

## NHS England and NHS Improvement Board meetings held in common

**Paper Title:** Mental Health CYP & Adult Backlog Update

**Agenda item:** 6 (Public session)

**Report by:** Claire Murdoch, Senior Responsible Officer for Mental Health

**Paper type:** For discussion

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### 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"/>		

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### Executive Summary:

Outlines the strategy for addressing the backlog of adults and children and young people awaiting mental health treatment, and provides an update on progress made since the previous update in November 2021.

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### Action Required:

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

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### Background

1. The NHS Long Term Plan (LTP) is supporting an increase in access to mental health services, backed by an additional £2.3bn per annum by 2023/24. Great progress has been achieved, but there is more to do to deliver the LTP commitments.
2. There is a historical treatment gap in Mental Health which the LTP is seeking to reduce, but will not eradicate. Further sustained growth and transformation will be required after the accomplishment of the LTP.
3. During the COVID pandemic, the sector worked relentlessly to keep services open and press ahead with transformation. COVID-19 became the catalyst for some commitments to be realised sooner than planned, and to establish new services in response to patient need which are demonstrating ongoing value. For example:
  - The 24/7 all age mental health crisis lines were rolled out (a year ahead of schedule for adults, and three years for CYP)
  - The Mental Health Support Teams for CYP will cover c.22% of population in 2022, reaching our original LTP commitment a year early, and
  - 40 mental health and well-being hubs for NHS staff were set up across England, as a new programme mobilised in response to the pandemic.

4. In addition to lockdowns impacting mental health referral routes and vaccine prioritisation in primary care, evidence shows the pandemic has had significant long-term effects on the prevalence of mental illness resulting in the treatment gap increasing. Delivering the LTP commitments to grow community services remains the best response to addressing the impact of the pandemic on demand for services.
5. There is a backlog of patients across adults and CYP within the context of increased prevalence, acuity and complexity which is worsening the situation.
  - The new waiting list metric for community-based mental health and learning disability services counts the number of referrals where the patient is yet to receive their second contact (as a proxy for starting treatment). This is a snapshot metric, counting the number of referrals that were open and waiting at the end of the quarter (not the number of patients), including all ages, and referrals to both MHSDS reported and IAPT services. As the measure counts all open referrals waiting for a second contact, it includes short or appropriately managed waits, and those waiting a long time for a contact.
  - At the end of Q3 2021/22, there were 1.085m referrals yet to receive a second contact. In addition, the dashboard now also includes the number of patients with Severe Mental Illness (SMI) who haven't received all 6 components of a physical health check in the last 12 months, as part of the commitment to provide physical health checks for people with SMI; for Q3 2021/22 this figure was 342,472.
6. The LTP commitments for mental health were based on now outdated assumptions about prevalence, need, and what would be required to address the treatment gap for mental healthcare. Good progress has been made in implementing the LTP despite the pandemic, however the NHS continues to face the challenges of COVID and associated pressures. Later this year, an LTP Update will be published which will review progress so far and restate the NHS's commitment to the Plan's priorities. This includes looking at the impact of COVID pressures on the Mental Health LTP commitments and to ensure the additional £2.3bn, in real terms, by 2023/24 ringfenced for mental health is targeted towards the aims of the LTP, which are critical for reducing the treatment gap.
7. The NHS published its Clinical Review of Standards consultation report on 22 February, which highlights public/stakeholder support for new mental health waiting time standards, including for urgent mental health pathways, subject to additional government investment in the future. This includes proposals to introduce the following access standards:
  - For a 'very urgent' presentation, a patient should be seen within four hours from referral, across all ages.
  - For an 'urgent' presentation, a patient should be seen within 24 hours from referral, across all ages.
  - Patients referred from an emergency department should have a face-to-face assessment commence within one hour from referral, by mental health liaison, or children and young people's equivalent service.

8. Responses to the consultation also highlighted that the introduction of these proposals would likely bring welcomed increased visibility of the challenges faced by mental health services and helpful clarity to people that use services about what support they should expect.
9. Responses also recognised the need for resourcing changes to realise the improvements, which are yet to be agreed by government. Government is currently consulting on the longer-term priorities for its upcoming Mental Health and Wellbeing Plan, and the findings of the Clinical Review of Standards will be one of the pieces of evidence to consider.

### Children and Young People (CYP) Mental Health Services

10. The number of CYP who require mental health care and treatment has increased:
  - The proportion of CYP aged 5-16 years with a probable mental disorder rose from 11% in 2017 to 17% in 2021
  - New referrals to CYP mental health services continue to be higher than pre-pandemic levels
  - The number of CYP requiring urgent treatment for an eating disorder almost doubled in 2020/21 compared to the year before, with the number of cases accepted for treatment remaining well above historical levels
11. Despite record access numbers of CYP accessing support from NHS funded services, the increased prevalence means the same level of activity delivered in 2020/21 (the final year of the FYFVMH) equated to 27% of need when measured against the Wave 2 follow-on survey compared to 37% estimated need met against the 2017 CYPMH prevalence survey. This increase in demand means there is a likelihood waiting times and the need gap will increase further even though more CYP will be seen in actual terms.
12. CYP mental health services have continued to face increased pressures, and pressures are being managed within the same financial and staffing envelope agreed prior to COVID.
  - Increasing access to a further 345,000 CYP by 2023/24 remains a high priority LTP commitment. In the 12 months to December 2021, 640,476 CYP had accessed community services which is 88.7% of what is required by year end, providing confidence this commitment will be achieved by 2023/24.
  - Data from Quarter 3 2021/22 2021 shows a small improvement against the waiting time standards in CYP Eating Disorder services for routine cases for Children and Young People (CYP), but a small deterioration for urgent cases. Urgent cases currently sit at 59.0% with 383 out of a total 649 starting treatment within one week, compared with 62.6% in Quarter 2 (337 out of 538 starting treatment within one week). Routine/non-urgent cases are at 66.4% with 1,634 out of 2,460 starting treatment within four weeks, compared with 64.8% in Q2 (1,507 out of 2,327 starting treatment within four weeks).

13. The NHS is on track to deliver expansion in CYP MH services as set out in the LTP, and is ahead of trajectory in some areas such as the roll out of mental health support teams in schools, and the roll out of 24/7 crisis support for CYP. More CYP are accessing help than ever before; c640,000 CYP accessed care in the 12 months to December 2021, compared to c555,000 in the 12 months to March 2020 (pre-COVID), an increase of 15%.
14. NHS England and NHS Improvement has supported systems to respond to pressures on services and, backed by non-recurrent additional government investment in 2020/21, confidence in seeing the additional 22,500 CYP than planned is high.
15. NHS England and NHS Improvement will continue to support the expansion of services in line with the LTP, recognising services will be managing additional demand within pre-prescribed financial envelopes.
16. In the context of these pressures, NHS England and NHS Improvement will continue monitoring waiting times for CYP mental health services to identify any adverse impacts of pushing for increased access, and will continue its focus on supporting systems to improve the collection and use of routine outcomes measures to drive quality improvements.

### Adult Mental Health Services

17. The proportion of adults experiencing some form of depression has doubled since pre-pandemic.
  - 48% of adults reported the pandemic was affecting their well-being. For those who had experienced some form of depression and / or anxiety, this figure is 81%.
  - Open access freephone all-age urgent mental health helplines, established in response to the pandemic, are managing approximately 180k-200k calls per month.
18. While the impacts of the pandemic on the prevalence of Severe Mental Illnesses is unknown, services and service users report increased pressure and complexity as a result of wider social and environmental drivers, and capacity challenges within services. Core Community mental health referrals and eating disorder referrals have increased by 20% and 28% respectively since the start of the LTP.
19. COVID has disrupted referral routes and community capacity was impacted during lockdowns across all adult pathways. This has led to increased acuity of patients at the point at which they access services, which exacerbates issues such as bed pressures for those with more acute needs.
20. Referrals to IAPT services are now consistently above pre-pandemic levels following a significant dip in April 2020. Whilst this is a positive development, the number of referrals is lower than required to deliver the access targets, and below what could be expected given the increase in prevalence. Capacity within

a number of services also remains a challenge due to workforce shortfalls and more complex presentations.

- Data shows there were 443,061 referrals in Quarter 3: an increase of 1.6% compared to the number of referrals received in Quarter 2 (436,187).
- The month of November 2021 saw the highest ever access numbers (115,610 people accessing services, up by 12,620 from October).
- Pre-pandemic the average number of sessions per course of treatment was 6.9. Since the pandemic started, this has increased and is currently at 8, reflecting the increased complexity of patients who need more sessions to support recovery.
- A number of actions are being taken to address the workforce shortfalls, such as the multi-year workforce plans submitted by systems to address workforce demand, supply, recruitment, and retention.

21. Transformation to develop integrated primary and community care for adults with severe mental illness continues at pace despite the impacts of COVID and the backlog of people waiting for treatment, and is more important than ever before.

- The LTP committed to revolutionise care for people with Severe Mental Illnesses by introducing new integrated models covering both primary and community care. Quarter 3 2021/22 data shows that 111,241 adults and older adults received 2 or more contacts with a transformed model (reported by 34 ICSs), meaning ICSs are on track to meet the 2021/22 access trajectory of 126,000 people.
- The waiting time standard for Early Intervention in Psychosis has been maintained, providing timely treatment within two weeks.
- While significant improvements have been made this past quarter, the NHS is off-track to meet the target of 302,000 people with Severe Mental Illness receiving a full health check (at 184,000 in Q3 - 61% of the target to be achieved by year end). Disrupted referral routes and reduced capacity in primary care have significantly impacted delivery of this commitment through the pandemic. This means that the current treatment gap for people with SMI is ~80% of people on the GP-SMI register not receiving a preventative health-check.

22. NHS England and NHS Improvement is continuing to see very high demand on NHS inpatient mental healthcare, as a result of increased demand, a treatment backlog caused by the pandemic and high COVID infection rates in inpatient settings.

- Adult acute inpatient capacity remains very high (95% on 22 March), resulting in people being sent out of area to receive General Acute and Psychiatric intensive care.
- Mental Health systems are experiencing high levels of delayed discharge. These are in turn impacting the sector's ability to eliminate out of area placements; a one-off additional investment for discharge provided in 2021/22 prevented the situation from worsening.

- For the rolling quarter to December 2021 there were 58,735 OAP bed days. OAPs pressures have not been experienced uniformly across the country, and the pandemic has impacted progress differently in different areas. Overall, the national picture is broadly stable but the ambition to eliminate them as early as possible remains.
- Encouragingly, there has been a reduction in new placements made in recent months. In late 2020, the national number of new placements made was typically at around 500-600 each month; this has been closer to 300 new placements per month during Quarter 3 following a gradual decline over the course of 2021.
- Expanding community mental health and crisis care provision through the LTP is key to preventing demand and acuity continuing to rise, and in turn, OAPs.

## Further Actions

23. Since last updating the Board, all Adult Secure, Children and Young People's and Adult Eating Disorder NHS-Led Provider Collaboratives are live. Furthermore, over 30 local systems are developing Mental Health Provider Collaboratives covering the whole mental health pathway. This exciting approach enables clinicians, experts by experience and providers to use their expertise to redesign whole care pathways, using resource in the most effective way to meet patient need earlier on in their pathway and in the least restrictive environment.
24. Digitally enabled transformation will play a critical role in improving access and addressing backlogs. Our national digital mental health programme focusses on: ensuring digital foundations are in place to provide safe and effective care; connecting information systems to facilitate delivery of integrated care pathways with reduced duplication for patients and clinicians; and, embedding digitally enabled pathways of care that provide more choice in how support is received. Whilst this does not replace the need for increases in workforce and service capacity, together these digital transformation efforts provide critical efficiencies and productivity benefits to improve access, in addition to supporting improvements in quality, choice and personalisation.
25. Inequitable access to healthcare for people with mental ill health is an inequality within itself which the LTP seeks to reduce. However, within our expansion, it is vital we are purposeful in our efforts to meet the needs of marginalised communities. That is why key inequalities metrics have been introduced to ensure that through expansion, we are reaching those groups who have the worst access to, outcomes and experience of care:
  - Increase IAPT access for older adults
  - 50% IAPT recovery rate to be achieved for all ethnicities
  - Improving pathways for all ethnicities within integrated primary and community care for adults with SMI
  - Improve therapeutic offer to improve outcomes and experience of care and reduce length of stay for people of all ages (by 2023/24)

26. Workforce capacity remains the biggest risk to service delivery, expansion and delivering the LTP. High rates of staff absence have exacerbated pre-existing workforce pressures.
- NHS England and NHS Improvement and HEE have established a Task and Finish group for workforce retention.
  - Local systems were able to submit multi-year workforce plans for the first time as part of the 2022/23 operational planning process, supporting a longer-term focus on workforce demand, supply, recruitment, and retention.
  - From 2022/23 onwards the national mental health team is devolving more resource to regional teams to increase regional capacity to focus on mental health workforce.
  - NHS England and NHS Improvement published revised implementation guidance for increasing access to Psychological Therapies for Severe Illnesses in January 2022.
  - NHS England and NHS Improvement is also working with HEE to the launch a new Mental Health and Wellbeing Practitioner (MHWP) role for community mental health teams, with around 200 trainees starting posts in March 2022, with plans to increase to 560 posts in 2022/23.
27. The sector is working hard to respond to the immediate pressures it faces as a result of the pandemic, while ramping up efforts to transform and expand services in line with the NHS LTP. It is of utmost importance that funding already allocated to mental health is being spent on the LTP mental health commitments, and that system leaders continue to prioritise mental health transformation to reduce the treatment gap and long waits for care.