Briefing for Peers, Second Reading (Lords) Health (NHS Modernisation Bill)- Tuesday 13th October 2026[1]

About the Royal College of Psychiatrists:

The **Royal College of Psychiatrists** is the professional medical body responsible for supporting psychiatrists throughout their careers from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom. We work to secure the best outcomes for people with mental illness, intellectual disabilities and developmental disorders by promoting excellent mental health services, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.

Background Information:

The UK Government has set out plans in the Health Bill to abolish NHS England and these proposals represent a significant structural change for the health system. During this period of transition, it is imperative that patient care remains uninterrupted and that staff are supported.

Changes to system structures will not by themselves improve outcomes for people with mental illness. Changes need to be accompanied by increased priority and resources if we are to reduce waiting times, improve access to care, and strengthen services for those who need them most.

The College stands ready to work with leaders to support this transition, ensuring that the needs of people with mental illness are prioritised and are at the centre of decision-making.

Overview of the Bill:

The Bill reconfigures the duties and remit of Integrated Care Boards, streamlining their responsibilities and reducing mandatory Board positions. It also formally abolishes NHS England and returns many of NHSE's powers to DHSC. Oversight of regional and local initiatives is being pared back to improve autonomy of regions. This puts more power at ICB and regional level to offer services tailored to their populations, including being in charge of primary care commissioning, but it also leaves the possibility of a "post-code lottery": well-prepared regions adjusting better to new remits and rolling out services more effectively, while poorer performing areas fall further behind.

Clinical representation in strategic commissioning decisions is crucial for creating and implementing long-term, evidence-based initiatives. The Bill's removal of the Board requirement for a member nominated by primary medical care and a member nominated by NHS Trusts and Foundation Trusts is cause for concern. This wording suggests the statutory position of a mental health clinical professional on ICBs is being eliminated, but elsewhere the government has stated that it will require mental health expertise at Board level.

Investing in the Psychiatric Workforce is Critical to the Bill's Aims:

The College believes that investing in the Psychiatric and wider mental health workforce is critical to the success of reform and the spreading of good practice. Whilst some workforce growth is of course welcome, significant challenges persist

[1] Health Bill Stages - Parliamentary Bills - UK Parliament

and we have identified the following solutions to some of the challenges, which we would want to see recognised in national level workforce planning. The College submitted comprehensive evidence to inform the forthcoming Government Workforce Plan for England. The College is now calling for Government to commit to publishing a follow-up Mental Health Workforce plan. We require detail on how the mental health workforce will be effectively retained and recruited to meet the scale of the mental health demand. Retention and recruitment measures we need to see include:

Retention:

- Comprehensive mental health and wellbeing support for staff is accessible alongside assertive action to encourage help-seeking at an early stage and to address the stigma staff with a mental health diagnosis can face. Within this context we need to see ring-fenced and recurrent funding of £45m to support the mental health and wellbeing needs of NHS staff with funding of £5m earmarked for developing occupational mental health capacity and the remaining £40m ideally invested in staff mental health and wellbeing hubs nationwide. We welcome the commitment in the 10-Year Health Plan to introduce Staff Treatment Hubs for NHS staff. We are keen to understand how these hubs will interact with the existing NHS Staff Mental Health and Wellbeing Hubs. We look forward to supporting the development of this commitment.
- Ring-fenced investment that will ensure staff (a) receive administrative support, (b) can access working technology (including digital support to manage caseloads and to support clinical prioritisation) and (c) have adequate space to carry out daily duties (including confidential consultations).

Recruitment:

- Maintenance of commitments to double medical school places, ensuring this is fully costed and delivered, with more medical school places put into schools with a proven track record of delivering consultants in shortage specialties including psychiatry. RCPsych estimates that doubling places could increase the numbers becoming consultants by between 450 and 675 posts a year.
- Forecasts set out for growing specialties, including psychiatry in the short, medium and longer term. We need to see comprehensive and transparent modelling of postgraduate medical specialty places, including in the range of psychiatry specialties.
- Integration of psychiatry with the wider health and care system, for example, integration of neuropsychiatry in neurology services.
- Bottlenecks addressed in medical training pathways with local medical schools and postgraduate schools supported to create medical school placements in psychiatry.
- Enough trainers for the planned increase of medical students and resident doctors.
- Further evidence on the scale of challenges affecting the Psychiatric Workforce is included later on in this briefing document.

Clinical Representation on Integrated Care Boards (ICBs):

Clinical representation in strategic commissioning decisions is crucial for creating and implementing long-term, evidence-based initiatives. The Bill's removal of the Board requirement for a member nominated by primary medical care and a member nominated by NHS Trusts and Foundation Trusts is cause for concern. As matters stand the Bill states that there should be at least one member with sufficient knowledge and experience in mental health services, but not necessarily with Clinical expertise in Mental Health services. The College is calling for the UK Government to amend the Bill and strengthen this provision to ensure there is a statutory requirement for *both* a Mental Health clinical professional *and* a primary care clinical professional to sit on all ICBs.

The Abolition of Local Healthwatch by Local Authorities:

The College is concerned about the current proposals in the Bill to abolish the statutory obligation on Local Authorities to provide a Local Healthwatch. We support the evidence produced by the **NHS Alliance** as in many places local Healthwatch have proven to be an effective way of engaging with people with a Mental Health issue and their families and carers, to help shape and influence local priorities by ensuing improvements in multi-agency and cross-government working. There are concerns that with the abolition of local Healthwatch this vitally important forum to meaningfully engage with the views of patients at a local authority level will be undermined.

The College has welcomed the commitment made by the Minister during the Report stage of the Bill in the Commons to review the government's position during the Bill's scrutiny in the House of Lords. The College seeks assurances that the new arrangements - whereby functions are transferred to NHS bodies - will not undermine multi-agency and cross-government working, and ensure local patients will still have an effective voice, and that engagement is meaningful and continues to be able to make an impact locally.

Changes in Statutory Responsibilities on Climate Change:

The College is proud to be a member of the **UK Health Alliance on Climate Change (UKHACC),** a collaboration which brings together health professionals to advocate for just responses to the climate and ecological crisis, promote the health benefits that flow from those responses, and empower members and health professionals to make changes in their professional and personal lives to respond to the crisis. The Alliance brings together a wide range of members, including medical, nursing and allied health professional bodies, scientific faculties, royal colleges, and major publications like 'The Lancet' and the 'British Medical Journal' and represents over 1 million health professionals.

Statutory climate change duties were originally introduced into the NHS via the Health and Care Act 2022, and these changes ensured to legally mandate a health system to address climate change and environmental targets. As matters stand in the current Bill, the climate duty on NHS England will not be replaced, as the Health and Social Care Secretary already has existing duties in this area through the Climate Change Act and Environment Act. The rationale is that the statutory guidance making power will be subsumed by a general power, already held by the Health and Social Care Secretary.

In support of the UKHACC's position on this matter, the College seeks clarification from the Government as to how the loss of the climate duty on NHS England and the statutory guidance making power will be replaced? As well as seeking assurances as to how accountability for delivering a net zero NHS will work in practice? Under the proposed arrangements the College is concerned that it is unclear how progress of NHS wide emissions will be reported following the abolition of NHS England, as this is currently undertaken through its annual report. A new reporting duty of interest amendment to the Bill could be a way to resolve this issue as recommended by the **King's Fund.**

Further evidence: Addressing Retention in the Psychiatric Workforce

- For years now NHS **staff have been struggling** with high workloads, administrative pressures, working environments out of step with the fundamental needs of staff, time-pressures and poor work-life balance[i]. These pressures have only grown in recent years. Many staff, including those from marginalised groups, have experienced burnout, and have sometimes needed professional support for their own mental health and well-being. This includes neurodivergent doctors, with reports highlighting the inadequate support they receive in the workforce, as well as trainee and junior doctors who we know are at particular risk of mental health problems.[ii][iii]
- Meeting the mental health needs of staff on sick leave for mental illness is an important part of improving their mental health as well as promoting their return to work thus improving productivity. Staff sickness figures reveal that anxiety, stress, depression, and other mental illnesses continue to be the most reported reason for sickness absence amongst the NHS workforce. Mental illness (defined as anxiety/stress/depression/other psychiatric illnesses) accounted for the loss of 8.3 million staff days and 29.0% of all NHS sickness absence in the year up to and including June 2026. Over that same period, consultants (across all specialties) and nurses and health visitors (across all specialties) had mental illness account for 27.2% and 28.2% of total sickness absence, respectively[iv].
- **Research estimates** the financial cost to the NHS of poor mental health and wellbeing at £12.1 billion a year, and that around £1 billion could be saved by successfully tackling this issue in the long term, through sustained, ring-fenced investment at scale[v]. Related, analysis suggests that the consequences of bullying and harassment in the NHS cost the service in England at least £2.28bn a year [vi].
- As the 10 Year Health Plan highlights, "[to] prioritise staff wellbeing is not only the right thing to do, but also common sense for public finances". This extends to staff mental health. For every £1 spent on workplace mental health interventions, £4.70 is saved, with the return on investment for early intervention initiatives estimated to be £6.30 per £1 spent[vii].
- Good staff health, wellbeing and engagement also benefits patients including improved patient safety and improved patient experience of care such as higher levels of patient satisfaction[viii].
- An estimated 1-in-17 of all workers in England are employed by the NHS, making the NHS the country's biggest employer.[ix] Across the health workforce, clinicians report leaving their professions altogether due to burnout. We cannot sustain this loss of specialist skills, now more than ever, when we need to retain clinicians to meet record levels of demand.

- Staff mental health and wellbeing is directly affected by racism and discrimination (including gender-based discrimination) as well as by bullying and harassment (including violence and aggression). This in turn impacts on workforce retention as well as recruitment. For example, RCPsych and the Health and Social Care Select Committee have reported on how addressing racism and discrimination faced by healthcare staff is core to retention as well as recruitment. This is especially important given the well-evidenced discrepancies in experiences of people from racialised communities, (staff and patients). The **RCPsych Tackling Racism in the Workplace Guidance** outlines evidence and solutions.
- A College membership survey was conducted in early 2025 to gather member experiences of local inpatient capacity pressures[x]. Among the 860 members across England who responded to the survey, the majority (81%) have experienced or witnessed 'moral injury' (a strong cognitive and emotional response following an event that violates a person's ethical code, such as feeling they are delivering substandard care) while at work. The survey findings compound the challenging conditions under which psychiatrists and mental health professionals are working to attempt to consistently deliver safe and therapeutic care. Staff are at overcapacity due to a lack of commitment to workforce retention and recruitment, contributing to low staff morale, burnout, and higher rates of staff sickness absence; no employee should experience moral injury in the workplace.
- Earlier this year, the College published **a retention charter** to encourage NHS services to improve the retention of staff. It supports healthcare organisations through providing a structured framework for healthcare organisations to adopt by providing a step wise and systemic approach to retention. Notably, it contains a series of case studies of how services have acted innovatively to improve workforce retention alongside recommended actions for healthcare organisations.

Further evidence: Addressing Recruitment in the Psychiatric Workforce

- Growth of the consultant psychiatric workforce still falls short of commitments set out in Stepping Forward to 2020/21: the mental health workforce plan for England and the NHS Mental Health Implementation Plan 2019/20-2023/24. This results in impossible staff workloads with staff leaving the workforce. We also know that not meeting patient needs has an impact on patient morbidity and adds further pressure on healthcare services as well as welfare systems.
- We welcomed commitments set out in the 2023 NHSE Workforce Plan to increase medical school places by one third to 10,000 per year by 2028/29 and by double to 15,000 per year by 2031/32.
- With this in mind, whilst we welcome the publication of the 10-Year Health Plan, we are no doubt concerned by its statement that 'By 2035, we will have fewer staff than projected by the 2023 Long Term Workforce Plan.

More information:

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[i] RCPsych. 'Supporting the mental health of our workforce'. April 2024. Available from: https://www.rcpsych.ac.uk/news-and-features/blogs/detail/presidents-blog/2024/04/25/supporting-the-mental-health-of-our-workforce?utm_campaign=2744509_eNewsletter%20-%20main%20-.%2025%20April%202024&utm_medium=email&utm_source=RCPsych%20Digital%20Team&dm_i=3S89,1MTOD,8F1SHI,68H7H,1

[ii] Disabled doctors marginalised, finds report

[iii] LTF_SOM_mental_health_of_doctors.pdf

[iv] RCPsych analysis of NHS England. Sickness Absence Rates, July 2025 - June 2026. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates.

[v] The International Public Policy Observatory. NHS staff wellbeing: Why investing in organisational and management practices makes business sense - A rapid evidence review and economic analysis. June 2022. Available from: https://eppi.ioe.ac.uk/CMS/Portals/0/IPPO%20NHS%20Staff%20Wellbeing%20report_LO110823.pdf.

[vi] Bullying and harassment cost NHS over £2bn a year, study suggests | The BMJ

[vii] Deloitte. Mental health and employers: The case for employers to invest in supporting working parents and a mentally healthy workplace. May 2024. Available online: https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-report-2024-final.pdf.

[viii] Royal College of Physicians, Work and wellbeing in the NHS: why staff health matters to patient care

[ix] Nuffield Trust. The NHS workforce in numbers. 7 February 2024. Available from: https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers.

[x] RCPsych. Local capacity membership survey report. 2025. Available from: https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/service-capacity-in-england.