Public Accounts Committee Inquiry: Progress Improving Mental Health Services

Submission by NHS Providers, 3 April 2023

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 voluntary membership, collectively accounting for £104bn of annual expenditure and employing more than one million staff.

Key messages

- Welcome strides have been made to challenge the stigma of mental ill health, increase awareness of the need to improve care and begin to tackle the lack of equity in terms of treatment and access to mental health services. It is important to recognise the progress that has been made: more individuals are accessing mental health care and treatment than ever before thanks to new services and higher levels of investment. Trusts are doing all they can to help to expand services and provide the best possible care with the staff and resources available.

- However, there remains significant unmet need despite the substantial progress made in recent years, and significant challenges facing mental health trusts and their partners in tackling the care deficit. Demand for services is continuing to rise at a time the sector is facing substantial financial and capacity pressures that risk standing in the way of further progress being made. The scale of unmet need for mental health services is still not fully understood and current commissioning, financial and workforce constraints – amidst growing levels of pressure and unmet need across wider health and social care fronts – mean that achieving true equity for mental health still seems a long way off.

- Current plans need to go much further if we are to meet rising demand for mental health services and address mental health care backlogs. The pandemic placed profound pressures on all parts of the NHS and presented a host of specific challenges for trusts providing mental health services. Mental health trends have accelerated since the start of the pandemic and are expected to persist in the face of a cost of living crisis given the well-known effects of poverty on individual's health and life chances.

- We are pleased, with the announcement in January 2023 that a major conditions strategy will be developed later this year, that there is a clear acknowledgement from government of mental health as a major condition needing national prioritisation and are keen to work with the government to deliver a high impact strategy. There is merit in looking at what's needed to better support people who have, and where possible prevent, certain major conditions in the round given the interconnectedness of physical and mental health. However, it is disappointing that this work will replace the development of a specific cross-government mental health plan, which had the potential to renew focus and bring a strategic and systemic approach to mental health policy and delivery over the next 10 years. The major conditions strategy must focus on tackling the social determinants of ill health and inequalities, and it must prioritise children and young people. The lack of any dedicated additional funding attached to this new strategy and the impact this will have on the scale of its ambition and deliverability in practice is a key concern, as was the case with the cross-government mental health plan.

- 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 to ensuring high quality care is accessible to individuals as close to home as possible. Trust leaders also stress the need to focus on how to shift resources upstream and deliver a far more proactive and holistic model of mental health care that is coordinated, multi-agency and community-based to help prevent individuals becoming unwell and enables early access to support for those that do. Achieving this depends on sustainable levels of support and investment continuing over the long term, with a firm focus on the enablers of expansion and transformation – data and digital, workforce and capital funding.

- While we have seen some progress, the shortfalls both in the number and skill-mix of staff in the mental health sector remain the most pressing challenge to the sustainability and accessibility of mental health services, and one which will take the longest to resolve. We need to see an appropriately detailed, fully funded and costed workforce plan published without further delay that builds on the steps already being taken to grow the mental health workforce.

- Trust leaders have long expressed concern about the ability to maintain the quality of services given the pressures on capacity and resource constraints: it will be important for the welcome national focus and work underway to improve inpatient services to be realistic about how quickly progress can be made in light of this.

- System working provides an opportunity to further pursue equity of treatment for people with mental illness. Mental health trusts now have the opportunity to plan with health and care partners across their systems to work out how, together, they respond to the mental health needs of their local populations in the decades to come. Mental health leaders are receptive to working in a more integrated way, and are engaging with how changes to commissioning and increased system working will help them be more efficient and strategic. It will be important to take a balanced approach to wider change in the system, with appropriate emphasis on delivering greater prevention, early intervention and community-based care, alongside ensuring continued funding for, and access to, inpatient services that individuals with severe and enduring mental health conditions need.

- We also need to address in the round how mental health and other services, in particular public health and social care, and including in the voluntary sector, are resourced, commissioned, funded and paid for to fundamentally improve the current quality and system of care for people. There needs to be particular focus on some of the most vulnerable and underserved groups of individuals in our society, such as children and young people, people from black and ethnic minority communities and people with a learning disability and autistic people.

Access to mental health services

1. Mental health services are reaching more individuals than ever before. According to the latest national data available, referrals to mental health services were estimated to be up by 4.4% in December 2022 compared to last year and 21.4% compared to pre-pandemic levels (December 2019). Care contacts are also estimated to be up (12.8%) compared to pre-pandemic levels. Contacts for children and young people are estimated to be up 83.4% since before the pandemic (December 2019). Trusts are doing all they can to help people access support as early as possible with the staff and resources they have available.

2. However, despite the substantial progress in access made by those leading and working in the sector, demand and workforce challenges still remain which means a substantial treatment gap

and barriers to accessing help early enough persist. There are significant workforce gaps, with thousands more staff needed to deliver ambitions for the sector in the medium to longer term, and growing – and often more complex – demand for mental health services: 11% more patients were estimated to have been detained under the Mental Health Act in December 2022 compared to December 2019, and an estimated 131% more urgent referrals were made to children and young people's eating disorder services in Q3 2022-23 (which is the latest quarter data is available for) than in Q1 2016/17.

3. When we last surveyed leaders of trusts providing children and young people's mental health services in May 2021, 100% of respondents said demand had increased and 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 four times higher than when records began in 2016. Levels of unmet and under-met need is also likely to be a contributory factor to the length of time children in mental health crisis are estimated to have recently been reported to have spent in A&E last year. The mental health waiting list for all ages is estimated to now stand at 1.9 million, up from 1.7 million in January 2016 despite the progress at has been made in access to mental health services.

4. 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. Two further specific examples include more inpatient beds being made available in Greater Manchester to help deliver care closer to home and have fewer people wait in general hospital beds or in the community, and more intensive holistic support being provided earlier to individuals in Bradford to help better meet growing demand for adult community mental health services.

5. Trust leaders have put forward a range of suggestions for what more the NHS can do to help people struggling with their mental health 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; 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.

6. Trust leaders have also 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 NHS talking therapy services, need to continue to grow and work together with wider neighbourhood 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 NHS talking

therapy services will not meet their needs. We also need to take into account the fact some communities access care via other pathways, such as A&E and only when they have reached a crisis point. We need to see a much better link up to broader public and voluntary sector services and social prescribing which primary care could facilitate effectively.

7. 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.

8. 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.

Expansion and transformation of community mental health services

9. 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. 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 in November 2018 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.

10. 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.

11. We are also mindful that the funding and workforce trajectories agreed for this programme 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 levels of demand and pressures services are now experiencing following the impact of Covid-19, and increasingly now also cost of living pressures.

12. 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 previously told us 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".

13. 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.

14. We also need to see faster progress on improving the therapeutic environment and making sure there is enough capacity (both in terms of beds and staff) in inpatient services to consistently provide high-quality care in all areas of the country. Lack of capital funding for mental health services is a major ongoing concern for trust leaders, which we expand on further in our section focused on funding below. 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.

Support for public health and social care and addressing wider socio-economic factors and other interdependencies

15. Realising the vision for place-based and integrated community mental health care, and improving access more broadly, also requires increased support for wider public services, and in particular public health and social care. Efforts to work in an integrated way, so central to the success of these new models as well as to mitigating the mismatch between capacity and demand for NHS services more broadly given the extent of workforce shortages, will be severely hampered if these areas remain underfunded and under-resourced.

16. 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.

17. 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 also 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.

The mental health workforce

18. 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 retention initiatives.

19. 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. According to latest national data, in September 2022, there were 135,680 mental health workforce staff which is 5.8% higher than the same time last year. Growth in mental health doctors (2.2%) and mental health nurses and health visitors (0.3%) is, however, much smaller

and overall growth is not keeping pace with demand more generally. Retention, particularly of mental health nurses, remains a key challenge.

20. In our latest survey of trust leaders, carried out in October 2022, 83% of leaders of trusts providing mental health services were worried about their trust having the right numbers, quality and mix of staff to deliver high quality healthcare currently. The level of concern increased as trust leaders were asked to consider the likely position in one and two years' time. Almost all (93%) trust leaders were concerned about the current level of burnout across their workforce, and eight in 10 (80%) trust leaders were concerned about their workforce's morale.

21. 97% of respondents to a survey we ran in March last year reported that workforce shortages were 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- nor the long-term (89% and 88% respectively).

22. We continue to call for the publication of an appropriately detailed, 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.

23. 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.

24. Given that there are shortages 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.

25. 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.

26. Trust leaders have also highlighted the importance of the promotion of inpatient settings being good places to work for mental health staff in particular – staff need to feel supported, well led and invested in with good skill development opportunities and career pathways.

Funding

27. Mental health services have benefited from a substantial cash injection in recent years in order to start to deliver on aspirations to improve quality and access to services. The development of fully costed programmes for mental health delivery (the Five Year Forward View for Mental Health and subsequently the NHS Long Term Plan mental health implementation plan) have been substantial and welcome steps forward by national policy makers.

28. However, funding trajectories for the current programme for mental health delivery (the NHS Long Term Plan) were largely set prior to the pandemic and therefore calibrated to reduce a treatment gap due to a lack of investment in mental health services historically, rather than levels of demand and pressures services are now experiencing following the impact of Covid-19, and now increasingly also cost of living pressures. In our latest survey of trust leaders, no mental health and learning disability trust leaders told us they were confident that ICB allocations will account for additional in-year cost pressures since the start of 2022/23 and they were the trust type with the highest proportion of respondents that were very unconfident.

29. In addition, though welcome, additional pots of funding the sector has received over and above the original NHS Long Term Plan funding settlement have not gone far enough to meet current levels of rising mental health demand and address the care backlog. The impact of such funding is also reduced when it is ad hoc, time limited and too narrowly focused. Trust leaders have stressed the importance of longer term funding schemes that bring certainty and do not divert resources away from core provision.

30. Furthermore, despite the substantial cash injection the sector has received since 2016, there remain significant, specific finance and funding challenges facing trusts providing mental health services. Many of these challenges are rooted in the fact that the mental health sector has suffered a historical, structural disadvantage compared to physical health provision.

31. The stigma surrounding mental illness and mental health sits at the heart of the sector's disadvantage. Although welcome strides have been made, there is still a considerable level of stigma and a lack of equity of treatment that is reflected in how we view, support and deliver mental health services. While aspirations have grown, the healthcare system is still operating in the context of a 'care deficit' where we accept that not all those that need help and treatment will seek or be able to access support. It also means the provision of mental health services is not prioritised across the whole of the NHS.

32. How mental health services have been historically commissioned and paid for also translates into the mental health sector's historical and structural disadvantage. Unlike physical health care, the majority of mental health services have historically been delivered through block contracts which are inflexible and do not reflect changes in demand once they have been agreed. New approaches to payment systems and contracting has the potential to support the much-needed expansion and enhancement of mental health services, however, there remain significant hurdles to their successful implementation, primarily the level of data needed to develop blended payment contracts. The commissioning of mental health care and wider services supporting mental health service users, at a local and national level, is also severely fractured, impacting on the efficiency of service delivery and continuity of people's care.

33. The transparency and governance of funding flows is a further key issue facing the sector. Despite the mental health investment standard, there continue to be concerns raised that

funding for the mental health sector is not always making its way to the frontline services that need it most, with the standard being seen in some cases as a maximum limit based on affordability, rather than a minimum based on need.

34. The impact of growing demand for inpatient care has been a key issue trust leaders have told us are contributing to financial pressures for the sector. Growing demand is leading to high use of out of area placements (particularly where there is no risk share agreement in place with local commissioners) and delayed transfers of care, often from inpatient to community settings or supported housing. Growing demand is also leading to a need for trusts to recruit more staff, and trusts are facing the increasing costs of staff recruitment and retention as well as high use of agency staff due to significant workforce shortages.

35. The effects of cash reductions in local authority public health contracts, which has meant the decommissioning of some services such as substance misuse services for example, continues to be a key issue for combined mental health and community trusts. The frequency of re-tendering for services in the mental health and community sectors is a further key issue which means there is less financial security for providers over the longer term.

36. Effective and transparent mechanisms that guarantee mental health funding reaches the frontline services that need it most are critical. Setting clear expectations around delivering on national investment and initiatives for systems to deliver against, that are tightly monitored and enforced, is also key. More broadly, there needs to be greater understanding within all systems of the mental health and wellbeing needs of local populations to ensure mental health service delivery is prioritised accordingly.

37. Encouraging less fragmented approaches to commissioning and reducing the frequency of retendering in the mental health and community sectors, alongside expanding and rolling out of new models of care, that are adequately funded and resourced, are all also crucial.

38. Over the longer term, we must make further progress on data collection and data quality to give a better understanding of mental health activity, access and outcomes that can then enable better commissioning.

39. To derive full value out of investment committed to date and in future to the sector, national policy must focus on 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.

Capital investment

40. 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. 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.

41. 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. The Department of Health and Social Care should publish its long-term capital strategy, outlining the

ambitions for transforming the wider health and care estate, including how it will effectively address the maintenance backlog.

42. The system for accessing and allocating capital needs to be reformed in consultation with those planning and delivering services. In particular, policy makers must be cognisant of the productivity improvements that could materialise from an increase in the national capital departmental expenditure limit, and mental health trusts must be given appropriate consideration as part of the operational capital prioritisation process.

Service standards

43. 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. We cannot continue to rely unreasonably on staff goodwill and resilience.

44. In CQC's latest report monitoring use of the Mental Health Act, the regulator found examples of good practice despite the challenging environment services are operating in. This includes services supporting patients to have a voice in the running of services and being involved in advance care planning. CQC also saw evidence of services continuing to take steps to apply the principle of least restriction and creating therapeutic, recovery-orientated environments.

45. However, the regulator also found that too many people are not getting the level or quality of care they have a right to expect, and the safety of patients and staff is being put at risk, despite services' best efforts to mitigate the impact of staff shortages and other pressures on patients. CQC's latest assessment that people's experiences of using community mental health services continues to be poor – despite trusts' best efforts to adapt and respond to rising, and often more, complex demand – is also deeply concerning.

46. We have highlighted previously mental health trusts' 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. However, there is clearly more that trusts need to consistently do in a number of key areas such as ensuring that people are properly involved in decisions about their care, that their care is robustly and regularly reviewed, and that they always feel treated with dignity and respect.

47. Trust leaders have been extremely concerned about recent reports of abuse and poor care in NHS services and have been urgently reviewing their services as well as their approach to oversight and assurance of safety, quality of care and management of risk. We need to see immediate action as well as longer-term work at local and national levels to prevent further instances of abuse and improve culture and practice.

48. There is welcome improvement work underway and further plans to bring about an overall cultural change within mental health services and improve the therapeutic environment of mental health settings. Listening to service users, their families and carers is vital to making the much-needed improvements. Trust leaders have also highlighted the importance of long term recurrent funding to deliver improvement programmes given they often need to be multiyear programmes. Broader action is also needed to support mental health services in responding to the significant, longstanding challenges we have set out in previous sections of this submission.

49. 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. Trust leaders have also highlighted the need for a level of service redesign to ensure services 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.

50. Providers of mental health, learning disability and autism services have 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. Most collaboratives are at different stages of maturity and need, 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.

51. 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 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.

52. 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.

Tackling race inequality in mental health care

53. Trust leaders have emphasised the importance of focusing on inequalities and taking 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 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.

54. However, there is much more that needs to be done. The government has rightly emphasised that a targeted, multi-pronged approach is crucial to improving care and treatment as well as interactions with the mental health system more broadly, 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.

55. 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.