

Royal College of Psychiatrists' briefing

NHS Long Term Plan | January 2019



The Royal College of Psychiatrists (RCPsych) welcomes the NHS Long Term Plan's much-needed focus on mental health and the commitment to spend a bigger share of the NHS budget in this area. We have worked hard to have this included and are very pleased that we have been listened to.

Too many people living with mental illness experience significant waiting times for treatment and are forced to travel long distances for care. We want to work with NHS England on implementing this plan to tackle these problems and deliver a better service for patients.

To fulfil these promises we need the skilled mental health workforce to deliver the help patients need.

The mental health sector has been striving to put mental and physical health services on an equal footing and we will continue our fight for that over the long term.

RCPsych will keep a close eye on how effectively these plans are being delivered and hold decision-makers to account, to ensure that promised money reaches frontline services.

Highlights for mental health in the new long-term plan

The RCPsych is pleased to see that the plan contains many commitments which will improve services for people with a mental illness these include:

- Mental health will receive a growing share of the NHS budget, worth in real terms at least a further £2.3 billion a year by 2023/24
- NHS is making a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- Increasing access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis, to benefit an additional 24,000 women per year by 2023/24, in addition to the extra 30,000 women getting specialist help by 2020/21.
- Care provided by specialist perinatal mental health services will be available from preconception to 24 months after birth (care is currently provided from preconception to 12 months after birth), in line with the cross-government ambition for women and children focusing on the first 1,001 critical days of a child's life.
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.
- By 2023/24, an additional 380,000 adults and older adults will be able to access NICE-approved IAPT services.
- Testing a four-week waiting time target for adult and older adult community mental health teams, with selected local areas.
- By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis.
- By 2020/21, all acute hospital have an all-age mental health liaison service in A&E departments and inpatient wards by 2020/21, and that at least 50% of these services meet the 'core 24' service standard as a minimum. By 2023/24, 70% of these liaison services will meet the 'core 24' service standard, working towards 100% coverage thereafter.
- As recommended by Professor Sir Simon Wessely's Mental Health Act review, capital investment from the forthcoming Spending Review will be needed to upgrade the physical environment for inpatient psychiatric care.

Funding

Mental health services have been historically underfunded, and supply has not managed to keep up with demand. Despite rising pressures on mental health services, RCPsych research last year found that mental health trust income was lower in 2016/17 than it was five years before in real terms.¹

¹ <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2018/02/21/mental-health-trusts-income-lower-than-in-2011-12>

It's a constant concern that money designated to mental health services is being used to pay off deficits in the acute sector. Mental health trusts have previously been forced to ration services by raising the threshold for services and putting people on waiting lists in a way which is often more difficult in the acute sector who are having to meet more strict access and waiting time standards.

With acute trusts expected to be £1.8 billion in deficit in 2018/19 and mental health trusts projected to be £133 million in surplus², CCGs are often forced to prioritise alleviate acute trust debts rather than investing in mental health services. The King's Fund found that 80% of Mental Health Trusts finance directors said financial pressures had led to longer waiting times to access mental health care overall over the past two years.³

These difficulties show why the new commitment to raise investment in mental health is so important and why we need to remain vigilant that this investment reaches the frontline.

NHS England publishes data in the Mental Health dashboard on the proportion of people accessing services covered by the Government's commitment to improve services spelt out in the Five Year Forward View for Mental Health and how quickly. This allows us to measure how well each CCG is delivering on the Government's plans. The publication of the data is often late, and even professional data analysts struggle to put together a complete picture of where the money is going. The NHS Long Term Plan *must* be trackable.

The good news is that the first part of NHS England's planning guidance was published at the end of December⁴, and it significantly strengthened the Mental Health Investment Standard (MHIS) for 2019/20. The MHIS is the requirement for CCGs to increase investment in mental health services, with the enhanced version for next year ensuring that commissioners should deliver a rise in spending of at least their overall programme growth, plus a further percentage increment to reflect additional mental health funding included in 2019/20 allocations.

This was something the RCPsych has continuously called for, and we believe the additional scrutiny applied to CCGs under this enhanced standard will make it more likely that money will reach the frontline next year.

Amongst other new measures for 2019/20, spend on Children's and Young People's mental health must now also increase as a percentage of each CCG's overall mental health spend.

Workforce

Delivering the promises of the Long Term Plan and meeting the plan's aim of better health for everyone, better care for patients and a sustainable NHS, is impossible without a skilled workforce in sufficient numbers. This requires attracting more people into the NHS. We need to encourage more young doctors to choose psychiatry as a career, and to take steps to retain existing staff. Development of the promised workforce implementation plan needs to begin without delay.

It is the view of RCPsych, and many others, that the workforce currently available to the NHS is the single biggest barrier to achieving the Long Term Plan.

1 in 10 consultant Psychiatrist posts are vacant, according to the last RCPsych workforce census.⁵

Despite the vital role of psychiatrists in treating mental illness we are not employing enough staff to give patients the care they need. Between September 2011 and September 2018, the number of full-time psychiatrists at all grades working for NHS organisations increased by only 3.5%, whereas over the same period the number of all other doctors across Hospital and Community Health Services rose by 14.6%.⁶

A shortage of psychiatrists means we cannot intervene when mental health problems first arise despite clear clinical evidence that early intervention gives the best chance of recovery.

² <https://www.kingsfund.org.uk/publications/how-nhs-performing-december-2018>

³ Ibid.

⁴ <https://www.england.nhs.uk/publication/preparing-for-2019-20-operational-planning-and-contracting/>

⁵ <https://www.rcpsych.ac.uk/improving-care/workforce/our-workforce-census>

⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/september-2018>

The Long Term Plan has committed to invest in children and young people's mental health services, including a pledge that 100% of children and young people who need specialist care can access it. This is ambitious, and the College is pleased with the plan's recognition of this long-neglected area.

However, current long waits in Child and Adolescent Mental Health Services (CAMHS) are almost entirely a symptom of lack of resources. Any improvements to mental health support for children and young people will always rely on a robust mental health workforce.

The number of consultant child and adolescent psychiatrists fell 7.0% between September 2013 and September 2018.⁷ The Health Education England mental health workforce strategy committed to 100 extra consultant child and adolescent psychiatrists but none are for community services.

The latest training programme data shows that 60% of training places for child and adolescent psychiatry were unfilled.⁸ We cannot rely on trainees in the pipeline to sufficiently boost the workforce in future. We must add child and adolescent psychiatrists, higher trainees and speciality doctors in CAMHS to the National Shortage Occupation List. Recruiting already-qualified CAMHS professionals from overseas is crucial to achieving existing commitments and Green Paper ambitions.

The latest workforce data for September 2018 does give us some grounds for optimism however. The year-on-year growth in psychiatrists at all grades was 2.0% and the total number has reached its highest point at this stage of the year since 2009.

The publication of the workforce plan for the government's current mental health strategy, the Five Year Forward View, was only published in 2017, two years after the plan came into force. We would expect the publication of the workforce plan for the Long Term Plan to be sooner.

Questions for the Government

- Can the government confirm that the full workforce strategy for the NHS Long Term Plan will be published in 2019?
- What are the government's plans to increase the mental health workforce needed to achieve the ambitions of the NHS Long Term Plan?

⁷ Ibid.

⁸ Health Education England data for August 2018 intake