

NHS England and NHS Improvement Board meetings held in common

Paper Title: Update on Mental Health Services

Agenda item: 5 (Public session)

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Paper type: For discussion

Organisation Objective:

NHS Mandate from Government	<input checked="" type="checkbox"/>	Statutory item	<input type="checkbox"/>
NHS Long Term Plan	<input checked="" type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

Executive summary:

This paper provides an update on the national mental health programme, including the impacts of COVID-19, programme achievements, and critical risk and success factors to future delivery.

Action required:

The Board is asked to discuss the contents of this paper and support the future priorities for the programme.

Background

1. The NHS Long Term Plan (LTP) is supporting the expansion and transformation of mental health services, to address the long standing gaps in access to mental health treatment. By 2023/24, the LTP is set to enable an additional two million people to receive evidence-based mental health services. These commitments are backed by at least £2.3 billion ringfenced investment a year in real terms. The LTP follows the significant progress made by the Five Year Forward View for Mental Health (FYFVMH), highlights of which are included in **Annex A**.
2. COVID-19 meant some LTP commitments were expedited to support the response to the pandemic, including: the rapid roll out of 24/7 freephone, all age mental health crisis lines; increased use of digital technology; and the development of an enhanced mental health and wellbeing offer for NHS staff.. Progress in other areas of transformation proceeded at pace, but not without inevitable impact.
3. COVID-19 has led to higher prevalence, increased complexity and rising acuity across a range of services. Referrals have risen above pre-COVID levels and there is a subsequent backlog and an increase in demand for services. We estimate at least ~1.4 million people have been accepted for / are eligible for care but are yet to receive it, with an additional eight million who would benefit from care, if access barriers were reduced.
4. The mental health system is experiencing similar pressures to those across the

wider NHS. Adult acute bed occupancy remains above the recommended safe levels of 85%. Above the safe levels, surge demand cannot be met, the likelihood of safety incidents increases, as does reliance on Out of Area Placements. Furthermore, A&E waits over 12 hours are worsening, and NHS Digital have estimated a 4.5% increase of detentions under the Mental Health Act (1983) between 2019/20 and 2020/21 (compared to an annual increase of around 2% in recent years).

5. In spite of the increased pressures and the impact of the pandemic, the mental health sector has achieved significant progress against workforce growth targets. Latest data from March 2021 shows an additional 18,000 WTE staff were employed directly by the NHS into the mental health sector, above the 2016 baseline of 111,100 staff in post.
6. All of England is now covered by an NHS-Led Provider Collaborative that oversees the commissioning of a number of specialised mental health, learning disability and autism services - transforming the pathway - by delivering more care in community settings and reducing the instances of people being cared for far away from their home; **Annex B** details some of the impacts on people and families of this approach. A number of systems are looking to expand the approach to manage whole pathways of mental health care.

Mental Health Delivery over the next 3-6 months

7. The government's *COVID-19 Mental Health and Wellbeing Recovery Action Plan* encourages a continued focus on wider determinants of health to support good mental health across the full lifespan. As part of this plan, the NHS received an additional non-recurrent ~£360 million to address significant areas of pressure caused by COVID-19.
8. Pressures are expected to be felt over the next 3-6 months, and beyond 2021/22. Our priority for this period is to ensure that aforementioned non-recurrent funding will be used in the best possible way to target the most challenging areas. As all parts of the health and care system will play an important role in recovering and delivering the LTP trajectories, 'high impact actions' have been identified and agreed for the programmes most at risk of shortfall against trajectories for March 2022. These actions are to be implemented at a national, regional and system level.
9. Furthermore, pressures on the urgent and emergency care pathway and inpatient beds continue due to increased acuity, in a system that is currently operating with reduced bed capacity and that is entering a period of seasonal winter pressures. We will provide support to the system by:
 - Making an additional £29 million available for the second part of the year to support inpatient bed-flow (in addition to the £87 million announced in the government's COVID recovery plan for 2021/22). This funding is being used to invest in recovery-focused support to facilitate earlier discharge from inpatient care, and is coupled with planned enhancements to community and crisis support to prevent admission.

- Releasing £20 million to address seasonal pressures and improve care on the urgent and emergency care pathway.

10. We welcome the government promise to go beyond our existing LTP commitments and develop a cross-government mental health strategy which focuses on prevention and early intervention in mental health, addressing the wider determinants of poor mental health and wellbeing, and supporting those with mental health problems to live happier, healthier lives.

11. The following paragraphs provide the latest update on developments in the system, our work and additional programme-specific plans for the next 3-6 months across all mental health areas.

Children and Young People (CYP) mental health services

12. The number of children and young people (CYP) aged 5-16 years with a probable mental disorder rose from 11% in 2017 to 17% in 2021, and CYP mental health services have faced added complexity with urgent eating disorder cases facing an unprecedented surge.

- Increasing access to a further 345,000 CYP by 2023/24 remains a high priority LTP commitment. As of July 2021, an additional 101,500 CYP received at least one contact from an NHS mental health service, against a target of 186,500 by year end, providing confidence this commitment will be achieved. Furthermore, at the end of 2020/21, 67% of the country was covered by comprehensive CYP crisis services, ahead of the 35% target.
- A surge in demand for CYP eating disorder treatment has led to more patients being treated (~3,400 in Q1 2021/22 vs 1,900 in Q1 2019/20) than ever before. As a consequence, there continues to be a significant gap to waiting time targets (Q1 2021/22 data shows 61% of urgent cases entered treatment within target timeframe, and 72.7% of routine cases entered treatment within target timeframe, against 95% standards).

13. £79 million was made available as part of the *COVID-19 Mental Health and Wellbeing Recovery Action Plan* to ease immediate pressures on CYP mental health services in the community and to support increased access to community and eating disorder services. This funding has enabled:

- Fast-tracking of the roll-out of Mental Health Support Teams (MHSTs) in schools. Current fully operational MHSTs cover 15% of the school-aged population. The NHS estimates to reach approximately 22% of coverage in 2022 when the 112 MHSTs commissioned in 2021/22 become fully operational. This would exceed the original LTP commitment (20-25% coverage) a year early;
- Round-the-clock mental health crisis support over the phone for CYP, as part of the all-age, country-wide dedicated 24/7 NHS urgent mental health helpline.

14. Increased acuity is causing pressures on the urgent and emergency care pathway and inpatient beds. New capital and workforce solutions are required to

enable systems to provide care closer to home. £10 million capital and £30 million revenue has been made available from 2021/22 to implement projects to improve access to CYP inpatient services and enhance support to prevent the need for admission, through NHS-Led Provider Collaboratives.

15. A national stocktake of CYP mental health workforce commissioned by Health Education England (HEE) and undertaken by the NHS Benchmarking Network shows there has been a 40% growth in WTE staff in CYP mental health NHS services since 2019. This workforce expansion has been key to progressing CYP mental health LTP commitments.

Adult mental health services

16. Referrals to Improving Access to Psychological Therapies (IAPT) services have now risen above pre-COVID levels and services have reported higher levels of complexity due to the pandemic, requiring longer treatment. The average number of sessions has increased from seven to eight following the pandemic.

- An additional £38 million is being used to support IAPT to provide treatment for patients with greater complexity;
- Plans have been agreed to support ICSs to further expand their IAPT workforce, to maximise services capacity and therefore enable recovery of IAPT access.

17. The pandemic caused a reduction in face-to-face contacts and delays in service access due to national lockdowns, coupled with a prolonged period of reduced support networks for people with serious mental illness (SMI), and in some cases, escalating the acuity of patients and increasing demand for services. Bed closures and Infection Prevention and Control requirements for existing facilities, has led to much higher than agreed safe level of 85% occupancy and to an increase in out of area placements. NHS mental health crisis services have also seen a 74% increase in referrals post-pandemic. In addition to the support being rolled out to support bed-flow and seasonable pressures over the next 3-6 months:

- The all-age, 24/7 mental health crisis support lines rolled-out nationally as part of COVID-19 response continue to deliver. The latest data for Quarter 1 2021/22 shows that crisis lines are managing around 180,000 – 200,000 calls per month. Crisis resolution and home treatment teams offer a more comprehensive support offer than ever, and almost four fifths of hospitals have a 24/7 mental health liaison service, which is helping to address pressures in A&E.
- Over £500 million was secured for a multi-year capital programme to replace dormitories in the mental health estate with single, ensuite bedrooms by the end of 2024. Funds have been allocated to over 50 projects across England, and to date 13 projects have been completed eradicating 191 dormitory beds. By March 2022, the aim is to have eradicated over 450 dormitory beds.

18. The NHS continues to make good progress against the Adult Community Mental Health expansion and transformation programme. This includes the headline

ambition to provide integrated models of care bridging primary and secondary care services to an additional 370,000 people with SMI by 2023/24, including specific focus on those with eating disorders and those with complex emotional needs.

- As part of this programme, an additional £58 million is being used to establish Mental Health Practitioner roles to better support the needs of people with SMI within primary care and drive integration of the offer.
- Data reported by ICSs suggests that 63,000 people accessed care as part of the integrated models of care between April and September 2021, meaning Integrated Care Systems are on track to meet the 2021/22 access trajectory of 126,000 people being seen by the end of March 2022.
- Furthermore, there are 20% more people being seen and treated in community based services for adults with ED now, compared to two years ago, and approximately four fifths of ICS have an early intervention service for eating disorders, either live or undergoing testing and development.

19. The latest published data shows that 35,997 women were reported to have accessed specialist community perinatal mental health (PMH) services in the 12 months to the end of June 2021. This is below the trajectory to be on course to reach 57,000 women by March 2022. Workforce limitations has been identified as a key factor impacting performance, and national, regional and system-led actions have been identified to support recovery going forwards.

20. The wellbeing and mental health of NHS staff continues to be a priority, with 39 staff mental health and wellbeing hubs now established. The hubs provide an NHS Practitioner Health service for staff with complex needs, as well as professional nurse advocacy training for those who have been affected the pandemic. They have been accessed over 24,000 times since February 2021 according to latest data, and will continue to support staff across the NHS.

Enablers to achieving better mental health in England

21. As of 1 October 2021, 100% of the country is covered by an NHS-Led Provider Collaborative covering specialised mental health and learning disability and autism services. NHS-Led Provider Collaboratives are the vehicle through which new models of care can be developed and reliance on hospital-based care delivered away from people's local area can be reduced. Where hospital care is needed it will be local, in therapeutic, safe and high-quality environments and connected to people's community support and networks. Central to the NHS-Led Provider Collaborative approach is the role of clinical and Expert by Experience leadership. It is this skillset, integrated with commissioning skills, which drives clinical transformation and quality improvement scale. NHS-Led Provider Collaboratives will increasingly play an important role in local systems and are well placed to improve the quality of care and transformation required across the whole mental health pathway.

22. Following the publication of NHS England and NHS Improvement's *Advancing Mental Health Equalities* Strategy in 2020, reporting against inequalities is now embedded in NHS mental health governance via the Advancing Mental Health

Equalities Taskforce, with an increased focus on improving the quality and usability data in this area.

Critical risk and success factors

23. The LTP will see an additional £2.3 billion going to mental health services by 2023/24. To monitor this, the mental health investment standard (MHIS) is in place with a requirement that all clinical commissioning groups (CCGs) must grow mental health services at the same rate or faster than the rest of the NHS. All CCGs met the MHIS in 2020/21 and plan to do so again in 2021/22.
24. Workforce is the single biggest risk and opportunity for the Mental Health Programme. Workforce growth has been promising in recent years, with latest available data showing increase of more than 18,000 mental health staff since 2016, with an expectation that delivery of HEE's "Stepping Forward" will be achieved by December 2021. Expanding the workforce however remains critical to delivering the LTP and coping with the additional post-pandemic pressures. The LTP alone is estimated to require an additional 27,000 WTE by 2023/24, making use of innovative new roles to transform mental health service delivery. Multi-year HEE education and training funding is needed to support development of these roles for the future.
25. Given the increased demand for services, systems will be asked to develop workforce plans to 2023/24 via the operational planning round over the new year. This will support systems in exploring innovative approaches to providing care within current workforce capacity and will equip providers with the confidence to continue to expand services in high-demand, in line with the LTP.
26. Expansion also requires capital investment to 'house' growing community services. The additional £150m for mental health announced over the spending review period is welcomed.
27. Continuing improvements in data quality will be critical for Mental Health to understand delivery progress and priorities. It will be also increasingly important in the future NHS architecture of Integrated Care Systems (ICSs), to facilitate better understanding of mental health needs of the local population. While improvements have been made, the total number of submitting providers to the Mental Health Services Data Set (MHSDS) has steadily increased, with 318 of 444 providers in-scope submitting in June 2021.

Annex 1: Key achievements of the Five Year Forward View for Mental Health (1 of 2)

Workforce

The directly-employed NHS Mental Health workforce has increased by 18,000 Whole Time Equivalents between March 2016 and March 2021.



Finance

Actual mental health spend (including learning disabilities and dementia) has risen from £10.9bn in 2015/16, to a planned £14.3bn in 2020/21, allowing more people to access treatment



IAPT

IAPT services have seen a steady increase in the number of people starting treatment. In 2015/16, 0.95 million people referred to an IAPT service started treatment. This increased to 1.17 million in 2019/20. IAPT waiting time and recovery standards are still being met nationally, in spite of more complex presentations exacerbated by COVID impacts.



Perinatal

Prior to the FYFVMH, only ~15% of localities had comprehensive specialist community perinatal mental health services in place. As of April 2019, 100% of localities offer these services, which saw 30,700 people in 2020/21.

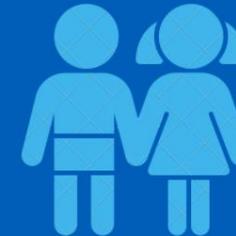


CYP

The NHS achieved a CYP mental health services access rate of 39.6% in 2020/21, exceeding its 35% target.

70 new or expanded CYP eating disorder teams now cover all parts of England. 10,700 patients started treatment in 2020/21, compared to 8,000 in 2019/20.

Since the programme began in 2018/19, dedicated mental health support teams are now in place at 3,000 schools.



Annex 1: Key achievements of the Five Year Forward View for Mental Health (2 of 2)

Adult community mental health

The waiting time standard for Early Intervention in Psychosis has been maintained, providing timely treatment within two weeks.

Individual Placement and Support services have continued to expand, with additional funding to double capacity.

The LTP committed to revolutionise care for people with Severe Mental Illnesses by introducing new integrated models covering both primary and community care. Q1 2021/22 data shows that 45,700 people are accessing care within these new models, meaning ICSs are on track to meet the 2021/22 access trajectory of 126,000 people.



Crisis

Prior to the FYFVMH, less than half of crisis services offered 24/7 care. Today, 100% of the country can access all-age, 24/7 urgent mental health support over the phone, and 97% of crisis resolution and home treatment teams operate around the clock.

Only 39% of hospitals offered a 24/7 mental health liaison service in 2016. As of December 2019, 78% hospitals had a 24/7 mental health liaison service. It is expected that by the time of the next survey (later this financial year), this will have risen to 100%.



Capital

Funding secured from October 2020 has been allocated to over 50 projects across England to replace dormitories in the mental health estate with single rooms with ensuite bathrooms. To date 13 projects have been completed eradicating 191 dormitory beds. By end of 2021/22, the aim is to have eradicated over 450 dormitory beds.



Suicide

As of this year, all areas in the country have received funding and quality improvement support to deliver localised suicide reduction programmes.



Achievements during the pandemic

COVID-19 became the catalyst for existing commitments to be realised sooner than planned, and to establish new services in response to patient need which are demonstrating ongoing value:



Rapid roll-out of 24/7 all age mental health crisis lines, supporting a quarter of a million people a month.

Rapid shift to remote working, providing care more flexibly and overcoming access barriers.



Mental health and wellbeing offer for staff impacted by the pandemic, underpinned by 40 new hubs across England.

Annex 2: NHS-Led Provider Collaborative impact on people and families

In line with clinical evidence base, CONNECT Adult Eating Disorder Provider Collaborative has significantly reduced hospital care (33% reduction in bed days) by investing in comprehensive community model, including the early intervention model FREED.

North London Forensic Consortium have created Peer Engagement Worker roles within their Commissioning Hub Team, which are paid roles for people with lived experience who have a number of responsibilities including quality assurance, service development and patient engagement.

Savings from the reduced number of admissions to CYP inpatient units have been reinvested into new services such as 24 hour Crisis Teams for CYP and 7 day community Intensive Behaviour Support Teams

The South London Partnership supported two local systems to achieve the Long Term Plan commitment to offer comprehensive crisis lines, assessment and home treatment through investment into Crisis Lines and full crisis team coverage across the geography.

The North Central and East London CYP PC Worked together with children and young people and carers to co-produce their clinical model, strategic ambitions and quality assurance framework.

North East & Cumbria CYP PC reduced the number of Children and Young People with a Learning Disability admitted to 2 per year and reduced the number of beds by 46%

Over two years the South West Provider Collaborative achieved £2.8m savings for investment into specialist community forensic teams which not only support people to live in the community but prevent avoidable admissions.