Royal College of Psychiatrists' briefing
Health and Care Bill | July 2021

As we, hopefully, move beyond the peak of the COVID-19 crisis we know that supporting the nation's mental health will be more important than ever.

The Government's plans to expand mental health services are at a crossroads. They depend on decisions being made in every local area and the supply of enough staff to deliver them. The new Health and Care Bill sets out how these decisions will be made, and we are concerned that it does not go far enough to ensure that mental health is not overlooked.

In consultation with members and partner organisations, we have developed initial suggestions for strengthening the Bill to ensure parity of esteem between mental and physical health, reduce mental health inequalities, and ensure we have the right healthcare workforce.

In summary, they are:

- A new duty for ICBs to promote parity of esteem between mental and physical health
- A requirement for a mental health representative on every Integrated Care Board (ICB) so that the needs of patients with a mental illness are not forgotten
- It needs to be clearer that the ICB duty on quality of services must give equal consideration to mental and physical illness
- A requirement for the Secretary of State to report independent workforce supply and demand projections, and how demand will be met
- A requirement for Integrated Care Partnership (ICP) strategies to include collective and coordinated planning to address inequalities
- A requirement for ICBs to implement systems to identify, monitor and address disparities in health access and outcomes

For too long mental health has struggled to be heard at the top table of NHS decision making, leaving many patients with a mental illness unable to access the care they need. It is vital that the new legislation is strengthened to guarantee that mental health is not overlooked again.

Ensuring parity of esteem between physical and mental health

Years of coming second to physical health has left services struggling to meet demand, and this has only been exacerbated by the pandemic.

Key statistics

- Mental illness represents up to 23% of the total burden of ill health in the UK but only 11% of NHS England's budget.
- For the first time in a calendar month, there were more than 400,000 referrals to mental health services in March 2021.

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- There were 404,552 referrals reported in March 2021, which is 36% up on the pandemic-impacted March 2020 and 26% up on the pre pandemic March 2019.
- 63% of psychiatrists responding on the RCPsych research panel said that their local area had been ineffective in working towards parity of esteem.
- Less than one in ten said their local area was effectively promoting parity of esteem.

Recommendations for the Bill

As the Bill sets up the new legal structures for the NHS it is vital that we don't repeat the mistakes of the past. The Bill needs to go further on mental health, to make sure Integrated Care Systems (ICS) are considering mental health as well as physical health in their decision making.

1. **A new duty should be added for ICBs to 'Promote parity of esteem between physical and mental health', and demonstrate work toward this**

Every ICB should be required to promote parity of esteem. It should be included in their 'forward plans' and they should be required to report on it as part of their annual reports. This would increase transparency and help hold the system to account.

This should not create extra burdens or be a box ticking exercise because NHS England and NHS Improvement already require annual information on how local areas are progressing against national plans to improve care for people with a mental illness, including information on waiting times and patient outcomes. This means that the reports would largely involve making this information public within the ICB annual report.

2. **A mental health representative must be mandated on the ICBs, in addition to the current minimum membership**

The current wording of the Bill and the guidance published by the NHS means it will be possible for some areas to have no mental health representation on the ICB.

We share the concerns of NHS Mental Health Trusts that not having a mandated representative would be a backwards step from parity of esteem for mental health and may mean resources get diverted away from helping patients with a mental illness. As mental health trusts are normally much smaller than hospital trusts or general practice alliances their voice can get drowned out in NHS decision making.

- 42% of psychiatrists responding to our research panel rated the involvement of mental health in their local NHS areas as poor or very poor with only 15% rating it good or very good.

Therefore, we propose that the text on the constitution and 'ordinary members' of the ICBs be amended to read:

(a) one member nominated jointly by the NHS trusts and NHS foundation trusts that— (i) provide services for the purposes of ***physical healthcare*** *within the integrated care board's area, and (ii) are of a prescribed description;*

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(b) one member nominated jointly by the NHS trusts and NHS foundation trusts that— (i) provide services for the purposes of mental healthcare within the integrated care board's area, and (ii) are of a prescribed description;
(c) *one member nominated jointly by persons who— (i) provide primary medical services for the purposes of the health service within the integrated care board's area, and (ii) are of a prescribed description, and*
(d) *one member nominated jointly by the local authorities whose areas coincide with, or include the whole or any part of, the integrated care board's area.*

3. The ICB 'Duty as to improvement in quality of services' (14Z34) should include reference to mental health

In keeping with efforts to promote parity of esteem and ensure that mental health services are not under-prioritised as has historically been the case, we recommend the explicit inclusion of mental illness in the duty to improve healthcare services on an ongoing basis. As ICBs must report on this duty, we believe the explicit inclusion of mental illness will stimulate efforts to improve mental healthcare.

An early proposal is that the duty as to improvement in quality of services could read:

(1) Each integrated care board must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of ***physical or mental*** *illness.*

While the Bill specifically clarifies that when it refers to 'health', it means mental and physical health, there is no similar clarification for illness. This could, therefore, create an unintended loophole and miss an opportunity to remind ICBs on their duties for people with mental illness.

We believe not having this would be a backwards step considering the 2012 Act was amended to ensure that mental health was specifically referenced in the duties of the Secretary of State. This has commonly been seen as creating a legal duty to work towards parity of esteem at a national level. This law has been one of the key drivers to ensure the NHS does not forget about mental health and it is vital that this new law replicates the same language at a local level.

How the Bill can ensure we have the right NHS mental health workforce

In the mental health sector, recruiting enough skilled staff to meet the needs of patients is an urgent challenge. There have been several plans to try to remedy this challenge with the aim to deliver national system plans, such as the Five Year Forward View for Mental Health and NHS Long Term Plan, but the workforce remains widely recognised as one of the biggest risks to their delivery.

This is due to workforce planning coming too late in the planning cycle, creating difficulties in translating it into action, as well as short term workforce planning that fails to understand the length of time it takes to train and sufficiently compare supply against demand.

The workforce plan to deliver the Five Year Forward View for Mental Health – Stepping forward to 2020/21 was published over a year after the publication of the Five Year Forward

View for Mental Health. To enable the workforce to deliver the Long Term Plan, the NHS published the Interim NHS People Plan covering 2019/20, followed by We are The NHS: People Plan covering 2020/21, both of which were only one-year documents. All three workforce plans lacked tangible action to achieve the necessary growth in psychiatrists and were unaccompanied by the long-term budget that was needed.

Key statistics

- The NHS has completely failed its five-year target to expand the clinical mental health workforce. By their target date of March 2021, they have only filled 210 out of 570 (37%) consultant psychiatrist posts and 3,010 of the target 8,100 (37%) mental health nurses.
- The NHS Long Term Plan is meant to build on the planned workforce set out in the Five Year Forward View, yet we are around 420 consultant psychiatrists behind the target for 2020/21, and on course to miss the LTP target by 2023/24.
- In the fourth quarter of 2020/21, there were a total of 16,660 WTE vacancies across the mental health workforce – 58% were for medical and nursing posts in mental health trusts compared to 55% for acute trusts, 54% for community trusts and 39% for specialist trusts.

Recommendations for the Bill

The Health and Care Bill presents an opportunity to address historical issues relating to a lack a long-term workforce planning.

4. The Secretary of State should report independent workforce supply and demand projections, and how demand will be met

With rising demand for mental health services due to the pandemic, it is more important than ever to address workforce shortages once and for all. The Government is well-versed in using the expert guidance of bodies like the Office of National Statistics and Office for Budget Responsibility to inform decision making. We urge that the same approach is taken for workforce planning, so that services can be planned in the knowledge that the workforce will be there to deliver it.

insert— "1GA Secretary of State's duty to report on workforce ~~systems~~ ***supply and demand***

(1) The Secretary of State must~~, at least once every five years,~~ publish ***regular*** *~~a~~ reports* ***setting out independent workforce supply and demand projections*** *~~describing the system in place for assessing and meeting the workforce needs~~ for the health service in England* ***and how demand will be met****.*

(2) NHS England and Health Education England must assist in the preparation of a report under this section, if requested to do so by the Secretary of State.

How the Bill can go further to tackle mental health inequalities

There are inequalities within mental health that are varied and pervasive and affect access to services, experiences of care and ultimately, outcomes for people with mental illness. From the data that is available on inequalities in mental health care, there are some stark disparities which demonstrate the need for more focus and action.

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This bill will significantly help address this and we welcome the proposals for all ICBs to have a clear duty to reduce health inequalities in their area. We recommend that mental health services should use the Advancing Mental Health Equalities toolkit to do this. to do this.

The bill could however go even further to ensure efforts already in place to address health inequalities are improved and strengthened.

Key statistics

- People from Black, African and Caribbean communities are 40% more likely than white British people to come into contact with mental health services through the criminal justice system.
- LGBT people are at increased risk of common mental illness, and still experience discrimination in healthcare settings, with many avoiding seeking healthcare for this reason.
- People with disabilities experience poorer recovery outcomes in IAPT services than those without a disability
- People in lower income households are more likely to have unmet mental health treatment requests compared with the highest.

The examples above, and many more, indicate that increased action on and accountability for addressing mental health inequalities is needed across the system.

Recommendations for the bill

5. **The ICP 'Integrated Care Strategy' includes cross-sector efforts to reduce inequalities**

While the bill makes clear that ICBs (ICS NHS boards) must include inequalities reduction efforts in their plans, and consequently public annual reports, similar requirements are not outlined for the wider ICP (the wider Partnership board). We believe that in order for the wider action needed across different sectors and decision makers to be coordinated, and therefore more impactful, that there needs to be an explicit requirement for the partnership board to work to address inequalities.

The ICP should therefore develop and implement a co-owned health inequalities strategy (aligned with ICB efforts under the relevant duty), with agreed collective impact measures, and individual impact measures in each area, such as health, education, and housing.

6. **The ICB Duties 'as to reducing inequalities' (14Z35) include the requirement to develop systems to identify, monitor and address disparities in health outcomes and access**

Data on health, and particularly mental health, inequalities is widely acknowledged to be substantially insufficient. Although we welcome ICBs having a legal duty to have regard to the need to reduce inequalities, we believe the infrastructure to be able to monitor these efforts is vital. Therefore we would recommend that the duties as to reducing inequalities are expanded to include this critical element.

An early proposal is that the duties 'as to reducing inequalities' could read:

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Each integrated care board must, in the exercise of its functions, have regard to the need to—

(a) reduce inequalities between patients with respect to their ability to access health services, and
(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.
(c) develop and implement systems to identify, monitor and address disparities in health services access and outcomes

How you can monitor the delivery of mental health services in your local area

The RCPsych has created an online tool called Mental Health Watch which brings together all the most useful mental health statistics from official NHS and Government sources alongside information from the College's regular survey panel of psychiatrists to get the perspective of frontline NHS clinicians.

It will allow MPs to see how well parity of esteem is being achieved in your local area and clearly demonstrates why we need to ensure that every area has a clear duty to improve mental health care with a board representative overseeing this work.

Mental Health Watch can however only publish the data we have. That is why we believe that every ICS should publish the additional data they supply NHS England regarding progress against the national plans to improve care for people with a mental illness including information on waiting times and patient outcomes.

Most of the indicators have local information where you can find out what is happening in your local Trust, CCG or ICS. The information is presented in an easy to use, format so you can see long term trends and can compare data between different areas and against the national average. You can try it out Home | Mental Health Watch (rcpsych.ac.uk)

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