are a range of steps trusts have been taking, working with local partners, to meet the needs of as many children and young people in their local areas in the best way possible. With the aim of delivering services that better meet individuals' needs who have reached a crisis point, or at an earlier

stage to help avoid them reaching a crisis point altogether where this is possible, we have heard of trusts, for example:

- setting up day services to provide an alternative to admission to hospital;
- using digital solutions to expand access to care where appropriate; and
- working with schools, GPs and their partners in local authorities and the voluntary sector.

It is vital that adequate resources are allocated to trusts and their local partners such as schools, local authorities and the voluntary sector, beyond the current spending period to deliver on ambitions around crisis care for children and young people fundamentally.

Improving the support offer for people after they experience a mental health crisis

Trust leaders have highlighted the importance of the support offer for people after they experience a mental health crisis including support plans, awareness of what and who they can access if needed in the future, and access to any interventions they may need. Delivering this requires integration of services, awareness of each other roles, developed pathways that offer a continuum of support from community with wellbeing initiatives through to specialist services that people are able to access as and when they need to.

Next steps and implementation

The most important issues that a new, 10-year national mental health plan needs to address

Rising demand and the mental health care backlog

We need to go further than current plans to meet rising mental health demand and to address the care backlog given the impact of the pandemic on people, particularly children and young people, across the country. This need has become even greater over the last few months as the country also now contends with a cost of living crisis that is expected to be deep and prolonged.

It will be important for the plan to focus on the key enablers for expansion and transformation – data and digital, workforce, and capital.

It is also important we see sustained focus and investment in particular areas which we know have come under increasing pressure over the last few years. This includes children and young people's secondary care services, eating disorder services, and urgent and crisis care. People with acute mental

health needs and/or in crisis must be able to access the support they need in a safe and appropriate setting.

Support for children and young people

Support for children and young people must be an absolute priority. The plan needs to ensure whole system solutions are put in place across schools, children's services and other settings, with a focus on increased prevention and early intervention essential along with increased support in schools and colleges to meet needs now, and prevent a mental health epidemic in future years.

Prevention and early intervention

The plan needs to be radical, bold and transformational, with a focus on how to shift resources upstream and deliver a far more proactive and holistic model of health care to help prevent people developing mental ill health and enables early access to support for those that do.

The plan could helpfully consider increased support for wider public services, and in particular public health and social care, given the crucial role these services play in providing people with the wider care and support they need and in helping to prevent mental ill health and avoid deterioration.

Funding

We are concerned about the lack of dedicated funding attached to the plan and the impact this will have on the scale of its ambition and deliverability in practice. We need to see the right level of support and investment to provide the funding and workforce required to truly reset the way we approach mental health care and deliver on ambitions over the next decade.

We know proposals for new community and liaison mental health waiting time standards, and to reform the Mental Health Act, will require additional funding and expansion of the workforce over and above current commitments. Trust leaders are clear that service developments will require additional financial investment and capital and this needs to be in addition to, and not a deflection away from, funding for core services.

Mental health trusts are in desperate need of capital investment to shore up outdated buildings and to provide a more therapeutic environment and to deliver existing NHS Long Term Plan priorities.

Addressing disparities

We welcome that DHSC intends to focus on redressing disparities in the new plan, with targeted commitments to reduce differences in prevalence, and improve equity in service access and life outcomes. Sustaining and increasing focus and resources to build on NHS England's current mental health equalities strategy should feature in the plan.

Workforce

Mental health services are significantly understaffed and this remains the most pressing challenge to the sustainability and accessibility of services and one which will take the longest to resolve. We welcome recognition of the need for better workforce planning in the discussion paper and we look forward to working with the government, stakeholders and trusts to support the development of this.

A multipronged approach

We welcome the broad consultation exercise and the acknowledgement that the plan will consider the full range of mental health need. It is critical for national policy to take a multi-pronged approach given the high levels of demand and acuity currently seen in mental health services which is projected to continue for some time.

Community and inpatient services transformation

We need to sustain focus and resources to continue the transformation of community mental health services that has begun under the NHS Long Term Plan. Levels of resource need to be decided based on learning on implementation of this work so far, and take into account and reflect the impact the pandemic and workforce constraints have undoubtedly had on progress to date.

It is also critical for the plan to enable faster progress on improving the therapeutic environment and making sure there is enough capacity (both in terms of beds and staff) in inpatient services. It cannot be an 'either / or' when it comes to investment in community and inpatient provision, especially while new models of community mental health care are stood up which will take time – not just because of historic underinvestment, but also because of workforce challenges hampering the ability of many areas to make as much progress as quickly as they would like.

Supporting local systems to develop and implement effective mental health plans for their local populations

Local systems developing and implementing effective mental health plans for their local populations will require ICBs and their partners to develop a robust understanding of mental health needs among their local populations. Trust leaders have highlighted the ability to use multi-agency data, for

example ambulance and police mental health calls data to help inform service provision, alongside using population and public health data as particularly critical.

Implementation will require funding and investment, particularly capital funding, for mental health services to be adequately prioritised in a system context. Effective joint-working of voluntary and statutory services, underpinned by governance, will also be critical to develop effective services and plans. Involvement of service users and carer has also been highlighted by trust leaders as critical to supporting local systems to develop and implement effective mental health plans for their local populations.

Retaining an element of flexibility will help local systems with developing and implementing effective mental health plans for their local populations. Different areas will need to prioritise and focus investment in different areas, or will find different approaches are the best way of getting them to the intended outcome based on local factors, so it is important programmes within the plan allows for this.

It will also be important to ensure there is a coherent interface between the plan and other transformation and reform agendas under way, for example the implementation of the Health and Care Act 2022; recommendations from the Fuller review; and proposals put forward by the integration, health disparities and reform white papers.