

Spending Review Submission 2021 - Executive Summary



Introduction

Covid-19 has caused the biggest mental health crisis since the Second World War, leaving mental health services struggling to see all the people who need help. Progress towards improving mental health services has largely been derailed by the pandemic, and we are still far from parity with physical health services.

- NHS England delivered 2.45m more mental health sessions during 2020/21 than the previous year (11.4% increase).
- There was a 99% increase in the number of children being referred to children's mental health services in May 2021 compared to May 2019 (before the pandemic).
- Around 153,000 adults missed out on referral to secondary mental health treatment in 2020/21, based on previous year-on-year trends.
- 16,000 women missed out on specialist perinatal mental health care during 2020/21 compared to the NHS England target for the year – a stark reversal on a previously positive trend of improving access

Now is the time to invest further, to embed previous progress, tackle the current crisis, and prevent a higher level of mental health need in the future.

The one year £500m COVID-19 recovery fund was a vital lifeline for mental health services, allowing them to see a record number of patients. Unfortunately, the mental health impact of the crisis will be felt for years to come and we need long term investment to ensure Long Term Plan trajectories are restored.

When the Government committed a long-term funding packaged of £36 billion for health and social care the Secretary of State said that much of this money would be dedicated to tackling the NHS backlog. There is however a danger that unmet demand in mental health care has been entirely overlooked – as yet none of this funding for the backlog has been confirmed for mental health.

Further investment is also needed to ensure that two key areas of reform - the Mental Health Act reforms, and the waiting time targets arising from the Clinical Review of Standards – can be introduced effectively. So, we urge the Government not to row back on their commitment to mental health in this critical time period.

Infrastructure - invest in NHS mental health services, fit for a modern, world-leading NHS (- Capital funding)

The mental health estate is some of the oldest and least suitable in the whole NHS.

- 18% of the mental health estate was built before the NHS was formed.ⁱ
- The entire clinical space in five mental health sites was deemed 'not functionally suitable' by the NHS,ⁱⁱ while in another eight at least 50% of clinical space was deemed to be unsuitable.
- Many buildings are unsuitable for infection prevention and control. Research found that 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.ⁱⁱⁱ

- In 2019/20 there was a backlog of £31 million worth of repairs across mental health trusts that were deemed to be causing such a high risk that if they are not addressed with urgent priority it could lead to a catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.
- Both the Independent Review of the Mental Health Act, and the CQC's State of Care report on mental health reported poor quality buildings and facilities, and safety issues arising from these, including those relating to ligature points, and sexual safety.

Despite this obvious need, mental health providers often receive a disproportionately lower amount of capital funding compared to other providers across the local health economy.^{iv,v}

Only two of the 40 new Health Infrastructure Plan (HIP) schemes confirmed in October 2020 are mental health trusts.^{vi} We believe at least six of the next 8 new hospital / schemes in the HIP should be for patients with a mental illness.

Improvements are also needed to ensure that the environment is both therapeutic and maintains privacy and dignity. This includes the elimination of mixed sex wards, replacing dormitory accommodation with single en-suite rooms, and ensuring accessibility.

Replacing ageing buildings will help Government meet the NHS' environmental and sustainability targets and improve its response to the climate and ecological emergencies. There are also opportunities for mental health trusts to embed nature within service design, positively impacting both mental and physical health.

Beyond acute mental health settings, improvements are needed to community spaces to enable properly integrated joint working. Both clinical and office space are crucial. Poorly designed or poorly procured space can be a barrier to pathways of community care, hindering both the quality and quantity of community-based treatment on offer.

Similarly, in acute hospital trusts 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 their integrated care. And ambulances/mental health transport vehicles must be fully equipped to treat and transport people experiencing both physical and mental health difficulties.

Finally, capital investment is needed to ensure digital systems facilitate good patient care. This includes providing for better electronic record interoperability, improving patient access to records, and improving clinical information systems.

We are advocating for the establishment of a new Mental Health Innovation Fund to enable industrial innovators to work with NHS clinicians on a diverse range of solutions.

Ensuring our mental healthcare system can cope with demand: crisis resolution/future-proofing (- Revenue funding)

Prior to the pandemic, an ambitious programme of work had got underway to improve and transform mental health services in England, with a ring-fenced increase in investment worth at least £2.3bn a year by 2023/24^{vii} and a commitment that mental health services would grow faster than the overall NHS budget.

However, Covid-19 has derailed progress. We are facing not just a backlog of existing patients who did not access care during the peak of the pandemic, but also an increase in the number of patients who desperately need help because of the impact of COVID.

Based on our assessments of the increased demands and backlog in mental health services we have calculated that mental health services will need an additional investment of £1bn in 2022/23, £1.5bn in 2023/24, and £2.4bn in 2024/25. This would enable us to deliver the level of care committed to in the Long Term Plan while taking account of the extra demand placed on services because of COVID.

Given the rising tide of referrals to mental health services investment in prevention is critical to keep more people well, and prevent clinical mental health services being overwhelmed. As such, we want the public mental health element of the Public Health Grant to be focused on building resilience in communities, and dedicated resource for partnership working at a local place-based level, via an uplift to the Prevention Stimulus Fund.

We welcomed Dame Carol Black's independent review of drugs and its call to increase investment in addiction services by an additional £552m ringfenced funding per year.^{viii} This would start to undo the near-decade of cuts, and enable local communities to improve the quality and access to addiction treatment and support.

Social care for people with a mental illness is too often forgotten. There needs to be an extra investment of around £1.1bn per annum by 2030/31 to address this.^{ix} Without it delivery of some of the Community Mental Health Framework (CMHF) could be jeopardised, and we will not be able to deliver the services mandated by the Care Act 2014, Mental Health Act and Mental Capacity Act.

We are calling for early access hubs for children and young people to be made available in every local authority, to improve the social care support available and address children and young people's rising levels of mental ill health.

The first 1001 days of life, from conception to age two, are critical for a child's future cognitive and emotional development, yet no assessment has been made of the impact of the pandemic on this cohort.^x

Finally, historic underinvestment in mental health research – and the shrinking number of clinical academic psychiatrists - merits swift redress. High quality research evidence is also needed to better understand the impacts of COVID-19 on vulnerable groups, and to facilitate improvements and innovations in NHS mental healthcare.

Investing in workforce

An insufficient workforce is the biggest barrier to delivering the Long Term Plan, reforming the Mental Health Act, and recovering from COVID-19. This is in part due to the impacts of the pandemic.

Assuming current trends continue, just 150 consultant psychiatrists will have entered the workforce by March 2024 (based on NHS Digital workforce data from March 2017 - March 2021). This is against 830 needed to deliver the targets outlined in HEE's Stepping Forward and NHSEI's Mental Health Implementation Plan for the Long Term Plan. Similarly, consideration of the same trends for mental health nurses suggest we can expect around 2,000 more to be in post by March 2024, compared to the 9,250 required according to the two aforementioned strategies. So, we appear to be falling significantly behind targets, should urgent action not be taken.

At the same time the Government is updating the Mental Health Act which will put significant extra time pressures on mental health teams.

Understanding the factors that will have the greatest impact on future workforce demand and supply is critically important. We urge that the forthcoming Health and Care Act includes a duty for the Secretary of State to report workforce numbers at the time of publication and projected supply for the following five, ten and twenty years.

Given workforce pressures and rising levels of need, we must train more doctors. The number of medical school places should be expanded year on year, towards reaching 15,000 in 2028/29. Such an expansion needs to be coupled with a focus on retention of trainees. More core training places are also required. New roles, such as Physician Associates (PA) are an important part of meeting current and future workforce demands, enabling consultants, specialty doctors and trainees to work to the top of their skill set to improve productivity.

There are several factors that impact on retention of both trainees and older consultants that need to be addressed to ensure that new supply can have an impact. Work-related stress is caused by high demand and under-resourced services, including insufficient staffing levels and low recruitment. We believe there needs to be significant investment in retention and in mental health support for health and care staff, particularly after the strain put on them during the pandemic.

Recommendations

1. Provide a ring-fenced investment of £3bn on top of day-to-day budgets to mental health NHS trusts between 2022/23 and 2024/25 as part of a multi-year capital settlement. Allow mental health trusts to spend their planned capital budgets in full each year.
2. Set up a new Mental Health Innovation Fund underpinned by £36m over three years.
3. Build upon improvements from the Mental Health Recovery Plan by committing £1bn in 2022/23, £1.5bn in 2023/24, and £2.4bn in 2024/5 enabling restoration of services against Long Term Plan trajectories/commitments.
4. Increase the Public Health Grant budget 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
5. Commit the investment of £552m advocated by Dame Carol Black in her independent report on drugs.
6. Increase the social care budget to at least in line with the funding uplift for NHS England.
7. Allocate £120m of capital funding to mental health trusts for Research & Development in Mental Health and Dementia.
8. Increase the number of medical school places in England to 15,000 by 2028/29 (£802m by 2024/25 on the basis of places reaching 11,000 per annum by then).
9. Expand core psychiatry posts by making a further 120 additional posts available in 2022.
10. Lay out plans to publish a comprehensive NHS workforce strategy.
11. Allocate funding to deliver the requisite workforce for the Mental Health Act reforms.
12. Maintain the NHS Staff Support Offer, with £50m funding each year over the three years.

ⁱ Our analysis of data contained within: NHS Digital. Estates Return Information Collection 2019-20. January 2021. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection>

ⁱⁱ NHS Digital. Estates Return Information Collection 2019-20. January 2021. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection>

ⁱⁱⁱ 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 from: [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)

-
- ^{iv} 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-notbid-for-stp-capital/7024450.article>
- ^v 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-forcapital-investment.pdf>
- ^{vi} Department of Health and Social Care. PM confirms £3.7 billion for 40 hospitals in biggest hospital building programme for a generation. 2 October 2020. Available from: <https://www.gov.uk/government/news/pm-confirms-37-billion-for-40-hospitals-in-biggest-hospital-buildingprogramme-in-a-generation>
- ^{vii} NHS England & NHS Improvement. Allocation of resources to NHS England and the commissioning sector for 2019/20 to 2023/24. January 2019. Available from: <https://www.england.nhs.uk/wpcontent/uploads/2019/01/04-pb-31-01-2019-ccg-allocations-board-paper.pdf>
- ^{viii} Dame Carol Black. Review of drugs part two: prevention, treatment, and recovery. August 2021. Available from: <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery>
- ^{ix} Institute for Public Policy Research. Fair funding for mental health: Putting parity into practice. October 2018. Available from: <https://www.ippr.org/research/publications/fair-funding-for-mental-health>
- ^x UK Parliament. Children: Coronavirus, UIN 822. 17 May 2021. Available from: <https://questions-statements.parliament.uk/written-questions/detail/2021-05-12/822>