

Spring Budget 2024: representations to HM Treasury

Royal College of Psychiatrists

January 2024



About the Royal College of Psychiatrists

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

Introduction

We welcome the opportunity to submit representations to the Treasury in advance of the Spring Budget 2024 on our key priorities for the immediate to short-term. We have also contributed to a joint response with the Mental Health Policy Group (MHPG). Psychiatrists have a key role in supporting people with mental illness to obtain and remain in healthy working conditions, and in helping employers understand the interface between mental health and occupational function. Investment in mental health services can help to boost productivity levels in the wider workforce and alleviate the current situation where around 1.35 million people off work with long-term sickness report their main condition as being 'depression, bad nerves or anxiety.'¹

This submission focuses on a select number of areas for targeted investment and is not intended to reflect all areas where the College would like to see money spent on enhancing mental health services in the near future.

Investment in the mental health estate

A key aspect of patient safety relates to the quality of the estate. Across the 50 NHS mental health trusts in England, much of the estate remains unfit for purpose, posing serious challenges to those who receive treatment and care and to those who work in those facilities. These challenges are not merely confined to those around health and safety, but also relate to the estate being therapeutically poor in many areas and adversely impacting the wellbeing of the workforce, in turn impacting productivity. Similarly, the way mental health care is provided in acute hospitals can put people at risk of poorer mental health outcomes.

This situation was clear prior to the arrival of COVID-19, however the pandemic threw into sharp relief the need for urgent capital investment in the mental health estate. That was underlined by research from Read and colleagues that estimated just over two-thirds of COVID-19 cases (67.5%) within mental health hospitals in the first wave of the pandemic were acquired within those facilities, compared to just under one in ten (9.7%) within acute and general hospital settings.² The Spring Budget provides an opportunity to build on the work underway to eradicate dormitories and invest in further improvements.

The current arrangements add unnecessary financial costs such as longer length of stay in acute settings and longer waits in A&E, thereby hampering the efficiency of service delivery. Sustained investment in the mental health and learning disability estate across inpatient and community settings is therefore integral to aiding recovery, improving patient flow through

the care pathways (to reduce inpatient stays and delayed discharge) and improving the day-to-day experience of staff and patients, which would improve productivity levels of the former and enable the latter to return to work sooner.

Urgent investment in the mental health estate is also required to enable the Government to meet its commitment to parity of esteem. Only two of the forty Hospital Improvement Programme (HIP) schemes initially confirmed in October 2020 were for mental health trusts. The College was therefore very disappointed that the decision was taken to abandon the competition for eight further schemes in 2023 after almost 50 bids were submitted by mental health trusts.³

The high and significant risk maintenance backlog across mental health and learning disability sites was **£188.604m in 2022/23**. This has increased from £185.655m in 2021/22 (1.6% increase) and £92.060m in 2019/20 (104.9% increase).⁴ Urgent investment to address high risk maintenance issues is crucial in order to 'prevent catastrophic failure, a major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.'⁵ 15.2% of mental health and learning disability sites were built before the NHS was established. This compares to 9.2% of general acute sites.⁶

Recommendations

- **Government to allocate and ring-fence £29m to urgently address the high-risk maintenance backlog issues across mental health and learning disabilities sites.**⁷
- As part of its commitment to review the capital allocation process, as outlined in its response to the Hewitt Review⁸, the **Government should explore the introduction of a 'mental health investment standard' for capital spending** to complement the existing system in place designed to support delivery of parity of esteem in revenue spending.
- As part of a longer-term ambition, the **government to commit to and ring-fenced capital funding for a new Health Infrastructure Plan for Mental Health**. Within this:
 - commit to a new **£1bn building and redevelopment programme for Mental Health to enable 12 major building and redevelopment schemes** to be awarded to mental health NHS trusts by 2032, and
 - **improve the therapeutic environment of mental health and learning disability/autism inpatient settings (around £750m over three years)** by:
 - eliminating mixed-sex accommodation
 - procuring en-suite facilities for all existing single rooms (6,610 of 19,536 across mental health and learning disability lacked such facilities, in 2022/23⁹).
 - minimising the risks of harm through innovative safety improvement projects, and making the estate more suitable for people with disabilities
 - **reaffirm the commitment to complete the elimination of dormitory provision** and replace with single en-suite rooms
 - **invest in new building and redevelopment schemes for community mental health facilities (around £700m over three years)** to underpin planned and continued expansion of services, including clinical and office space, and the essential improvements to digital infrastructure, and
 - **further investment into building and redevelopment schemes for crisis mental health facilities**, building upon the very welcome commitment of £150m last year and based upon the most effective projects of those already underway. These may include age-appropriate mental health assessment spaces in Emergency Departments and acute hospitals; and procuring age-appropriate alternative forms of mental health crisis provision.

Supporting improved patient flow

The mental health urgent and emergency care pathway remains under substantial pressure, even outside of winter. Mental health patients have been found to be more than twice as likely to wait more than 12 hours in A&E than all other patients combined.¹⁰ Length of stay in acute mental health services had moreover increased to more than 50 days on average earlier this year¹¹, incurring additional costs to the system and keeping patients out of employment for longer, potentially jeopardising their return to the workplace after discharge.

Meanwhile the number and cost of inappropriate out of area placements is on the increase again. Over the year up to and including October 2023 there were 250,340 inappropriate OAP days and a cost of £146.995m in adult acute mental health services, compared to 198,535 days (26.1% rise) and £104.475m (40.7% rise) in the year up to and including October 2022.¹²

Enhancement of crisis services

Funding for crisis mental health lines and NHS 111 option 2 needs to be prioritised in the Spring Budget, to support the reduction in call abandonment and avoidable A&E attendances.

A lack of awareness of local services and different pathways by call handlers has meant that callers with mental health illness have faced challenges receiving support from NHS 111. The College supports the move underway to enable the crisis lines, rolled out so promptly during the COVID-19 pandemic, to be integrated into a streamlined NHS 111 option 2 service. We are advocating that targeted investment in the Spring Budget would enable a swifter roll-out of this programme and help to alleviate avoidable A&E attendances.

Mental health professionals are also needed in ambulance and police control rooms, a laudable ambition in the NHS Long Term Plan that has been subject to delay because of the pandemic and ongoing complexity with ambulance service commissioning arrangements.

This work is linked to the **implementation of 'Right Care, Right Person'**. The College is clear that for this change of approach to work there needs to be meaningful collaboration to ensure services have the capacity to adopt the shift in responsibilities. Health services can only implement the changes if they are provided with additional resources required to build capacity. These must be made available at the same time.

We have already seen examples of increased risk to the safety and wellbeing of the person in crisis as well as the health staff seeking to meet their needs when resources haven't been provided. Initial estimates have suggested that these resources could amount to around £260 million¹³ over a multi-year period, however we understand further work is ongoing to assess the cost implications.

Recommendations

- Allocate **targeted investment into crisis lines and the development of NHS 111 option 2 to facilitate reductions in call abandonment rates and avoidable A&E attendances**, with savings to be generated in the short to medium term through reduction in demand for emergency and acute services.
- **Ensure necessary resources, currently estimated at £260m, are made available to health services to implement the shift in responsibilities associated with Right Care, Right Person.**

Targeted funding to facilitate discharge

We also know that around one in ten adult acute mental health beds are currently occupied by someone clinically fit for discharge. **Specific and targeted funding for mental health-related discharge packages would increase safe and effective discharges rates for patients who are currently occupying hospital beds.** There was previously £87m of funding for mental health included in the package of recovery funding in 2021/22.¹⁴ Arguably, this helped to stem the tide of delayed discharge that year, where the numbers were comparable to pre-pandemic levels. The funding was non-recurrent and in the year following its withdrawal the number of delayed discharge days increased by 27.3% (408,945 compared to 321,341). Subsequently, between April-November 2023, there have been 297,731 delayed discharge days in mental health services, 78% above the level of the same period in 2021 (167,331).¹⁵

Recommendation

- **£100m of funding for specific and targeted mental health-related discharge packages for 2024/25** drawing on the work of the Discharge Challenge in 2022.

Psychological therapies for severe mental health problems

The NHS Long Term Plan included a commitment for at least 370,000 adults and older adults with severe mental illness (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis) to receive care from integrated primary and community mental health services by 2023/24. However, we understand that progress against this target remains challenged and would benefit from further investment.

As part of the offer to improve access to evidence-based care to help people get better and stay well, this should include improved access to psychological therapies for people with psychosis, bipolar disorder, and complex mental health difficulties associated with a diagnosis of a personality disorder. Provision of such support in the community would help to **reduce inpatient admissions altogether or ensure patients are admitted for a shorter period of time** before recovery, while also **facilitating further improvements in employment rates for this population group**. We know that other community-based interventions for this patient group, such as physical health checks, can reduce A&E attendances by 20% and MH admissions by 25%.¹⁶ We would expect this measure to have a similar impact.

Recommendation

- Government to commit additional targeted funding to expand coverage of psychological therapy services for people with severe mental illness, beyond the existing NHS Talking Therapies (NHSTT) programme.

Enabling all children and young people to benefit from Mental Health Support Teams

We know that around half of all mental health conditions have developed by the age of 14 or around three-quarters by the age of 24. Moreover the most recent wave of prevalence surveys published by NHS Digital/NHS England confirmed that around 1 in 5 of 8 to 25 year olds in England have a probable mental disorder.¹⁷ There is a growing evidence base that class-based interventions can help to reduce prevalence of mental illness later in life.¹⁸ This would lead to comparatively better life expectancy and reduced mental ill-health, positively impacting productivity and demand on NHS services.

In this context, the **College endorses the call from the Mental Health Policy Group in its collective submission to this consultation for the Government to both maintain momentum and also build upon its ambitions for the roll-out of Mental Health Support Teams (MHSTs)**. The Spring Budget offers the opportunity for the Government to reaffirm its commitment to MHSTs. We have noted the recent analysis by Barnardo's, which determined that the **Government saves £1.90 for every £1 of investment in this programme**. This report also warned that the state would incur costs of around £1.3bn if MHSTs were not rolled out universally.¹⁹ **The College advocates 100% rollout of MHSTs no later than the end of the decade, with the Government setting an interim target of 75% by 2028.**

Recommendations

- **Reaffirmed commitment to the continued expansion of Mental Health Support Teams beyond 2025**, with earmarked resources.
- The **Government should aim to achieve 100% rollout of MHSTs by the end of this decade**, with 75% coverage achieved by 2028.

¹ Office for National Statistics. Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023. 26 July 2023. Available online:

<https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/economicinactivity/articles/risingillhealthandeconomicinactivitybecauseoflongtermsicknessuk/2019to2023> [Accessed 24 January 2024].

² Read JM and colleagues, Hospital-acquired SARS-CoV-2 infection in the UK's first COVID-19 pandemic wave. The Lancet, 12 August 2021. Available online:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01786-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01786-4/fulltext) [Accessed 24 January 2024].

³ Health Service Journal. 'Discrimination' claim as '40 new hospitals' snubs mental health. 31 May 2023. Available online: <https://www.hsj.co.uk/finance-and-efficiency/discrimination-claim-as-40-new-hospitals-snubs-mental-health/7034883.article> [Accessed 24 January 2024].

⁴ RCPsych analysis of NHS Digital. Estates Return Information Collection. 2020-2023. Available online:

<https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection> [Accessed 24 January 2024].

⁵ NHS Digital. Estates Return Information Collection. 2020-2023. Available online: <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection> [Accessed 24 January 2024].

⁶ RCPsych analysis of NHS Digital. Estates Return Information Collection. 2023. Available online:

<https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection> [Accessed 24 January 2024].

⁷ Ibid.

⁸ Department of Health and Social Care. Government response to the HSCC report and the Hewitt Review on integrated care systems. 14 June 2023. Available online: <https://www.gov.uk/government/publications/government-response-to-the-hscc-report-and-the-hewitt-review-on-integrated-care-systems> [Accessed 24 January 2024].

⁹ RCPsych analysis of NHS Digital. Estates Return Information Collection. 2023. Available online:

<https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection> [Accessed 24 January 2024].

¹⁰ NHS England. Operational performance update. 27 July 2023. Available online: <https://www.england.nhs.uk/long-read/annex-operational-performance-update/> [Accessed 24 January 2024].

¹¹ Future NHS platform. Acute Mental Health Dashboard.

¹² NHS Digital. Out of Area Placements. 2022-2023. Available online: <https://digital.nhs.uk/data-and-information/publications/statistical/out-of-area-placements-in-mental-health-services> [Accessed 24 January 2024].

¹³ Health Service Journal. Police dropping most mental health calls 'could cost NHS £260m'. 19 September 2023.

Available online: <https://www.hsj.co.uk/mental-health/police-dropping-most-mental-health-calls-could-cost-nhs-260m/7035593.article> [Accessed 24 January 2024].

¹⁴ Department of Health and Social Care and Cabinet Office. COVID-19 mental health and wellbeing recovery action plan. 27 March 2021. Available online: <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-recovery-action-plan> [Accessed 24 January 2024].

¹⁵ RCPsych analysis of NHS Digital. Mental Health Monthly Statistics dataset MHS26. Available online:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics> [Accessed 24 January 2024].

¹⁶ Jacobs R, Aylott L, Dare C, Doran T, Gilbody S, Goddard M, et al. The association between primary care quality and health-care use, costs and outcomes for people with serious mental illness: a retrospective observational study. Health Serv Deliv Res 2020;8(25). Available online: <https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr08250#scientific-summary> [Accessed 24 January 2024].

¹⁷ NHS Digital. Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey. 21 November 2023. Available online: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up> [Accessed 24 January 2024].

¹⁸ For example, Le LK-D, Esturas AC, Mihalopoulos C, Chiotelis O, Bucholc J, Chatterton ML, et al. Cost-effectiveness evidence of mental health prevention and promotion interventions: A systematic review of economic evaluations. *PLoS Med* 18(5): e1003606. 2021. Available online: <https://doi.org/10.1371/journal.pmed.1003606> [Accessed 24 January 2024] and Pilling S, Fonagy P, Allison E, Barnett P, Campbell C, Constantinou M, et al. Long-term outcomes of psychological interventions on children and young people's mental health: A systematic review and meta-analysis. *PLoS ONE* 15(11): e0236525. 2020. Available online: <https://doi.org/10.1371/journal.pone.0236525> [Accessed 24 January 2024].

¹⁹ Barnardo's. It's hard to talk: Expanding Mental Health Support Teams in education. 1 January 2023. Available online: <https://www.barnardos.org.uk/research/its-hard-talk-expanding-mental-health-support-teams-education> [Accessed 24 January 2024].