

# NEXT STEPS FOR FUNDING MENTAL HEALTHCARE IN ENGLAND

A Comprehensive Settlement That Invests In  
Infrastructure, Prevention, People And Technology

## About the Royal College of Psychiatrists

The Royal College of Psychiatrists (RCPsych) is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and for setting and raising standards of psychiatry in the UK. The College aims to improve the outcomes of people with mental illness and the mental health of individuals, their families and communities.

To achieve this, the College: sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; and works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

## Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>4</b>
<b>INTRODUCTION.....</b>	<b>16</b>
<b>OBJECTIVE 1: INFRASTRUCTURE - INVEST IN NHS MENTAL HEALTH SERVICES, FIT FOR A MODERN, WORLD-LEADING NHS .....</b>	<b>18</b>
The NHS Estate.....	18
Why capital investment in mental health services is urgently needed.....	20
Action 1: NHS mental health trusts to review their estate and repurpose vacant property and/or procure and implement temporary modular facilities to increase real estate capacity during the COVID-19 pandemic (if required).....	26
Action 2: NHS mental health trusts to replace dormitory accommodation with single en-suite rooms.....	26
Action 3: Mental health trusts to improve the therapeutic environment of inpatient wards by eliminating mixed sex accommodation; procuring en-suite facilities for all existing single rooms; improving the built environment to minimise the risks of harm; and making the estate more suitable for people with disabilities .....	27
Action 4: Mental health providers to procure and/or develop property for clinical and office space for the LTP expansion programme; alternative age-appropriate crisis care provision; age-appropriate mental health assessment spaces in A&Es and acute hospitals; and new mental health ambulances/transport vehicles .....	28
Action 5: Mental health trusts to replace ageing buildings.....	30
Action 6: NHS trusts to clear the high and significant risk maintenance backlog in mental health and learning disability services.....	30
Recommendations.....	31
Costings.....	35
<b>OBJECTIVE 2: PREVENTION – PROTECTING OUR MENTAL HEALTHCARE SYSTEM, ENSURING IT CAN COPE WITH INCREASING DEMAND.....</b>	<b>41</b>
Context.....	41
Action 1: Local authorities to prepare and respond to increasing levels of mental distress and co-morbid physical health problems in the population due to COVID-19.....	41
Recommendations.....	43
Action 2: Mental health providers to prepare for an increase in demand for NHS mental healthcare services .....	45
Recommendations.....	46
Action 3: Local authorities and the NHS to prepare for an increase in demand for drug and alcohol use disorder services.....	46
Contact: Holly Paulsen   Deputy Head of Policy & Campaigns   Royal College of Psychiatrists   <a href="mailto:holly.paulsen@rcpsych.ac.uk">holly.paulsen@rcpsych.ac.uk</a>	2

Recommendations.....	48
Action 4: Local authorities and the NHS to prepare for an increase in demand for mental health social care support.....	49
Recommendations.....	52
Action 5: Invest in world-leading mental health research .....	52
Recommendations.....	53
<b>OBJECTIVE 3: PEOPLE – GETTING THE LONG TERM PLAN BACK ON TRACK BY INVESTING IN THE MENTAL HEALTH WORKFORCE, PROMOTING DIVERSITY AND SUPPORTING LEADERS .....</b>	<b>55</b>
Context.....	55
Recommendations.....	56
<b>OBJECTIVE 4: TECHNOLOGY – DIGITAL TRANSFORMATION FOR MENTAL HEALTH SERVICES.....</b>	<b>58</b>
Context.....	58
Recommendations.....	60
<b>APPENDIX 1: CASE STUDIES – INFRASTRUCTURE .....</b>	<b>62</b>
Temporary modular facilities to increase real estate capacity in response to COVID-19.....	62
Camden and Islington NHS Foundation Trust - reconfiguration of mental health inpatient beds .....	64
Foss Park, Tees Esk and Wear Valleys NHS Foundation Trust – new build .....	65
Greater Manchester Mental Health NHS Foundation Trust – replacing dormitory accommodation through a redevelopment.....	66
North West Boroughs Healthcare – new build .....	66
Pennine Care NHS Foundation Trust – Woodland Retreat, treehouse-style unit for young people ‘ .....	67
South Staffordshire and Shropshire Healthcare NHS Foundation Trust – mental healthcare village .....	68
South West Yorkshire Partnership NHS Foundation Trust- phased redevelopment masterplan .....	68
West Yorkshire and Harrogate Partnership – new child and adolescent mental health unit .....	69
<b>REFERENCES AND FOOTNOTES .....</b>	<b>70</b>

## Executive summary

Ahead of the publication of the NHS Long Term Plan (LTP), we called on the Department of Health and Social Care (DHSC), NHS England & Improvement (NHSE/I), and other arm's-length bodies (ALBs) of the NHS to:

- commit to the biggest expansion in access to mental health services across Europe, empowering the disempowered with a much-needed focus on tackling inequalities, fit for a modern NHS
- enable the NHS to become the safest, most effective, and transparent health system in the world with mental health NHS trusts leading the way
- empower mental health leaders to develop the healthcare services of the future through Integrated Care Systems and Providers (ICS/ICPs)
- build a strong and resilient mental health workforce, and
- invest in mental health services so that spending on mental health by Clinical Commissioning Groups (CCGs) and NHS England rises from 10.8% in 2017/18 to around 13.1% in 2028/29 of the total estimated NHS England budget.<sup>1</sup>

The NHS Long Term Plan, underpinned by a revenue funding settlement of an extra £20.5bn for NHS England by 2023/24 (after inflation), included a commitment that mental health services will grow faster than the overall NHS budget – with a ring-fenced increase in investment worth at least £2.3 billion a year by 2023/24.<sup>2,3</sup> An ambitious programme of work is now underway to improve and transform mental health services in England, including a pledge to introduce waiting times standards for mental health.<sup>4,5</sup> This will take us some way to achieving parity of esteem between mental health, learning disability and autism services and physical health services, but there is a long way to go.

When novel coronavirus (COVID-19) was confirmed to have reached the UK in late January 2020, NHS services began to prepare for widespread transmission and declared a 'Level 4' National Incident.<sup>6,7</sup> The pandemic has impacted healthcare provision across the whole of the NHS and has placed major logistical challenges to research and education at a time of pressing need for both.

For mental health services, some of the expansion programmes have been expedited, such as: establishing 24/7, all-age, open access mental health crisis lines to support people with urgent mental health needs; the creation of mental health A&Es; increased use of digital and remote support technology; and the expansion of children and young people's eating disorder services.<sup>8</sup> At the same time, some mental health services were required to close or reduce their services (for staff absence or redeployment reasons), and some patients avoided seeking help for their mental health during the pandemic, particularly via A&E, primary care and to child and adolescent mental health services (CAMHS). The closure of schools will have likely had an impact on pupils receiving mental health support in those settings.<sup>9</sup>

The mental health consequences of COVID-19 are becoming increasingly evident. Clinicians are reporting increasing numbers of referrals from acute hospitals to liaison mental health services for patients with COVID-related mood and anxiety disorders (including PTSD) and non-delirium COVID psychosis, as well as lockdown-specific deteriorations in patients' mental health due to a lack of face to face contact – such as those experiencing psychosis, eating disorders or obsessive compulsive disorder, or depression prolonged by economic hardship or loneliness.<sup>10</sup>

As the NHS turns its attention to the restoration and recovery of healthcare services, we have argued, along with other healthcare leaders, for a rapid and forward-looking assessment of how prepared the country would be for a new widespread outbreak of COVID-19. While we acknowledge the future shape of the pandemic is hard to predict, local outbreaks are increasingly likely, and a second wave is a real risk.<sup>11</sup> Ensuring mental health services are prepared to manage patients with COVID-19 (both symptomatic and asymptomatic) while they are receiving treatment for their mental health, as well as prevent nosocomial transmission of the virus, is essential. This is particularly crucial as we approach winter given the pressure

that brings to the NHS and social care services. Concurrently, we need to ensure mental health services are prepared to deal with increasing numbers of patients needing treatment and support for their mental health. It is essential the NHS and social care system learn from the first wave of COVID-19 in order to better prepare for subsequent waves, while also adopting innovative new ways of working that have been identified in response to the pandemic.

The Prime Minister's recent announcement of £1.5bn for hospital maintenance, eradicating mental health dormitories, enabling hospital building, and improving A&E capacity is timely<sup>12</sup> as is the forthcoming Comprehensive Spending Review (CSR), which will set out the Government's spending plans for the parliament.<sup>13</sup> Mental health providers often receive a disproportionately lower amount of capital funding compared to other providers across the local health economy and none of the six hospital trusts given funding to develop a new hospital, or the 21 schemes given seed funding, were for mental health hospitals/facilities.<sup>14,15,16</sup> We are concerned that capital investment in mental health services will be limited to eliminating dormitory provision alone and mental health providers will lose out on further funding opportunities if concerted, targeted action is not taken.

As part of Government's commitment to achieve parity of esteem, we urge leaders to implement the recommendations set out in this briefing.

## **OBJECTIVE 1: Infrastructure – invest in mental health services fit for a modern, world-leading NHS**

We must invest capital funding into mental health and learning disability/autism services in order to:

- improve the resilience of mental health services, ensuring clinicians are prepared to manage patients with COVID-19 while they are receiving treatment and support their mental health, as well as preventing nosocomial transmission of the virus
- ensure the safety of patients and staff given the Care Quality Commission's (CQC) assessment that many mental health wards are unsafe and provide poor quality care in old and unsuitable buildings
- ensure the built environment supports patient outcomes and recovery, rather than hindering them
- ensure the built environment contributes to staff morale and increases retention, and
- ensure mental health trusts are able to contribute to the NHS' goal of providing sustainable healthcare, embedding nature within its service design.

**We call on mental health providers and CCGs to:**

1. review their estate and, if required, repurpose vacant property and/or procure and implement temporary modular facilities to increase real estate capacity during COVID-19 pandemic
2. replace dormitory accommodation with single en-suite rooms
3. improve the therapeutic environment of inpatient wards by eliminating mixed sex accommodation; procuring en-suite facilities for all existing single rooms, improving the built environment to minimise the risks of harm; and making the estate more suitable for people with disabilities
4. procure and/or develop property for clinical and office space for the LTP expansion programme; alternative age-appropriate crisis care provision; age-appropriate mental health assessment spaces in A&Es and acute hospitals; and new mental health ambulances/ transport vehicles
5. replace ageing buildings, and
6. clear the high and significant risk maintenance backlog in mental health and learning disability sites given the 158.4% rise over the last two years for high backlog costs alone.

For NHS mental health providers and CCGs to meet the six actions outlined above, the Government, DHSC and NHSE/I must commit to the following recommendations and areas of investment. Detailed costings are provided in Table 1.

## Recommendations

1. By 2024/25, DHSC and NHSE/I to provide a ring-fenced investment of **£3.34bn** (in current prices) to NHS mental health trusts (in addition to their day-to-day capital budgets) so they can, in the short-term reconfigure their existing estate through refurbishment, alterations and extensions to ensure mental health services are prepared and resilient to prevent nosocomial transmission of COVID-19 in these settings, and in the medium to longer-term, invest in transformational capital projects. This could be spread between COVID-19 costs, system-level allocations, and nationally allocated funding streams. When taking this proposed ring-fence investment of £3.34bn on top of mental health trusts' day-to-day capital budgets (based on trust budgets for day-to-day spending being at least maintained in current prices), the total investment over this period would equate to **£4.4bn**.

Specifically, our proposed ring-fenced investment could be funded from the recently announced capital injection for 2020/21 as well as the investment to be announced in the 2020 CSR (recommendations 2 and 3 below).

2. Of the £1.5bn nationally allocated capital funding for 2020/21, DHSC and NHSE/I to allocate and ring-fence a total **£375.9m** (25.1%) to mental health NHS trusts to meet the following commitments during this financial year:
  - a. NHS critical maintenance and emergency/A&E capacity (£100.9m [9.6%] of £1.05bn total allocation)
    - £68m to enable NHS mental health trusts to urgently reconfigure their existing estate in response to the COVID-19 pandemic, including acquiring temporary facilities (if required). NHSPS Taskforce should support mental health trusts leaders where necessary to procure and/or reorganise their estate as required
    - £12.9m to eradicate current high-risk maintenance backlog across mental health and learning disability sites/estates, and
    - £20m to begin to procure mental health ambulances/transport vehicles; create age-appropriate mental health assessment spaces in A&Es (or alternative) and acute hospitals; and begin to procure alternative forms of age-appropriate mental health crisis provision.
  - b. Modernising the mental health estate (£250m total allocation)
    - £250m to begin to eliminate dormitory provision and replace with single en-suite rooms.
  - c. Health Infrastructure Plan (£200m total allocation)
    - £25m of seed funding for the first five new major building and redevelopment schemes in mental health trusts. Decisions about which NHS trusts should be prioritised for seed funding for HIP projects should be determined by the Mental Health and Learning Disability/Autism team at NHSE/I, working alongside regional mental health leads – potential trusts are detailed in the endnote.<sup>17</sup>

This investment should be taken as a down payment on plans to modernise the mental health estate for 2020/21 and beyond and to support delivery of the LTP and the recommendations of the Independent Review of the Mental Health Act, and should be on top of existing system-level allocations for 2020/21.

3. At the 2020 CSR, the Government, DHSC and NHSE/I to provide a ring-fenced investment of an additional **£2.96bn** to mental health NHS trusts between 2021/22 and 2024/25 as part of a multi-year capital settlement. This additional capital funding uplift should be in addition to trusts' day-to-day capital budgets and building on the momentum and previous targeted investment for 2020/21 as outlined above. This investment should include:

- a. a new Health Infrastructure Plan (HIP) for Mental Health – for longer-term assets that support the NHS’ delivery of world-class mental healthcare and the accompanying healthcare infrastructure that supports mental health outcomes. Within this,
    - £510m for the first instalment of a new £1bn building and redevelopment programme for Mental Health to enable six major building and redevelopment schemes to be awarded to mental health NHS trusts by 2024/25 (building on the proposed £25m of seed funding from 2020/21 and inclusive of a further £5m of seed funding for the sixth scheme), and with a commitment to deliver a further six mental health building and redevelopment schemes by 2030 (inclusive of a further £35m of seed funding). Decisions about which NHS trusts should be prioritised for seed funding should be determined by the Mental Health and Learning Disability/Autism team at NHSE/I, working alongside regional mental health leads – potential trusts are detailed in the endnote<sup>18</sup>
    - £800m to improve the therapeutic environment of mental health and learning disability/autism inpatient settings by: eliminating mixed sex accommodation; procuring en-suite facilities for all existing single rooms; minimising the risks of harm through innovative safety improvement projects, and making the estate more suitable for people with disabilities
    - £350m to complete the elimination of dormitory provision and replace with single en-suite rooms
    - £600m for new building and redevelopment schemes for community mental health facilities, including clinical and office space, in order to deliver the confirmed objectives of the LTP up to 2023/24 and the expected further expansion of services in the remaining period
    - £100m for new building and redevelopment schemes for crisis mental health facilities, including the procurement of mental health ambulances/ transport vehicles; creating age-appropriate mental health assessment spaces in A&Es (or alternative) and acute hospitals; and procuring age-appropriate alternative forms of mental health crisis provision – building on the proposed investment of £20m during 2020/21.
    - £30m of capital funding for drug and alcohol use disorder services<sup>19</sup>
    - £250m to improve digital technology within mental health trusts, and
    - £160m for Research and Development in Mental Health and Dementia.
  - b. £160.88m to eradicate current significant and moderate risk maintenance backlog in mental health and learning disability sites/estates.
4. DHSC to allow mental health trusts to spend their planned capital budgets in full each year given the historic underinvestment. This should enable trusts to address ongoing backlog maintenance issues, maintain safe services and minimise risks across their estate.
  5. NHSE/I and ProCure22 to provide a tailored package of support so that the six sites selected for the initial wave of the building and redevelopment programme for Mental Health can reach the stage of full business case approval by 2024/25.
  6. Within the existing HIP programme, or where investment is being made for a new or upgraded acute hospital, DHSC, NHSE/I and local leaders to consider whether plans include sufficient space for integrated mental and physical healthcare (liaison mental health services) to be delivered. This needs to be built into service design from the outset.
  7. DHSC and NHSE/I to account for any pre-existing strategic capital schemes within their system-level capital allocations for the next financial year and beyond in order to avoid inadvertently reducing the capital funding available to individual trusts as a consequence. NHSE/I and DHSC should also make the formula used to calculate system-level capital budgets more transparent.

8. NHSE/I to ensure governance structures and accountability requirements for ICSs are more robust, given the move to shared decision making and negotiations between system partners for capital and estates planning and funding, with any arising issues resolved consistently across all systems.
9. NHSE/I and NHSD to require all providers of NHS mental health services to report an assessment of their current estate and report on their key gaps, risks and pressures and their contingency through a one off data collection exercise in response to the COVID-19 pandemic by 2020/21 year-end. This needs to include the community clinical estate as well as inpatient and crisis environments. This exercise should align with existing reporting mechanisms to reduce the burden on providers.
10. CQC and NHSE/I to extend their Use of Resources (UoR) assessment<sup>20</sup> to mental health providers, as this considers the value of trusts' backlog maintenance and how effectively it is managed; how efficiently the trust is using its estate and maximising the opportunity to release value; and the estates cost per square meter.<sup>21</sup>
11. NHSE/I and the CQC to extend the definition of mixed sex accommodation to include corridors and other shared spaces on the same ward.
12. All mental health trusts to adopt the sexual safety standards developed by the National Collaborating Centre for Mental Health and commissioned by NHSE/I by 2023/24.
13. As part of a Government-led Mental Health Safety initiative, NHSE/I to support mental health trusts so that 60% will be rated as good or outstanding on safety by 2023/24 and 75% by 2028/29 – an improvement from 47.1% in July 2020. CQC should also resume its normal functions as soon as possible and reintroduce a national mental health inpatient services experience survey to provide critical insight into people's experiences on inpatient wards during the pandemic and beyond.

Further detail relating to infrastructure are included on pages 18-40. Case studies of relevant infrastructure projects are included in Appendix 1 – page 62.

## **OBJECTIVE 2: Prevention – protecting our mental healthcare system, ensuring it can cope with increasing**

It has previously been argued that the NHS has not reduced the total demand it originally proposed in the Five Year Forward View because of a lack of concerted effort in public health and prevention, poor resilience in social care and the lack of a parallel five-year budget for workforce growth, education and training.

Public mental health is about community cohesion and drawing on community resources in the widest sense. The COVID-19 pandemic has demonstrated the importance of this and the need to promote healthy lifestyles and prevent poor mental and physical health at the earliest opportunity.

We must increase the funding available to local government and the NHS to enable:

- local authorities to prepare and respond to increasing levels of mental distress and co-morbid physical health problems in the population due to COVID-19 and as a result of lockdown, which has caused anxiety and loneliness, amongst other issues
- mental health providers to prepare for an increase in demand for NHS mental health services (both planned and unplanned) as services deliver the ambitions of the LTP while also addressing a backlog of patients
- local authorities and the NHS to prepare for an increase in demand for drug and alcohol use disorder services given the way in which the pandemic has exacerbated these illnesses, and the reduced availability of some services during the peak, and

- local authorities and the NHS to prepare for an increase in demand for mental health social care support, given the need to discharge patients safely into the community with a package of care in place and for the impact the pandemic is having on children and young people and their families.

This needs to be underpinned by world-leading mental health research to identify preventative interventions, as well as cutting-edge treatments and therapies.

## **Recommendations**

### ***Public health funding***

1. At the 2020 CSR, the Government and DHSC to commit to increase the Public Health Grant budget<sup>22</sup> at least in line with the funding uplift for NHS England of an average increase of 3.3% per year in real terms by 2023/24, as part of a multi-year settlement, which will ensure local authorities can continue to provide prevention and public health interventions. Specifically, within this budget, local authorities to ring-fence at least 4% for public mental health spending, equating to a rise of 100%, or £70m, compared to 2018/19 figures, as the start of sustained and growing investment in this area.

This funding should be linked to the Joint Strategic Needs Assessments (JSNAs) for each locality and relevant local strategies. It should also align with the growth in the workforce of public mental health professionals and those working within voluntary, community and social enterprise organisations.

### ***Funding for mental health NHS services***

2. DHSC, NHSE/I and Health Education England (HEE), working with colleagues across the mental health sector, to undertake a review to assess whether investment into mental health services detailed in the LTP should be delivered over an accelerated timescale to support them to meet emergent demand. This needs to align with the growth in the mental health workforce.
3. Additionally, the Department for Education (DfE) and NHSE/I to urgently consider whether funding for mental health provision in schools should be delivered over an accelerated timescale, particularly as children and young people are due to return to their education in September 2020.

### ***Funding for drug and alcohol use disorder services***

4. At the 2020 CSR, the Government should commit to a real terms increase in the Public Health Grant<sup>23</sup> budget as part of a multi-year settlement, which will ensure local authorities can continue to:
  - a. work towards restoring total expenditure for adult substance use disorder services as a proportion of public health expenditure, aiming to get back to at least its 2013/14 levels of 29.9%, equating to a rise of £374m in current prices (based on 2018/19 figures), and
  - b. work towards restoring total expenditure for specialist drug and alcohol use disorder services for children and young people back to at least its 2013/14 level (2.4% of public health expenditure), equating to a rise of £43m in current prices (based on 2018/19 figures). This needs to be in line with the growth in addiction psychiatrists and the wider multidisciplinary team.
5. DHSC to allocate £30m of capital funding for drug and alcohol use disorder services by 2024/25.
6. DHSC and the Ministry of Housing, Communities and Local Government (MHCLG) to review the commissioning of addiction services, including potential service models, with consideration of reinstating the NHS as lead commissioners or mandating addiction services within local authority budgets.

### ***Funding for mental health social care support***

7. At the 2020 CSR, the Government, MHCLG and DHSC should commit to increase the social care budget for children, young people and adults to at least in line with the funding uplift for NHS England of an average increase of 3.3% per year in real terms by 2023/24.

Specifically, within this uplift, local authorities should commit to ring-fence funding devoted to early years, aiming to get it back to at least around 8% of the children's social care expenditure, equating to a rise of around £376m in current prices.

### ***Funding for mental health research***

8. DHSC to increase the funding for mental health research to 15% of the total UK research budget by 2030, drawing on the Roadmap for Mental Health Research in Europe (ROAMER) priorities and research associated with COVID-19.
9. DHSC to allocate £160m of capital funding to mental health trusts for Research & Development in Mental Health and Dementia including: the prevention agenda, research to improve the productivity and effectiveness of the NHS, and the translation of basic science and support for the life sciences industry by 2024/25.<sup>24</sup>

### ***Strategic planning and leadership***<sup>25</sup>

10. Government to establish a Mental Health Cabinet Committee to ensure collective responsibility for improving the mental health of the nation as part of the recovery from COVID-19.
11. Government to lead the development of a long-term, cross-government mental health strategy that runs alongside the NHS LTP. This should be closely aligned to the NHS mental health COVID-19 recovery plan developed by DHSC and reflect the increased mental health need as a direct consequence of COVID-19.
12. Government to extend the mental health representation within the Scientific Advisory Group for Emergencies (SAGE) and/or related sub-groups.
13. Government should ensure all government policies, whether new or existing, are assessed for their impact on mental health and health inequalities.
14. Government to appoint an Equalities Champion for Mental Health, Learning Disabilities and Autism to work across Government, reporting to the Cabinet Office Minister and with dedicated staff and resourcing.

Beyond funding, commissioning and strategic planning/leadership, our full set of recommendations for public health and prevention measures, managing capacity and demand, and research are included on pages 41-54.

## **OBJECTIVE 3: People – getting the NHS Long Term Plan back on track by investing in the mental health workforce, promoting diversity and supporting leaders**

When looking at the past three years of NHS Digital workforce data<sup>26</sup>, we might expect an additional 200 consultant psychiatrists to enter the workforce by 2023/24 against a requirement of 1,040 to deliver the LTP. Similarly, we think that fewer than 5% of the additional mental health nurses required to deliver the LTP will be added to the NHS workforce by 2023/24 if urgent action is not taken.

Delays to the Comprehensive Spending Review and the impact of the COVID-19 pandemic on international recruitment are the main reasons behind this poor outlook. As of September 2018, 46% of all NHS psychiatrists and 51% of consultant NHS psychiatrists in England had qualified abroad.<sup>27</sup> Recruiting from overseas is crucial for fulfilling workforce commitments required in the LTP.

Overseas doctors have long had crucial roles in delivering excellent patient care and we need to continue to support international medical graduates (IMGs) more than ever. However, the COVID-19 pandemic means that it would be both unsustainable and unethical to over-rely on international

recruitment to get the workforce that we need. We must train more doctors here in the UK, which means we urgently need more medical school places and training placements.

There are reasons to be more optimistic. The number of full time employed (FTE) psychiatrists at all grades stood at 9,244.8 in May 2020, which represents a 3.2% increase on the same point in the previous year (8,961.8).<sup>28</sup> Capital investment in infrastructure and technology will make the NHS a more attractive place to work which will make a real difference in increasing staff retention.

At the Spending Round in 2019, the Government announced an increase of 3.4% in HEE's programme spending for 2020/21, including an additional £150 million for Continuing Professional Development (CPD). This will help provide a £1,000 central training budget over three years for each nurse, midwife and allied health professional, as well as increased funding for wider education and training budgets to NHS staff.<sup>29</sup>

In addition, on 7 July 2020, HEE announced £10 million to help support the growth of the clinical workforce and to expand the number of placements for people studying nursing, midwifery, and selected health professionals. An additional investment of £28 million was also announced on 21 September 2020 to support international nurses who are wanting to join the NHS front line.<sup>30</sup> This investment should help achieve the LTP goal of delivering an additional 50,000 nurses.<sup>31</sup>

Finally, HEE received £60m as part of the People Plan funding for 2020/21. Just under half has been allocated to mental health (£27.8m including Advanced Clinical Practitioners), showing the priority it is being given within the system.

The recently published People Plan for 2020/21 focuses on the national and local steps that need to be taken for the rest of the financial year. We were pleased to see HEE's continued investment in training the future mental health workforce to support significant expansion in psychological therapies for children and young people, boosting the number of advanced clinical practitioners, psychiatrists and mental health nurses. There is also a welcome focus on expanding shortage specialties; wellbeing and support for NHS staff; more flexible ways of working; equality, inclusion and diversity; return to practice initiatives; and international recruitment. However, a comprehensive NHS workforce strategy is needed for the longer-term, building on the available resource to be set out in the 2020 CSR.<sup>32</sup>

## Recommendations

1. At the 2020 CSR, the Government to commit to:
  - a. double the number of medical school places in England, at an estimated cumulative cost of £5.257bn by 2028/29 or £1.223bn per annum when fully implemented in current prices<sup>33</sup>, allocate those places to schools that have a clear plan to encourage more students to choose a shortage specialty, including psychiatry, which would equate to £420.54m of those total costs or £97.80m per annum when fully implemented in current prices if 8% of the total new places are taken by doctors choosing psychiatry
  - b. build on the current planned increases to the continuing professional development (CPD) budget for nurses (as announced at the Spending Round 2019) and work towards full restoration of up to £300m per year. A substantial proportion should be ring-fenced for mental health that is in line with the size of the mental health workforce, with an additional sum to reflect past disparity, and
  - c. commit to a multi-year settlement for workforce training and education to allow for the growth in the mental health workforce, including via new roles, necessary to deliver the LTP and the recommendations of the Independent Review of the Mental Health Act.
2. As we move into the next phase of the COVID-19 pandemic, we are calling for urgent actions to be taken by the Government, including:

- a. continue to provide active national support to staff through a sustained and coordinated approach to mental health and wellbeing during the recovery period, and provide clear guidance to employers based on recommendations included in our Going for Growth plan
- b. ensure that all mental health employers who need additional medical staff (consultant or junior level) have funding to employ the NHS staff considering a return to the NHS
- c. encourage new ways of working and delivering care, based on the innovative methods used during the COVID-19 pandemic, which should also contribute to a better work-life balance
- d. articulate what strong, diverse and compassionate leadership at all levels looks like and ensure it can be implemented for long-term benefit
- e. ensure that all medical schools have plans in place to enhance medical students' exposure to and interest in psychiatry. Our Choose Psychiatry Guidance for medical schools provide helpful checklists for medical schools to develop their plans
- f. commission adequate and appropriate foundation and specialty training posts to support the increased cohort of medical school graduates
- g. work with the RCPsych to increase retention from Core to Higher Specialty Training and tackle attrition in psychiatry training
- h. recruit more Physician Associates and other roles (such as Advanced Clinical Practitioners) in mental health and learning disability. Our members reported that having Physician Associates has been the one constant during the crisis and helped massively in maintaining safe patient care on the wards
- i. ask all deaneries and mental health trusts to put in place a range of measures as set out in our Supported and Valued report
- j. develop and implement measures to make psychiatry training and careers in the NHS more flexible and attractive by developing credentials and run-through pilots, such as those in Liaison Psychiatry and Child and Adolescent Psychiatry, and less than full time (LTFT) training
- k. review appraisal and revalidation for retired doctors and tax penalties to prevent the loss of highly-skilled and experienced senior mental health professionals, as there is evidence that consultants are still retiring early despite recent changes to NHS pensions
- l. ensure that health and care professionals receive diversity and equality training and promote effective training for NHS organisations to monitor and address factors that put Black, Asian and minority ethnic (BAME) groups at a disadvantage
- m. ensure underfilled psychiatric specialties such as Old Age are on the shortage specialty list in their own right – particularly at higher specialty training, Specialty and Associate Specialist (SAS) and consultant level – based on the significant evidence that these specialties are in national shortage, and
- n. fund a collaborative ‘Mental Health Careers’ recruitment campaign aimed at secondary school students, and possibly teachers and parents.

### 3. NHS organisations to urgently:

- a. take practical measures to improve the wellbeing of mental health staff, get the ‘basics’ right, ensure both staff and patient safety, increase retention and encourage those who have left the workforce to return to work
- b. find practical ways of ensuring careers are attractive and rewarding, value staff for their contribution through opportunities for flexible working, improve workplace facilities which promote health and wellbeing, and give rewards and benefits
- c. embed the health and wellbeing recommendations included in our Going for Growth plan following the first COVID-19 outbreak
- d. continue to provide significant support for staff mental health and retention, through the implementation of the People Plan to 2020/21 and the recommendations of the NHS Staff and Learners' Mental Wellbeing Report (also known as the Pearson Review)<sup>34</sup>

- e. carry out risk assessments for vulnerable staff, including those from BAME groups, as a priority and make appropriate arrangements, including the recommendations outlined in our associated Task and Finish Group<sup>35</sup>
  - f. increase the number of trust-supported academic activities and safeguard academic sessions, as an important tool for recruitment and retention
  - g. put in place a plan to retain returners in response to the COVID-19 pandemic
  - h. skill up the existing workforce to use digital therapies as effectively as possible, where appropriate
  - i. proactively engage with psychiatrists when they approach retirement and put in place suitable offers to retain them, including job shares, opportunities for special interest time, access to CPD and peer groups and adequate digital support, and
  - j. over the next decade, reverse the decline in academic psychiatry posts with a 50% increase in Clinical Senior Lecturer posts.
4. Once those urgent actions have been taken, HEE and NHSE/I to continue to work with the College and other key partners on the next steps for achieving a sustainable mental health workforce. We are currently developing a list of innovative workforce solutions so that we can support the mental health workforce to face existing and new challenges and we look forward to working with HEE and all relevant stakeholders on a dedicated plan to expand the psychiatric workforce beyond 2021.
5. We have launched our workforce strategy from 2020 to 2023, seeking to ensure we have a highly skilled mental health workforce by increasing recruitment into psychiatry, improving retention and wellbeing in psychiatry, promoting psychiatric leadership, and recruiting and retaining Physician Associates and other roles in mental health.<sup>36</sup> We look forward to working with all relevant stakeholders to implement the actions included within our Strategy.

Further details relating to the workforce are included on pages 55-57.

#### **OBJECTIVE 4: Technology – digital transformation for mental health services**

Investment in technology can improve care, increase productivity and release staff time. The COVID-19 pandemic has dramatically increased the need to embed technology into healthcare provision, with remote working and consultations becoming increasingly widespread across mental health services. Mental health providers should use the COVID-19 pandemic as an opportunity to improve patient care (e.g. choice) and workforce (e.g. increased flexibility) through digital technology and remote working. The NHS has an opportunity to embed innovative practices that have been used during the pandemic and not to presume usual ways of working are most efficient.

Remote consultations can involve the use of internet video platforms as a tool to undertake psychiatric interviews or follow-up interviews, audio consultations over the internet or telephone consultations. But it is also important to acknowledge the significant risk of digital exclusion among patients, and how technology is not always accessible to all or designed with the users at its centre.

It is important that people with dementia, people who lack digital literacy or find technology challenging, people who have cognitive impairment, people with an intellectual disability and people who do not have access to digital platforms are not disadvantaged.<sup>37</sup> Clinicians and managers must think about how to mitigate against widening inequalities with new technologies.

In order to maximise the benefits that using technology can bring, providers must have adequate equipment. When we asked our members to assess the IT equipment they had available to conduct their duties remotely during the COVID-19 pandemic, we found only 19.7% of members in England (257 of 1,303) felt they were ‘fully equipped’ with a further 38.3% (499) responding that they were ‘well-equipped’. At the other end of the scale, 4.35% confirmed that their current IT equipment left them ‘unequipped to conduct most/all duties’ and 10.24% unequipped to conduct some duties.<sup>38</sup>

The Global Digital Exemplars (GDE) and Digital Aspirants programmes are supporting providers to deliver better care using improved digital technology and innovation. The programmes are showing promise, but combined they are currently only supporting 11 mental health trusts.<sup>39,40</sup>

Advancing the use of technology in mental health services is also of critical importance with regards to Electronic Patient Records (EPRs). Currently, the potential benefits of modern software, apps and clinical informatics are not being realised as commercially available EPRs are technically outdated and not fit for purpose. Clinical interpretation of data not only has benefits for patients and the wider population but also enables clinicians to benchmark against their peers which helps to drive up quality.

The majority of Mental Health Act related activity is still carried out using paper-based systems, including forms for assessment, medication or leave. The Independent Review of the Mental Health Act found that digital enablers could provide patients with a modern and consistent way to access information about the Act, their rights, safeguards and treatment processes.<sup>41</sup>

## Recommendations

1. DHSC, NHSE/I and NHSX to invest £135m of capital funding to mental health trusts for IT infrastructure by 2024/25.
2. DHSC, NHSE/I and NHSX to expand the Digital Aspirant programme to a further 10 mental health trusts by 2024/25, underpinned by £65m of additional capital funding.<sup>42</sup> This should build on the learning from the Global Digital Exemplar programme.
3. DHSC, NHSE/I and NHSX to set up a new Mental Health Innovation Fund underpinned by £50m over four years.<sup>43</sup>
4. When working with systems to define 'what good looks like' for a digitised health and care system, NHSX to require systems and providers to set out clear plans for mental health technology and innovation. As part of this work, NHSE/I should ensure that service user feedback on the digital technology rolled out during the pandemic is collected and evaluated to inform its future use.
5. NHSX, NHSE/I and other public health services to ensure that people who are digitally excluded are still able to access mental health services and support. This should include ensuring clinical pathways are developed for those without access to remote/digital communications.
6. NHSX, NHSD and ICS Leads to work towards making IT systems interoperable between all health providers, primary and secondary care, and between themselves and providers of social care.
7. We support NHSX and NHSE/I's move to determine a minimum and optimal indicative benchmark level of technology revenue spend linked to digital maturity standards that are under development, what that level might be; and how trusts might move towards it over time.
8. DHSC and NHSE/I to work to ensure the care pathway under the Mental Health Act is digitised to adopt a standardised approach and support enhanced system-wide information flow, developed through co-production.
9. CQC to include in their assessments of NHS providers how appropriately they are using digital solutions.
10. NHSX and NHSE/I to ensure EPR systems provide a modern solution that supports high quality, safe and cost-effective mental health care that meets the needs of the end-user. It should support efficient input of clinical data, pathway management, evidence-based care and outcome measurement, and have an open application programming interface (API) to enable clinicians to develop and connect innovative software solutions to improve patient care and outcomes.
11. HEE and NHSX to invest in training to raise the digital literacy of the NHS workforce.
12. NHSX to work with primary care practices so that all Summary Care Records include vital mental health information, where individuals consent for their information to be shared.

Further detail relating to technology are included on pages 58-61.

Our initial briefing published in July 2020 assumed the 2020 CSR period would run up to and including 2023/24 for both resource and capital spending. This subsequent briefing has been updated to reflect the longer funding window for capital budgets, which will run up to 2024/25.<sup>44</sup>

We hope this briefing provides a useful steer to Government, DHSC, NHSE/I, other relevant departments and ALBs, and to NHS providers and commissioners ahead of the CSR in autumn 2020. We also hope it is useful for strategic and operational planning for the NHS and local authorities for 2020/21 and beyond, aligned to the mental health related commitments in the NHS Long Term Plan and the recommendations of the Independent Review of the Mental Health Act.<sup>45</sup>

We would be happy to provide further detail on any of the information contained within this paper. We recognise this is an iterative process and, as such, we might further refine our recommendations over the coming months as the COVID-19 pandemic progresses.

## Introduction

When considering the next steps for funding mental healthcare in England, it is clear that the NHS and wider public health and local authority services are inextricably linked.

Ahead of the publication of the NHS Long Term Plan (LTP) in 2019, we called on the Department of Health and Social Care (DHSC), NHS England & Improvement (NHSE/I), and other arm's-length bodies (ALBs) of the NHS to:

- commit to the biggest expansion in access to mental health services across Europe, empowering the disempowered with a much-needed focus on tackling inequalities, fit for a modern NHS
- enable the NHS to become the safest, most effective, and transparent health system in the world with mental health NHS trusts leading the way
- empower mental health leaders to develop the healthcare services of the future through Integrated Care Systems and Providers (ICS/ICPs)
- build a strong and resilient mental health workforce, and
- invest in mental health services so that spending on mental health by CCGs and NHS England rises from 10.8% in 2017/18 to around 13.1% in 2028/29 of the total estimated NHS England budget.<sup>46</sup>

The LTP, underpinned by a revenue funding settlement of an extra £20.5bn for NHS England by 2023/24 (after inflation), included a commitment that mental health services will grow faster than the overall NHS budget – with a ring-fenced increase in investment worth at least £2.3bn a year by 2023/24. Furthermore, there is an ambition that children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.<sup>47,48</sup>

An ambitious programme of work is now underway to improve and transform mental health services in England – including a pledge to introduce waiting times standards for children and young people's mental health services, emergency mental health services, and adult and older adult community mental health teams – building on the progress made by the Five Year Forward View for Mental Health.<sup>49,50</sup>

When novel coronavirus (COVID-19) was confirmed to have reached the UK on 29 January 2020, shortly before the World Health Organization declared the situation to be a public health emergency of international concern, NHS services began to prepare for widespread transmission and declared the situation to be a 'Level 4' National Incident.<sup>51,52</sup> One month later, on 28 February, transmission of COVID-19 within the UK was documented and by 1 March 2020, there were cases in England, Wales, Scotland and Northern Ireland.<sup>53</sup>

The pandemic has impacted healthcare provision across the whole of the NHS. For mental health services, some of the expansion programmes have been expedited, such as: establishing 24/7, all-age, open access mental health crisis lines to support people with urgent mental health needs; the creation of mental health A&Es; increased use of digital and remote support technology; and the expansion of children and young people's eating disorder services.<sup>54</sup> At the same time, some mental health services have been required to close or reduce their services (for staff absence or redeployment reasons), and some patients have avoided seeking help for their mental health during the pandemic, particularly via A&E, primary care and in child and adolescent mental health services. Across the health sector, including psychiatry, COVID-19 has also placed major logistical challenges to research and education at a time of pressing need for both.

As the NHS now turns its attention to the restoration and recovery of healthcare services, we have argued, along with other healthcare leaders, for a rapid and forward-looking assessment of how prepared the country would be for a new widespread outbreak of COVID-19. While we acknowledge the future shape of the pandemic is hard to predict, local outbreaks are increasingly likely, and a second wave is a real risk.<sup>55</sup> Ensuring mental health services are prepared to manage patients with COVID-19 (both symptomatic and asymptomatic) while they are receiving treatment for their mental health, as well as prevent nosocomial

transmission of the virus, is essential. This is particularly crucial as we approach winter given the pressure that brings to the NHS and social care services.

The third phase of the NHS' response to COVID-19 was outlined on 1 August 2020. As well as downgrading the Incident Alert level from 4 to 3, it included plans to:

- accelerate the return to near-normal levels of non-COVID health services, making full use of the capacity available between now and winter
- prepare for winter demand pressures, alongside continuing vigilance in the light of further probable COVID-19 spikes locally and possibly nationally, and
- doing the above in a way that takes account of lessons learned during the first COVID-19 peak; lock in beneficial changes; and explicitly tackles fundamental challenges including: support for NHS staff, and action on inequalities and prevention.<sup>56</sup>

As well as capital for long-term NHS investments, mental health services need to be underpinned by investment in evidence-based best practice, through research and investment in workforce education and training, as well as local government funding for public mental health, drug and alcohol use disorder services, and mental health social care support. Funding for these services and programmes has been long overdue but is now made even more pressing by the ongoing COVID-19 pandemic.

The Spending Round in 2019 was limited in its one-year settlement for DHSC's departmental budget, committing to a rise of 3.1 per cent in real terms. However, on 21 July 2020, the Chancellor launched the 2020 CSR, which will be published in the autumn and will set out the government's spending plans for the parliament. From this announcement it is now clear that the CSR will set UK Government departments' resource budgets for the years 2021/22 to 2023/24 and capital budgets for the years 2021/22 until 2024/25.<sup>57</sup> This will be critical for NHS trusts, including mental health trusts, to effectively plan for the medium to longer term, as well as deliver national strategies and plans.

### ***Purpose of this briefing***

This briefing considers the next steps for funding mental healthcare in England, with a specific focus on the DHSC's total departmental expenditure limits (TDEL) covering resource (RDEL) and capital spending (CDEL). We cover four key objectives relating to infrastructure, prevention, people and technology.

Our initial briefing assumed the 2020 CSR period would run up to and including 2023/24 for both resource and capital spending. This subsequent briefing has been updated to reflect the longer funding window for capital budgets.<sup>58</sup> We hope this briefing provides a useful steer to Government, DHSC, NHSE/I, other relevant departments and ALBs, and to NHS providers and commissioners ahead of the CSR in autumn 2020. We also hope it is useful for strategic and operational planning for the NHS and local authorities for 2020/21 and beyond, aligned to the mental health related commitments in the NHS Long Term Plan and the recommendations of the Independent Review of the Mental Health Act.<sup>59</sup>

This briefing does not attempt to cover the funding commitments of other government departments (with exception of the relevant mental health services provided by the MHCLG), although we acknowledge that issues surrounding housing, benefits, employment, education and the justice system, for example, are inherently linked to people's mental and physical health.

We would be happy to provide further detail on any of the information contained within this paper. We recognise this is an iterative process and, as such, we might further refine our recommendations over the coming months as the COVID-19 pandemic progresses.

As part of Government's commitment to achieve parity of esteem, we urge leaders to implement the recommendations set out in this briefing.

## **OBJECTIVE 1: Infrastructure - invest in NHS mental health services, fit for a modern, world-leading NHS**

### **The NHS Estate**

When the NHS was founded in 1948 its estate was made up of around 3,000 hospitals, many of which required urgent improvement and reorganisation. After just two major injections of capital funding in the 1960s and 2000s, the Naylor Review in 2017 sought to identify opportunities to rebuild NHS infrastructure to meet modern standards of service delivery for the future. The Review concluded that without investment in the NHS estate, the Five Year Forward View could not be delivered, and the estate would remain unfit for purpose and continue to deteriorate.<sup>60</sup>

Across the 51 NHS mental health trusts in England<sup>61</sup>, much of the estate is unfit for purpose, posing serious challenges to those who receive treatment and care and to those who work in those facilities.<sup>62</sup>

#### ***Infrastructure projects***

The Health Infrastructure Plan (HIP) is a five-year rolling programme of investment in NHS infrastructure taking a strategic approach to improving hospitals, primary and community care estates and health infrastructure, with waves of investment in new infrastructure initiatives.<sup>63</sup> The programme is supported by the Government's new national construction framework, ProCure 2020, which is working with new hospital building projects up until 2030.<sup>64</sup>

We understand the existing HIP capital projects were selected by looking at priorities within ICSs; looking at those parts of the estate which are the oldest and most operational issues; and those that were most advanced in the scoping and planning process.<sup>65</sup> None of the six hospital trusts given funding to develop a new hospital or the 21 schemes given seed funding were for mental health hospitals/facilities.<sup>66</sup>

There were 205 other proposals across Sustainability and Transformation Partnerships (STPs) outside of HIP1 (2020-2025) and HIP2 (2025-2030), but since July 2017, just 11 mental health trusts have received STP full business case approval for 16 infrastructure projects, totalling £68.6m Public Dividend Capital allocations.<sup>67</sup>

#### ***Capital investment by Government and DHSC***

In 2018/19, the DHSC spent £5.9bn on NHS capital – 60% of which was spent by NHS trusts in England. The Health Foundation argued that an additional £3.5bn of capital funding was needed for the NHS in England, on top of the current capital budget in 2018/19, and rising to £4.1bn by 2023/24 in order to bring the NHS up to OECD average.<sup>68</sup>

The Spending Round in 2019 committed to upgrade 20 hospitals and was underpinned by £854 million of new funding, alongside a £1 billion boost to NHS capital spending in 2019/20 via the HIP.<sup>69, 70</sup>

Subsequently, amidst the COVID-19 pandemic, the Prime Minister has announced a further £1.5bn of nationally allocated funds for NHS providers to spend in 2020/21. This is earmarked for hospital maintenance, eradicating mental health dormitories, enabling hospital building, and improving A&E capacity.<sup>71</sup> This will look to deliver a smarter, more strategic long-term approach to the country's health infrastructure, with investment focused on local areas where the need is greatest. Specifically, this is being split into three funds: NHS maintenance and A&E capacity (£1.05 billion in 2020/21), modernising the NHS mental health estate by replacing dormitory provision (£250 million in 2020/21) and accelerating a number of the 40 new hospital building projects through the HIP (£200m).<sup>72</sup>

The Secretary of State for Health and Social Care has also confirmed that future phases of the HIP will give the NHS opportunities to put forward further new hospital projects for the next phases of the programme.<sup>73</sup>

In addition, HM Treasury created an emergency response fund for COVID-19 initially set at £5bn.<sup>74</sup> This was subsequently raised to £6.6bn for the NHS and £1.6bn for local authorities.<sup>75</sup> This fund covers any COVID-related costs and is not for capital specifically. A further £3bn of additional funding was announced in mid-July to allow the NHS to continue to use the extra hospital capacity acquired from the independent sector and also to maintain the Nightingale hospitals until the end of March.<sup>76</sup>

On 21 July 2020, the Chancellor launched the 2020 CSR, with a new multi-year capital settlement to build new hospitals, for mental health and primary care, and to modernise diagnostics and technology, with capital budgets running up until 2024/25.<sup>77</sup>

### *Capital expenditure by NHS trusts*

In 2017/18, mental health trusts accounted for 9% of all capital spending, acute trusts for 78%, and specialist trusts for 8%. By comparison, revenue shares were 14% for mental health trusts, 75% for acute trusts, and 5% for specialist trusts.<sup>78</sup>

In 2018/19, while capital expenditure was ultimately below planned levels across all NHS trust types (with the exception of ambulance trusts), it was within mental health trusts where the shortfall was greatest in percentage terms. Capital spend amounted to only £481m in 2018/19 – 28.0% below the planned £668m. This compares to 15.3% below planned spend across all trusts, 22.4% within specialist acute trusts, 13.1% within non-specialist acute trusts and 9.6% for community trusts.<sup>79</sup> This follows an even greater shortfall against planned capital investment in 2017/18 for mental health trusts of 38.9% (£280m invested against a plan of £458m) compared to 29.1% for all trusts.<sup>80</sup>

For 2020/21, NHSE/I have confirmed a net increase of £683m funding for NHS operational capital. This means the NHS provider capital allocation for 2020/21 has been set at £5.8 billion, compared to a forecast outturn of £4.5 billion in 2019/20.

NHSE/I state that NHS provider capital allocation will be split as follows:

1. **System-level allocation** (£3.7bn) – to cover day-to-day operational investments (which have typically been self-financed by organisations in the ICS/STP or financed by DHSC through emergency loans). NHSE/I hope to be able to set these allocations over a multi-year period in future, subject to the outcome of the Spending Review 2020. Capital requirements agreed as part of COVID-19 costs will be funded on top of these envelopes.
2. **Nationally allocated funds** (£1.5bn) – to cover nationally strategic projects already announced and in development and/or construction such as hospital upgrades, diagnostics machines, and new hospitals. These national programmes are subject to specific HMT conditions and Ministerial delivery requirements.
3. **Other national capital investment** (£0.8bn) – including national technology capital provided by NHSX. Elements of this may be subsequently added into system-level or national level allocations during the financial year.<sup>81</sup>

A further update on system financing is due imminently from NHSE/I.

ICSs are responsible for system transformation and collective management of system performance. This includes capital and estates plans at a system level. This will make for more complex and time-consuming negotiations between system partners and will be impacted by the maturity of ICSs.

As NHSE/I ask all NHS providers to submit estate plans taking account of their known funding sources and schemes that have already received DHSC funding approvals, including STP capital programmes<sup>82</sup>, we are concerned that NHS mental health providers will lose out if concerted, targeted action is not taken. Mental health providers often receive a disproportionately lower amount of capital funding compared to other providers across the local health economy.<sup>83 84</sup> There are other concerns relating to the capital allocation

formula considering pre-existing schemes, thus reducing the total amount available to system providers within a given year.

## Why capital investment in mental health services is urgently needed

*We need to ensure mental health services are resilient and clinicians are prepared to manage patients with COVID-19 while receiving treatment and support for their mental health, as well as preventing nosocomial transmission of the virus in these settings*

The present COVID-19 pandemic has demonstrated that many mental health buildings are not fit for purpose, both across the community and inpatient estate.

Many buildings have been designed to address safety concerns, such as fire, self-harming and violence, but not infection prevention and control. It is paramount that mental health services prevent nosocomial transmission of the virus in inpatient settings, as well as preventing the spread in the community. People who have a mental illness are also more likely to have poorer physical health than the general population, making them more susceptible to the virus.<sup>85</sup> This includes higher rates of smoking, respiratory disease (COPD, asthma, chest infections), substance use disorders, as well as malnourishment caused by metabolic problems or eating disorders. Protecting both patients and staff requires different ways of working from usual practices, but would prevent significant morbidity, mortality and would reduce the pressure on acute physical health services.

In March 2020, Sir Simon Stevens and Amanda Pritchard told Mental Health, Learning Disability and Autism providers to plan for COVID-19 patients at all inpatient settings, asking them to identify areas where patients requiring urgent admission could be most effectively isolated and cared for.<sup>86</sup> Subsequently, we co-produced guidance with NHSE/I for inpatient settings, which recommends that clinicians should ‘cohort’ (separate) patients into those with confirmed COVID-19 and those without confirmed COVID-19 (further guidance in box below).<sup>87,88</sup>

- Providers should consider whether it is possible to reconfigure the inpatient estate to create ‘cohorted’ wards to reduce the risk of contagion among specific, vulnerable groups. In doing so, inpatient settings should **reorganise wards/bays/en-suite facilities and staffing arrangements to separate these cohorts of patients, to maximise protection for the maximum number of patients.**
- Vulnerable groups include but are not limited to older adults with frailty, patients with a BMI of 40 and over, pregnant women, patients with an eating disorder, and patients with physical co-morbidities as outlined in Public Health England’s guidance on vulnerable groups.
- To follow the PHE guidance on self-isolation, patients with the virus will **require single-room accommodation and access to their own bathroom.** This will require a flexible approach to accommodation and reconfiguration of the estate, potentially across a group of providers, including the independent sector, in a provider collaborative or local geographical footprint.
- Providers will also want to consider **enhanced physical monitoring and measures to support infection control**, such as no visitors allowed, on these cohorted wards.
- Providers will also want to consider whether wards are able to provide **flexibility in the management of acuity** – for example, by bringing high dependency unit capacity onto a ward if required to prevent vulnerable patients being transferred between wards.
- Providers may similarly want to consider whether **usual restrictions on ward types can be relaxed:** for example, where ward type is based on age, sex or diagnostic group on a case-by-case basis. A record of decision-making and ethical considerations should be kept. Specific local arrangements will need to be kept under regular review as the size and gender mix of these cohorts are likely to change over time.
- Providers will want to consider where enhanced mental healthcare may be needed to **mitigate the impacts of isolation**, and the use of digital technology to retain social connections.

Cohorting patients under these circumstances is likely to have meant that providers breach current guidance on delivering same-sex accommodation. Clearly in the longer term, cohorting patients by infection status should just be one element of this process. The mix of patients is critical to safety and therefore age, sex, type of illness (functional/ organic), and behavioural needs also need to be considered.

Our recent membership survey found that 32.9% of clinicians said that the quality of buildings and estates in their organisation has negatively or very negatively impacted upon the care provided to patients during the pandemic (Chart 1).<sup>89</sup>

**Chart 1. What impact has the quality of buildings and estates in your organisation had upon the care provided to patients during the pandemic?**

*“No place to do proper donning and doffing of PPE. No handsfree handwash like in theatres and acute hospitals. No space for social distancing. No space for patients to isolate. Mental health setting was basically a disaster waiting to happen when pandemic struck us.”*

*“There has been a longstanding and acknowledged deficit in the quality of mental health estates in the NHS. Such deficits have only been notable during a time of significant systemic stress.”*

*“It’s not fully possible to zone inpatient wards into red/amber/green areas as we cannot physically separate areas and bedrooms are not en-suite.”*

*“COVID-19 spread rapidly on my ward in March. Six patients and multiple staff tested positive. Most patients were in bays. Only one side room has an en-suite.”*

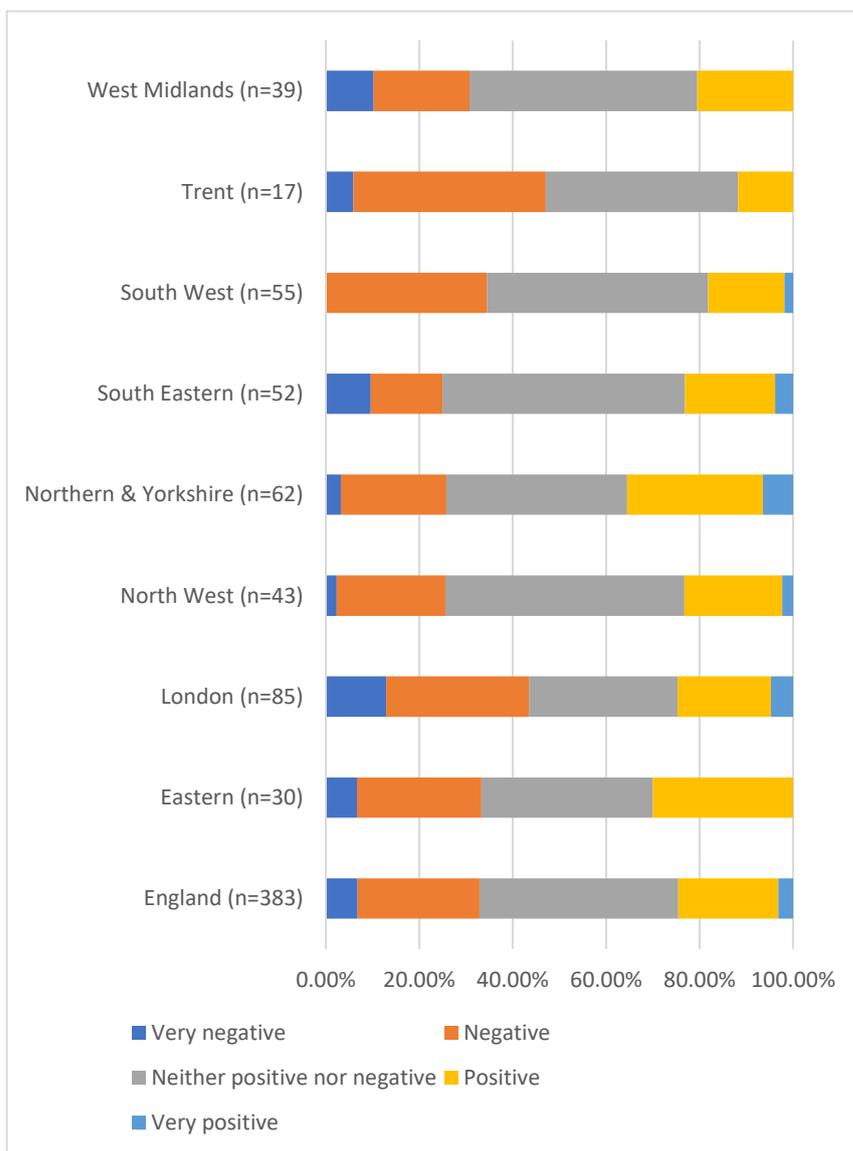
*“We have 4 bedded dormitories so patients can’t be isolated or shielded. We only have 3 single rooms.”*

*“Red/ green zones have been easier - the biggest challenge is “amber” patients i.e. those waiting on swab results/ those with symptoms but swabbing negative.”*

*“All mixed gender for cohorting.”*

*“Lack of single rooms has led to spread of virus between patients.”*

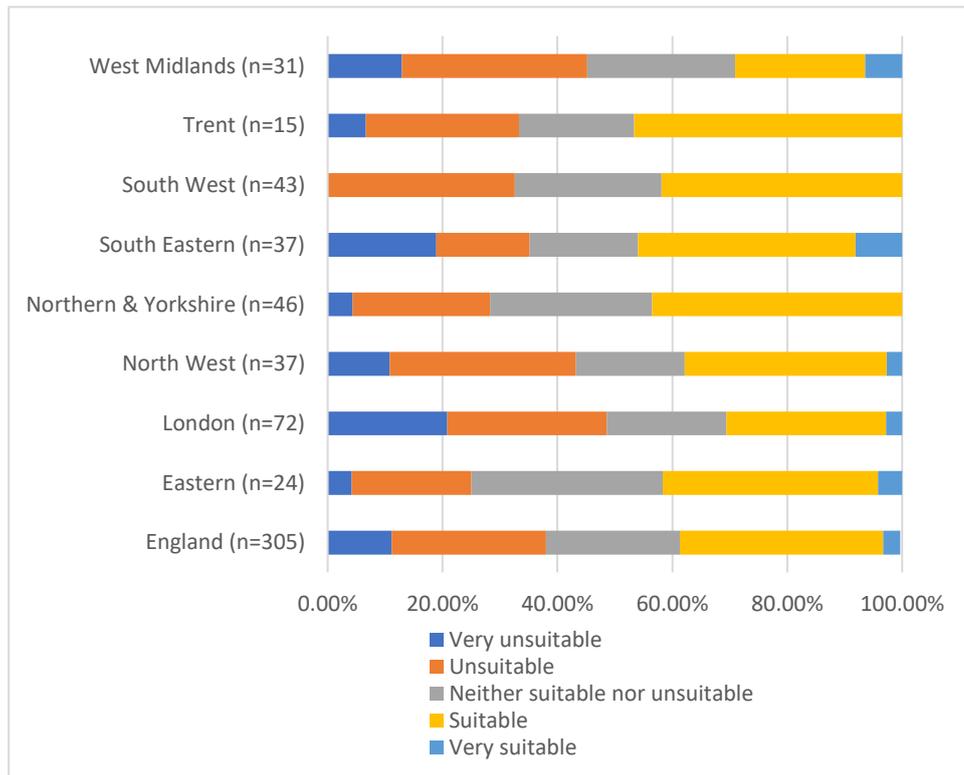
*“Inpatient ward area while modern purpose-built building had still been challenging managing COVID risk in dementia care setting. Luckily as modern building and designed for male female separation have had some flexibility. However, a lot of older style accommodation must be a challenge. Similarly, as we look*



*towards re starting outpatient care as recently refurbished community site large outpatient rooms and lots of space so will be able to accommodate social distancing. Just have to wait for rooms to be vacated by people using them as office space.”*

Furthermore, 38% of members said that their organisations’ estate has been unsuitable or very unsuitable for the cohorting of patients with suspected or confirmed COVID-19 (Chart 2). Conversely, it is clear that where the mental health estate has been modernised, it has had a positive impact on both patients and staff during the pandemic.<sup>90</sup>

**Chart 2. How suitable have the estates been in your organisation for the cohorting of patients with suspected or confirmed COVID-19?**



*“New built inpatient unit on same site as acute, all single rooms and we had flexibility of being able to partition wards and flex beds up and down.”*

*“Due to number of wards and newness of buildings, they are easy to clean and also able to split ward into COVID positive, negative and new admissions awaiting testing.”*

*“Some rooms are too small for social distancing when seeing patients. It is paramount that all offices and clinical areas are cleaned regularly. I am unsure if the right protocols for this are in place.”*

*“A COVID ward was identified within the organisation. However, this was done rather late, when virtually every ward in the organisation had anything between 2-6 patients who were unwell with COVID. My ward is an old style ward on an acute hospital site with 4-bedded bays, and only 2 side rooms, so it became challenging to manage COVID positive unwell patients, and we had to quickly make other changes such as converting a communal quiet room into a third side room. The community teams have been remote working from home at present; however, plans to relocate community services into team hubs sitting around 40 people in a room, with hot-desking at a ratio of 4:1, with very little break-out space had been on hold. It remains a concern for how this agenda can be moved forward safely especially with the high number of BAME staff who are at higher risk of catching the disease, and with worse outcomes.*

In addition to the need to cohort patients, space is also required for education/ training of NHS staff (including sessions on ‘how to put on personal protective equipment (PPE)’ as well as conducting different types of research. On NHS mental health sites, there is competition for clinic rooms for quiet spaces to do this work, and there may be a need for equipment to be maintained or access to medicine and/or lab like facilities. Therefore, when reconfiguring or building new spaces for research and education, COVID-19 factors also need to be considered (interpersonal proximity/ventilation how to manage vulnerable/shielded participants or staff).

The third phase of the NHS' response to COVID-19 set out on 31 July 2020 outlined that all NHS providers should prepare for winter alongside a possible COVID-19 resurgence and continue to minimise nosocomial infections across all NHS settings.<sup>91</sup>

### ***We need to ensure the safety of patients and staff***

The Independent Review of the Mental Health Act found that patients in mental health facilities are often placed in some of the worst places in the NHS estate. The Review found that badly designed, dilapidated buildings and poor facilities are not a safe place for staff to work and for patients can contribute to a sense of containment atmosphere and make it hard for effective engagement in therapeutic activities.<sup>92</sup>

The CQC's State of Care report on mental health found that many mental health wards are unsafe and provide poor quality care in old and unsuitable buildings. The CQC argue that the design of many of these buildings do not permit staff to observe all areas easily and many wards contained fixtures and fittings that people who are at risk of suicide could use as ligature anchor points.<sup>93</sup>

NHS Providers' analysis also showed the continued under-prioritisation of investment in the mental health estate is having a demonstrable impact on patients.<sup>94</sup> There were seven never events reported in mental health trusts in 2018 as a result of a shower/curtain rail failing to collapse.<sup>95</sup>

A recent NHS staff survey showed that more than one in five workers in mental health trusts witnessed an error, near miss or incident that could have hurt a member of staff in the last month.<sup>96</sup> Safety concerns raised by RCPsych members have included a lack of safe places for clinical assessments, a lack of a proper alarm system and unsafe procedures/protections for handling toxic or dangerous products such as used needles.

The CQC also found that sexual safety incidents are common on mental health wards and affect not only service users, but also staff and visitors.<sup>97</sup> Following a review of incident reports on NHS mental health wards over a 3-month period in 2017, they found that 1.6% were related to sexual safety. The National Collaborating Centre for Mental Health (NCCMH) is developing standards and guidance on improving sexual safety in inpatient environments as part of a Collaborative. Through their ongoing work, they have identified that mixed sex accommodation still exists across the country and significant investment and assurances to prevent out-of-area admissions would be required for these to be completely eliminated.<sup>98</sup>

There are currently many examples of good and outstanding care in mental health settings – but also too much poor care, and variation in quality and access across different services. Of the 51 mental health trusts rated by the CQC as of July 2020, only 47.1% are rated as good on safety (none as outstanding), which is better than the acute sector at 33.1%, but also remains well below community trusts (66.7%).<sup>99</sup> The biggest concerns relate to the poor physical environment, restrictive interventions, sexual safety, safe medicines management and low staffing levels. A mere 30.2% of all trusts with acute wards for working age adults and psychiatric intensive care have secured good or outstanding ratings for the safety of those facilities. Despite this, currently, 78.4% of mental health trusts are rated as good or outstanding for being well-led and 3.9% are rated as inadequate. This compares to the acute sector where 69.0% are good or outstanding and 3.5% are rated as inadequate.<sup>100</sup>

Building on this foundation, the Government should aim to make mental health services in England some of the safest in the world.

### ***We need to ensure the built environment supports patient outcomes and recovery, rather than hindering them***

Every patient wants the best chance possible to get better. Improving the mental health estate requires a concerted focus on reducing harm, but there are also opportunities to think innovatively and improve the

quality of the environment that goes beyond harm reduction so that it makes a positive impact on a patient's health.

The vast majority of mental health care is delivered in the community. This occurs in clinics, psychological therapies, group work, 1-2-1 support for people with a mental illness, intellectual disability and neuropsychiatric disorders. The environment is the first indication of the value we place on people; the place where difficult memories are recounted, and hard conversations are had. It is where prevention happens, where escalation into crisis is avoided and where healing and recovery may begin.

For those people who do need a hospital admission, many mental health hospitals are unable to provide a therapeutic environment and to maintain privacy and dignity. Patients admitted are often detained under the Mental Health Act 1983, and have longer admissions than patients in general hospitals, so having a high-quality therapeutic environment is essential. The provision of gym facilities as well as facilities for gardening and outdoor sports as part of inpatient wards is very beneficial. This is important considering the fact that most of the inpatient wards have become non-smoking areas.

Any new capital project also needs to consider the huge impact mental illness has on an entire family network and include innovative ways to ensure those who use inpatient services are able to access their family and private life during their inpatient stay. Many inpatient services have had to deal with real challenge as carers, family members and parents were unable to visit during the height of the COVID-19 pandemic, and visiting policies are likely to be altered for many months.

We commissioned a report in 2019 which identified the need for additional inpatient beds in some areas of the country to meet the recommended rate of 85 per cent bed occupancy across all STPs and reduce out of area placements.<sup>101</sup> A programme is already underway to commission more CAMHS tier 4 beds, secure care beds and mother and baby units, which has been well received.<sup>102</sup>

There is also a need to ensure the mental health/learning disability estate (both inpatient and community) is fit to accommodate patients with disabilities, including but not limited to the frail elderly. Patients who use wheelchairs, who are visually impaired or are hard of hearing need to be able to access and benefit from mental health and learning disability/autism services in the same way as other people without a disability would be able to. This is likely to become increasingly important with an ageing population with multiple morbidities.

For patients who are presenting via an emergency route, safe and appropriate spaces in A&E as well as appropriate mental health transport vehicles, is essential. The Independent Review of the Mental Health Act made the following recommendations to local areas:

- alternative forms of provision for those in crisis or requiring a mental health inpatient admission e.g. sanctuaries; safe havens and crisis cafes; crisis houses
- new mental health transport vehicles to reduce inappropriate ambulance conveyance or by police to A&E, and
- appropriate assessment spaces in A&Es for people with mental health needs.

The NHS Mental Health Implementation Plan states that every area will be expected to increase the range of services available locally that provide an alternative to an admission. The alternative services will require co-production with service users, recruitment of peer support workers, a prominent role for local voluntary sector organisations, and will be expected to include options that are tailored to meet needs of specific locally identified priority demographics and inequalities.<sup>103</sup>

### ***We need to ensure the built environment contributes to staff morale and increases retention***

The built environment can severely affect not just the health and wellbeing of patients, but also that of staff. NHS leaders have recently highlighted this in calling for increased capital investment.<sup>104</sup> We know that

working in new modern buildings makes a huge difference to morale. Improved facilities contribute to feelings of morale, pride as well as productivity.<sup>105</sup>

Recent research from Think Ahead suggests that the public may have negative misconceptions around working in mental health, such as the belief that mental health professionals work long and unsociable hours, have high levels of stress, and have to deal with significant amounts of paperwork. It is important, therefore, that the built environment does not also contribute to these negative public perceptions.<sup>106</sup>

Research has also demonstrated the importance of green space and access to nature for people's mental health and wellbeing. These findings suggest that the inclusion of green space in the development of the healthcare built environment would be positive in supporting the wellbeing of both patients and staff.<sup>107</sup>

As the NHS attempts to become a better place to work through a new Core Offer, including action to support the changes healthcare professional say will make a positive difference to their working lives and experiences, the role of mental health buildings and the wider estate should play a key part.<sup>108</sup>

### ***We need to ensure mental health trusts are able to contribute to the NHS' goal of providing sustainable healthcare, embedding nature within its service design***

The Climate Change Act 2008 sets out legally binding carbon reduction targets for the UK government to achieve. The UK government target is 34% reduction in carbon emissions by 2020 from the 1990 carbon baseline. The NHS is a significant carbon emitter.

The NHS Sustainable Development Unit (SDU) defines a sustainable healthcare sector as one that involves 'greening' the sector with attention to energy, travel, waste, procurement, water, infrastructure adaptation and buildings. This ensures resources (physical, financial and human) used in the sector are used efficiently (e.g. buildings and homes are well insulated and use less fuel to heat) and used responsibly (e.g. clinical waste is disposed of safely to protect local people).<sup>109</sup>

The NHS LTP set out several environmental and sustainability targets, which are outlined below:

- by 2025, the NHS will reduce our carbon footprint by 51% against 2007 levels, by greening our estates and facilities, including phasing out coal and oil fuel as primary heating
- by 2023/24, the NHS will cut business mileages and fleet air pollutant emissions by 20%, and
- the NHS will deliver reductions in single use plastics throughout the NHS supply chain.<sup>110</sup>

Replacing ageing buildings across mental health trusts will help Government meet the NHS' environmental and sustainability targets, and improve its response to the climate and ecological emergencies.

In addition to sustainability, there are opportunities for mental health trusts to embed nature within service design, which will have a positive impact on mental and physical health. Appendix 1 includes a case study of a Woodland Retreat which seeks to do this. Another example is a joint initiative between Lancashire Care NHS Foundation Trust and The Lancashire Wildlife Trust which has empowered almost 260 young people, in the Preston, Chorley and East Lancashire areas (aged 13 to 24 years) to take action within their local greenspaces that both improves their health and wellbeing as well as benefitting their local community. The aim of the project is to support 1,000 young people in central and east Lancashire to participate in outdoor ecotherapy based activities that improve their mental health and physical wellbeing.<sup>111</sup>

Building on this rationale, we have identified six actions for NHS mental health providers and CCGs, followed by recommendations for the Government and NHS ALBs.

## **Action 1: NHS mental health trusts to review their estate and repurpose vacant property and/or procure and implement temporary modular facilities to increase real estate capacity during the COVID-19 pandemic (if required)**

*“We created a quarantine area on our dementia ward for new admissions to be isolated as well as any positive cases. I was anxious that this would be a poor environment but in fact we were able to have large en-suite bedrooms, a bathroom and a living area and patients have not been distressed being there. We did not have enough space to have an amber and a red area which would have been even better.”*

NHSE/I’s guidance is clear that providers should be reconfigure the inpatient estate to create ‘cohorted’ wards to reduce the risk of contagion. Providers were asked to consider:

- how additional, single-room accommodation for patients with the COVID- 19 virus could be provided in partnership with the independent sector (which may offer a higher proportion of single-room accommodation)
- whether modifying any available capacity within the adult secure estate is possible, to accommodate voluntary patients, and
- analysing and mapping the current inpatient estate to identify key gaps, risks and pressures and developing a number of contingency plans to match likely scenarios, in partnership with other inpatient providers locally.<sup>112,113</sup>

Similarly, for those mental healthcare professionals working in the community, there needs to be sufficient and appropriate space for staff to socially distance, don and doff PPE, and carry out hand washing, showering or changing clothing in order to follow infection prevention and control guidance.

Yet, our members in some areas report this is not happening because of limited real estate capacity, or lack of strategic planning.<sup>114</sup> This needs a full assessment and remedial action in the community office and the community clinical estate as well as in the inpatient and crisis environment.

In response to COVID-19, NHS Property Services (NHSPS) have issued a Technical Guidance document to support the procurement and implementation of temporary modular units (prefabricated structures, with sections delivered on site to be assembled) on the NHS estate.<sup>115</sup> In parts of the health service, NHS trusts have commissioned modular buildings quickly.<sup>116</sup> Potential options include standard bedded wards, shell portacabin (for fit out by NHSPS for other use as required) and shower block/changing facilities.<sup>117</sup>

In Mental Health settings, this is not necessarily about increasing the total number of beds but increasing the number of buildings/ sites in which those beds are located for cohorting. There would be special requirements for any modular build to be used in mental health settings, perhaps focusing predominantly on the ‘fittings’ to be used e.g. different doors/taps/curtain rails etc.<sup>118</sup> Further information on modular builds in mental health settings are provided in Appendix 1.

Alternatively, and where immediate demand is required, NHSPS has a designated taskforce to re-purpose vacant property which can potentially provide vital healthcare space quicker than the provision of modular units.<sup>119</sup>

This might also be helpful when considering temporary decant facilities while construction is underway for other projects, such as eliminating dormitory provision.

## **Action 2: NHS mental health trusts to replace dormitory accommodation with single en-suite rooms**

CQC data published by the Health Service Journal in June 2019 showed that around 7% of mental health beds were still located within dormitories, equivalent to 1,176 beds across more than 300 wards

nationwide.<sup>120</sup> Around 64% of the beds are on adult acute wards and psychiatric intensive care units with 36% for older adults with mental health needs.

The five trusts with the greatest amount of dormitory provision were found to be:

1. Leicestershire Partnership NHS Trust – 166 beds on 39 wards
2. Greater Manchester Mental Health NHS Foundation Trust – 134 beds on 35 wards
3. Derbyshire Healthcare NHS Foundation Trust – 130 beds on 36 wards
4. Essex Partnership University NHS Foundation Trust – 76 beds on 18 wards
5. Sussex Partnership NHS Foundation Trust – 71 beds on 22 wards.<sup>121</sup>

Case studies of trusts that have replaced their dormitory accommodation are provided in Appendix 1.

### **Action 3: Mental health trusts to improve the therapeutic environment of inpatient wards by eliminating mixed sex accommodation; procuring en-suite facilities for all existing single rooms; improving the built environment to minimise the risks of harm; and making the estate more suitable for people with disabilities**

#### *Same-sex accommodation*

All providers of NHS funded care are expected to eliminate mixed-sex accommodation to ensure the safety, privacy and dignity of patients is prioritised. Reporting breaches of the same-sex accommodation policy has been mandatory for providers since 2011.<sup>122</sup>

A breach will have occurred if:

- patients have to share sleeping accommodation with members of the opposite sex
- patients have to share toilet or bathroom facilities with members of the opposite sex
- patients have to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms (this excludes corridors), and
- women do not have access to women-only day rooms in mental health inpatient units.

These current rules allow mixed corridors and other shared spaces on the same ward<sup>123</sup> but mental health providers should look for improvements that go further than the technical definition of same sex accommodation.

According to data obtained by the Health Service Journal in 2020, there were a total of 668 mixed sex wards and more than 803 mixed sex communal areas, from the 47 trusts that responded.<sup>124</sup>

NHSE/I advise that non-permanent structure changes to the estate can support the delivery of same sex accommodation where the partition is solid, opaque and floor to ceiling, and protects the privacy and dignity of the individual patient.<sup>125</sup>

#### *En-suite facilities*

Providing single rooms with en-suite facilities (including shower/bath, sink and toilet) will improve privacy and dignity during an inpatient stay. The 2018/19 Estates Return Information Collection (ERIC) confirmed there were 6,805 single rooms without en-suite facilities in mental health and learning disabilities sites across 58 NHS trusts and foundation trusts. This represents 36.7% of the 18,542 single rooms available in those three types of site. By way of comparison, the proportion of single rooms without en-suite facilities across all other site types combined was 31.5% (11,774 of 37,338).<sup>126</sup>

18 of the 58 trusts mentioned above confirmed that at least 50% of their single rooms did not have en-suite facilities. The highest percentages in trusts with more than 50 single rooms were found to be:

1. Dudley and Walsall Mental Health Partnership NHS Trust – 98.5% (135 of 137)
2. Leeds and York Partnership NHS Foundation Trust – 82.3% (345 of 419)
3. Worcestershire Health and Care NHS Trust – 75% (69 of 92)
4. Oxleas NHS Foundation Trust – 71.9% (189 of 263)
5. South London and Maudsley NHS Foundation Trust – 67.7% (593 of 876).<sup>127</sup>

Case studies are provided in Appendix 1.

#### **Action 4: Mental health providers to procure and/or develop property for clinical and office space for the LTP expansion programme; alternative age-appropriate crisis care provision; age-appropriate mental health assessment spaces in A&Es and acute hospitals; and new mental health ambulances/transport vehicles**

##### *Clinical and office space*

The LTP Mental Health programme aims to deliver high quality, evidence-based mental health services to an additional 2 million people.<sup>128</sup> An additional 27,460 staff working in mental health services, on top of the commitments from Stepping Forward (an objective of 19,000 additional staff by 2020/21) by 2023/24 will mean more office and workspaces will be required, predominantly in the community.<sup>129</sup>

In addition to community office space, an expansion of community based clinical space will also be required. Both are crucial and the barriers to pathways of care which are a result of poorly designed or poorly procured clinical space in the community hinders both the quality and quantity of community-based treatment on offer.

Community mental health teams for adults, children and young people and older adults provide core mental health services. There are wide variations in the location, building sites and available room spaces in these teams nationally. The following considerations need to be given to all the community team bases:

- adequate space for holding clinical reviews, including facilities to organise physical health screening
- space and purpose-built rooms for group therapies, gym etc
- provision of telemedicine facilities to undertake video/remote review of patients
- space for staff meetings, in house training, reflective practice sessions and continuing professional development
- adequate car parking spaces for staff and patients using the site, and
- spaces ideally located close to the community as well as easy access to the primary care settings.

##### *Alternative crisis provision*

The Independent Review of the Mental Health Act recommended that by 2023/24, investment in health-based places of safety should allow for the removal of police cells as a place of safety in the Act. This is subject to satisfactory and safe alternative health based places of safety being in place.<sup>130</sup>

There are currently very limited number of crisis houses or sanctuaries around England and this provision is not well documented.<sup>131</sup> NHSE/I require mental health providers to procure alternative forms of provision for those in crisis or requiring a mental health inpatient admission, such as sanctuaries, safe havens, crisis cafes or crisis houses.

It is important that any alternative crisis provision is age-appropriate and so for children and young people that should also include a range of complementary and alternative crisis services to A&E and admission (including in VCSE/local authority-provided services) within all local mental health crisis pathways.

A comprehensive set of case studies on a range of crisis and acute mental health ‘alternative’ provision that complement traditional NHS crisis teams and acute inpatient services have been put together by NHSE/I.<sup>132</sup>

### ***Assessment spaces in A&E and acute hospitals***

A&E can be a stressful environment for any patient but particularly for those who are feeling paranoid, psychotic, distraught or suicidal.<sup>133</sup> According to the Psychiatric Liaison Accreditation Network (PLAN) at the College, a safe space should mean there are no ligature points, and nothing that can be used as a weapon. The room should have an alarm system and two doors that open both ways. It is not acceptable to use a room that doubles as an office. PLAN identifies that a patient may be observed in a different space to where they undergo assessment by the mental health team and departments should consider how they can make these spaces as safe, quiet, and calm as possible. A brief risk assessment of the environment should be made whenever a patient is at risk of self-harm is put in a cubicle.<sup>134</sup>

PLAN estimates that just 23% of type 1 A&Es (175 in total) meet their standards for physical environment. Having an assessment space that doubles as an office is the most common reason why a liaison service does not achieve full PLAN accreditation.<sup>135</sup> As such, there is a significant lack of psychiatric assessment rooms in many A&Es that are adequately equipped, which compromises patient safety and privacy.

During the pandemic, Mental Health A&Es were established over many parts of the country. According to the College's Faculty of Liaison Psychiatry, there is interest in maintaining alternative care pathways and facilities for patients who present with mental health problems, rather than them being assessed in traditional A&E. However, many such units have been created with limited planning and resources and are in facilities that are not fit for purpose in the long run. If this is to be the desired model in some parts of the country, longer term establishment of such units will require capital and revenue funding.

In acute hospitals there is rarely enough space to conduct clinics comfortably, so integrating psychological services into those clinics, even when a service has been commissioned to do so, can be almost impossible. There needs to be a mixture of dedicated space in a department of liaison psychiatry, and enough space in clinics, that patients can see a mental health professional as part of the integrated care they receive in that visit.

### ***Mental health transport vehicles***

There are a limited number of mental health transport vehicles across England and consequently, difficulties in the rapid and safe transport of patients between acute and mental health hospital sites. This has been highlighted further during the pandemic with the establishment of many standalone Mental Health A&Es and new diversion pathways.

Suitable transport vehicles need to be procured to reduce inappropriate ambulance conveyance or by police to A&E. For instance, Secure24 is an organisation that operates secure patient ambulance transport and support services and work with several mental health trusts, local authorities, the independent health sector and the police service. For persons of any age deemed to have a low to no risk, they offer a multi-person vehicle with two trained members staff and conference style seating making it easier for staff to monitor and attend service users, and there is a clear Perspex shield protecting the driver.

For persons of any age where the risk is deemed to be higher, they offer vehicles with three trained members of staff. The vehicles are designed to manage and support all levels of risk or complex needs and carry a range of equipment and PPE on board that staff can use to manage all types of situations. The ambulance design integrates sensory lighting, multi-media screens, support seating, climate control and seat harnesses that can be particularly helpful when supporting service users with learning disabilities or those who present with challenging behaviour.<sup>136</sup>

Secure24 currently work with Pennine Care NHS Foundation Trust, Southern Health NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust, Surrey and Borders Partnership NHS Foundation Trust, and Sussex Partnership NHS Foundation Trust, as well as local councils.<sup>137</sup> This highlights the existing demand for services of this nature.

While this service is likely to be funded through trusts' revenue budget, there is potential for local ambulance services to acquire similar types of vehicles within their fleet and provide a similar service to that of Secure24.

## **Action 5: Mental health trusts to replace ageing buildings**

### ***Age of the mental health estate***

Almost one million square metres (981,091) of the mental health trust estate (based on 'gross internal site floor area', the 'total internal floor area of all buildings, occupied or unoccupied') was built before the NHS existed.<sup>138</sup> This represents 21.6% of the overall mental health trust estate, compared to 13.9% of the entire trust estate at that time (measured in terms of 'gross internal site floor area'). Other percentages by trust type are: acute non-specialist – 11.2%; specialist acute – 28.3%; community – 24.2%; and ambulance – 5.8%. Almost half of the mental health trust was built up to and including 1984 (2.142m square metres). At 47.2% this can be compared to 47.9% for the whole trust estate, or 62.2% for ambulance trusts, 55.2% for community trusts, 53.3% for acute specialist trusts and 47.1% for acute non-specialist trusts.<sup>139</sup>

The following mental health trusts were found to have the highest percentage of estate built before 1948 when figures were reported for 2014/15:

1. South West London and St George's Mental Health NHS Trust – 70.1%
2. Calderstones Partnership NHS Foundation Trust (NB – now part of Mersey Care NHS FT) – 54.0%
3. South London and Maudsley NHS Foundation Trust – 48.2%
4. West London Mental Health NHS Trust – 44.3%
5. Surrey and Borders Partnership NHS Foundation Trust – 42.0%<sup>140</sup>

### ***'Functionally unsuitable' patient occupied areas***

Another element of ERIC is the assessment of 'patient occupied floor area' deemed to be 'not functionally suitable' (defined as 'below an acceptable standard, or unacceptable in its present condition, or so below standard that nothing but a total rebuild will suffice').<sup>141</sup>

In 2018/19, out of 315 Mental Health (including specialist services) sites, 10 had 100% 'patient occupied floor area' assessed as 'not functionally suitable' (almost half of the 21 across all site types in England), 20 had 50% or more, 41 had 25% or more, and 56 had 10% or more. If other mental health and learning disability site types are added, then of 395 sites, 10 would be 100% 'not functionally suitable' (2.5% of all sites), 21 would be 50% or more (5.3% of sites), 42 would be 25% or more (10.6%) and 62 would be 10% or more (15.7%).

By comparison the numbers for general acute, out of 223 sites, were 0 at 100%, 16 at 50% plus (7.2%), 48 at 25% plus (21.5) and 80 at 10% plus (35.9%) and for community hospitals, out of 222 sites, were 10 at 100% (4.5% of sites), 19 at 50% plus (8.6%), 26 at 25% plus (11.7%) and 36 at 10% plus (16.2%).<sup>142</sup>

Case studies are provided in Appendix 1.

## **Action 6: NHS trusts to clear the high and significant risk maintenance backlog in mental health and learning disability services**

The four categories of maintenance backlog are defined as below:

- High risk is defined as where repairs/replacement must be addressed with urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.

- Significant risk is defined as where repairs/replacement require priority management and expenditure in the short term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety.
- Moderate risk is defined as where repairs/replacement require effective management and expenditure in the medium term through close monitoring so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety.
- Low risk is defined as where repairs/replacement require to be addressed through agreed maintenance programmes or included in the later years of an Estates Strategy.<sup>143</sup>

Backlog is reported by both trust and site type.<sup>144</sup>

### ***Site type – mental health and learning disability***

For site type, in 2018/19, the total high-risk backlog across the three mental health and learning disability site types amounted to £12,879,428, which represents a 4.7% increase on 2017/18 (£12,295,447) but a 158.4% rise on just two years earlier (£4,984,567). While significant risk backlog declined by 8.0% in 2018/19 (£77,041,125) compared to 2017/18 (£83,718,926), it also remained 37.3% above the level of 2016/17 (£56,096,230).

### ***Trust type – mental health trusts***

When looking at this analysis by trust type, in 2018/19 the total high-risk backlog across mental health trusts amounted to £22.593m, which represents a 14.1% increase on 2017/18 (£19.804m) or 47.5% more than 2016/17 (£15.314m). There is a caveat that Midlands Partnership NHS Foundation Trust was formed in 2018/19 from a merger of a mental health trust (South Staffordshire and Shropshire Healthcare NHS Foundation Trust) and a community trust (Staffordshire and Stoke on Trent Partnership NHS Trust). If the high-risk backlog from the latter is excluded from the calculation, the increase in 2018/19 compared to the previous year is still 9.9% (£21.774m is the revised total) or 42.2% compared to 2016/17.

Adopting the same approach to the significant risk backlog, the total in 2018/19 (£121.308m) is a mere 1.5% up on 2017/18 (£119.538m) but 40.0% more than 2016/17 (£86.656m).<sup>145</sup>

It is not possible to completely separate infrastructure backlog pressures from capital investment, as if providers were to address their ageing estate through a rebuild programme, then this would also address the critical maintenance backlog. More than half of the high and significant risk backlog in mental health settings combined is found in only five trusts:

- South West London and St George’s Mental Health NHS Trust – £34.734m, 24.04%
- South London and Maudsley NHS Foundation Trust – £13.065m, 9.04%
- Barnet, Enfield and Haringey Mental Health NHS Trust – £9.655m, 6.68%
- Coventry and Warwickshire Partnership NHS Trust – £9.178m, 6.35%
- Dorset Healthcare NHS Foundation Trust – £6.467m, 4.48%.<sup>146</sup>

## **Recommendations**

In order for NHS mental health providers and CCGs to meet the six actions outlined previously, Government, DHSC and NHSE/I must commit to the following recommendations and areas of investment. Detailed costings are provided in Table 1.

1. By 2024/25, DHSC and NHSE/I to provide a ring-fenced investment of **£3.34bn** (in current prices) to NHS mental health trusts (in addition to their day-to-day capital budgets) so they can, in the short-term reconfigure their existing estate through refurbishment, alterations and extensions to ensure mental health services are prepared and resilient to prevent nosocomial transmission of COVID-19 in these settings, and in the medium to longer-term, invest in transformational capital projects. This could be spread between COVID-19 costs, system-level allocations, and nationally allocated funding

streams. When taking this proposed ring-fence investment of £3.34bn on top of mental health trusts' day-to-day capital budgets (based on trust budgets for day-to-day spending being at least maintained in current prices), the total investment over this period would equate to **£4.4bn**.

Specifically, our proposed ring-fenced investment could be funded from the recently announced capital injection for 2020/21 as well as the investment to be announced in the 2020 CSR (recommendations 2 and 3 below).

2. Of the £1.5bn nationally allocated capital funding for 2020/21, DHSC and NHSE/I to allocate and ring-fence a total **£375.9m** (25.1%) to mental health NHS trusts to meet the following commitments during this financial year:
  - a. NHS critical maintenance and emergency/A&E capacity (£100.9m [9.6%] of £1.05bn total allocation)
    - £68m to enable NHS mental health trusts to urgently reconfigure their existing estate in response to the COVID-19 pandemic, including acquiring temporary facilities (if required). NHSPS Taskforce should support mental health trusts leaders where necessary to procure and/or reorganise their estate as required
    - £12.9m to eradicate current high-risk maintenance backlog across mental health and learning disability sites/estates, and
    - £20m to begin to procure mental health ambulances/transport vehicles; create age-appropriate mental health assessment spaces in A&Es (or alternative) and acute hospitals; and begin to procure alternative forms of age-appropriate mental health crisis provision.
  - b. Modernising the mental health estate (£250m total allocation)
    - £250m to begin to eliminate dormitory provision and replace with single en-suite rooms.
  - c. Health Infrastructure Plan (£200m total allocation)
    - £25m of seed funding for the first five new major building and redevelopment schemes in mental health trusts. Decisions about which NHS trusts should be prioritised for seed funding for HIP projects should be determined by the Mental Health and Learning Disability/Autism team at NHSE/I, working alongside regional mental health leads – potential trusts are detailed in the endnote.<sup>147</sup>

This investment should be taken as a down payment on plans to modernise the mental health estate for 2020/21 and beyond and to support delivery of the LTP and the recommendations of the Independent Review of the Mental Health Act, and should be on top of existing system-level allocations for 2020/21.

3. At the 2020 CSR, the Government, DHSC and NHSE/I to provide a ring-fenced investment of an additional **£2.96bn** to mental health NHS trusts between 2021/22 and 2024/25 as part of a multi-year capital settlement. This additional capital funding uplift should be in addition to trusts' day-to-day capital budgets and building on the momentum and previous targeted investment for 2020/21 as outlined above (recommendation 2). This investment should include:
  - a. a new Health Infrastructure Plan (HIP) for Mental Health – for longer-term assets that support the NHS' delivery of world-class mental healthcare and the accompanying healthcare infrastructure that supports mental health outcomes. Within this,
    - £510m for the first instalment of a new £1bn building and redevelopment programme for Mental Health to enable six major building and redevelopment schemes to be awarded to mental health NHS trusts by 2024/25 (building on the proposed £25m of seed funding from 2020/21 and inclusive of a further £5m of seed funding for the sixth scheme), and with a commitment to deliver a further six mental health building

and redevelopment schemes by 2030 (inclusive of a further £35m of seed funding). Decisions about which NHS trusts should be prioritised for seed funding should be determined by the Mental Health and Learning Disability/Autism team at NHSE/I, working alongside regional mental health leads – potential trusts are detailed in the endnote<sup>148</sup>

- £800m to improve the therapeutic environment of mental health and learning disability/autism inpatient settings by: eliminating mixed sex accommodation; procuring en-suite facilities for all existing single rooms; minimising the risks of harm through innovative safety improvement projects, and making the estate more suitable for people with disabilities
- £350m to complete the elimination of dormitory provision and replace with single en-suite rooms
- £600m for new building and redevelopment schemes for community mental health facilities, including clinical and office space, in order to deliver the confirmed objectives of the LTP up to 2023/24 and the expected further expansion of services in the remaining period
- £100m for new building and redevelopment schemes for crisis mental health facilities, including the procurement of mental health ambulances/ transport vehicles; creating age-appropriate mental health assessment spaces in A&Es (or alternative) and acute hospitals; and procuring age-appropriate alternative forms of mental health crisis provision – building on the proposed investment of £20m during 2020/21.
- £30m of capital funding for drug and alcohol use disorder services<sup>149</sup>
- £250m to improve digital technology within mental health trusts, and
- £160m for Research and Development in Mental Health and Dementia.

b. £160.88m to eradicate current significant and moderate risk maintenance backlog in mental health and learning disability sites/estates.

4. DHSC to allow mental health trusts to spend their planned capital budgets in full each year given the historic underinvestment. This should enable trusts to address ongoing backlog maintenance issues, maintain safe services and minimise risks across their estate.
5. NHSE/I and ProCure22 to provide a tailored package of support so that the six sites selected for the initial wave of the building and redevelopment programme for Mental Health can reach the stage of full business case approval by 2024/25.
6. Within the existing HIP programme, or where investment is being made for a new or upgraded acute hospital, DHSC, NHSE/I and local leaders to consider whether plans include sufficient space for integrated mental and physical healthcare (liaison mental health services) to be delivered. This needs to be built into service design from the outset.
7. DHSC and NHSE/I to account for any pre-existing strategic capital schemes within their system-level capital allocations for the next financial year and beyond in order to avoid inadvertently reducing the capital funding available to individual trusts as a consequence. NHSE/I and DHSC should also make the formula used to calculate system-level capital budgets more transparent.
8. NHSE/I to ensure governance structures and accountability requirements for ICSs are more robust, given the move to shared decision making and negotiations between system partners for capital and estates planning and funding, with any arising issues resolved consistently across all systems.
9. NHSE/I and NHSD to require all providers of NHS mental health services to report an assessment of their current estate and report on their key gaps, risks and pressures and their contingency through a one off data collection exercise in response to the COVID-19 pandemic by 2020/21 year-end. This needs to include the community clinical estate as well as inpatient and crisis environments. This exercise should align with existing reporting mechanisms to reduce the burden on providers.

10. CQC and NHSE/I to extend their Use of Resources (UoR) assessment<sup>150</sup> to mental health providers, as this considers the value of trusts' backlog maintenance and how effectively it is managed; how efficiently the trust is using its estate and maximising the opportunity to release value; and the estates cost per square meter.<sup>151</sup>
11. NHSE/I and the CQC to extend the definition of mixed sex accommodation to include corridors and other shared spaces on the same ward.
12. All mental health trusts to adopt the sexual safety standards developed by the National Collaborating Centre for Mental Health and commissioned by NHSE/I by 2023/24.
13. As part of a Government-led Mental Health Safety initiative, NHSE/I to support mental health trusts so that 60% will be rated as good or outstanding on safety by 2023/24 and 75% by 2028/29 – an improvement from 47.1% in July 2020. CQC should also resume its normal functions as soon as possible and reintroduce a national mental health inpatient services experience survey to provide critical insight into people's experiences on inpatient wards during the pandemic and beyond.

## Costings

The proposed mental health capital investment programme covers the following:

- COVID-19 Mental Health Response Fund
- Health Infrastructure Plan (HIP) for Mental Health, and
- backlog maintenance costs across mental health and learning disability sites.

This proposed investment is in addition to day-to-day capital spending for NHS mental health trusts. For example, in 2018/19, mental health trusts spent £255.28m on equipment, maintaining their existing estate, and ongoing backlog maintenance issues.<sup>152</sup>

**Table 1. Mental health capital investment programme – investable propositions for 2020/21-2024/25 and beyond**

MENTAL HEALTH CAPITAL INVESTMENT PROGRAMME	PROJECT	TYPE OF CAPITAL INVESTMENT	COST (£M)	INVESTMENT PERIOD	SOCIETAL BENEFITS	ECONOMIC BENEFITS
<b>COVID-19 Mental Health Response Fund (Action 1)</b>	Reconfiguration of the existing mental health estate in response to pandemic, including acquiring temporary facilities (if required)	Public capital/ CDEL	~£68	2020/21	<p>Reduced nosocomial transmission of COVID-19</p> <p>Providing safe space for patient and enabling discharge planning to be driven by recovery trajectory, as opposed to risk of nosocomial infection</p> <p>Improved safety of staff by providing sufficient space to don and doff PPE, practice infection</p>	Reduced staff sickness and absence

					prevention and control with procedures in place for vulnerable groups	
					Reduced staff stress and sickness absence	
<b>Health Infrastructure Plan (HIP) for Mental Health – to include longer-term assets that support the NHS’ delivery of world-class mental healthcare and the accompanying infrastructure that supports mental health outcomes (Actions 2-5, Objective 1, and Actions 3 and 5, Objective 2)</b>	12 new major building and redevelopment projects for mental health facilities	Public capital/ CDEL, private capital, fully serviced occupancy	£1,000, of which: <ul style="list-style-type: none"> <li>£510 is committed by 2024/25 (building on £25m of seed funding in 2020/21)</li> <li>£465 by 2030 (inclusive of £30m seed funding)</li> </ul>	<ul style="list-style-type: none"> <li>6 hospitals/ schemes to be delivered by 2024/25</li> <li>6 hospitals/ schemes to be delivered by 2030</li> </ul>	<p>Improved therapeutic environment with more open space, improved access to outside gardens and safe places for family/friends/carers to meet will support recovery</p> <p>Ability to deliver joined up care in communities with NHS, council and voluntary and community organisations</p> <p>Reducing out of area placements, meaning patients can stay closer to home and their friends and family</p> <p>Improved staff health and wellbeing and improved staff satisfaction</p> <p>Increased morale and retention of staff</p> <p>Improved environmental impact and sustainability</p>	<p>Increased staff productivity</p> <p>Reduced agency staff costs</p> <p>Reduced turnover of staff</p> <p>Fewer out of area placement bed days</p>

	<p>Improve the therapeutic environment of mental health and learning disability/autism inpatient settings by:</p> <ul style="list-style-type: none"> <li>▪ eliminating mixed sex accommodation</li> <li>▪ procuring en-suite facilities for all existing single rooms</li> <li>▪ minimising the risks of harm through innovative safety improvement projects, and</li> <li>▪ making the estate more suitable for people with disabilities.</li> </ul>	Public capital/CDEL	~£800	2021/22 to 2024/25	<p>Enhanced privacy and dignity</p> <p>Improved patient experience and outcomes</p> <p>Improved equity of access</p> <p>Improved accessibility for patients with disabilities</p>	<p>Reduced length of stay</p> <p>Reduction in readmission rate</p>
	Eliminate dormitory provision and replacing with single en-suite rooms	Public capital/CDEL	<p>£600</p> <ul style="list-style-type: none"> <li>▪ £250 by 2020/21 (already committed)</li> <li>▪ £350 by 2023/24</li> </ul>	2020/21 to 2023/24	<p>Enhanced privacy and dignity</p> <p>Improved patient experience</p> <p>Improved patient outcomes</p>	Reduced length of stay
	New building and redevelopment schemes for community mental health facilities including clinical and office space	Public capital/CDEL, private capital, fully serviced occupancy	~£600	<p>2021/22 to 2024/25</p> <ul style="list-style-type: none"> <li>▪ £450 up to and including 2023/24 to</li> </ul>	<p>Well procured clinical space in the community improves both the quality and quantity of community-based treatment on offer</p>	Widened access to services provides more people with support and helps to reduce economic cost

				align with LTP expansion programme <ul style="list-style-type: none"> <li>£150 is assumed for 2024/25 for ongoing expansion.</li> </ul>	Sufficient space for health professionals to assess and treat patients  Patients not having to travel far away from their home	of mental illness
	New building and redevelopment schemes for crisis mental health facilities, including: <ul style="list-style-type: none"> <li>alternative forms of age-appropriate provision for those in crisis or requiring a mental health inpatient admission e.g. health-based places of safety, sanctuaries, safe havens, crisis cafes and crisis houses</li> <li>age-appropriate assessment spaces in A&amp;E and acute hospitals for people with mental health/learning disability needs, and</li> <li>new mental health ambulances/ transport vehicles to reduce inappropriate ambulance or police conveyance to A&amp;E.</li> </ul>	Public capital/ CDEL, private capital, fully serviced occupancy	~£120, of which: <ul style="list-style-type: none"> <li>~£90 for crisis alternatives <sup>153</sup></li> <li>~£20 for A&amp;E/acute mental health spaces <sup>154</sup></li> <li>~£10 for mental health ambulances <sup>155</sup></li> </ul>	2020/21 to 2023/24 <ul style="list-style-type: none"> <li>£20m during 2020/21</li> <li>£100m during 2021/22 – 2023/24</li> </ul>	Improved patient outcomes  Better patient experience  Reduced use of A&E  Reduced hospital admissions	Reduced use of A&E  Reduced hospital admissions

	Capital funding for drug and alcohol use disorder services <sup>156</sup>	Public capital/ CDEL, private capital	~£30	2021/22 to 2024/25	<p>Improved quality and availability of drug and alcohol use disorder services</p> <p>Improved therapeutic environment</p> <p>Ability to deliver joined up care in communities with NHS, council and voluntary and community organisations</p> <p>Improved staff health and wellbeing and improved staff satisfaction</p> <p>Increased morale and retention of staff</p>	Reduced A&E presentations
	<p>Improving digital technology within mental health trusts by:</p> <ul style="list-style-type: none"> <li>▪ improving IT infrastructure</li> <li>▪ expanding the Digital Aspirant programme to other mental health trusts, and</li> <li>▪ developing a new Mental Health Innovation Fund.</li> </ul>	Public capital/ CDEL, private capital	<p>~£250 including:</p> <ul style="list-style-type: none"> <li>▪ £135 (IT infrastructure)</li> <li>▪ £65 (Digital Aspirant funding)</li> <li>▪ £50 (new Mental Health Innovation Fund)</li> </ul>	2021/22 to 2024/25	<p>Improved patient choice</p> <p>Improved patient outcomes</p> <p>Improved staff satisfaction</p>	<p>Improved staff productivity</p> <p>Fewer missed appointments</p> <p>Increase in staff retention</p>
	<p>Research &amp; Development in Mental Health and Dementia, including:</p> <ul style="list-style-type: none"> <li>▪ the prevention agenda</li> </ul>	Public capital/ CDEL	~£160 <sup>157</sup>	2021/22 to 2024/25	Improved research facilities and support services	Further preventative interventions identified

	<ul style="list-style-type: none"> <li>research to improve the productivity and effectiveness of the NHS, and</li> <li>the translation of basic science and support for the life sciences industry.</li> </ul>				<p>Encouraging innovation and research into mental health, learning disabilities, autism and dementia</p> <p>Support for clinical academics in psychiatry</p>	<p>More effective and efficient treatments identified</p>
<b>Backlog maintenance (Action 6)</b>	Eradicate high and significant risk backlog maintenance	Public capital/ CDEL	<p>Combined high, significant and moderate: £173.759239</p> <ul style="list-style-type: none"> <li>High risk: £12.879428</li> <li>Significant risk: £77.041125</li> <li>Moderate risk: £83.838686 <sup>158</sup></li> </ul>	<p>2020/21 to 2024/25</p> <ul style="list-style-type: none"> <li>addressing high risk in 2020/21</li> <li>significant risk between 2021/22 and 2022/23, and</li> <li>the current moderate risk by 2024/25.</li> </ul>	<p>Patient and staff safety</p> <p>Improved CQC ratings for safety</p> <p>Improved staff morale and retention</p> <p>Enhanced privacy and dignity</p> <p>Improved patient experience and outcomes</p> <p>Improved equity of access</p>	<p>Reduced agency costs</p> <p>Reduction in liability costs</p> <p>Reduced length of stay</p> <p>Reduction in readmission rate</p>
<b>TOTAL</b>			<p><b>£3,801.76m</b></p> <p><b>Investment by 2024/25: £3,336.76m</b></p> <p><b>on top of day-to-day capital spending of an estimated £1,021.12m (based on 2018/19 figures), totalling £4,357.88m</b></p> <p><b>Investment to support ongoing HIP schemes up to 2030: £465.0m</b></p>			

## **OBJECTIVE 2: Prevention – protecting our mental healthcare system, ensuring it can cope with increasing demand**

### **Context**

It has previously been argued that the NHS has not reduced the total demand it originally proposed in the Five Year Forward View because of a lack of concerted effort in public health and prevention, poor resilience in social care and the lack of a parallel five-year budget for workforce growth, education and training.

In mental health specifically, aside from the impact the ongoing COVID-19 pandemic will have, demand for mental health services will increase naturally as the population grows and services address more unmet need, as per the Five Year Forward View for Mental Health and NHS LTP commitments.

The birth and death rates combined with estimates of migration suggest that between 2018 and 2029 there will be around 4.1 million (+7.4%) more people living in England.<sup>159</sup> Mental illness remains one of the largest single causes of disability in England.<sup>160</sup>

More children and young people in the population suggest capacity will need to be increased for CAMHS, parenting programmes, self-harm, substance use disorder and criminal justice liaison services. Early diagnosis and support will also be needed for children and young people with neurodevelopmental disorders. More people aged 30–45 suggest a greater demand in the future for Improving Access to Psychological Therapies (IAPT), maternal wellbeing, workplace wellbeing and early intervention services.<sup>161</sup>

More older adults, including the very old, means that there will be an increased need for capacity in dementia, old age psychiatry and social care support services. The likely long-term growth in dementia incidence and prevalence across England is also substantial.<sup>162</sup>

The College has previously said that a reduction in the population in their 20s and 50s indicates that resource could be shifted from some adult mental health services to other areas, or invested in prevention and early intervention services, to offset some of the increased demand. As well as cognitive impairment and dementia, another notable growth is expected in common mental health problems/mild non-psychotic disorders and for patients with severe psychotic depression.<sup>163</sup> Our previous briefing considers this in more detail.<sup>164</sup>

While it is clear the delivery of mental health priorities and spending commitments has continued to progress throughout the pandemic, there is consensus that there will be increases in demand for mental health services in the coming months.<sup>165</sup> As such, the need to adequately resource and bolster the mental healthcare system (from promotion, prevention and treatment) to cope with predicted demand is clear. The approach taken should ensure that programmes and services meet demand across the system, quickly and effectively supporting those with mild to moderate mental illness and preventing people from reaching crisis.

### **Action 1: Local authorities to prepare and respond to increasing levels of mental distress and co-morbid physical health problems in the population due to COVID-19**

Public mental health is about community cohesion and drawing on community resources in the widest sense. The COVID-19 pandemic has demonstrated the importance of this and the need to promote healthy lifestyles and prevent poor mental and physical health at the earliest opportunity.

### ***Worsening mental health***

The Office for National Statistics (ONS) indicate that the number of people reporting high levels of anxiety has sharply elevated during the COVID-19 pandemic, with loneliness, marital status, sex, disability, whether someone feels safe at home, and work being the factors most strongly associated with high anxiety.<sup>166</sup>

The Centre for Mental Health's analysis of the likely impacts of the COVID-19 pandemic on mental health finds that, if the recession that follows the economic effects of the virus is similar to 2008, about 500,000 more people will experience a mental health difficulty over the next year, according to an estimate by the Institute of Fiscal Studies. But if there is a second wave of COVID-19 and the economy is damaged further, the effects on mental health is expected to be greater still, and last much longer.<sup>167</sup> They recommend that the NHS should prepare for both a V-shaped and a W-shaped recession during the next five years, with resources (financial and human) to respond either to a single, deep recession this year or to a series of economic shocks each of which will create additional need for mental health support.<sup>168</sup>

The Centre for Mental Health also identify those groups at greater risk of poor mental health, including those people who have been bereaved at this time, those who have received intensive hospital treatment for the virus, and staff working in health and care services.<sup>169</sup>

Underpinning all of this is the need for high quality research evidence. This includes information related to COVID-19 for vulnerable groups.<sup>170</sup> Research has shown that the impact of the pandemic and lockdown on the mental health of children and young people to be substantial, particularly for those who are already disadvantaged or have specific needs. There are multiple factors which may be affecting children and young people in different ways including lack of a school environment, family stress, domestic violence, reduced social and healthcare services, and a lack of social and leisure activities.<sup>171,172</sup>

The Centre for Mental Health also note that some groups of people face an especially high risk to their mental health including people facing violence and abuse, people with long-term health conditions, and people from BAME communities.<sup>173</sup>

### ***Worsening physical health***

Poor mental health is associated with other priority public health challenges such as obesity<sup>174</sup>, lack of regular exercise<sup>175</sup>, alcohol use disorders<sup>176</sup> and smoking.<sup>177</sup>

People living with a mental illness are more likely to die prematurely than the general population. Based on data from 2012/13 to 2014/15, the gap in life expectancy in England is 19 years and 16 years respectively for male and female mental health service users when compared with the rest of the population. Prior to this, the gap had only reduced marginally over the preceding 7–8 years.<sup>178</sup> Users of specialist mental health services are more likely to die from any physical health causes than the population who do not require specialist mental health support and management. Many of these 'excessive' deaths could be prevented or delayed by the more widespread use of evidence-based interventions (e.g. health checks and extended lifestyle support, medicine reviews and community falls prevention).

People who are more vulnerable to developing a severe illness and dying with COVID-19 include older people, people living in more deprived areas, those from BAME communities, and people with some physical health conditions.<sup>179</sup> Excess deaths due to COVID-19 have been linked with inequalities, being from a BAME background, obesity and smoking and there is likely to have been preventable deaths from physical health conditions that are overrepresented within people with severe mental illnesses. We should expect therefore, that these groups may also experience some impact on their mental health as a result of the pandemic.

These disparities have reflected broader health inequalities and have highlighted the need to ensure that healthcare, including mental healthcare, meets the needs of all. A particular focus is needed to ensure that support is targeted toward certain groups who are currently disadvantaged within the system.

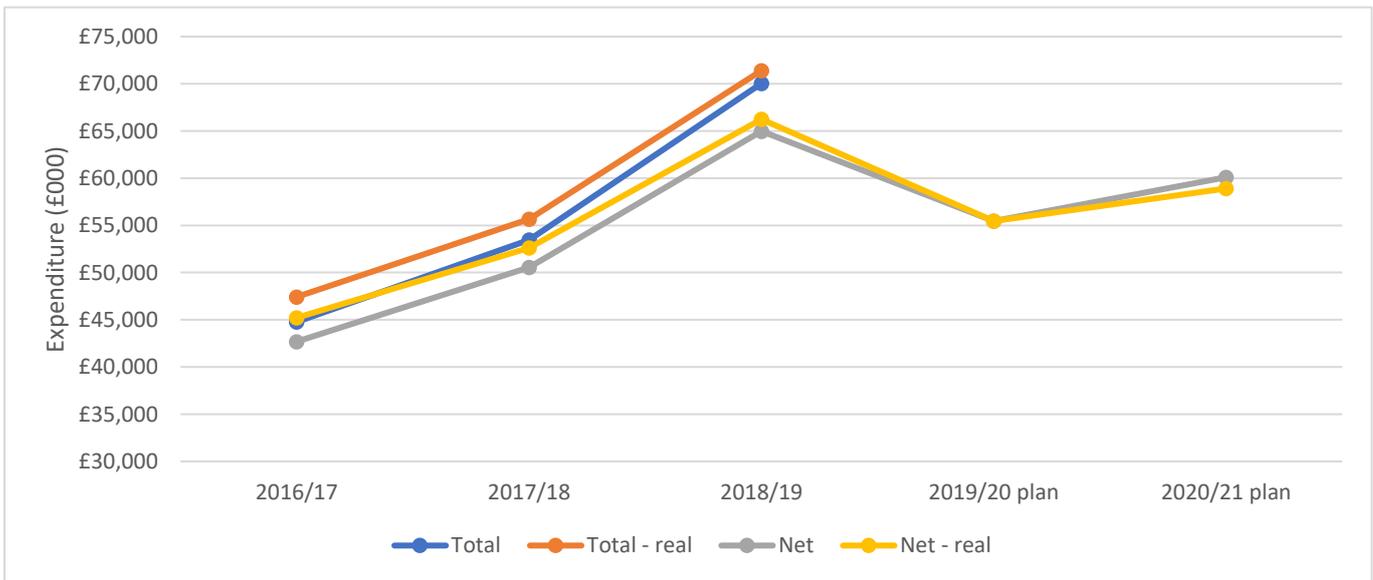
### Funding for public mental health

The Spending Round in 2019 confirmed a real-terms increase to the Public Health Grant budget for 2020/21.<sup>180</sup> For public mental health funding specifically, local authorities have only been required to report public mental health expenditure since the 2016/17 financial year. A Freedom of Information request by Mind determined that the proportion of public health budgets spent on mental health declined year-on-year between 2013/14 and 2015/16, from 1.4% to 0.7%.<sup>181</sup>

The situation has improved since reporting commenced when looking at the outturn total expenditure, with the amount increasing by 50.5% after adjusting for inflation between 2016/17 (£47.423m) and 2018/19 (£71.386m). There are however concerns about subsequent planned net current expenditure figures, which at £58.914m in 2020/21 is 30.3% above that of 2016/17 (£45.214m) but also would be a 11.1% reduction on 2018/19 (£66.235m) if realised in the final figures.

As a percentage of the public health expenditure overall, the percentage of total expenditure has peaked at 2.0% in 2018/19 but in terms of net current expenditure the planned level for 2020/21 would be only 1.8% compared to 2.0% in 2018/19.<sup>182</sup>

**Chart 3. Public mental health investment by local authorities in England, total and net current expenditure in cash and real terms (2019/20 prices), 2016/17 to 2020/21**



While this briefing does not attempt to cover the funding commitments of other government departments (with exception of the relevant mental health services provided by the MHCLG), we acknowledge that issues surrounding housing, benefits, employment and education, for instance, are inherently linked to people’s mental health. Therefore, there needs to be a continued investment in mental health support in schools which can prevent more children and adolescents becoming unwell, good quality housing that can reduce the risks of mental health problems, a roll out of programmes that boost employment, and support for programmes that address systemic inequalities which could reduce the risk of mental illness (to name a few).

## Recommendations

### Funding

- At the 2020 CSR, the Government and DHSC to commit to increase the Public Health Grant budget<sup>183</sup> at least in line with the funding uplift for NHS England of an average increase of 3.3% per year in real terms by 2023/24, as part of a multi-year settlement, which will ensure local authorities can continue to provide prevention and public health interventions. Specifically, this should enable local authorities to ring-fence at least 4% for public mental health spending, equating to a rise of

100% or £70m compared to 2018/19 figures as the start of sustained and growing investment in this area.

This funding should be linked to the JSNA for each locality and relevant local strategies. It should also align with the growth in the workforce of public mental health professionals and those within voluntary, community and social enterprise organisations.

The London School of Economics has previously modelled the cost of various public mental health programmes and interventions to prevent mental ill health across the population, which will be useful in understanding where best to invest public mental health funding.<sup>184</sup>

### ***Strategic planning and leadership***

As recommended in collaboration with the Mental Health Policy Group<sup>185</sup>:

2. Government to establish a Mental Health Cabinet Committee to ensure collective responsibility for improving the mental health of the nation as part of the recovery from COVID-19.
3. Government to lead the development of a long-term, cross-government mental health strategy that runs alongside the NHS LTP. This should be closely aligned to the NHS mental health COVID-19 recovery plan developed by DHSC and reflect the increased mental health need as a direct consequence of COVID-19.
4. Government to extend the mental health representation within the Scientific Advisory Group for Emergencies (SAGE) and/or related sub-groups.
5. Government should ensure all government policies, whether new or existing, are assessed for their impact on mental health and health inequalities.
6. Government to appoint an Equalities Champion for Mental Health, Learning Disabilities and Autism to work across Government, reporting to the Cabinet Office Minister and with dedicated staff and resourcing.

### ***Prevention and public health measures***

As recommended in collaboration with the Mental Health Policy Group<sup>186</sup>:

7. Government to invest in evidence-based interventions to support positive parenting: programmes that have been approved by the National Institute of Health and Care Excellence (NICE) should be made available across the country through a concerted national expansion programme. Local authorities should then ensure that these interventions are well-implemented and appropriately targeted towards families with highest risk factors, and that they acknowledge the impact of COVID-19 in the mental health of children and young people. This also needs to include early years multiagency developmental services for those that may need early diagnosis and support.
8. DfE and DHSC to support all schools to take a 'whole school approach' to mental health, drawing on best quality evidence. In response to the pandemic, greater weight should be placed on mental health and wellbeing within schools and helping children deal with the impact of trauma. The suspension of fines for non-attendance of schools should be extended.
9. Government to ensure that reforms to mental health support in schools prioritise children with multiple risks from a young age, including those impacted by COVID-19. This should include investing in effective classroom-based programmes to boost health behaviour and wellbeing and offering evidence-based support to children and families.
10. Public Health England (PHE) to ensure that trauma and adverse childhood experiences are a priority for public health, by producing clear guidance and support for local authorities to coordinate efforts to improve prevention of and responses to traumas.
11. ONS and PHE to examine the excess mortality rates from COVID-19 among patients already known to services with severe mental illnesses. Once the scale of the problem is known, PHE to work with peer-led projects in Equally Well, other mental health charities and key stakeholders to reduce excess mortality from COVID-19.

12. Government to produce a strategy for reducing race inequality in mental health, including work with schools, the police, youth services and mental health services to improve access and outcomes for people from BAME communities. This should reflect and respond to findings in PHE's review of COVID-19 deaths in BAME communities.
13. NHSE/I, ICSs, CCGs and mental health providers to develop and monitor data relating to access and outcomes for groups of people with protected characteristics, including by gender, age, sexuality and ethnicity and disability. This should reflect and respond to findings in PHE's review of COVID-19 deaths in BAME communities.
14. PHE to support local authorities to ensure that JSNAs identify mental health inequalities in every local area and that action is taken in local systems to address the biggest gaps. This should also take account of the impact of COVID-19 on different communities.
15. Government and NHSE/I to take forward in full the recommendations of the Women's Mental Health Taskforce with a particular focus on trauma-informed care for victims of domestic abuse. The forthcoming Domestic Abuse Bill should reflect the Taskforce's work and reflect the links between mental health and domestic abuse.

## **Action 2: Mental health providers to prepare for an increase in demand for NHS mental healthcare services**

The mental health consequences of COVID-19 are becoming increasingly evident.

Firstly, there have been reports of increasing referrals to liaison services from acute hospitals for delirium, COVID-related mood & anxiety disorders (including Post Traumatic Stress Disorder (PTSD), non-delirium COVID psychosis and for patients having long hospital stays or who have become deconditioned (loss of functional abilities during a hospital stay).

Secondly, there have been reports of lockdown-specific deteriorations in patients' mental health due to a lack of face to face contact, such as those with psychosis, eating disorders and obsessive compulsive disorder (OCD), as well as for people with depression prolonged by economic hardships and/or loneliness and addictions.

Thirdly, there are people who have had longer durations of untreated psychosis as patients have presented later and sicker. There are also anecdotal reports from our members of people presenting for the first time with depression and psychosis, shortly after attempting suicide.

This corresponds with data from our first membership survey (17 April – 6 May 2020) which indicated concerning reports of decreases in emergency (by 20.3% of respondents) and urgent activity (by 18.4% of respondents) in England. Further disaggregation of these data revealed respondents working in the following specialities were reporting a decrease in workload associated with this activity:

- liaison mental health services (33.8% emergency, 41% urgent)
- child and adolescent mental health services (30.3% emergency, 29.7% urgent), and
- older adult mental health services (22.7% emergency, 18% urgent).

By our second membership survey (corresponding period: 4 May – 26 May 2020), this had improved with 9.7% and 9.2% of all respondents reporting a decrease in emergency and urgent activity respectively, suggesting critical services were being restored.

It now appears that workload associated with emergency and urgent cases across England is increasing. In particular, members working across liaison mental health, addictions, perinatal and general adult services are reporting workload above the England average for emergency appointments/ interventions. For urgent interventions/appointments specifically, liaison mental health, perinatal, addictions, older adult, and general

adult services are reporting increases in workload above the England average. For older adult psychiatrists specifically, they are reporting returning to almost full capacity with higher numbers of older adults with severe depression, anxiety and psychosis.

Meanwhile, in terms of routine activity:

- 36.8% of respondents reported a decrease in work usually conducted within 4 weeks during the first survey; this fell to 24.8% by the second survey
- 39.0% of respondents reported a decrease in work usually conducted within 3 months; this fell to 31.4% by the second survey, and
- 40.4% of respondents reported a decrease in work usually conducted after 3 months; this fell to 35.2% by the second survey.

In general, adult and older adult mental health service users utilise acute emergency services disproportionately – 7% of the adult (over 15) population in England utilise mental health services, but 17% of all A&E attendances and 24% of all non-elective inpatient admissions are for patients who are also mental health service users.<sup>187</sup> Therefore, some of this additional demand is expected to be placed on other medical health services during this time.

This increases the importance of adequately funded liaison mental health services for children and young people, adults and older adults. For children and young people in particular, we asked College members about their views on the availability of liaison services for that age group, with 42% saying availability was ‘poor’ or ‘very poor’.<sup>188</sup>

There also needs to be reciprocal arrangements to manage the physical health of patients receiving treatment for a mental illness. Psychiatrists report relying on goodwill discussions with colleagues from acute hospital or duty junior staff and, without this mutual support, it results in multiple transfers between hospitals that could have been avoided.

NHSE/I have committed to maintain their investment guarantee for mental health, learning disability and autism services during the COVID-19 pandemic.<sup>189</sup> Therefore, funding for the expansion of mental health services should continue as planned. However, it is inevitable that patterns of service use will change during the pandemic, with some experiencing increasing demand, as highlighted within Action 1.

## Recommendations

1. DHSC, NHSE/I and HEE, working with colleagues across the mental health sector, to undertake a review to assess whether investment into mental health services detailed in the LTP should be delivered over an accelerated timescale to support mental health services to meet emergent demand. This needs to align with growth in the mental health workforce.
2. DfE and NHSE/I to urgently consider whether funding for mental health provision in schools should be delivered over an accelerated timescale, particularly as children and young people are due to return to their education in September 2020.
3. In line with recommendations of the Commission on Acute Adult Psychiatric Care in England, NHSE/I to establish better ways to monitor and respond to demand and capacity within mental health services.

## Action 3: Local authorities and the NHS to prepare for an increase in demand for drug and alcohol use disorder services

The latest Adult Psychiatric Morbidity Survey confirmed that 16.6% of adults drank at hazardous levels (AUDIT scores of 8 to 15), 1.9% were harmful or mildly dependent drinkers (AUDIT scores of 16 to 19) and 1.2% were probably dependent drinkers (AUDIT scores of 20 or more). As with previous years, men

were more likely than women to drink at hazardous levels and above. Most adults drank at lower risk levels (57.5%) or did not drink at all (22.8%).<sup>190</sup>

The survey also identified that 3.1% of adults showed signs of dependence on drugs, including 2.3% who showed signs of dependence on cannabis only and 0.8% with signs of dependence on other drugs (with or without cannabis dependence as well). After increases in the 1990s, the overall rate has remained stable since 2000.<sup>191</sup>

COVID-19 is likely to have a worse effect on the health of people who use alcohol or drugs.<sup>192</sup> People living with an alcohol use disorder are more likely to develop serious complications, such as atypical pneumonia and acute respiratory distress syndrome if they contract COVID-19.<sup>193</sup> Similarly, people who inject drugs are more likely to get certain viral infections and cancers, which weaken their immune system. Recreational drug users are likely to consume drugs in social settings and engage in behaviour which increases their risk of exposure to COVID-19. They can also weaken their immune systems by losing sleep, drinking alcohol and smoking tobacco or cannabis while taking recreational drugs. Drugs such as heroin, methadone and benzodiazepines can make patients more vulnerable to the damage done by COVID-19.<sup>194</sup>

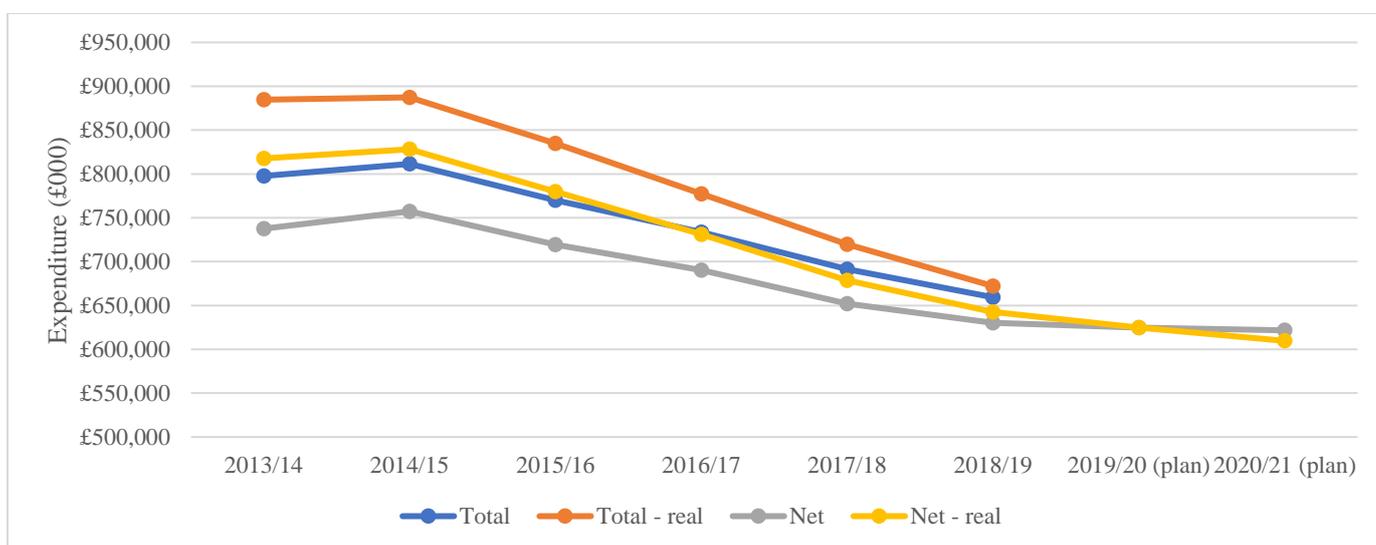
### ***Substance use disorder services – adults***

Total expenditure for adult substance use disorder services in 2018/19 (£672.119m) was 24.0% below the level of five years earlier (£884.543m) after adjusting for inflation. Alternatively, if the lens is turned on to net current expenditure the reduction in spending is 25.5% between 2013/14 (£817.892m) and the planned level for 2020/21 (£609.664m).

The spending data for drug and alcohol use disorder services is reported on separately by local authorities but have been combined for this report to reflect that such services tend to be commissioned together. We have also noted the concerns expressed by the Advisory Council on the Misuse of Drugs<sup>195</sup> among others about the consistency and reliability of the reported data, but it does nevertheless still confirm substantial reductions in investment.

These spending cuts have resulted in substance use disorder services for adults receiving a declining proportion of public health expenditure, whether this is based on total expenditure (from 29.9% in 2013/14 to 19.2% in 2018/19) or net current expenditure (from 29.4% in 2013/14 to 18.7% in 2020/21 based on reported planned spend).<sup>196</sup>

***Chart 4. Spending by local authorities in England on substance use disorder services for adults, total and net current expenditure in cash and real terms (2019/20 prices), 2013/14 to 2020/21***

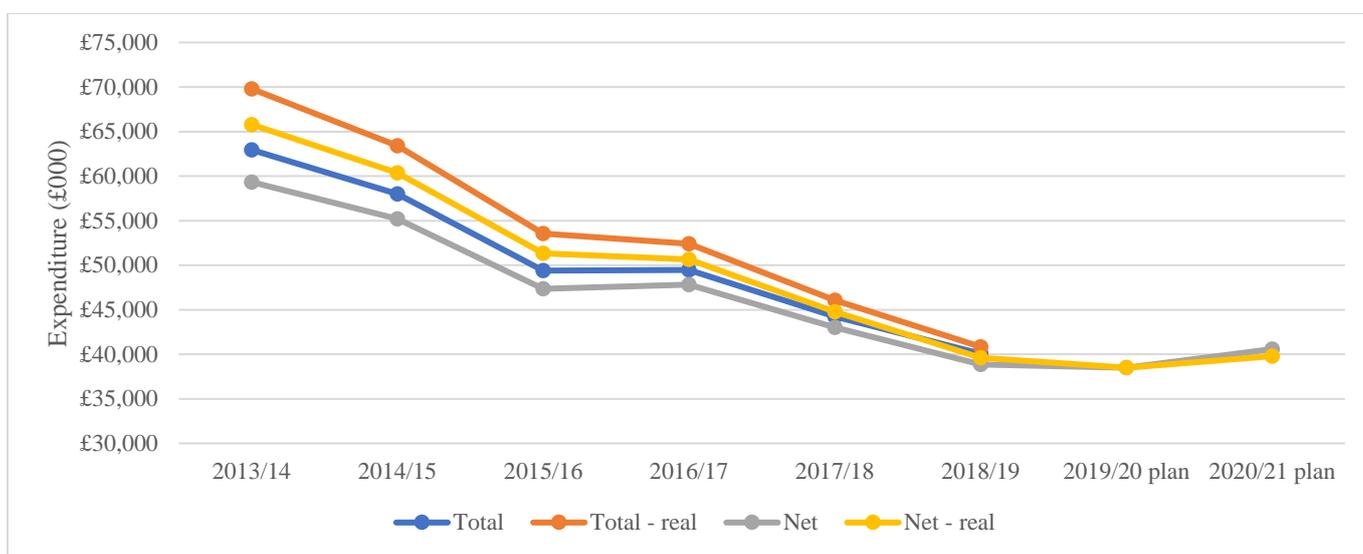


### ***Substance use disorders – specialist services for children and young people***

Expenditure is available from 2013/14 onwards following the transfer of public health services to local authorities. Total expenditure in 2018/19 (£40.842m) was down 41.5% compared to the level of five years earlier (£69.792m) after adjusting for inflation. Alternatively, if the comparison is based on net current expenditure the decrease in spending is 39.5% between 2013/14 (£65.786m) and the planned level for 2020/21 (£39.781m).

These spending cuts have resulted in specialist drug and alcohol use disorder services for children and young people receiving a declining proportion of public health expenditure, whether this is based on total expenditure (from 2.4% in 2013/14 to 1.2% in 2018/19) or net current expenditure (from 2.4% in 2013/14 to 1.2% in 2020/21 based on reported planned spend).

***Chart 5. Spending by local authorities in England on specialist drug and alcohol use disorder services for children and young people, total and net current expenditure in cash and real terms (2019/20 prices), 2013/14 to 2020/21***



It is also worth noting anecdotal reports of increasing numbers of people presenting with behavioural addictions, such as gambling. Specialist face-to-face NHS treatment for gambling addiction was previously only available in London but is now being made available across the country as part of the LTP. As such, funding for NHS gambling services is currently provided by NHSE/I and not by local authorities.

### **Recommendations**

1. At the 2020 CSR, the Government should commit to a real terms increase in the Public Health Grant<sup>197</sup> budget as part of a multi-year settlement, which will ensure local authorities can continue to
  - a. work towards restoring total expenditure for adult substance use disorder services as a proportion of public health expenditure, aiming to get back to at least its 2013/14 levels of 29.9%, equating to a rise of £374m in current prices (based on 2018/19 figures), and
  - b. work towards restoring total expenditure for specialist drug and alcohol use disorder services for children and young people back to at least its 2013/14 level (2.4% of public health expenditure), equating to a rise of £43m in current prices (based on 2018/19 figures). This needs to be in line with the growth in addiction psychiatrists and the wider multidisciplinary team.
2. DHSC to allocate £30m of capital funding for drug and alcohol use disorder services by 2024/25.
3. DHSC and MHCLG to review the commissioning of addiction services, including potential service models, with consideration of reinstating the NHS as lead commissioners or mandating addiction services within local authority budgets.

## Action 4: Local authorities and the NHS to prepare for an increase in demand for mental health social care support

Like many health services, mental health is intrinsically linked to social care. It is an essential element of support, helping recovery and independence and preventing costly crises. Cuts to local authority budgets are limiting the scope of mental health social care, just as they are affecting public health provision. In turn, this is putting extra pressure on individuals, families and the NHS.

The Centre for Mental Health have set out the three main statutory frameworks relevant to mental health for adults.<sup>198</sup> These include:

### **Mental Health Act:**

- Provide section 117 aftercare
- Employ Approved Mental Health Professionals (AMHPs)
- Identify and appoint Nearest Relative
- Provide statutory Independent Mental Health Advocacy (IMHA)

### **Mental Capacity Act:**

- Deprivation of Liberty Standards
- Employ Best Interest Assessors
- Provide statutory advocacy

### **Care Act:**

- Provide social work services and social work counselling
- Assess need and eligibility for community care
- Assess needs of carers
- Arrange personal budgets
- Advocacy

Funding for section 117 aftercare, in particular, is necessary to reduce delayed discharges. Aftercare services are intended to meet a need that arises from or relates to a person's mental health problem and reduces the risk of their mental condition getting worse. It can include healthcare, social care and employment services, supported accommodation and services to meet social, cultural and spiritual needs.<sup>199</sup> This is a major issue that impacts patients, bed availability and budgets.

In the Spending Round in 2019, Government announced an additional £1 billion for adult and children's social care. In the past three years, the real terms rise in total adult social care spending has been 1.3%, 1.8% and 2.4%.

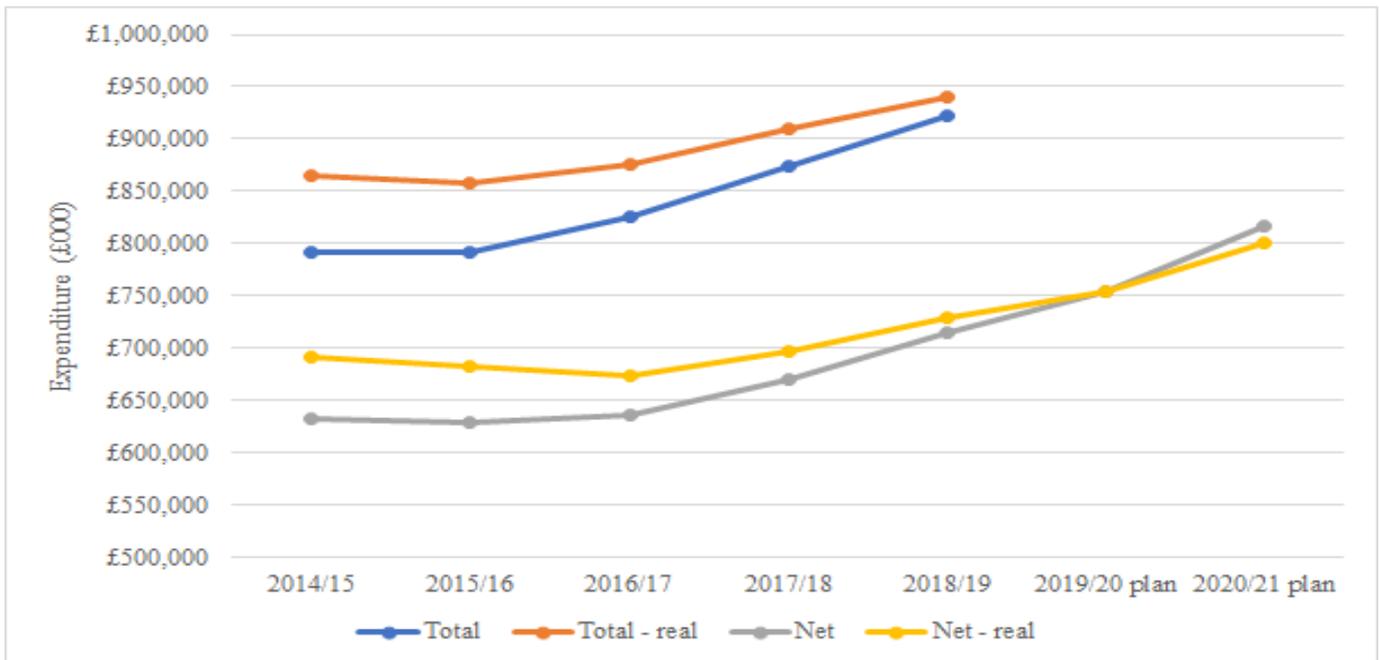
### ***Social care – mental health support for adults (18-64)***

The reporting of expenditure on social care services fundamentally changed from 2014/15 onwards so previous data is not comparable (total expenditure by local authorities on 'adults aged under 65 with mental health needs' amounted to £1,336m in 2013/14).

Across the period of available data, total expenditure peaked in real terms in 2018/19 (the most recent available year, £940.616m) and was 8.7% up on four years earlier after adjusting for inflation (£865.630m). Planned net current expenditure in 2020/21 (£800.637m) was 15.8% above the level of six years earlier (£691.195m) in real terms after a period of relatively flat funding between 2014/15 and 2017/18 inclusive.

Both of these increases are above the real terms increases for adult social care funding overall across the same period – 7.5% for total expenditure between 2014/15 and 2018/19 and 9.5% for net current expenditure between 2014/15 and 2019/20.

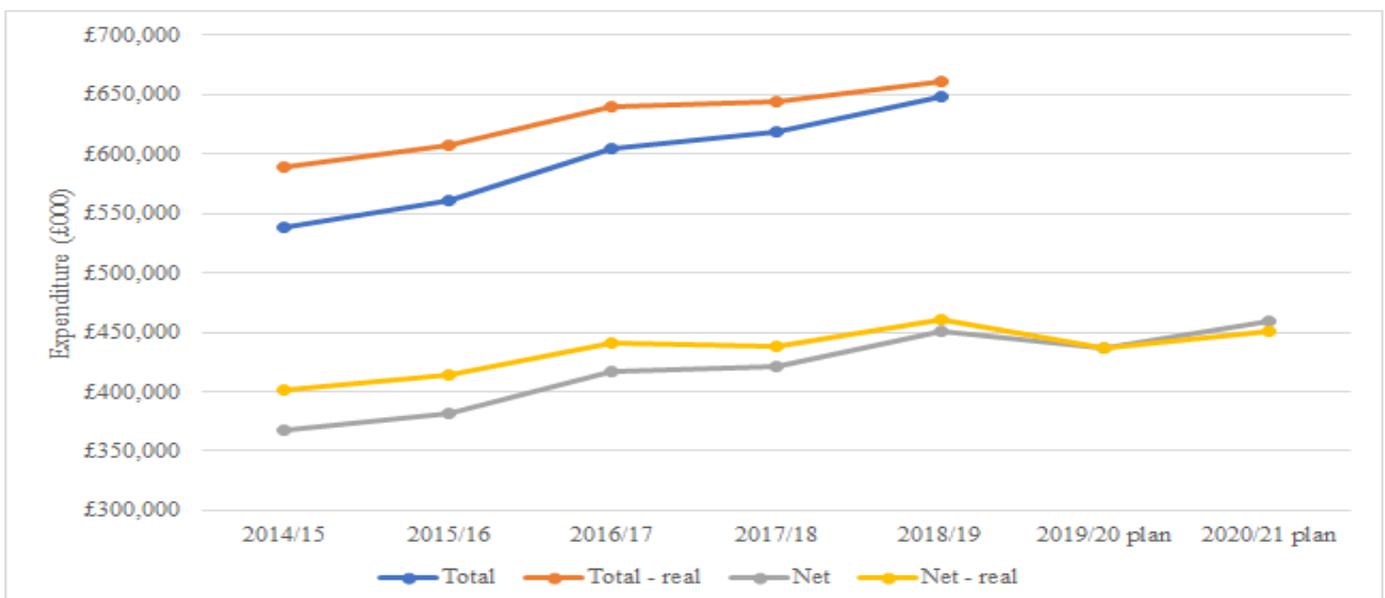
**Chart 6. Social care spending by local authorities in England on mental health support for working age adults (18-64 years old), total and net current expenditure in cash and real terms (2019/20 prices), 2014/15 to 2020/21**



**Social care – mental health support for older adults (65+)**

Across the period of available data, total expenditure peaked in real terms in 2018/19 (£661.207m) and was 12.3% up on four years earlier after adjusting for inflation (£589.012m), however growth has substantially slowed in the past two years, amounting to a mere 3.3% (£640.017m). While planned net current expenditure in 2020/21 (£450.636m) was 12.1% above the level of six years earlier (£402.081m) after adjusting for inflation, it should also be noted that the latest amount is also equivalent to a real terms cut of 2.0% on 2018/19 (£460.062m).

**Chart 7. Social care spending by local authorities in England on mental health support for older adults (65+ years old), total and net current expenditure in cash and real terms (2019/20 prices), 2014/15 to 2020/21**



**Social care – mental health support for children and young people**

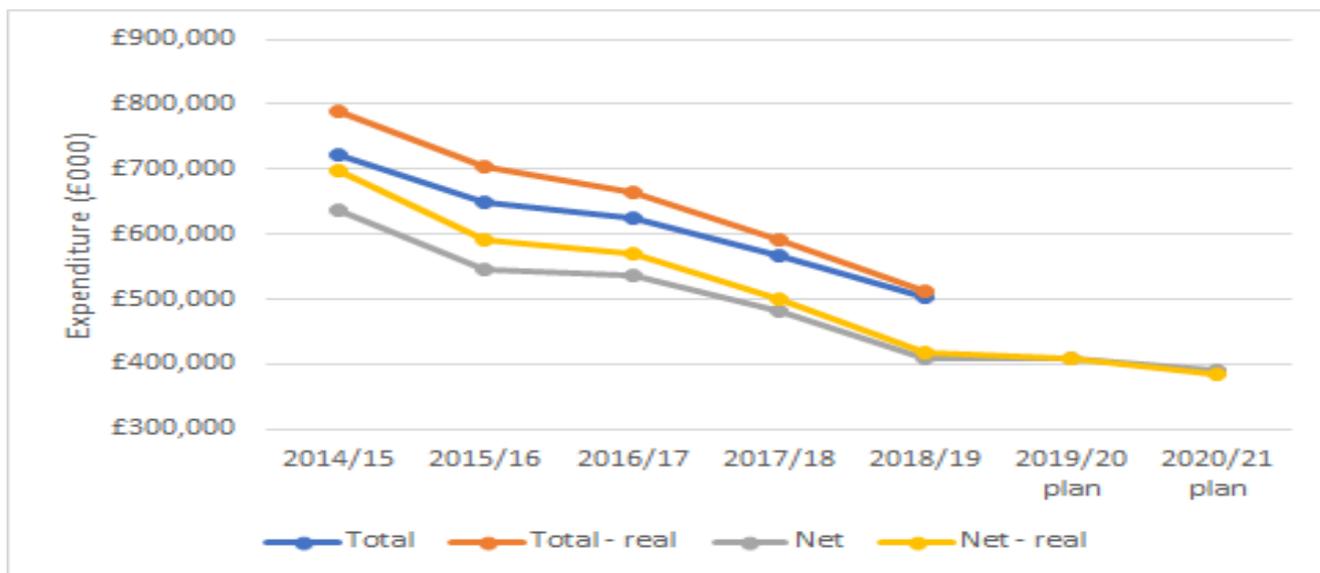
There is a lack of social care support for children and young people. The disinvestment in local authority funded services has led to closures of Sure Start centres, and a lack of support for children and young people with a neuro-disability, which ultimately results in more children and young people presenting to NHS mental health services in crisis. There is also a clear issue with transitions for looked after children in particular as they turn 18 and subsequently lose support. All of these issues contribute to poor mental and physical health.

While data is not collected for mental health spending for children and young people by MHCLG, the disinvestment in crucial services is evident from the charts below.

Spending on Sure Start and early years services has only been reported by MHCLG since 2014/15. Total expenditure has fallen by 34.9% between 2014/15 (£789.526m) and 2018/19 (£513.672m) after adjusting for inflation. Alternatively, if looking at net current expenditure, the decline in real terms has been 44.9% between 2014/15 (£696.843m) and the planned amount for 2020/21 (£383.887m).

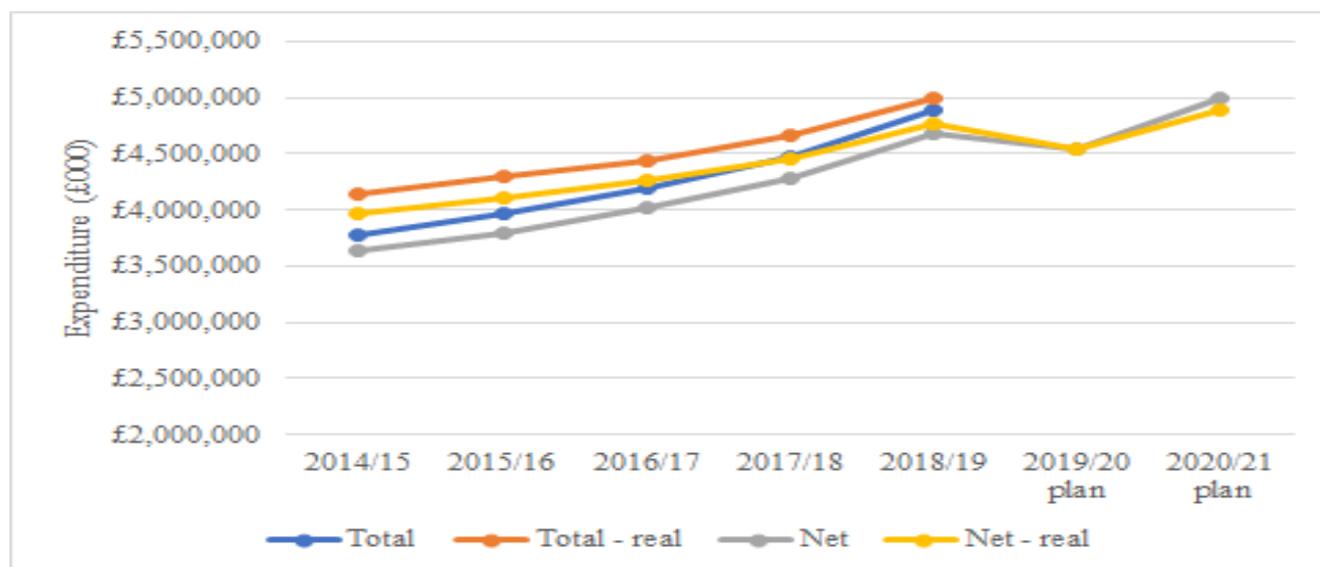
This means the share of children’s social care expenditure devoted to these services has declined from 7.9% in 2014/15 to 4.0% in 2020/21 on the current planned net current expenditure. It would require spending to rise by around £376m in current prices to restore investment to that previous share.

**Chart 8. Social care spending by local authorities in England on Sure Start centres and early years, total and net current expenditure in cash and real terms (2019/20 prices), 2014/15 to 2020/21**



Spending data for looked after children shows that in terms of total expenditure, the amount has grown by 20.7% between 2014/15 (£4.134bn) and 2018/19 (£4.990bn) after adjusting for inflation, however spending growth appears to have slowed in recent years when looking at the planned level of net current expenditure, which has risen by 2.7% in 2020/21 (£4.894bn) compared to two years earlier (£4.768bn), having fallen in 2019/20 (£4.537bn).

**Chart 9. Social care spending by local authorities in England on looked after children, total and net current expenditure in cash and real terms (2019/20 prices), 2014/15 to 2020/21**



## Recommendations

1. At the 2020 CSR, the Government, MHCLG and DHSC should commit to increase the social care budget for children, young people and adults to at least in line with the funding uplift for NHS England of an average increase of 3.3% per year in real terms by 2023/24.

Specifically, within this uplift, local authorities should commit to ring-fence funding devoted to early years, aiming to get it back to at least around 8% of the children’s social care expenditure, equating to a rise of around £376m in current prices.

## Action 5: Invest in world-leading mental health research

Mental illness accounts for 23% of the global burden of disease in the UK and should benefit from an equivalent investment into research.<sup>200</sup> In 2018, just 6.1% of the UK’s health research budget was spent on mental health, compared to 18.9% on cancer research and this investment has remained flat for a decade.<sup>201</sup>

Spending on research for children and young people and intellectual disabilities is particularly constrained. A lack of clinical drug testing involving older people results in excessive prescribing of off-licence medication to that patient group.

The publication of the Mental Health Research Framework in December 2017, and the Roadmap for Mental Health Research in Europe (ROAMER) project, provides a helpful framework for increasing investment. Prevention across the lifespan is a priority research area in ROAMER report.<sup>202</sup>

At the Spring Budget 2020, the Government announced £30 million of new funding for the National Institute for Health Research to undertake rapid research into COVID-19.<sup>203</sup> COVID-19 is driving increase in mental ill-health and there is consequently a need for research into direct and indirect psychiatric impact of COVID-19 from the short to longer term, and how problems should be treated, managed or mitigated.<sup>204</sup>

At the same time, the way in which certain types of research (e.g. on biological mechanisms and interventional trials) can be pursued has been challenged significantly by the pandemic and adjustments will

need to be sustained. Embedding research capacity within plans for infrastructural and service investment will be a productive strategy for best evidence-based practice.

A clinical research culture improves patient outcomes, workforce satisfaction and retention alongside a significant contribution to the UK economy. To ensure research influences policy and clinical practice at the earliest opportunity, researchers need easier access to existing datasets. For example, there was a long delay in transferring the latest Adult Psychiatric Morbidity Survey (APMS) data to the UK data archive, and there is a risk-averse process in place for allowing researchers to access it. This means researchers devote much of their funding to accessing the data rather than on actual research, and this is an issue in terms of parity. Moreover, it is time for parity in research opportunities for all trusts, to enable the NHS to be a leading research sponsor.

Clinical academic psychiatrists, who typically work across both NHS clinical settings and universities medical schools or Higher Education Institutions (HEIs), are essential for leading research and development within clinical services. As leading educators, they are central to the development and delivery of education and clinical training of mental health workforce and inspiring the next generation of doctors specialising in psychiatry. However, academic departments are shrinking and there was a 21.7% decline in number of clinical academic psychiatrists between 2007-2017.<sup>205</sup> Trusts need to actively support academia with time in job plans and research and development infrastructure, otherwise clinical research will disappear and there will be no senior researchers to develop the next generation. There also needs to be greater diversity in academia as it is understood that approximately 80% of European graduates are female but only 20% are professors.

Without addressing this situation, improvements and innovations in NHS healthcare will stagnate and fall behind. Patients will not have access to the best care possible through a motivated and up-skilled workforce. The urgent need to correct disparity in mental health research investments need to be supported by proportionate investment into clinical academic careers and posts.

## Recommendations

### Research

1. DHSC to increase the funding for mental health research to 15% of the total UK research budget by 2030, drawing on the ROAMER priorities and research associated with COVID-19.
2. DHSC to allocate £160m of capital funding to mental health trusts for Research & Development in Mental Health and Dementia, including: the prevention agenda, research to improve the productivity and effectiveness of the NHS, and the translation of basic science and support for the life sciences industry by 2024/25.<sup>206</sup>
3. Government to host a Mental Health Research Summit in 2021 that draws on the Grand Challenge and ROAMER programmes.
4. DHSC to commission regular prevalence surveys for adults (with the next report no later than 2023) and for children and young people (with a report no later than 2023).
5. DHSC to fund a follow-up survey to track the outcomes of the care received by the children and young people in the prevalence survey who have given informed consent. This will allow researchers to align findings and track data against better-developed indicators to help the Government better plan for the next ten years. It would also provide necessary information about what happens to children and young people over time.
6. DHSC to ensure that eating disorders are recognised within both prevalence surveys, after being excluded from the most recent iteration of the APMS.
7. NHSD to disaggregate mental health data by an 18-25 age group as it can be challenging to identify this group specifically from the adult datasets.
8. The Medicines and Healthcare products Regulatory Agency (MHRA) to improve drug testing methodologies to include older people with co-morbidities. This might, for example, include ways of

getting over issues of capacity by encouraging people to make future wishes statement on this issue whilst they still have the capacity.

### *Clinical academics*

9. Over the next decade, HEE to work with RCPsych and others to reverse the decline in academic psychiatry posts with a 50% increase in Clinical Senior Lecturer posts.
10. Over the next decade, increase clinical academic posts in psychiatry jointly funded by NHS-University/ Medical School to support the educational and training needs of an NHS mental health workforce and to deliver the high-quality clinical and basic research needed to prevent psychiatric morbidity across the lifespan and improve the outcomes and experience of people living with mental disorders.
11. Over the next decade, every medical school should have an academic department of psychiatry with psychiatry being taught effectively to all medical students.
12. NHSE/I, HEE, the National Institute for Health Research (NIHR), the Medical Research Council and the Wellcome Trust to liaise with other interested parties such as RCPsych, the Academy of Medical Royal Colleges, the Academy of Medical Sciences and other relevant stakeholders to provide required funding and support to develop careers of academic psychiatrists.
13. HEE to address significant barriers in clinical academic career pathways in mental health research, and to provide greater support for post-doctoral research fellowships, the transition to academic clinical lecturer and establishment at senior lecturer level. This needs to be done in partnership with NHS trusts so that clinical academia is actively supported with time in job plans and research and development infrastructure.

## **OBJECTIVE 3: People – getting the Long Term Plan back on track by investing in the mental health workforce, promoting diversity and supporting leaders**

### **Context**

When looking at the past three years of NHS Digital workforce data<sup>207</sup>, we might expect an additional 200 consultant psychiatrists to enter the workforce by 2023/24 against a requirement of 1,040 to deliver the LTP. Similarly, we think that fewer than 5% of the additional mental health nurses required to deliver the LTP will be added to the NHS workforce by 2023/24 if urgent action is not taken.

Delays to the Comprehensive Spending Review and the impact of the COVID-19 pandemic on international recruitment are the main reasons behind this poor outlook. As of September 2018, 46% of all NHS psychiatrists and 51% of consultant NHS psychiatrists in England had qualified abroad.<sup>208</sup> Recruiting from overseas is crucial for fulfilling workforce commitments required in the LTP.

Overseas doctors have long had crucial roles in delivering excellent patient care and we need to continue to support international medical graduates (IMGs) more than ever. However, the COVID-19 pandemic means that it would be both unsustainable and unethical to over-rely on international recruitment to get the workforce that we need. We must train more doctors here in the UK, which means we urgently need more medical school places and training placements.

There are reasons to be more optimistic. The number of full time employed (FTE) psychiatrists at all grades stood at 9,244.8 in May 2020, which represents a 3.2% increase on the same point in the previous year (8,961.8).<sup>209</sup> Capital investment in infrastructure and technology will make the NHS a more attractive place to work which will make a real difference in increasing staff retention.

At the Spending Round in 2019, the Government announced an increase of 3.4% in HEE's programme spending for 2020/21, including an additional £150 million for Continuing Professional Development (CPD). This will help provide a £1,000 central training budget over three years for each nurse, midwife and allied health professional, as well as increased funding for wider education and training budgets to NHS staff.<sup>210</sup>

In addition, on 7 July 2020, HEE announced £10 million to help support the growth of the clinical workforce and to expand the number of placements for people studying nursing, midwifery, and selected health professionals. An additional investment of £28 million was also announced on 21 September 2020 to support international nurses who are wanting to join the NHS front line.<sup>211</sup> This investment should help achieve the LTP goal of delivering an additional 50,000 nurses.<sup>212</sup>

Finally, HEE received £60m as part of the People Plan funding for 2020/21. Just under half has been allocated to mental health (£27.8m including Advanced Clinical Practitioners), showing the priority it is being given within the system.

The recently published People Plan for 2020/21 focuses on the national and local steps that need to be taken for the rest of the financial year. We were pleased to see HEE's continued investment in training the future mental health workforce to support significant expansion in psychological therapies for children and young people, boosting the number of advanced clinical practitioners, psychiatrists and mental health nurses. There is also a welcome focus on expanding shortage specialties; wellbeing and support for NHS staff; more flexible ways of working; equality, inclusion and diversity; return to practice initiatives; and international recruitment. However, a comprehensive NHS workforce strategy is needed for the longer-term, building on the available resource to be set out in the 2020 CSR.<sup>213</sup>

## Recommendations

1. At the 2020 CSR, the Government to commit to:
  - a. double the number of medical school places in England, at an estimated cumulative cost of £5.257bn by 2028/29 or £1.223bn per annum when fully implemented in current prices<sup>214</sup>, allocate those places to schools that have a clear plan to encourage more students to choose a shortage specialty, including psychiatry, which would equate to £420.54m of those total costs or £97.80m per annum when fully implemented in current prices if 8% of the total new places are taken by doctors choosing psychiatry
  - b. build on the current planned increases to the continuing professional development (CPD) budget for nurses (as announced at the Spending Round 2019) and work towards full restoration of up to £300m per year. A substantial proportion should be ring-fenced for mental health that is in line with the size of the mental health workforce, with an additional sum to reflect past disparity, and
  - c. commit to a multi-year settlement for workforce training and education to allow for the growth in the mental health workforce, including via new roles, necessary to deliver the LTP and the recommendations of the Independent Review of the Mental Health Act.
2. As we move into the next phase of the COVID-19 pandemic, we are calling for urgent actions to be taken by the Government, including:
  - a. continue to provide active national support to staff through a sustained and coordinated approach to mental health and wellbeing during the recovery period, and provide clear guidance to employers based on recommendations included in our Going for Growth plan
  - b. ensure that all mental health employers who need additional medical staff (consultant or junior level) have funding to employ the NHS staff considering a return to the NHS
  - c. encourage new ways of working and delivering care, based on the innovative methods used during the COVID-19 pandemic, which should also contribute to a better work-life balance
  - d. articulate what strong, diverse and compassionate leadership at all levels looks like and ensure it can be implemented for long-term benefit
  - e. ensure that all medical schools have plans in place to enhance medical students' exposure to and interest in psychiatry. Our Choose Psychiatry Guidance for medical schools provide helpful checklists for medical schools to develop their plans
  - f. commission adequate and appropriate foundation and specialty training posts to support the increased cohort of medical school graduates
  - g. work with the RCPsych to increase retention from Core to Higher Specialty Training and tackle attrition in psychiatry training
  - h. recruit more Physician Associates and other roles (such as Advanced Clinical Practitioners) in mental health and learning disability. Our members reported that having Physician Associates has been the one constant during the crisis and helped massively in maintaining safe patient care on the wards
  - i. ask all deaneries and mental health trusts to put in place a range of measures as set out in our Supported and Valued report
  - j. develop and implement measures to make psychiatry training and careers in the NHS more flexible and attractive by developing credentials and run-through pilots, such as those in Liaison Psychiatry and Child and Adolescent Psychiatry, and less than full time (LTFT) training
  - k. review appraisal and revalidation for retired doctors and tax penalties to prevent the loss of highly-skilled and experienced senior mental health professionals, as there is evidence that consultants are still retiring early despite recent changes to NHS pensions
  - l. ensure that health and care professionals receive diversity and equality training and promote effective training for NHS organisations to monitor and address factors that put Black, Asian and minority ethnic (BAME) groups at a disadvantage

- m. ensure underfilled psychiatric specialties such as Old Age are on the shortage specialty list in their own right – particularly at higher specialty training, Specialty and Associate Specialist (SAS) and consultant level – based on the significant evidence that these specialties are in national shortage, and
  - n. fund a collaborative ‘Mental Health Careers’ recruitment campaign aimed at secondary school students, and possibly teachers and parents.
3. NHS organisations to urgently:
- a. take practical measures to improve the wellbeing of mental health staff, get the ‘basics’ right, ensure both staff and patient safety, increase retention and encourage those who have left the workforce to return to work
  - b. find practical ways of ensuring careers are attractive and rewarding, value staff for their contribution through opportunities for flexible working, improve workplace facilities which promote health and wellbeing, and give rewards and benefits
  - c. embed the health and wellbeing recommendations included in our Going for Growth plan following the first COVID-19 outbreak
  - d. continue to provide significant support for staff mental health and retention, through the implementation of the People Plan to 2020/21 and the recommendations of the NHS Staff and Learners' Mental Wellbeing Report (also known as the Pearson Review)<sup>215</sup>
  - e. carry out risk assessments for vulnerable staff, including those from BAME groups, as a priority and make appropriate arrangements, including the recommendations outlined by our associated Task and Finish Group<sup>216</sup>
  - f. increase the number of trust-supported academic activities and safeguard academic sessions, as an important tool for recruitment and retention
  - g. put in place a plan to retain returners in response to the COVID-19 pandemic
  - h. skill up the existing workforce to use digital therapies as effectively as possible, where appropriate
  - i. proactively engage with psychiatrists when they approach retirement and put in place suitable offers to retain them, including job shares, opportunities for special interest time, access to CPD and peer groups and adequate digital support, and
  - j. over the next decade, reverse the decline in academic psychiatry posts with a 50% increase in Clinical Senior Lecturer posts.
4. Once those urgent actions have been taken, HEE and NHSE/I to continue to work with the College and other key partners on the next steps for achieving a sustainable mental health workforce. We are currently developing a list of innovative workforce solutions so that we can support the mental health workforce to face existing and new challenges and we look forward to working with HEE and all relevant stakeholders on a dedicated plan to expand the psychiatric workforce beyond 2021.
5. We have launched our workforce strategy from 2020 to 2023, seeking to ensure we have a highly skilled mental health workforce by increasing recruitment into psychiatry, improving retention and wellbeing in psychiatry, promoting psychiatric leadership, and recruiting and retaining Physician Associates and other roles in mental health.<sup>217</sup> We look forward to working with all relevant stakeholders to implement the actions included within our Strategy.

## OBJECTIVE 4: Technology – digital transformation for mental health services

### Context

Investment in technology can improve care, increase productivity and release staff time. The COVID-19 pandemic has dramatically increased the need to embed technology into healthcare provision, with remote working and consultations becoming increasingly widespread across mental health services.

Mental health providers should use the COVID-19 pandemic as an opportunity to improve patient care (e.g. choice) and workforce (e.g. increased flexibility) through digital technology and remote working. However, it is important that any new technology is thoroughly evaluated before it is implemented.

Integrated Care Systems (ICSs) are responsible for capital and estates planning at a system level, including technology funding. NHSE/I and NHSX have confirmed that £0.8bn of national technology capital will be made available to NHS trusts this financial year, either via system-level or national level allocations.<sup>218</sup>

NHSX and NHSE/I will set out how this technology funding will work, including:

- funding for the digitisation of providers will be targeted through a new digital aspirant programme and will not be split equally across all organisations
- clarity on who pays for what, in particular what technology costs providers will be expected to pay for themselves
- other programmes to improve outcomes and relieve the frustrations for frontline staff, for example on solutions which will reduce the time that staff spend logging onto different systems, as well as the
- approach to mandating technology, security and data standards across the health and care system, which all systems and organisations will be expected to comply with.

When we asked our members to assess the IT equipment they had available to conduct their duties remotely during the COVID-19 pandemic, we found only 21.6% of members in England (228 of 1,058) felt they were ‘fully equipped’ with a further 42.6% (451) responding that they were ‘well-equipped’. At the other end of the scale, 5.0% confirmed that their current IT equipment left them ‘unequipped to conduct most/all duties’ and 10.4% unequipped to conduct some duties.<sup>219</sup> In a subsequent survey, 81.3% of members in England said they wanted to return to face-to-face consultations as default, but would like to have continued recourse to digital tools where appropriate<sup>220</sup>

### *Remote consultations*

Aside from the clear implications of COVID-19, the growing digital literacy among patients and digital capability in services should be used to allow more routine use of remote consultation – a new way for patients to engage with services and speak to clinicians. Remote consultations can involve the use of internet video platforms as a tool to undertake psychiatric interviews or follow-up interviews, audio consultations over the internet, or telephone consultations.

The increased use of remote consultations can help some patients who are isolating or are shielding as well as helping patients to deal with geographical distances (e.g. in students living away from home), mobility difficulties (e.g. patients who are unable to drive due to medication or physical disabilities) or practical concerns (e.g. carers unable to leave someone unattended). It could also help to reduce costs, and research suggests there is wide acceptability of video consultations by patients of all ages.

However, remote consultations should be an adjunct to, rather than a substitution for, face-to-face consultation and patients should always have the choice of a face-to-face consultation, and part of the providers’ response to COVID-19.

### ***Digital exclusion and inequalities***

It is also important to acknowledge the significant risk of digital exclusion among patients, and how technology is not always accessible to all or designed with the users at its centre. It is important that people with dementia, people who lack digital literacy or find technology challenging, people who have cognitive impairment, people with an intellectual disability and people who do not have access to digital platforms are not disadvantaged.<sup>221</sup> Clinicians and managers must think about how to mitigate against widening inequalities with new technologies.

However, blanket assumptions should be avoided particularly on the relationship between age and digital literacy. Psychiatrists working in Old Age mental health services have reported that there are a significant number of older adults who were able to access video consultation – with support from friends and family. Consideration should be given to how adequate equipment of tablets/PCs could be provided to patients within mental health services who are willing to have a remote consultation but do not have internet access or smartphone/tablet.

### ***Global Digital Exemplars***

The GDE programme in mental health includes internationally recognised NHS providers delivering exceptional care efficiently, using world-class digital technology and information. In some cases, this will be sharing software or a common IT team. Others will adopt standard methodologies and processes. Digital technology can also accelerate more sophisticated and acceptable service delivery models in mental health.<sup>222</sup>

NHSE/I is supporting seven digitally advanced mental health trusts, through funding and international partnership opportunities, to become GDEs:

- Berkshire Healthcare NHS Foundation Trust
- Birmingham and Solihull Mental Health NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Northumberland Tyne and Wear NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust
- Worcestershire Health and Care NHS Trust.<sup>223</sup>

### ***Digital Aspirants***

The Digital Aspirant programme runs alongside the GDE programme and is targeted at supporting those providers outside that network to get the core digital capabilities they need to deliver safe, high-quality and efficient care.

Twenty-three trusts have been selected in the first wave of the Digital Aspirant programme with £28 million of funding for their first year. The first wave of Digital Aspirants includes four mental health/ combined trusts:

- Norfolk and Suffolk NHS Foundation Trust
- North Staffordshire Combined Healthcare NHS Trust
- East London NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust.

It is understood that GDEs and ‘fast followers’ will not be able to qualify for aspirant funds.<sup>224</sup>

### ***Modern electronic patient records***

Mental health services have been at the forefront of using electronic patient record (EPR) systems for many years. However, the potential benefits of modern software, apps and clinical informatics are not being realised as commercially available EPRs are technically outdated and not fit for purpose. Mental health care

is uniquely dependent on a detailed patient narrative but currently available EPRs make recording overly time-consuming and difficult to use, with patients' stories and important clinical information often unrecognisably fragmented across multiple fields.

Overall, clinical information systems are not adequately usable for clinicians, resulting in considerable time in entering information while limiting their ability to extract the relevant information they need to monitor and manage the quality of care. Clinical interpretation of data not only has benefits for patients and the wider population but also enables clinicians to benchmark against their peers which helps to drive up quality. For instance, there is lack of access for mental health services to PACS (CT scan images) from acute hospitals, which prevents access to CT scan images to clarify diagnoses and therefore clinicians rely on substandard/inconsistent reporting of scans by non-neuroradiologists. This should be integrated within mental health electronic patient records so scans can be reviewed by psychiatrists and the results can be shared with patients and families.

Clinical administrative work has become a significant burden and focus for all mental health staff significantly and negatively impacts on clinical quality, safety and productivity. This has been recognised by the CQC and Lord Carter's review into mental health productivity, which shows that community clinicians are spending over 33% of their time on documentation and reporting, more than face-to-face patient care.<sup>225</sup> The potential for modern software to support reliable care pathway management, evidence-based interventions, outcome measurement and clinical interpretation of data to benefit patients and populations is not being realised.

Despite mental health services being at the forefront of shared decision-making, patient access to their clinical record and the ability to contribute to their care and care planning is limited by outdated systems. The Digital Maturity Assessment does not take in to account the adequacy of clinical software used and the impact on productivity and the quality of patient care.

### ***Mental Health Act assessments***

The majority of Mental Health Act related activity is still carried out using paper-based systems, including forms for assessment, medication or leave. This means that information is often incomplete or inaccessible to patients and staff, so there is a greater risk of more mistakes being made because of human error, and patients and carers are provided with less information. The Independent Review of the Mental Health Act found that digital enablers could provide patients with a modern and consistent way to access information about the Act, their rights, safeguards and treatment processes.<sup>226</sup>

## **Recommendations**

1. DHSC, NHSE/I and NHSX to invest £135m of capital funding to mental health trusts for IT infrastructure by 2024/25.
2. DHSC, NHSE/I and NHSX to expand the Digital Aspirant programme to a further 10 mental health trusts by 2024/25, underpinned by £65m of additional capital funding.<sup>227</sup> This should build on the learning from the Global Digital Exemplar programme.
3. DHSC, NHSE/I and NHSX to set up a new Mental Health Innovation Fund underpinned by £50m over four years.<sup>228</sup>
4. When working with systems to define 'what good looks like' for a digitised health and care system, NHSX to require systems and providers to set out clear plans for mental health technology and innovation. As part of this work, NHSE/I should ensure that service user feedback on the digital technology rolled out during the pandemic is collected and evaluated to inform its future use.
5. NHSX, NHSE/I and other public health services to ensure that people who are digitally excluded are still able to access mental health services and support. This should include ensuring clinical pathways are developed for those without access to remote/digital communications. Any permanent move to digital working for staff should also be subject to an equality impact assessment.

6. NHSX, NHSD and ICS Leads to work towards making IT systems interoperable between all health providers, primary and secondary care, and between themselves and providers of social care.
7. NHSX and NHSE/I's welcome move to determine a minimum and optimal indicative benchmark level of technology revenue spend linked to digital maturity standards that are under development and these should set out what the level might be and how trusts might move towards it over time.
8. DHSC and NHSE/I to work to ensure the care pathway under the Mental Health Act is digitised to adopt a standardised approach and support enhanced system-wide information flow, developed through co-production.
9. CQC to include in their assessments of NHS providers how appropriately they are using digital solutions.
10. NHSX and NHSE/I to ensure EPR systems provide a modern solution that supports high quality, safe and cost-effective mental health care that meets the needs of the end-user. It should support efficient input of clinical data, pathway management, evidence-based care and outcome measurement, and have an open application programming interface (API) to enable clinicians to develop and connect innovative software solutions to improve patient care and outcomes.
11. HEE and NHSX to invest in training to raise the digital literacy of the NHS workforce.
12. NHSX to work with primary care practices so that all Summary Care Records include vital mental health information, where individuals consent for their information to be shared.

## Appendix 1: Case studies – Infrastructure

### Temporary modular facilities to increase real estate capacity in response to COVID-19



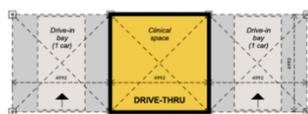
Portakabin offer three standardised ward solutions, which can be delivered in 6-12 weeks from design freeze.<sup>229</sup> These units include a temporary single storey standard ward unit:

- 8 bed ward – 6-week timeframe from design freeze.  
Internal layout = 187m<sup>2</sup>
- 20 bed ward – 8-week timeframe from design freeze.  
Internal layout = 500m<sup>2</sup>
- 37 bed ward – 12-week timeframe from design freeze.  
Internal layout = 949m<sup>2</sup>

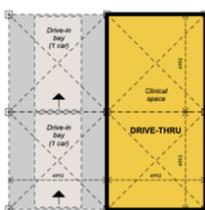
There are also:

- temporary shower blocks
- drive-thru testing
- decontamination zones
- quarantining areas, and
- hot hubs

### Standard modular layouts<sup>230</sup>



Drive-thru 3 x 1 tent layout  
Approx 15m x 5m



Drive-thru 2x2 tent layout  
Approx 10m x 10m

#### Module Layout - 'Drive Thru'

Based on dimensions by SHOWPLACE 5m modular tent (08.12.14)  
Received from NHS PS on 17.04.20

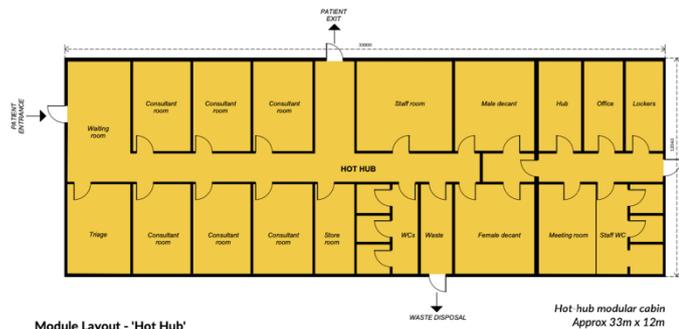
0 5 10 15 M



#### Module Layout - 20 Bed Ward

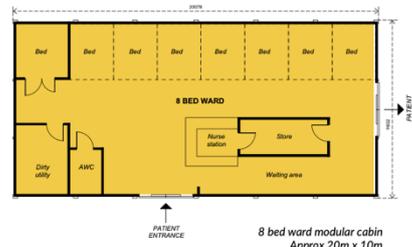
8 bed ward modular cabin  
Approx 23m x 22m

Based on dimensions by Portakabin 7no. UK123 double spanned to 7no. UK093 (12.12.19)  
Received from NHS PS on 17.04.20



Module Layout - 'Hot Hub'  
Received from NHS PS on 17.04.20

Hot hub modular cabin  
Approx 33m x 12m



Module Layout - 8 Bed Ward

Based on dimensions by Portakabin 6no. UK093 Ultima Modules (28.08.18)  
Received from NHS PS on 17.04.20

**NOTE:**  
Do not scale or measure from these drawings. Modules recreated here for purpose of high-level feasibility studies on behalf of NHS Property Services. Always refer to original manufacturer/supplier drawings and specifications.

Most modular units come in multiples of 36m<sup>2</sup>, as that is the standard prefabricated module size, with some additional space needed for ramps to make them disability compliant (each modular section is equivalent to roughly 3 car parking spaces) and fire separation from other buildings. Prior to siting modular units, there are a range of technical requirements that need to be considered.

Modular facilities are in the range of £1,525 - £1,800 per m<sup>2</sup> to purchase (excluding ground works and bespoke fit out). Rental costs range from £15 to £45 per m<sup>2</sup> per week, excluding ground works and bespoke fit out.

***Blackberry Hill Hospital, Bristol – a modular mental health ward and ancillary accommodation***

Other options for modular buildings are given by Cotaplan who supply a variety of specially adapted modular buildings for various uses. Their NHS buildings can either be supplied as a shell or as a complete package including internal fit.<sup>231</sup>

Blackberry Hill Hospital, Bristol provides an example of where modular builds have been used for a mental health ward and ancillary accommodation.<sup>232</sup>



## Camden and Islington NHS Foundation Trust - reconfiguration of mental health inpatient beds<sup>233 234</sup>



The inpatient mental health services at the St Pancras Hospital site are provided in buildings that are not designed to meet modern health and safety standards, nor do they provide an ideal therapeutic environment. Some rooms are shared, access to outdoor space is limited, many rooms do not have en-suite facilities and the buildings pose potential safety risks which, although mitigated, require significant additional burdens on health care staff. The Trust spends significant sums of money maintaining the ageing buildings and ensuring they are safe – money that could be spent on staff time and clinical care.

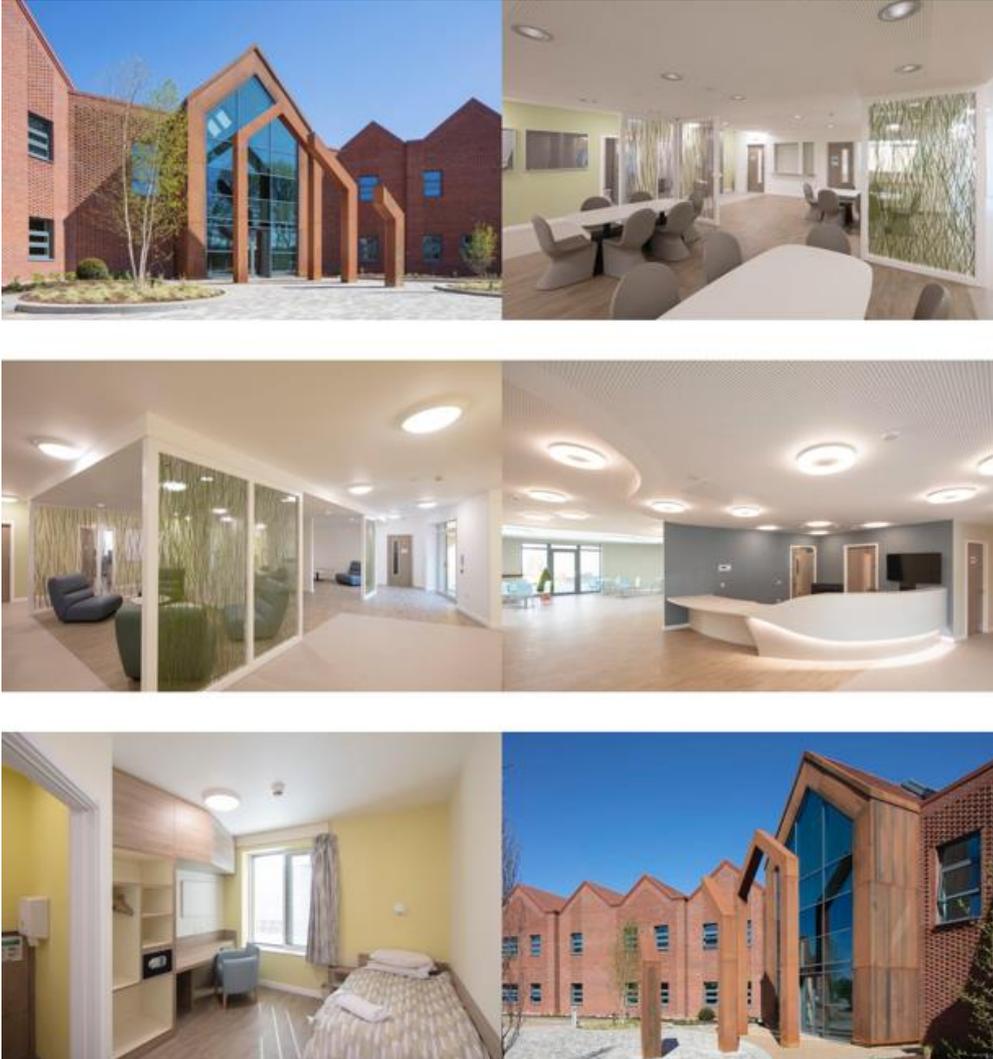
Refurbishment of the existing accommodation to meet today's modern standards is not realistic. A significant level of investment would be needed to rebuild a hospital on the St Pancras site, including £55 million for a decant facility and £61 million for the actual rebuild.

There are a number of significant issues with the site at St Pancras Hospital, which refurbishment and renovation of the existing buildings would not resolve. These include the privacy and dignity of inpatient service users being compromised as there are approved developments plans around St Pancras for tall residential blocks (all to 12 storeys) with balconies overlooking the site. Due to the age and design of the estate, there are also access issues and considerable challenge in meeting disability access requirements, as outlined in the Equality Act 2010.

The proposal is to relocate the inpatient beds to a purpose-built mental health facility by the Whittington Hospital, opposite the Trust's Highgate Mental Health Centre. The new facility will retain the same number of beds as St Pancras Hospital but will mean the Trust can offer accommodation, which is welcoming, pleasant and safe for patients. All rooms would have en-suite bathrooms and there would be access to outside space from each ward. Facilities, such as a gym, to support recovery and wellbeing would also be provided.

Contract value: £59m for inpatient facility + £14.5m for land.

## Foss Park, Tees Esk and Wear Valleys NHS Foundation Trust – new build<sup>235</sup>



Foss Park is a new purpose-built, 72-bed mental health hospital which provides two adult, single-sex wards and two older people's wards (dementia and mental health conditions such as psychosis, severe depression or anxiety). All wards provide ground floor, single bedrooms with en-suite bathrooms. Each ward has access to outdoor garden areas and multiple therapy spaces, including the use of internal planted courtyards. It also has a Section 136 assessment suite – a place of safety for those who have been detained under Section 136 of the Mental Health Act, an electroconvulsive therapy (ECT) suite and dedicated space for research and development. York's adult and older people's crisis teams and the care home and dementia team will also relocate to Foss Park.

Contract value: £40.6m in Foss Park, which includes VAT, fees and the land purchase.

## Greater Manchester Mental Health NHS Foundation Trust – replacing dormitory accommodation through a redevelopment<sup>236</sup>



Greater Manchester Mental Health NHS Foundation Trust (GMMH) received £72.3 million capital funding to replace Manchester’s current mental health inpatient unit – Park House, based in Crumpsall on the North Manchester General Hospital site.

The unit, which currently has nine wards and 166 beds, will be completely rebuilt on the hospital site to provide an outstanding

environment for high quality mental health care in the city of Manchester.

GMMH became responsible for the delivery of services at Park House in 2017 and immediately recognised that the unit was a priority for improvement due to its traditional dormitory-style hospital accommodation and set about developing a business case to redevelop the facility. This multi-million-pound investment will greatly improve the quality of care for patients, supporting staff to care for patients in the best therapeutic environment possible.

Contract value: £72.3 million

## North West Boroughs Healthcare – new build<sup>237</sup>



Atherleigh Park represents a major transformation in the care pathway and overall estate rationalisation for North West Boroughs Healthcare (formerly 5 Boroughs Partnership) located in the heart of the Leigh community it serves.

The local community, service users, carers and front-line staff were fully integrated in the site selection process, this collaboration continued through the design and business case stages to the detailed decisions around interior design and art.

The completed facility provides high quality inpatient services for adults suffering from mental illness as well as patients with dementia and memory conditions. The facility comprises of 8

Bed psychiatric intensive care unit (PICU), 40 Bed Working Age Adult and 38 bed later Life Memory Service together with a central coffee shop, nature and trim trails, a dedicated sports hall and gym together with relaxation rooms, therapy rooms and activity gardens for each and every ward.

Whilst applying evidence based guidance, several innovative collaborative stakeholder events were undertaken. This included the design and construction team working closely with clinical staff to test ‘a day in the life of’ activities within key rooms mocked up on site to fully optimise layouts and details. All departments were designed to maximise the use of both internal courtyard gardens (of which there are 8 in total, 2 for each ward), and the external public realm. Within the public realm and shared spaces, service

Contact: Holly Paulsen | Deputy Head of Policy & Campaigns | Royal College of Psychiatrists | [holly.paulsen@rcpsych.ac.uk](mailto:holly.paulsen@rcpsych.ac.uk) 66

users, staff and visitors can safely interact in a place where the provision of care and support is balanced with an ability to integrate and blend with the everyday life of the community, with an ambition to aid rehabilitation and recovery and continue to de-stigmatise mental health.

Contract value: £40 million.

## **Pennine Care NHS Foundation Trust – Woodland Retreat, treehouse-style unit for young people**<sup>238, 239</sup>



The retreat is the UK's first treehouse-style unit for 13 to 18-year-olds complete with decked area, barbeque and allotment. The 40m<sup>2</sup> urban lodge, built using sustainable resources, was designed and built by Blue Forest.

The treehouse has been designed to provide young people with a safe and stimulating environment in which to play, relax and learn. As well as undergoing therapy, young people will be able to

complete schoolwork, watch films and participate in nature-based activities as part of the team's therapeutic approach.

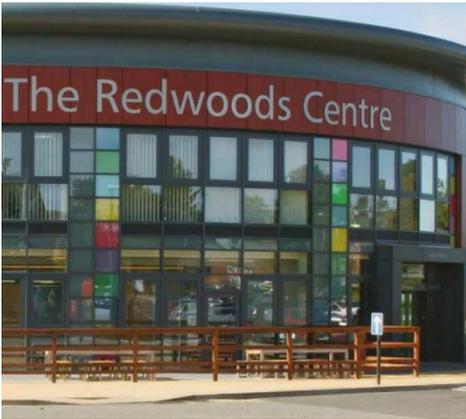
The Woodland Retreat is set in the natural woodland next to the Trusts' Hope Unit (acute psychiatric inpatient service for young people and their Horizon Unit (10-bedded unit providing complex care to young people who have severe or enduring mental health difficulties, including those who require high dependency care).

The lodge can be used as an extension of their on-site educational facilities. Here the young people can learn about the natural environment, take in some fresh air, and enjoy the tranquillity of this outside space. Providing a peaceful space away from the normal clinical setting aims to enhance the treatment and personal experience of the young people by helping to reduce stress and tension. Its natural oasis is a stark contrast to the institutional environment of the hospital buildings.

It was built on a piece of wooded wasteland which offered good views of the surrounding countryside but was on a steep slope and unused. It was transformed into a useful, therapeutic environment offering plenty of flexible space. The design had to be eco-friendly and be appropriate to the surrounding.

Construction costs: £178,000.<sup>240</sup>

## South Staffordshire and Shropshire Healthcare NHS Foundation Trust – mental healthcare village<sup>241</sup>



The Redwoods Centre, a modern inpatient mental healthcare village, represents a revolutionary change for patients and the communities of Shropshire, Telford and Wrekin. The design moves away from the institutional elements of the former Shelton Hospital, Shrewsbury, by providing a domestic feel to the living accommodation to provide the highest standards of care in a comfortable environment.

Procured through ProCure21 and opened in 2012, the Trust required BAM to design and build a modern mental health facility to meet 21st century requirements of mental health provision. The new facility allowed staff the opportunity to rethink the way they deliver mental health services.

The Redwoods Centre provides a ‘home from home’ inpatient residential accommodation and associated services for acute psychiatric patients, those with ‘organic’ mental health disorders and those transitioning back to the community.

It is a single storey facility including 80 beds in the acute and organic units and 32 in a low secure unit. BAM constructed a landmark circular entrance building plus dedicated facilities management and administrative space accommodated over two storeys.

The facility maximises natural daylight and ventilation, is highly insulated and generates some of its own heat and power, enhancing the sustainability and reducing operating expenditure. The facility achieved BREEAM (Building Research Establishment Environmental Assessment Method) Very Good Rating.

Contract value £31.5 million.

## South West Yorkshire Partnership NHS Foundation Trust- phased redevelopment masterplan<sup>242</sup>



South West Yorkshire Partnership NHS Foundation Trust is a specialist NHS Trust that provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. They also provide some medium secure (forensic) services across Yorkshire and the Humber.

Working together with ProCure22 they have designed and delivered 18 major facilities across the Trust's estate.

As part of the new Newton Lodge development Interserve and their supply chain worked collaboratively with the Trust to develop a new approach to the anti-climb roll roof barrier. Developed in conjunction with our specialist suppliers, a mock-up was produced and tested rigorously by the Trust's security team. The specification is now used on all new wings of the lodge. The savings and benefits include a cost effective, low maintenance, secure roof removing the institutional appearance of the building.

Interserve has successfully delivered a programme of mental health and community services provision improvements throughout the Trust's estate, making it easier for service users to access high quality services in local, accessible hub buildings.

Each of the hubs houses a mix of outpatient services and staff accommodation, including adults of working age community mental health teams, CAMHS outpatient services and older people's services.

As part of an exploratory discussion around non-secure acute inpatients decant facilities, the team looked at the whole master planning of the Fieldhead site. The outcome was a phased solution that improved accessibility, quality of service provision. The £16 million multi phased redevelopment masterplan, now well underway, is completely transforming the site and current facilities. Service users will benefit from state-of-the-art therapeutic areas, en-suite facilities with modernised visitor areas.

The contract value was £60 million over 10 years.

## West Yorkshire and Harrogate Partnership – new child and adolescent mental health unit<sup>243</sup>



The proposed site for a new £13 million child and adolescent mental health unit for West Yorkshire is planned for St Mary's Hospital in Armley, Leeds. The bid, led by Leeds Community Healthcare NHS Trust on behalf of the West Yorkshire and Harrogate Partnership, will see a purpose-built specialist CAMHS unit support young people suffering complex mental illness.

There are currently eight general adolescent beds provided by Leeds Community Healthcare in Leeds. The new unit, to the west of the city will bring a significant increase - providing 18 specialist places and four PICU beds. This will see more young people being able to access specialist care closer to home, reducing the need for out of area placements.

Contract value: £13 million

## References and footnotes

- <sup>1</sup> Royal College of Psychiatrists. **NHS Priorities and Reform in Developing a Long-term Plan and Multi-Year Funding Settlement for England.** The Royal College of Psychiatrists' Proposals for Change. 2018. Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b\\_4](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b_4) [Accessed 28 June 2020].
- <sup>2</sup> NHS England & Improvement. **NHS Long Term Plan.** January 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [Accessed 21 June 2020].
- <sup>3</sup> NHS England & Improvement. **NHS Mental Health Implementation Plan 2019/20 – 2023/24.** July 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf> [Accessed 21 June 2020].
- <sup>4</sup> NHS England & Improvement. **NHS Mental Health Implementation Plan 2019/20 – 2023/24.** July 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf> [Accessed 21 June 2020].
- <sup>5</sup> NHS England. **Implementing the Five Year Forward View for Mental Health.** July 2016. Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf> [Accessed 20 June 2020].
- <sup>6</sup> Department of Health and Social Care. **CMO confirms cases of coronavirus in England.** 31 January 2020 Available from: <https://www.gov.uk/government/news/cmo-confirms-cases-of-coronavirus-in-england> [Accessed 26 May 2020].
- <sup>7</sup> Department of Health and Social Care. **Coronavirus public information campaign launched across the UK.** February 2020. Available from: <https://www.gov.uk/government/news/coronavirus-public-information-campaign-launched-across-the-uk> [Accessed 26 May 2020].
- <sup>8</sup> NHS England & Improvement. **NHS England and NHS Improvement Board meetings held in common.** June 2020. Available from: <https://www.england.nhs.uk/wp-content/uploads/2020/06/item-4-BM2012Pu-ongoing-covid-response-and-recovery.pdf> [Accessed 21 June 2020].
- <sup>9</sup> Royal College of Psychiatrists. **COVID-19 Surveys and Research.** June 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/surveys-and-research> [Accessed 22 June 2020].
- <sup>10</sup> Royal College of Psychiatrists. **COVID-19 Surveys and Research.** June 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/surveys-and-research> [Accessed 22 June 2020].
- <sup>11</sup> Adebowale, V., Alderson, D., Burn, W. et al. Covid-19: Call for a rapid forward looking review of the UK's preparedness for a second wave—an open letter to the leaders of all UK political parties. **BMJ** 2020; 369:m2514 doi: <https://doi.org/10.1136/bmj.m2514> [Published 23 June 2020].
- <sup>12</sup> Prime Minister's Office, 10 Downing Street. **'Build build build': Prime Minister announces New Deal for Britain. June 2020.** Available from: <https://www.gov.uk/government/news/build-build-build-prime-minister-announces-new-deal-for-britain> [Accessed 30 June 2020].
- <sup>13</sup> HM Treasury. **Chancellor launches Comprehensive Spending Review.** 21 July 2020. Available from: <https://www.gov.uk/government/news/chancellor-launches-comprehensive-spending-review> [Accessed 5 August 2020].
- <sup>14</sup> Thomas, R. **Third of mental health trusts did not bid for STP capital.** February 2019. Health Service Journal. Available from: <https://www.hsj.co.uk/finance-and-efficiency/third-of-mental-health-trusts-did-not-bid-for-stp-capital/7024450.article> [Accessed 22 June 2020].
- <sup>15</sup> NHS Providers. **Mental health services: meeting the need for capital investment.** February 2020. Available from: <https://nhsproviders.org/media/689187/mental-health-services-meeting-the-need-for-capital-investment.pdf> [Accessed 18 June 2020].
- <sup>16</sup> Dorset Healthcare is categorised as a mental health trust, but the seed funding was for 12 community hospitals.

---

<sup>17</sup> Decisions about which mental health trusts should be prioritised for seed funding for HIP projects should be determined by the Mental Health and Learning Disability/Autism team at NHSE/I, working alongside regional mental health leads. Without wishing to presume the outcomes of those discussions, we have identified some trusts that might benefit from capital transformation funding in particular given the age of their estate or a poor CQC safety rating. These trusts include:

*Inadequate for Safety* (acute wards: working age adults and psychiatric intensive care)

1. Bradford District Care NHS Foundation Trust
2. Lancashire and South Cumbria NHS Foundation Trust
3. Leicestershire Partnership NHS Trust
4. Nottinghamshire Healthcare NHS Foundation Trust
5. Sheffield Health and Social Care NHS Foundation Trust

*Ageing estate* (NB - As of most recent data in 2015, in order of highest proportion of estate built before 1948)

6. South West London and St George's Mental Health NHS Trust
7. South London and Maudsley NHS Foundation Trust
8. West London NHS Trust
9. Surrey and Borders Partnership NHS Foundation Trust
10. Devon Partnership NHS Trust
11. Oxford Health NHS Foundation Trust
12. Kent and Medway NHS and Social Care Partnership Trust

<sup>18</sup> Ibid.

<sup>19</sup> This is on top of the Public Health Grant funding to expand drug and alcohol use disorder services.

<sup>20</sup> CQC and NHS Improvement now report and rate use of resources (UoR) for non-specialist acute trusts. These assessments are carried out by a team from NHS Improvement who provide their findings to CQC in order for CQC to write the assessment report and decide a trust's UoR rating for use of resources. This rating is then combined with CQC's existing five quality ratings for the trust.

<sup>21</sup> NHS Providers. **Regulation Survey 2019. Care Quality Commission. Use of Resources.** 2019.

Available from: <https://nhsproviders.org/regulation-survey-2019/care-quality-commission> [Accessed 15 July 2020].

<sup>22</sup> The Public Health Grant can be used for both revenue and capital purposes -

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/872798/D\\_HSC\\_allocations\\_circular\\_2020\\_to\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872798/D_HSC_allocations_circular_2020_to_2021.pdf)

<sup>23</sup> The Public Health Grant can be used for both revenue and capital purposes -

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/872798/D\\_HSC\\_allocations\\_circular\\_2020\\_to\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872798/D_HSC_allocations_circular_2020_to_2021.pdf)

<sup>24</sup> This recommendation covers only the NIHR Biomedical Research programme, currently funded up to 2021. Additional funding streams would also be required to support delivery of the objective to double the proportion of research funding devoted to mental health and dementia by 2030.

<sup>25</sup> The Mental Health Policy Group. **Towards Equality For Mental Health Developing A Cross-Government Approach.** July 2019. Available from:

<https://www.mentalhealth.org.uk/sites/default/files/MHPG%20Towards%20equality%20for%20mental%20health%200.pdf> [Accessed 22 June 2020].

<sup>26</sup> NHS Digital. **NHS Workforce Statistics.** May 2020. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics> [Accessed 23 September 2020].

<sup>27</sup> NHS Digital. **NHS workforce statistics.** September 2018. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/september-2018> [Accessed 15 July 2020].

<sup>28</sup> NHS Digital. **NHS Workforce Statistics.** May 2020. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics> [Accessed 23 September 2020].

<sup>29</sup> HM Treasury. **Spending Round 2019.** September 2019. Available from:

<https://www.gov.uk/government/publications/spending-round-2019-document/spending-round-2019> [Accessed 18 June 2020].

- 
- <sup>30</sup> NHS England & Improvement. Nursing boost for England's NHS. September 2020. Available from: <https://www.england.nhs.uk/2020/09/nursing-boost-for-englands-nhs/> [Accessed 23 September 2020].
- <sup>31</sup> Health Education England. **Health Education England to invest 10 million to expand the NHS & care workforce.** July 2020. Available from: <https://www.hee.nhs.uk/news-blogs-events/news/health-education-england-invest-10-million-expand-nhs-care-workforce> [Accessed 22 June 2020].
- <sup>32</sup> NHS England & Improvement. **Online version of the People Plan for 2020/2021. 30 July 2020.** Available from: <https://www.england.nhs.uk/ournhspeople/online-version/> [Accessed 5 August 2020].
- <sup>33</sup> The estimates for the cost of a doubling of medical school places in England is based on the following assumptions: 2017 costings for training a doctor, which were around £163,000 after accounting for student loans being repaid; and the proposed expansion in places is 750 new places for 2021/22 and 2022/23 followed by six years of 1,000 additional places to 2028/29 inclusive.
- <sup>34</sup> Health Education England. **NHS Staff and Learners' Mental Wellbeing Commission.** February 2019. Available from: <https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf> [Accessed 20 June 2020].
- <sup>35</sup> Royal College of Psychiatrists. **COVID-19: Guidance on risk mitigation for BAME staff in mental healthcare settings.** May 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/risk-mitigation-for-bame-staff> [Accessed 22 June 2020].
- <sup>36</sup> Royal College of Psychiatrists. **Workforce strategy 2020-2023.** July 2020. Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/workforce/rcpsych-workforce-strategic-plan-2020-2023.pdf?sfvrsn=16ad2fa3\\_4](https://www.rcpsych.ac.uk/docs/default-source/improving-care/workforce/rcpsych-workforce-strategic-plan-2020-2023.pdf?sfvrsn=16ad2fa3_4) [Accessed 25 June 2020].
- <sup>37</sup> Royal College of Psychiatrists. **Digital. COVID-19. Guidance for clinicians.** March 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians> [Accessed 22 June 2020].
- <sup>38</sup> Royal College of Psychiatrists. **Royal College of Psychiatrists' briefing. Analysis of second COVID-19 RCPsych member survey – other key themes.** May 2020. Available from: [https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/second-rcpsych-covid-member-survey-summary---other-key-themes.pdf?sfvrsn=95c259cc\\_4](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/second-rcpsych-covid-member-survey-summary---other-key-themes.pdf?sfvrsn=95c259cc_4) [Accessed 20 June 2020].
- <sup>39</sup> NHS England & Improvement. **Global Digital Exemplars.** 2020. Available from: <https://www.england.nhs.uk/digitaltechnology/connecteddigitalsystems/exemplars/> [Accessed 24 June 2020].
- <sup>40</sup> Digital Health 2020. **Digital Aspirants.** March 2020. Available from: <https://www.digitalhealth.net/2020/03/exclusive-first-wave-of-digital-aspirants-announced/> [Accessed 28 June 2020].
- <sup>41</sup> Department of Health and Social Care. **Modernising the Mental Health Act. Final Report of the Independent Review of the Mental Health Act 1983.** December 2018. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/778897/Modernising\\_the\\_Mental\\_Health\\_Act\\_-\\_increasing\\_choice\\_reducing\\_compulsion.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice_reducing_compulsion.pdf) [Accessed 18 June 2020].
- <sup>42</sup> Ibid.
- <sup>43</sup> Ibid.
- <sup>44</sup> Our first briefing was published/disseminated in July 2020. This subsequent briefing has been updated in August 2020.
- <sup>45</sup> Department of Health and Social Care. **Modernising the Mental Health Act.** Final Report of the Independent Review of the Mental Health Act 1983. December 2018. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/778897/Modernising\\_the\\_Mental\\_Health\\_Act\\_-\\_increasing\\_choice\\_reducing\\_compulsion.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice_reducing_compulsion.pdf) [Accessed 18 June 2020].
- <sup>46</sup> Royal College of Psychiatrists. **NHS Priorities and Reform in Developing a Long-term Plan and Multi-Year Funding Settlement for England.** The Royal College of Psychiatrists' Proposals for Change. 2018. Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b\\_4](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b_4) [Accessed 28 June 2020].

- 
- <sup>47</sup> NHS England & Improvement. **NHS Long Term Plan**. January 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [Accessed 21 June 2020].
- <sup>48</sup> NHS England & Improvement. **NHS Mental Health Implementation Plan 2019/20 – 2023/24**. July 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf> [Accessed 21 June 2020].
- <sup>49</sup> NHS England & Improvement. **NHS Mental Health Implementation Plan 2019/20 – 2023/24**. July 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf> [Accessed 21 June 2020].
- <sup>50</sup> NHS England. **Implementing the Five Year Forward View for Mental Health**. July 2016. Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf> [Accessed 20 June 2020].
- <sup>51</sup> Department of Health and Social Care. **CMO confirms cases of coronavirus in England**. 31 January 2020 Available from: <https://www.gov.uk/government/news/cmo-confirms-cases-of-coronavirus-in-england> [Accessed 26 May 2020].
- <sup>52</sup> Department of Health and Social Care. **Coronavirus public information campaign launched across the UK**. February 2020. Available from: <https://www.gov.uk/government/news/coronavirus-public-information-campaign-launched-across-the-uk> [Accessed 26 May 2020].
- <sup>53</sup> Department of Health and Social Care. **CMO for England announces a new case of novel coronavirus**. February 2020. Available from: <https://www.gov.uk/government/news/cmo-for-england-announces-a-new-case-of-novel-coronavirus-28-february-2020> [Accessed 26 May 2020].
- <sup>54</sup> NHS England & Improvement. **NHS England and NHS Improvement Board meetings held in common**. June 2020. Available from: <https://www.england.nhs.uk/wp-content/uploads/2020/06/item-4-BM2012Pu-ongoing-covid-response-and-recovery.pdf> [Accessed 21 June 2020].
- <sup>55</sup> <https://www.bmj.com/content/369/bmj.m2514>
- <sup>56</sup> NHS England & Improvement. **IMPORTANT – FOR ACTION – THIRD PHASE OF NHS RESPONSE TO COVID-19**. 31 July 2020. Available from: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf> [Accessed 5 August 2020].
- <sup>57</sup> HM Treasury. **Chancellor launches Comprehensive Spending Review**. 21 July 2020. Available from: <https://www.gov.uk/government/news/chancellor-launches-comprehensive-spending-review> [Accessed 5 August 2020].
- <sup>58</sup> Our first briefing was published/disseminated in July 2020. This subsequent briefing has been updated in August 2020 to reflect new information about the scope of the CSR.
- <sup>59</sup> Department of Health and Social Care. **Modernising the Mental Health Act**. Final Report of the Independent Review of the Mental Health Act 1983. December 2018. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/778897/Modernising\\_the\\_Mental\\_Health\\_Act\\_-\\_increasing\\_choice\\_reducing\\_compulsion.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice_reducing_compulsion.pdf) [Accessed 18 June 2020].
- <sup>60</sup> Department of Health and Social Care. **NHS Property and Estates. Why the estate matters for patients. An independent report by Sir Robert Naylor for the Secretary of State for Health**. March 2017. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/607725/Naylor\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/607725/Naylor_review.pdf) [Accessed 21 June 2020].
- <sup>61</sup> 51 mental health trusts are now in operation. What were previously Cumbria Partnership's mental health services were taken over by Northumberland Tyne and Wear NHS Foundation Trust in October 2019. Black Country Partnership and Dudley & Walsall Partnership merged in April 2020. And Somerset NHS Foundation Trust was formed on 1 April 2020, merging of acute and mental health trusts. So, on the rationale that the largest function is the defining feature for a trust category, that remains in the acute trust list.

- 
- <sup>62</sup> NHS Providers. **Mental health services: meeting the need for capital investment.** February 2020. Available from: <https://nhsproviders.org/media/689187/mental-health-services-meeting-the-need-for-capital-investment.pdf> [Accessed 18 June 2020].
- <sup>63</sup> Department of Health Social Care. **Health Infrastructure Plan. A new, strategic approach to improving our hospitals and health infrastructure.** Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/835657/health-infrastructure-plan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835657/health-infrastructure-plan.pdf) [Accessed 20 June 2020].
- <sup>64</sup> Department of Health and Social Care. **ProCure22 (P22).** Available from: <https://procure22.nhs.uk/> [Accessed 28 June 2020].
- <sup>65</sup> House of Commons. **Health Select Committee. NHS Capital Inquiry.** October 2019. Available from : <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/nhs-capital/oral/106631.pdf> [Accessed 19 June 2020].
- <sup>66</sup> Dorset Healthcare is categorised as a mental health trust, but the seed funding was for 12 community hospitals.
- <sup>67</sup> Parliament UK. **Mental Health Services: Finance: Written question – 59733.** June 2020. Available from : <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-16/59733/> [Accessed 18 June 2020].
- <sup>68</sup> Kraindler, J., Gershlick, B. and Charlesworth, A. **Briefing: Failing to capitalise: Capital spending in the NHS.** Health Foundation. March 2019. Available from: <https://www.health.org.uk/sites/default/files/upload/publications/2019/Failing-to-capitalise.pdf> [Accessed 18 June 2020].
- <sup>69</sup> NHS England & Improvement. **NHS Operational Planning and Contracting Guidance 2020/21.** January 2020. Available from : <https://www.england.nhs.uk/wp-content/uploads/2020/01/2020-21-NHS-Operational-Planning-Contracting-Guidance.pdf> [Accessed 20 June 2020].
- <sup>70</sup> Department of Health Social Care. **Health Infrastructure Plan. A new, strategic approach to improving our hospitals and health infrastructure.** Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/835657/health-infrastructure-plan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835657/health-infrastructure-plan.pdf) [Accessed 20 June 2020].
- <sup>71</sup> Prime Minister’s Office, 10 Downing Street. **‘Build build build’: Prime Minister announces New Deal for Britain.** June 2020. Available from: <https://www.gov.uk/government/news/build-build-build-prime-minister-announces-new-deal-for-britain> [Accessed 30 June 2020].
- <sup>72</sup> HM Treasury. **Plan for jobs.** July 2020. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/898422/A\\_Plan\\_for\\_Jobs\\_Print\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/898422/A_Plan_for_Jobs_Print_.pdf) [Accessed 8 July 2020].
- <sup>73</sup> NHS England & Improvement. **Guidance on NHS system capital envelopes for 2020/21.** April 2020. Available from: <https://www.england.nhs.uk/wp-content/uploads/2020/04/C0096-Capital-regime-planning-guidance-1-April-2020.pdf> [Accessed 25 June 2020].
- <sup>74</sup> HM Treasury. **Budget 2020. Delivering On Our Promises To The British People.** March 2020. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/871799/Budget\\_2020\\_Web\\_Accessible\\_Complete.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/871799/Budget_2020_Web_Accessible_Complete.pdf) [Accessed 22 June 2020].
- <sup>75</sup> HM Treasury. Chancellor provides over £14 billion for our NHS and vital public services. April 2020. Available from: <https://www.gov.uk/government/news/chancellor-provides-over-14-billion-for-our-nhs-and-vital-public-services> [Accessed 21 June 2020].
- <sup>76</sup> BBC. **Coronavirus: £3bn for NHS to prepare for possible second wave.** July 2020. Available from: <https://www.bbc.co.uk/news/uk-53438486> [Accessed 17 July 2020].
- <sup>77</sup> HM Treasury. **Chancellor launches Comprehensive Spending Review.** 21 July 2020. Available from: <https://www.gov.uk/government/news/chancellor-launches-comprehensive-spending-review> [Accessed 5 August 2020].
- <sup>78</sup> Kraindler, J., Gershlick, B. and Charlesworth, A. **Briefing: Failing to capitalise: Capital spending in the NHS.** Health Foundation. March 2019. Available from:

---

<https://www.health.org.uk/sites/default/files/upload/publications/2019/Failing-to-capitalise.pdf> [Accessed 18 June 2020].

<sup>79</sup> NHS Improvement. **Quarterly performance of the NHS provider sector: quarter 4 2018/19**. May 2019. Available from: <https://improvement.nhs.uk/resources/quarterly-performance-nhs-provider-sector-quarter-4-201819/> [Accessed 21 June 2020].

<sup>80</sup> NHS Improvement, **Quarterly performance of the NHS provider sector: quarter 4 2017/18. May 2018**. Available from: <https://improvement.nhs.uk/resources/quarterly-performance-nhs-provider-sector-quarter-4-201718/> [Accessed 22 June 2020].

<sup>81</sup> NHS England & Improvement. **Guidance on NHS system capital envelopes for 2020/21**. April 2020. Available from: <https://www.england.nhs.uk/wp-content/uploads/2020/04/C0096-Capital-regime-planning-guidance-1-April-2020.pdf> [Accessed 25 June 2020].

<sup>82</sup> NHS England & NHS Improvement. **NHS Operational Planning and Contracting Guidance 2020/21**. January 2020. Available from : <https://www.england.nhs.uk/wp-content/uploads/2020/01/2020-21-NHS-Operational-Planning-Contracting-Guidance.pdf> [Accessed 20 June 2020].

<sup>83</sup> Thomas, R. **Third of mental health trusts did not bid for STP capital**. February 2019. Health Service Journal. Available from: <https://www.hsj.co.uk/finance-and-efficiency/third-of-mental-health-trusts-did-not-bid-for-stp-capital/7024450.article> [Accessed 22 June 2020].

<sup>84</sup> NHS Providers. **Mental health services: meeting the need for capital investment**. February 2020. Available from: <https://nhsproviders.org/media/689187/mental-health-services-meeting-the-need-for-capital-investment.pdf> [Accessed 18 June 2020].

<sup>85</sup> DE Hert M, et al. **Physical illness in patients with severe mental disorders. Prevalence, impact of medications and disparities in health care**. World Psychiatry. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1002/j.2051-5545.2011.tb00014.x> [Accessed 22 June 2020].

<sup>86</sup> NHS England & NHS Improvement. **Next steps on NHS response to COVID-19**. Available from : <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/urgent-next-steps-on-nhs-response-to-covid-19-letter-simon-stevens.pdf> [Accessed 18 June 2020].

<sup>87</sup> NHS England and NHS Improvement. **Supporting patients of all ages who are unwell with coronavirus (COVID-19) in mental health, learning disability, autism, dementia and specialist inpatient facilities**. April 2020. Available from: [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0290\\_Supporting-patients-who-are-unwell-with-COVID-19-in-MHLDA-settings.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0290_Supporting-patients-who-are-unwell-with-COVID-19-in-MHLDA-settings.pdf) [Accessed 18 June 2020].

<sup>88</sup> NHS England & Improvement. **Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages**. March 2020. Available from: <https://www.england.nhs.uk/coronavirus/publication/guidance-managing-capacity-and-demand-within-inpatient-and-community-mental-health-learning-disabilities-and-autism-services-for-all-ages/> [Accessed 18 June 2020].

<sup>89</sup> Royal College of Psychiatrists. **COVID-19 Surveys and Research**. June 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/surveys-and-research> [Accessed 22 June 2020].

<sup>90</sup> Royal College of Psychiatrists. **COVID-19 Surveys and Research**. June 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/surveys-and-research> [Accessed 22 June 2020].

<sup>91</sup> NHS England & Improvement. **IMPORTANT – FOR ACTION – THIRD PHASE OF NHS RESPONSE TO COVID-19**. 31 July 2020. Available from: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf> [Accessed 5 August 2020].

<sup>92</sup> Department of Health and Social Care. **Modernising the Mental Health Act. Final Report of the Independent Review of the Mental Health Act 1983**. December 2018. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/778897/Modernising\\_the\\_Mental\\_Health\\_Act\\_-\\_increasing\\_choice\\_reducing\\_compulsion.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice_reducing_compulsion.pdf) [Accessed 18 June 2020].

<sup>93</sup> Care Quality Commission. **The state of care in mental health services 2014 to 2017. Findings from CQC's programme of comprehensive inspections of specialist mental health services**. May 2017.

---

Available from: [https://www.cqc.org.uk/sites/default/files/20170720\\_stateofmh\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20170720_stateofmh_report.pdf) [Accessed 22 June 2020].

<sup>94</sup> NHS Providers. **Mental health services: meeting the need for capital investment.** February 2020. Available from: <https://nhsproviders.org/media/689187/mental-health-services-meeting-the-need-for-capital-investment.pdf> [Accessed 18 June 2020].

<sup>95</sup> NHS Improvement. **Provisional publication of Never Events reported as occurring between 1 April 2018 and 31 January 2019.** February 2019. Available from: [https://improvement.nhs.uk/documents/4872/Provisional\\_publication\\_-\\_NE\\_1\\_April\\_to\\_31\\_Jan\\_FINAL.pdf](https://improvement.nhs.uk/documents/4872/Provisional_publication_-_NE_1_April_to_31_Jan_FINAL.pdf) [Accessed 18 June 2020].

<sup>96</sup> NHS Survey Coordination Centre. **NHS staff survey 2019.** 2019. Available from: <https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/> [Accessed 22 June 2020].

<sup>97</sup> Care Quality Commission. **Sexual Safety on Mental Health Wards.** September 2018. Available from: [https://www.cqc.org.uk/sites/default/files/20180911\\_sexualsafetymh\\_summary.pdf](https://www.cqc.org.uk/sites/default/files/20180911_sexualsafetymh_summary.pdf) [Accessed 18 June 2020].

<sup>98</sup> Royal College of Psychiatrists. **NCCMH. Sexual Safety.** 2020. Available from: <https://www.rcpsych.ac.uk/improving-care/nccmh/sexual-safety-collaborative> [Accessed 22 June 2020].

<sup>99</sup> RCPsych analysis of CQC provider ratings, 2 July 2020.

<sup>100</sup> RCPsych analysis of CQC provider ratings, 2 July 2020.

<sup>101</sup> The Strategy Unit. **Exploring Mental Health Inpatient Capacity.** November 2019. Available from: <https://www.strategyunitwm.nhs.uk/publications/exploring-mental-health-inpatient-capacity> [Accessed 22 June 2020].

<sup>102</sup> NHS England & Improvement. **NHS Mental Health Implementation Plan 2019/20 – 2023/24.** July 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf> [Accessed 21 June 2020].

<sup>103</sup> NHS England & Improvement. **NHS Mental Health Implementation Plan 2019/20 – 2023/24.** July 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf> [Accessed 21 June 2020].

<sup>104</sup> NHS Providers. **The end of parity of esteem? Patients face increasing risks as NHS funding announcements neglect mental health.** 2019. Available from: <https://nhsproviders.org/news-blogs/news/the-end-of-parity-of-esteem-patients-face-increasing-risks-as-nhs-funding-announcements-neglect-mental-health> [Accessed 15 July 2020]

<sup>105</sup> NHS England & Improvement. **NHS operational productivity: unwarranted variations. Mental health services. Community health services.** May 2018. Available from: [https://www.england.nhs.uk/wp-content/uploads/2019/09/20180524\\_NHS\\_operational\\_productivity\\_-\\_Unwarranted\\_variations\\_-\\_Mental\\_....pdf](https://www.england.nhs.uk/wp-content/uploads/2019/09/20180524_NHS_operational_productivity_-_Unwarranted_variations_-_Mental_....pdf) [Accessed 18 June 2020].

<sup>106</sup> Think Ahead. **Public knowledge and perceptions of careers in mental health.** July 2020. Available from: <https://s24042.pcdn.co/wp-content/uploads/Public-knowledge-and-perceptions-of-careers-in-mental-health.pdf> [Accessed 15 July 2020].

<sup>107</sup> Huibrie C. Pieters et al. Gardening on a psychiatric inpatient unit: Cultivating recovery. **Archives of Psychiatric Nursing** (2018). DOI: 10.1016/j.apnu.2018.10.001 Available from: [https://www.psychiatricnursing.org/article/S0883-9417\(18\)30298-X/fulltext](https://www.psychiatricnursing.org/article/S0883-9417(18)30298-X/fulltext) [Accessed 15 July 2020]

<sup>108</sup> NHS Employers. **Making the NHS the best place to work.** October 2019. Available from: [https://improvement.nhs.uk/documents/6028/Engagement\\_Resource\\_Document\\_10\\_Oct.pdf](https://improvement.nhs.uk/documents/6028/Engagement_Resource_Document_10_Oct.pdf) [Accessed 18 June 2020].

<sup>109</sup> Sustainable Development Unit. **Policy and Strategy.** 2020. Available from: <https://www.sduhealth.org.uk/policy-strategy/> [Accessed 18 June 2020].

<sup>110</sup> Sustainable Development Unit. **Long Term Plan.** 2020. Available from: <https://www.sduhealth.org.uk/policy-strategy/> [Accessed 18 June 2020].

- 
- <sup>111</sup> NCCMH. **Positive Practice. Myplace – Lancashire Care NHS Foundation Trust & The Lancashire Wildlife Trust.** December 2017. Available from: <http://positivepracticemhdirectory.org/children-young-people/place-lancashire-care-nhs-foundation-trust/> [Accessed 25 July 2020].
- <sup>112</sup> NHS England & Improvement. **Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages.** March 2020. Available from: <https://www.england.nhs.uk/coronavirus/publication/guidance-managing-capacity-and-demand-within-inpatient-and-community-mental-health-learning-disabilities-and-autism-services-for-all-ages/> [Accessed 18 June 2020].
- <sup>113</sup> NHS England and NHS Improvement. **Supporting patients of all ages who are unwell with coronavirus (COVID-19) in mental health, learning disability, autism, dementia and specialist inpatient facilities.** April 2020. Available from: [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0290\\_Supporting-patients-who-are-unwell-with-COVID-19-in-MHLDA-settings.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0290_Supporting-patients-who-are-unwell-with-COVID-19-in-MHLDA-settings.pdf) [Accessed 18 June 2020].
- <sup>114</sup> Royal College of Psychiatrists. **COVID-19 Surveys and Research.** June 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/surveys-and-research> [Accessed 22 June 2020].
- <sup>115</sup> NHS Property Services. **Covid-19 Modular Building Guidance.** April 2020. Available from: [https://www.property.nhs.uk/media/2456/covid-19-modular-building-guidance-document\\_nhs-property-services.pdf](https://www.property.nhs.uk/media/2456/covid-19-modular-building-guidance-document_nhs-property-services.pdf) [Accessed 20 June 2020].
- <sup>116</sup> NHS Property Services. **Supporting the NHS during Coronavirus (Covid-19). Repurposing space to support clinical needs.** June 2020. Available from: <https://www.property.nhs.uk/media/2497/nhsps-covid19-recommissioning-space-infographic.pdf> [Accessed 18 June 2020].
- <sup>117</sup> NHS Property Services. **Modular feasibility studies temporary facilities for various sites across London.** May 2020. Available from: [https://www.property.nhs.uk/media/2496/covid-19\\_modular-building\\_appendix-3\\_feasibility-studies\\_small.pdf](https://www.property.nhs.uk/media/2496/covid-19_modular-building_appendix-3_feasibility-studies_small.pdf) [Accessed 18 June 2020].
- <sup>118</sup> Modular facilities are in the range of £1,525 - £1,800 per m<sup>2</sup> to purchase (excluding ground works and bespoke fit out). Rental costs range from £15 to £45 per m<sup>2</sup> per week, excluding ground works and bespoke fit out.
- <sup>119</sup> NHS Property Services. **Covid-19 Modular Building Guidance.** April 2020. Available from: [https://www.property.nhs.uk/media/2456/covid-19-modular-building-guidance-document\\_nhs-property-services.pdf](https://www.property.nhs.uk/media/2456/covid-19-modular-building-guidance-document_nhs-property-services.pdf) [Accessed 20 June 2020].
- <sup>120</sup> Health Service Journal. **Hundreds of patients kept in distressing dormitory style wards.** June 2019. Available from : <https://www.hsj.co.uk/finance-and-efficiency/exclusive-hundreds-of-patients-kept-in-distressing-dormitory-style-wards/7025290.article> [Accessed 18 June 2020].
- <sup>121</sup> Health Service Journal. **Hundreds of patients kept in distressing dormitory style wards.** June 2019. Available from : <https://www.hsj.co.uk/finance-and-efficiency/exclusive-hundreds-of-patients-kept-in-distressing-dormitory-style-wards/7025290.article> [Accessed 18 June 2020].
- <sup>122</sup> NHS England and Improvement. **Delivering same-sex accommodation.** September 2019. Available from: [https://improvement.nhs.uk/documents/6005/Delivering\\_same\\_sex\\_accommodation\\_sep2019.pdf](https://improvement.nhs.uk/documents/6005/Delivering_same_sex_accommodation_sep2019.pdf) [Accessed 22 June 2020].
- <sup>123</sup> NHS England and Improvement. **Delivering same-sex accommodation.** September 2019. Available from: [https://improvement.nhs.uk/documents/6005/Delivering\\_same\\_sex\\_accommodation\\_sep2019.pdf](https://improvement.nhs.uk/documents/6005/Delivering_same_sex_accommodation_sep2019.pdf) [Accessed 22 June 2020].
- <sup>124</sup> Health Service Journal. **Revealed: Hundreds of sexual assaults each year on mixed-gender wards.** January 2020. Available from: <https://www.hsj.co.uk/patient-safety/revealed-hundreds-of-sexual-assaults-each-year-on-mixed-gender-wards/7026629.article> [Accessed 22 June 2020].
- <sup>125</sup> NHS England and Improvement. **Delivering same-sex accommodation.** September 2019. Available from: [https://improvement.nhs.uk/documents/6005/Delivering\\_same\\_sex\\_accommodation\\_sep2019.pdf](https://improvement.nhs.uk/documents/6005/Delivering_same_sex_accommodation_sep2019.pdf) [Accessed 22 June 2020].
- <sup>126</sup> NHS Digital. **Estates Return Information Collection.** October 2019. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2018-19> [Accessed 18 June 2020].

- 
- <sup>127</sup> NHS Digital. **Estates Return Information Collection**. October 2019. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2018-19> [Accessed 18 June 2020].
- <sup>128</sup> NHS England & Improvement. **NHS Mental Health Implementation Plan 2019/20 – 2023/24**. July 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf> [Accessed 21 June 2020].
- <sup>129</sup> NHS England & Improvement. **NHS Mental Health Implementation Plan 2019/20 – 2023/24**. July 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf> [Accessed 21 June 2020].
- <sup>130</sup> Department of Health and Social Care. **Modernising the Mental Health Act. Final Report of the Independent Review of the Mental Health Act 1983**. December 2018. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/778897/Modernising\\_the\\_Mental\\_Health\\_Act\\_-\\_increasing\\_choice\\_reducing\\_compulsion.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice_reducing_compulsion.pdf) [Accessed 18 June 2020].
- <sup>131</sup> Mind. **Crisis services and planning for a crisis**. 2020. Available from: <https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/crisis-houses/> [Accessed 22 June 2020].
- <sup>132</sup> NHS England & Improvement. **Crisis and acute mental health alternative and complementary services: case study pack**. June 2019. Available from: <https://nhsjoinourjourney.org.uk/wp-content/uploads/2019/06/Crisis-Alternatives-FINAL-7-June.pdf> [Accessed 22 June 2020].
- <sup>133</sup> Royal College of Emergency Medicine. **Mental Health in Emergency Departments**. October 2019. Available from: <https://www.rcem.ac.uk/docs/RCEM%20Guidance/Mental%20Health%20Toolkit%202019%20-%20Final%20.pdf> [Accessed 22 June 2019].
- <sup>134</sup> Royal College of Emergency Medicine. **Mental Health in Emergency Departments**. October 2019. Available from: <https://www.rcem.ac.uk/docs/RCEM%20Guidance/Mental%20Health%20Toolkit%202019%20-%20Final%20.pdf> [Accessed 22 June 2019].
- <sup>135</sup> Royal College of Psychiatrists. **CCQI PLAN. Quality Standards for Liaison Psychiatry Services Fifth Edition 2017**. August 2019. Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/psychiatric-liaison-services-plan/plan-5th-edition-standards-2017.pdf?sfvrsn=ae984319\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/psychiatric-liaison-services-plan/plan-5th-edition-standards-2017.pdf?sfvrsn=ae984319_2) [Accessed 22 June 2020].
- <sup>136</sup> Secure24. **Services**. 2020. Available from: <https://secure24.org.uk/secure-services/#teams-and-vehicles> [Accessed 9 July 2020].
- <sup>137</sup> Secure24. **Services**. 2020. Available from: <https://secure24.org.uk/secure-services/#teams-and-vehicles> [Accessed 9 July 2020].
- <sup>138</sup> This was most recently collected in the 2014/15 ERIC. Site types were reported differently then, so there were no mental health and learning disabilities specific sites at that time.
- <sup>139</sup> NHS Digital. **Estates Return Information Collection – England, 2014-15**. October 2015. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/estates-returns-information-collection-eric-england-2014-15> [Accessed 18 June 2020].
- <sup>140</sup> Ibid.
- <sup>141</sup> NHS Digital. **Estates Return Information Collection – England, 2018-19**. October 2019. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2018-19> [Accessed 18 June 2020].
- <sup>142</sup> Ibid.
- <sup>143</sup> Ibid.
- <sup>144</sup> Three site type categories include:  
(i) Mental Health (including Specialist Services) - sites exclusively providing mental health services including specialist mental health services e.g. secure units.

- (ii) Learning Disabilities - sites exclusively providing learning disabilities services
- (iii) Mental Health and Learning Disabilities - both mental health and learning disabilities provided from the same site by the same provider. No Acute/Specialist or Community services will be provided.

<sup>145</sup> NHS Digital. **Estates Return Information Collection**. October 2019. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2018-19> [Accessed 18 June 2020].

<sup>146</sup> Ibid.

<sup>147</sup> Decisions about which mental health trusts should be prioritised for seed funding for HIP projects should be determined by the Mental Health and Learning Disability/Autism team at NHSE/I, working alongside regional mental health leads. Without wishing to presume the outcomes of those discussions, we have identified some trusts that might benefit from capital transformation funding in particular given the age of their estate or a poor CQC safety rating. These trusts include:

*Inadequate for Safety* (acute wards: working age adults and psychiatric intensive care)

1. Bradford District Care NHS Foundation Trust
2. Lancashire and South Cumbria NHS Foundation Trust
3. Leicestershire Partnership NHS Trust
4. Nottinghamshire Healthcare NHS Foundation Trust
5. Sheffield Health and Social Care NHS Foundation Trust

*Ageing estate* (NB - As of most recent data in 2015, in order of highest proportion of estate built before 1948)

6. South West London and St George's Mental Health NHS Trust
7. South London and Maudsley NHS Foundation Trust
8. West London NHS Trust
9. Surrey and Borders Partnership NHS Foundation Trust
10. Devon Partnership NHS Trust
11. Oxford Health NHS Foundation Trust
12. Kent and Medway NHS and Social Care Partnership Trust

<sup>148</sup> Ibid.

<sup>149</sup> This is on top of the Public Health Grant funding to expand drug and alcohol use disorder services.

<sup>150</sup> CQC and NHS Improvement now report and rate use of resources (UoR) for non-specialist acute trusts. These assessments are carried out by a team from NHS Improvement who provide their findings to CQC in order for CQC to write the assessment report and decide a trust's UoR rating for use of resources. This rating is then combined with CQC's existing five quality ratings for the trust.

<sup>151</sup> NHS Providers. **Regulation Survey 2019. Care Quality Commission. Use of Resources**. 2019. Available from: <https://nhsproviders.org/regulation-survey-2019/care-quality-commission> [Accessed 15 July 2020].

<sup>152</sup> NHS Digital. **Estates Return Information Collection – England, 2018-19**. October 2019. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2018-19> [Accessed 18 June 2020].

<sup>153</sup> Indicative modelling based on the costs of existing crisis houses scaled up for national coverage.

<sup>154</sup> High level estimate based on indicative information from the Psychiatric Liaison Accreditation Network (PLAN) at the RCPsych. However, Mental Health A&Es were established across the country during the pandemic and many have been created with limited planning and resources and are in facilities that are not fit for purpose in the long run. If this is to be desired model in some parts of the country, longer term establishment of such units will require capital and revenue funding.

<sup>155</sup> Indicative modelling based on the costs of the South West Ambulance model and scaled up for national coverage.

<sup>156</sup> This funding is on top of a subsequent recommendation for a real terms increase in the Public Health Grant budget to fund drug and alcohol use disorder services.

<sup>157</sup> This recommendation covers only the NIHR Biomedical Research programme, currently funded up to 2021. Additional funding streams would also be required to support delivery of the objective to double the proportion of research funding devoted to mental health and dementia by 2030.

- <sup>158</sup> NHS Digital. **Estates Return Information Collection – England, 2018-1** [Accessed 18 June 2020]. October 2019. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2018-19> [Accessed 18 June 2020].
- <sup>159</sup> Office for National Statistics. **2014-based population projections by single year of age**. 2016. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1> [Accessed 11 June 2020].
- <sup>160</sup> Global Health Data Exchange. **Global Burden of Disease, measured as Years Lived with Disability (YLDs), age standardised per 100,000 population**. Available from: <http://ghdx.healthdata.org/gbd-results-tool> [Accessed 21 June 2020].
- <sup>161</sup> Royal College of Psychiatrists. **NHS Priorities and Reform in Developing a Long-term Plan and Multi-Year Funding Settlement for England**. The Royal College of Psychiatrists' Proposals for Change. 2018. Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b\\_4](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b_4) [Accessed 28 June 2020].
- <sup>162</sup> Royal College of Psychiatrists. **NHS Priorities and Reform in Developing a Long-term Plan and Multi-Year Funding Settlement for England**. The Royal College of Psychiatrists' Proposals for Change. 2018. Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b\\_4](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b_4) [Accessed 28 June 2020].
- <sup>163</sup> Strategy Unit analysis based on NHS Digital. **Mental Health and Learning Disabilities Dataset (MHLDDS) 2014/15**. 2015. Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b\\_4](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b_4) [Accessed 28 June 2020].
- <sup>164</sup> Royal College of Psychiatrists. **NHS Priorities and Reform in Developing a Long-term Plan and Multi-Year Funding Settlement for England**. The Royal College of Psychiatrists' Proposals for Change. 2018. Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b\\_4](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/rcpsych's-proposals-for-the-nhs-ltp---submission-to-nhs-england.pdf?sfvrsn=e50faa2b_4) [Accessed 28 June 2020].
- <sup>165</sup> NHS England & Improvement. **NHS England and NHS Improvement Board meetings held in common. June 2020**. Available from: <https://www.england.nhs.uk/wp-content/uploads/2020/06/item-4-BM2012Pu-ongoing-covid-response-and-recovery.pdf> [Accessed 21 June 2020].
- <sup>166</sup> Office for National Statistics. **Coronavirus and anxiety, Great Britain**. April 2020 to 10 May 2020. June 2020. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusandanxietygreatbritain/3april2020to10may2020> [Accessed 22 June 2020].
- <sup>167</sup> Centre for Mental Health. **Covid-19 and the nation's mental health**. May 2020. Available from: <https://www.centreformentalhealth.org.uk/covid-19-nations-mental-health> [Accessed 18 June 2020].
- <sup>168</sup> Centre for Mental Health. **Covid-19 and the nation's mental health**. May 2020. Available from: <https://www.centreformentalhealth.org.uk/covid-19-nations-mental-health> [Accessed 18 June 2020].
- <sup>169</sup> Centre for Mental Health. **Covid-19 and the nation's mental health**. May 2020. Available from: <https://www.centreformentalhealth.org.uk/covid-19-nations-mental-health> [Accessed 18 June 2020].
- <sup>170</sup> Mental Health Foundation. **The COVID-19 pandemic, financial inequality and mental health**. 2020. Available from : <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/covid-19-inequality-briefing> [Accessed 15 July 2020].
- <sup>171</sup> Fegert, J.M., Vitiello, B., Plener, P.L. et al. Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. **Child Adolesc Psychiatry Ment Health** 14, 20 (2020). <https://doi.org/10.1186/s13034-020-00329-3> Available from: <https://capmh.biomedcentral.com/articles/10.1186/s13034-020-00329-3#citeas> [Accessed 7 July 2020].

- <sup>172</sup> Centre for Mental Health. **Covid-19 and the nation's mental health. Forecasting needs and risks in the UK. July 2020.** Available from: [https://www.centreformentalhealth.org.uk/sites/default/files/2020-07/CentreforMentalHealth\\_COVID\\_MH\\_Forecasting2\\_Jul20\\_0.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2020-07/CentreforMentalHealth_COVID_MH_Forecasting2_Jul20_0.pdf) [Accessed 17 July 2020].
- <sup>173</sup> Centre for Mental Health. **Covid-19 and the nation's mental health.** May 2020. Available from: <https://www.centreformentalhealth.org.uk/covid-19-nations-mental-health> [Accessed 18 June 2020].
- <sup>174</sup> National Obesity Observatory. **Obesity and mental health.** March 2011. Available from: <https://bit.ly/2PEZ4zx> [Accessed 11 July 2020].
- <sup>175</sup> Chekroud et al. **Association between physical exercise and mental health in 1.2 million individuals in the USA between 2011 and 2015: a cross-sectional study.** The Lancet Psychiatry, 5 (9): 739-746. 8 August 2018. Available from: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30227-X/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30227-X/fulltext) [Accessed 11 July 2020].
- <sup>176</sup> Mental Health Foundation. **Cheers? Understanding The Relationship Between Alcohol and Mental Health. 2006.** Available from: <https://www.mentalhealth.org.uk/publications/cheers-understanding-relationship-between-alcohol-and-mental-health> [Accessed 11 July 2020].
- <sup>177</sup> Royal College of Physicians and Royal College of Psychiatrists. **Smoking and mental health.** 2013. Available from: <https://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr178.aspx> [Accessed 11 July 2020].
- <sup>178</sup> The Strategy Unit. **Making the case for integrating mental and physical health care. An analysis of the physical health of people who use mental health services: life expectancy, acute service use and the potential for improving quality and using resources more efficiently.** NHS England. May 2017. Available from: [https://www.strategyunitwm.nhs.uk/sites/default/files/2017-10/MHPH\\_TheBlackCountrySTP\\_FINAL\\_20170526\\_4.pdf](https://www.strategyunitwm.nhs.uk/sites/default/files/2017-10/MHPH_TheBlackCountrySTP_FINAL_20170526_4.pdf) [Accessed 11 July 2020].
- <sup>179</sup> Public Health England. **Disparities in the risks and outcomes from COVID-19.** 2020. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892085/di-sparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/di-sparities_review.pdf)
- <sup>180</sup> HM Treasury. **Spending Round 2019.** September 2019. Available from: <https://www.gov.uk/government/publications/spending-round-2019-document/spending-round-2019> [Accessed 18 June 2020].
- <sup>181</sup> Mind. **Public mental health spending.** December 2016. Available from : <https://www.mind.org.uk/news-campaigns/news/charity-reveals-shocking-spend-of-less-than-1-per-cent-on-public-mental-health/#.WeM0vltSwdV> [Accessed 20 June 2020].
- <sup>182</sup> Ministry of Housing, Communities and Local Government. **Local authority revenue expenditure and financing, 2020-2021.** 2020. Available from: <https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing> [Accessed 10 July 2020].
- <sup>183</sup> The Public Health Grant can be used for both revenue and capital purposes - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/872798/DHSC\\_allocations\\_circular\\_2020\\_to\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872798/DHSC_allocations_circular_2020_to_2021.pdf)
- <sup>184</sup> Knapp, M., McDaid, D. and Parsonage, M. **Mental health promotion and mental illness prevention: The economic case.** April 2011. Available from: [http://eprints.lse.ac.uk/39300/1/Mental\\_health\\_promotion\\_and\\_mental\\_illness\\_prevention%28author%29.pdf](http://eprints.lse.ac.uk/39300/1/Mental_health_promotion_and_mental_illness_prevention%28author%29.pdf) [Accessed 15 July 2020].
- <sup>185</sup> The Mental Health Policy Group. **Towards Equality For Mental Health Developing A Cross-Government Approach.** July 2019. Available from: [https://www.mentalhealth.org.uk/sites/default/files/MHPG%20Towards%20equality%20for%20mental%20health%20\\_0.pdf](https://www.mentalhealth.org.uk/sites/default/files/MHPG%20Towards%20equality%20for%20mental%20health%20_0.pdf) [Accessed 22 June 2020].
- <sup>186</sup> The Mental Health Policy Group. **Towards Equality For Mental Health Developing A Cross-Government Approach.** July 2019. Available from: [https://www.mentalhealth.org.uk/sites/default/files/MHPG%20Towards%20equality%20for%20mental%20health%20\\_0.pdf](https://www.mentalhealth.org.uk/sites/default/files/MHPG%20Towards%20equality%20for%20mental%20health%20_0.pdf) [Accessed 22 June 2020].
- <sup>187</sup> The Strategy Unit. **Making the case for integrating mental and physical health care. An analysis of the physical health of people who use mental health services: life expectancy, acute service use and the potential for improving quality and using resources more efficiently.** NHS England. May 2017.

- Available from: [https://www.strategyunitwm.nhs.uk/sites/default/files/2017-10/MHPH\\_TheBlackCountrySTP\\_FINAL\\_20170526\\_4.pdf](https://www.strategyunitwm.nhs.uk/sites/default/files/2017-10/MHPH_TheBlackCountrySTP_FINAL_20170526_4.pdf) [Accessed 21 June 2020].
- <sup>188</sup> Royal College of Psychiatrists. **Research Panel Survey**. December 2019. Unpublished.
- <sup>189</sup> NHS England and Improvement. **Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic**. March 2020. Available from: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0113-reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners.pdf> [Accessed 30 June 2020].
- <sup>190</sup> NHS Digital. **Adult Psychiatric Morbidity Survey. Alcohol dependence, 2014**. September 2016. Available from: [https://files.digital.nhs.uk/pdf/r/1/adult\\_psychiatric\\_study\\_ch10\\_web.pdf](https://files.digital.nhs.uk/pdf/r/1/adult_psychiatric_study_ch10_web.pdf) [Accessed 25 June 2020].
- <sup>191</sup> NHS Digital. **Adult Psychiatric Morbidity Survey. Drug use and dependence, 2014**. September 2016. Available from: [https://files.digital.nhs.uk/pdf/3/k/adult\\_psychiatric\\_study\\_ch11\\_web.pdf](https://files.digital.nhs.uk/pdf/3/k/adult_psychiatric_study_ch11_web.pdf) [Accessed 25 June 2020].
- <sup>192</sup> Royal College of Psychiatrists. **COVID-19: Information for those who use drugs**. April 2020. Available from: <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/using-drugs-and-covid-19> [Accessed 18 June 2020].
- <sup>193</sup> Testino, G. **Are Patients With Alcohol Use Disorders at Increased Risk for Covid-19 Infection?** May 2020. doi: 10.1093/alcac/agaa037 [Accessed 22 June 2020].
- <sup>194</sup> Royal College of Psychiatrists. **COVID-19: Information for those who use drugs**. April 2020. Available from: <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/using-drugs-and-covid-19> [Accessed 18 June 2020].
- <sup>195</sup> Advisory Council on the Misuse of Drugs. **Commissioning impact on drug treatment**. September 2017. Available online: <https://www.gov.uk/government/publications/commissioning-impact-on-drug-treatment> [Accessed on 13 July 2020].
- <sup>196</sup> From 2016/17 onwards, separate totals were published for the treatment and prevention of drug misuse in adults. The expenditure has been combined for comparative purposes. Expenditure is available from 2013/14 onwards following the transfer of public health services to local authorities.
- <sup>197</sup> The Public Health Grant can be used for both revenue and capital purposes - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/872798/DHSC\\_allocations\\_circular\\_2020\\_to\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872798/DHSC_allocations_circular_2020_to_2021.pdf)
- <sup>198</sup> Centre for Mental Health. **Policy briefing: social care funding and mental health**. September 2019. Available from: <https://www.centreformentalhealth.org.uk/sites/default/files/2019-09/Briefing%20on%20social%20care%20funding%20and%20mental%20health.pdf> [Accessed 2 July 2020].
- <sup>199</sup> Mind. **Section 117 aftercare**. 2020. Available from: <https://www.mind.org.uk/information-support/legal-rights/leaving-hospital/section-117-aftercare/#WhatIsSection117Aftercare> [Accessed 1 July 2020].
- <sup>200</sup> Global Health Data Exchange. **Global Burden of Disease, measured as Years Lived with Disability (YLDs), age standardised per 100,000 population**. Available from: <http://ghdx.healthdata.org/gbd-results-tool> [Accessed 21 June 2020].
- <sup>201</sup> MQ. **UK Mental Health Research Funding 2014–2017**. 2017. Available from: <https://s3.eu-central-1.amazonaws.com/www.joinmq.org/UK+Mental+Health+Research+Funding+2014-2017+digital.pdf> [Accessed 22 June 2020].
- <sup>202</sup> ROAMER (A Roadmap for Mental Health Research in Europe) was a three-year project funded by the European Commission, under the Seventh Framework Programme, to create a coordinated road map for the promotion and integration of mental health and well-being research across Europe, based on a common methodology and conceptual framework that covers the full spectrum of biological, psychological, epidemiological, public health, social and economic aspects of mental health and well-being.
- <sup>203</sup> HM Treasury. **Budget 2020. Delivering On Our Promises To The British People**. March 2020. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/871799/Budget\\_2020\\_Web\\_Accessible\\_Complete.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/871799/Budget_2020_Web_Accessible_Complete.pdf) [Accessed 22 June 2020].
- <sup>204</sup> Holmes et al., Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. **Lancet Psychiatry**. 2020; 7: 547-560; Varatharaj et al., Neurological and

---

neuropsychiatric complications of COVID-19 in 153 patients: a UK-wide surveillance study. *Lancet Psychiatry* 2020 Jun 25; S2215-0366(20)30287-X.

<sup>205</sup> Medical Schools Council. **Survey of Medical Clinical Academic Staffing Levels 2017**. 2017. Available from: <https://www.medschools.ac.uk/media/2026/medical-clinical-academic-staffing-levels-2017.pdf> [Accessed 11 July 2020].

<sup>206</sup> This recommendation covers only the NIHR Biomedical Research programme, currently funded up to 2021. Additional funding streams would also be required to support delivery of the objective to double the proportion of research funding devoted to mental health and dementia by 2030.

<sup>207</sup> NHS Digital. **NHS Workforce Statistics**. May 2020. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics> [Accessed 23 September 2020].

<sup>208</sup> NHS Digital. **NHS workforce statistics**. September 2018. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/september-2018> [Accessed 15 July 2020].

<sup>209</sup> NHS Digital. **NHS Workforce Statistics**. May 2020. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics> [Accessed 23 September 2020].

<sup>210</sup> HM Treasury. **Spending Round 2019**. September 2019. Available from: <https://www.gov.uk/government/publications/spending-round-2019-document/spending-round-2019> [Accessed 18 June 2020].

<sup>211</sup> NHS England & Improvement. **Nursing boost for England's NHS**. September 2020. Available from: <https://www.england.nhs.uk/2020/09/nursing-boost-for-englands-nhs/> [Accessed 23 September 2020].

<sup>212</sup> Health Education England. **Health Education England to invest 10 million to expand the NHS & care workforce**. July 2020. Available from: <https://www.hee.nhs.uk/news-blogs-events/news/health-education-england-invest-10-million-expand-nhs-care-workforce> [Accessed 22 June 2020].

<sup>213</sup> NHS England & Improvement. **Online version of the People Plan for 2020/2021. 30 July 2020**. Available from: <https://www.england.nhs.uk/ournhspeople/online-version/> [Accessed 5 August 2020].

<sup>214</sup> The estimates for the cost of a doubling of medical school places in England is based on the following assumptions: 2017 costings for training a doctor, which were around £163,000 after accounting for student loans being repaid; and the proposed expansion in places is 750 new places for 2021/22 and 2022/23 followed by six years of 1,000 additional places to 2028/29 inclusive.

<sup>215</sup> Health Education England. **NHS Staff and Learners' Mental Wellbeing Commission**. February 2019. Available from: <https://www.hee.nhs.uk/sites/default/files/documents/NHS%20%28HEE%29%20-%20Mental%20Wellbeing%20Commission%20Report.pdf> [Accessed 20 June 2020].

<sup>216</sup> Royal College of Psychiatrists. **COVID-19: Guidance on risk mitigation for BAME staff in mental healthcare settings**. May 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/risk-mitigation-for-bame-staff> [Accessed 22 June 2020].

<sup>217</sup> Royal College of Psychiatrists. **Workforce strategy 2020-2023**. July 2020. Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/workforce/rcpsych-workforce-strategic-plan-2020-2023.pdf?sfvrsn=16ad2fa3\\_4](https://www.rcpsych.ac.uk/docs/default-source/improving-care/workforce/rcpsych-workforce-strategic-plan-2020-2023.pdf?sfvrsn=16ad2fa3_4) [Accessed 25 June 2020].

<sup>218</sup> NHS England & Improvement. **NHS Operational Planning and Contracting Guidance 2020/21**. January 2020. Available from : <https://www.england.nhs.uk/wp-content/uploads/2020/01/2020-21-NHS-Operational-Planning-Contracting-Guidance.pdf> [Accessed 20 June 2020].

<sup>219</sup> Royal College of Psychiatrists. **Royal College of Psychiatrists' briefing Analysis of second COVID-19 RCPsych member survey – other key themes**. May 2020. Available from: [https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/second-rcpsych-covid-member-survey-summary---other-key-themes.pdf?sfvrsn=95c259cc\\_4](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/second-rcpsych-covid-member-survey-summary---other-key-themes.pdf?sfvrsn=95c259cc_4) [Accessed 20 June 2020].

<sup>220</sup> Royal College of Psychiatrists. **Royal College of Psychiatrists' briefing Analysis of fourth COVID-19 RCPsych member survey – other key themes**. May 2020. Available from: [https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/fourth-rcpsych-covid-19-survey-summary---other-issues.pdf?sfvrsn=8605e81f\\_2](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/fourth-rcpsych-covid-19-survey-summary---other-issues.pdf?sfvrsn=8605e81f_2) [Accessed 5 August 2020].

<sup>221</sup> **Royal College of Psychiatrists**. Digital. COVID-19. Guidance for clinicians. March 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians> [Accessed 22 June 2020].

- 
- <sup>222</sup> NHS England & Improvement. **Global Digital Exemplars**. 2020. Available from: <https://www.england.nhs.uk/digitaltechnology/connecteddigitalsystems/exemplars/> [Accessed 24 June 2020].
- <sup>223</sup> Ibid.
- <sup>224</sup> Digital Health 2020. **Digital Aspirants**. March 2020. Available from: <https://www.digitalhealth.net/2020/03/exclusive-first-wave-of-digital-aspirants-announced/> [Accessed 28 June 2020].
- <sup>225</sup> NHS England & Improvement. **NHS operational productivity: unwarranted variations. Mental health services. Community health services**. May 2018. Available from: [https://www.england.nhs.uk/wp-content/uploads/2019/09/20180524\\_NHS\\_operational\\_productivity\\_-\\_Unwarranted\\_variations\\_-\\_Mental\\_....pdf](https://www.england.nhs.uk/wp-content/uploads/2019/09/20180524_NHS_operational_productivity_-_Unwarranted_variations_-_Mental_....pdf) [Accessed 18 June 2020].
- <sup>226</sup> Department of Health and Social Care. **Modernising the Mental Health Act. Final Report of the Independent Review of the Mental Health Act 1983**. December 2018. Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/778897/Modernising\\_the\\_Mental\\_Health\\_Act\\_-\\_increasing\\_choice\\_reducing\\_compulsion.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice_reducing_compulsion.pdf) [Accessed 18 June 2020].
- <sup>227</sup> Ibid.
- <sup>228</sup> Ibid.
- <sup>229</sup> NHS Property Services. **Supporting the NHS during Coronavirus (Covid-19). Repurposing space to support clinical needs**. June 2020. Available from: <https://www.property.nhs.uk/media/2497/nhsps-covid19-recommissioning-space-infographic.pdf> [Accessed 18 June 2020].
- <sup>230</sup> NHS Property Services. **Modular feasibility studies temporary facilities for various sites across London**. May 2020. Available from: [https://www.property.nhs.uk/media/2496/covid-19\\_modular-building\\_appendix-3\\_feasibility-studies\\_small.pdf](https://www.property.nhs.uk/media/2496/covid-19_modular-building_appendix-3_feasibility-studies_small.pdf) [Accessed 18 June 2020].
- <sup>231</sup> CotaPlan. **Blackberry Hill Hospital, Bristol – Mental Health Ward and Ancillary Accommodation**. Available from: <https://www.cotaplan.co.uk/healthcare/nhs-buildings/> [Accessed 7 July 2020].
- <sup>232</sup> CotaPlan. **Cotaplan AWP Bristol Decant Revision L Building Reg**. Available from: <https://www.cotaplan.co.uk/wp-content/uploads/2014/10/Cotaplan-AWP-Bristol-Decant-Revision-L-Building-Reg.pdf> [Accessed 7 July 2020].
- <sup>233</sup> Islington CCG. **Camden and Islington Clinical Commissioning Group Governing Bodies Committee in Common**. December 2018. Available from: <https://www.islingtonccg.nhs.uk/Downloads/CCG/Get-Involved/consultations/Transform-MH-in-CandI/Decision%20Making%20Business%20Case%20December%202018.pdf> [Accessed 24 June 2020].
- <sup>234</sup> NHS Islington CCG. **Changes we would like to make to the St Pancras Hospital and community mental health services**. 2018. Available from: <https://www.islingtonccg.nhs.uk/Downloads/CCG/Get-involved/Consultations/Transform-MH-in-CandI/Transform-MH-CandI-Consultation-Doc-long-Easy-read-v1-1.pdf> [Accessed 22 June 2020].
- <sup>235</sup> Tees, Esk and Wear Valleys NHS Foundation Trust. **Foss Park**. 2020. Available from: <https://www.tevv.nhs.uk/locations/foss-park-hospital-york/> [Accessed 22 June 2020].
- <sup>236</sup> NHS Greater Manchester NHS Foundation Trust. **Landmark £72.3million Boost to Manchester’s Mental Health Service**. August 2019. Available from : <https://www.gmmh.nhs.uk/news/landmark-723million-boost-to-manchesters-mental-health-service-2983/> [Accessed 24 June 2020].
- <sup>237</sup> ProCure22. **North West Boroughs Healthcare**. November 2017. Available from: [https://procure22.nhs.uk/wp-content/uploads/2017/11/28778-KIER-Case-Studies\\_Atherleigh-Park.pdf](https://procure22.nhs.uk/wp-content/uploads/2017/11/28778-KIER-Case-Studies_Atherleigh-Park.pdf)
- <sup>238</sup> Blue Forest. **Hope and Horizon NHS Children’s Woodland Retreat**. 2011. Available from: <https://www.blueforest.com/made-to-stay/hope-and-horizon-woodland-retreat/> [Accessed 15 July 2020].
- <sup>239</sup> Pennine Care NHS Foundation Trust. **CAMHS inpatient services**. 2020. Available from: <https://www.penninecare.nhs.uk/camhsinpatient> [Accessed 15 July 2020].
- <sup>240</sup> NHS Wales Shared Services Partnership. **WHBN03-02: Supplement A–Facilities for child and adolescent mental health services (CAMHS) case studies**. 2011. Available from: <http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/17%2011%20001%20WHBN0302CaseStudies%20%282%29.pdf> [Accessed 15 July 2020].

---

<sup>241</sup> ProCure22. **South Staffordshire and Shropshire Healthcare NHS Foundation Trust**. October 2018. Available from: [https://procure22.nhs.uk/wp-content/uploads/2018/10/29513-BAM-Case-Studies\\_South-Staffs-and-Shropshire.pdf](https://procure22.nhs.uk/wp-content/uploads/2018/10/29513-BAM-Case-Studies_South-Staffs-and-Shropshire.pdf) [Accessed 22 June 2020].

<sup>242</sup> NHS South West Yorkshire Partnership NHS Foundation Trust. **Collaboration Commitment Continuity**. October 2018. Available from : <https://procure22.nhs.uk/wp-content/uploads/2018/10/29509-SWY-DJMS-South-West-Yorkshire-Partnership.pdf> [Accessed 26 June 2020].

<sup>243</sup> NHS Leeds Community Healthcare NHS Trust. **Revealed: The proposed site for West Yorkshire's new £13m children's mental health unit**. December 2019. Available from : <https://www.leedscommunityhealthcare.nhs.uk/-revealed-the-proposed-site-for-west-yorkshires-new-13m-childrens-mental-health-unit/> [Accessed 24 June 2020].