

## **RCPsych NI Response to Consultation on Draft Budget 2021-22**

Please note that the Royal College of Psychiatrists is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families, and communities.

The College has approximately 440 members in Northern Ireland, including Doctors in training. These Doctors provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

This is submitted on behalf of the Royal College of Psychiatrists in Northern Ireland Devolved Council.

We have focussed our response on the questions provided and put in additional commentary where relevant. As well as reviewing the main budget document we have also reviewed the Department of Health Draft Budget Outcome paper.

### **What service would you prioritise?**

RCPsych continues to campaign for parity between physical and mental health services to improve the lives of people living with mental ill health. Parity here can only be established when there are appropriate levels of funding for mental health services, both capital and resource, and investment in the mental health workforce.

The New Decade New Approach (NDNA) and Confidence and Supply made a commitment to improving mental health provision for people here, and we welcomed this. However, we are concerned that the funding allocated to mental health still does not have parity with physical health and that this budget does not make any inroads to closing the inequality gap for mental health provision. Furthermore, we are concerned that the funding from NDNA and Confidence and Supply cannot be allocated in this budget, particularly for the Medical School at Magee, the funding to address mental health issues and the funding to tackle severe deprivation. (*page 20/21 Draft Budget 2021-22*).

Whilst it is not possible to accurately compare mental health funding across the jurisdictions, the Department of Health's own draft Mental Health Strategy states that mental health spending is 27% less than in England and 20% less than in Ireland.

In 2018/19 approximately £300m was allocated to mental health, representing around £160 per person in Northern Ireland and only 5%-6% of total HSCT funding. During the same period spend in England was £12.2bn, representing around £220 per person and in Ireland over £200 per person.<sup>1</sup> This is despite Northern Ireland having the highest prevalence rate of mental

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<sup>1</sup> There are differences in how mental health spend is calculated. However, even considering such factors there is a significant under investment in Northern Ireland. (Department for Health Draft Mental Health Strategy)

health problems in the UK, with a 25% higher overall prevalence of mental health problems than in England<sup>2</sup>.

We would therefore advocate that funding for mental health services should not just be prioritised but increased. Furthermore, the anticipated funding that cannot be allocated at present must be confirmed as a matter of urgency.

As Psychiatrists we see the impact that inequality has on the people we work with - for example, poor housing, financial stress, and access to services in the community. Therefore, we consider that funding for these areas needs to be prioritised to ensure that we reduce inequality and improve the mental health outcomes for people in Northern Ireland. (*Page 28/29 Draft Budget 2020/21*)

### **Are there services we should stop or reduce?**

No, we are not aware of any services that should stop or reduce. However, please refer to our points below on reducing demand for services by investing in early intervention and working to providing access to support services.

### **Are there ways of raising revenue?**

We understand the limitations that the Executive has for raising additional revenue and note the comments on funding received through Barnett allocation (*Page 12, 3.9 Draft Budget 2021-22*). Whilst we respect that it is for the Executive to determine allocations for specific priorities and programmes regardless of the comparable spending that gave rise to the Barnett allocation, we are disappointed that there is not more transparent information on how these allocations are decided. For example, in November the Chancellor announced £500m additional funding for mental health. Whilst the Barnett consequential for this was allocated to Northern Ireland, it is not clear how this was allocated and if any of it will be used to reduce the inequality of spending on mental health here. We would restate that whilst it is not possible to accurately compare mental health funding across the jurisdictions, the Department of Health's own draft Mental Health Strategy states that mental health spending is 27% less than in England and 20% less than in Ireland.

### **How can we reduce demand for services?**

There is clear evidence of the link between deprivation, poorer levels of mental health and overall health inequality<sup>3</sup>. To reduce demand for mental health services, the Executive needs to prioritise improving the living standards of the community here.

Within existing services, we have advocated for more early intervention services. For a significant group of patients who have severe and enduring mental illness, in particular those with psychosis, early intervention services have been demonstrated to improve the short-term and long-term outcome for these patients. Investment in rehabilitation services especially for

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<sup>2</sup> [doh-mhs-draft-2021-2031.pdf \(health-ni.gov.uk\)](#) (page 8).

<sup>3</sup> Health Inequalities Annual Report 2020, Department of Health ([Health inequalities statistics | Department of Health \(health-ni.gov.uk\)](#))

those patients with schizophrenia who have severe and chronic disabilities resulting from their illness is important. This will need both community services and specialist inpatient services and will result in better outcomes for the patients and reduced need to be in expensive acute psychiatry inpatient units.

The Department of Health recent Consultation on tackling the harm from Substance Use clearly states the financial cost of alcohol and drug misuse. The overlap between substance use, poverty and mental health are highlighted. Early intervention and access to the right services and support in a timely manner will all help to reduce demand on other services, not just in health, but in justice and economic inactivity.

The Royal College of Psychiatrists recognises the importance of non-statutory services in supporting the people we work with in the community. Whether it is support for alleviation of poverty, housing, employment, or community outreach services - we see the value of these services in our work. We are concerned that many of these services rely on non-recurrent or European funding, reduction of which will result in these services being reduced and tend to push people further towards statutory funded services.

### **How do we balance public sector pay against other priorities?**

We welcome the commitment to public sector pay but we are disappointed that the Department of Health Budget will have a shortfall of £53million to cover pay uplifts and not enough funding to cover the Executive's commitment to Safe Staffing (*DoH Draft Budget Outcome, Page 2 Point 9 & 10*). Funding for public service pay needs to be taken into consideration for the workforce that is needed to deliver on the priorities.

### **Have you any other views for discussion?**

#### **Short-term Resource DEL budget planning**

The issue of one year budget periods has a significant impact on the ability to plan and manage services and workforce.

The current draft 10-year Mental Health Strategy will need allocations made to it, both capital and resource, if it is to deliver the outcomes for people here. Without being able to plan and have recurrent mainstream funding allocated over more than one year, it will not be possible for the Executive to deliver on its commitment to improving mental health outcomes for people here. Non-recurrent funding does not allow for sustainable workforce planning, service development or transformation.

Without appropriate levels of recurrent funding, our ability to effectively manage workforce planning to meet growing need is severely impacted. Psychiatry currently has a higher vacancy rate than any other medical speciality<sup>4</sup> and high levels of locum posts<sup>5</sup>. There are many areas that contribute to workforce planning, but in particular multiyear funding

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<sup>4</sup> [Northern Ireland health and social care \(HSC\) workforce vacancies September 2020 | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk)

<sup>5</sup> [RCPsych - Workforce Census 2019 \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk) (page 7)

commitments are needed to allocate training places, to reduce locum posts and to offer competitive terms and conditions.

## Capital Spending

The Mental Health estate in Northern Ireland needs considerable investment. The draft 10-Year Mental Health Strategy outlines a commitment to an investment of £170m to replace a further three inpatient mental health units. We welcome this investment but have some concerns on the funding mechanisms and allocations for the capital spend.

The table below outlines the capital spending on the Mental Health Inpatient estate since 2015<sup>6</sup>.

Financial Year	Capital Spend on Inpatient Mental Health Setting (excluding RRI Spend) £000	RRI Spend £000	Including RRI Spend £000
2015/2016	1,497	-	1,497
2016/2017	1,356	7,081	8,437
2017/2018	3,028	15,077	18,105
2018/2019	772	10,763	11,535
2019/2020	2,845	2,855	5,700

A significant level of investment has been made using Reinvestment and Reform Initiative (RRI) funding which will have future impact on DEL budgets as interest on RRI spending needs to be included. We would like to see further discussion on the future impact of interest payments from RRI Capital spending on future DEL Resource spending on mental health.

In relation to the Department of Health Capital Allocation (*DoH Draft Budget Outcome, Page 6*) - with the exception of the Northern Mental Health Inpatient Unit Design Stage 1 commitment - we are concerned that there are no further allocations for mental health capital spend in the 2020-21 period and in particular re the allocation of £2.8million Capital DEL which is required for the Medical School at Magee in 2020/21.

We welcome the allocation of ICT programmes and in particular the Encompass system which will be vital in measuring outcomes for mental health services in the future.

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<sup>6</sup> AQW 12265/17-22 To ask the Minister of Health to detail the capital spend by project within each inpatient mental health setting, for each year since 2015. (14/01/21)

## **New Decade New Approach Health Spending Allocation**

As mentioned previously, we are concerned that the draft budget allocation does not provide for funding for DoH which they had estimated was required for a range of initiatives (*DoH Draft Budget Outcome, Page 3 Point 13*). All the items listed under this are vital, but we are particularly concerned about how the Mental Health Action Plan, the Successor Strategy for Alcohol and Drugs and the Graduate Medical School at Magee will be taken forward.

## **Conclusion**

We welcome the opportunity to respond to this consultation. Whilst we appreciate the difficulties that the Executive faces in managing differing priorities, we must reiterate the considerable inequity in funding for mental health in Northern Ireland and seek that you prioritise spending on mental health not just now but in future budgets and spending rounds.