NHS PROVIDERS BRIEFING: WESTMINSTER HALL DEBATE ON THE MENTAL HEALTH TASKFORCE

NHS Providers is the membership organisation and trade association for the NHS acute, ambulance, community and mental health services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high quality, patient focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has 95 per cent of all NHS foundation trusts and aspirant trusts in membership, collectively accounting for £65 billion of annual expenditure and employing more than 928,000 staff.

INTRODUCTION

NHS Providers welcomed the publication of the Independent Taskforce on Mental Health (‘the Taskforce’) as a comprehensive account of the challenge facing mental health care locally and nationally, which brought focus to the scale of the task ahead. The Taskforce’s recommendations for NHS England and other national bodies set a stretching but vital agenda for delivering high quality, timely and widely accessible NHS mental healthcare in line with the NHS Five Year Forward View.

NHS providers are already working hard to deliver the national asks of them on returning their finances to balance, delivering efficiency savings, transforming local services and maintaining care access and quality. As with these asks, local leadership will play a key role in respect of delivering mental health services in line with the Taskforce’s vision. For local NHS trust and foundation trust board to take ownership of the task ahead, however, it is imperative for the national bodies to support their efforts by clarifying for providers and partners in mental health services how they will make the Taskforce’s recommendations a reality for service users.

DELIVERING THE TASKFORCE’S VISION: CONDITIONS FOR SUCCESS

To ensure that NHS providers can play their part in supporting the delivery of the Taskforce’s recommendations and help achieve parity of esteem for mental health, there are four key requirements:

1. **Adequate funding for the Taskforce’s recommendations is needed, together with greater transparency about how allocated funding reaches the front line of mental health services.**

In the November 2015 Spending Review, the Government pledged £1 billion to mental health of the £8 billion additional funding made available to the NHS by 2020. This represents a proportionate increase in anticipated spend. There are, however, compelling reasons to doubt that this funding increase is sufficient to deliver against the Taskforce’s recommendations:

- As the Taskforce highlights, mental health accounts for 23% of NHS activity but the proportion of the NHS budget spent on mental health is equivalent to only around 12%.
- This disparity between the incidence of mental health issues and the proportion of funding mental health services receive has been blurred by the way in which spending on mental health is reported nationally.

Nearly a quarter of NHS activity relates to mental health but mental health services receive only just over a tenth of the NHS budget.
There are also legitimate concerns that additional funding will reach frontline mental health services in full as:

- There is little national data collected to account for how up to 67% of funding for mental health is used locally.

- Spending on mental health services is also highly variable between clinical commissioning groups (CCGs); as the Taskforce highlights, there can be up to a twofold variation in spending on mental health from one CCG to another.

As such, thorough consideration must be given to whether there is sufficient funding available to deliver the Taskforce’s recommendations and how the allocation of mental health funding can be tracked and accounted for at a local level.

2. **Secondary mental health services require appropriate support for and investment through improved commissioning, including rationalised payment systems**

Historically, the comprehensive provision of mental health services has been hampered by sustained underinvestment and an extremely complicated national approach to payments for services that obscures the true scale of need. Taskforce recommendations 47 to 50 on incentives, levers and payments offer practical solutions to improving secondary mental health service commissioning but there has been no clear response to date on whether and when these recommendations will be applied.

The government has stated that in 2016/17 commissioners will be held to account for increasing their spend on mental health in line with their increase in budgetary allocations and NHS England has provided direction to CCGs to invest in secondary services in line with these increases. However, on the basis of mental health funding spending by CCGs in 2015/16 our members are extremely concerned that proportionate funding will not reach secondary mental health services in 2016/17.

3. **Data collection to measure what is important to ensuring access high quality, timely mental health care to meet demand must improve.**

Capturing critical information, analysis and intelligence on mental health services and outcomes has been a low priority, to such an extent that it has been described both by the Taskforce and a government minister as “a black hole”. This lack of data collection and transparency has held back progress in mental health. It is vital that this changes.

It is encouraging that work is already underway by the Department of Health to improve collection of data on mental health services, with a new mental health dataset on early intervention in psychosis due to go live in April 2016. This resource is a positive step forward but early indications that this dataset will be expanded must translate into action.
4. The Government should formally consider and respond to the recommendations of the final report of the Royal College of Psychiatrist’s Commission on Acute Adult Inpatient Mental Health Care in parallel to those of the Taskforce.

Together, the recommendations of the Commission on Acute Adult Inpatient Mental Health Care and the Taskforce can transform secondary mental health services in the NHS

The Commission’s 12 recommendations offer a whole-system view of the challenges facing secondary mental health services and align with those of the Taskforce.

If supported, they will significantly aid the improvement of acute NHS mental health services.

RECOMMENDATIONS

To enable NHS providers play their full role in drive the Taskforce’s recommendations forward, we urge the government to play an active role in driving delivery of these by:

- Working with NHS England and the Department of Health to agree a comprehensive implementation plan by August 2016; this should indicate which of the Taskforce’s recommendations can be delivered by 2020-21 within existing funding

- Within this implementation plan, set out how the recommendations of the Royal College of Psychiatrist’s Commission on Acute Adult inpatient Mental Health Care will be implemented alongside those of the Taskforce

- Ensuring that there is a dedicated project team responsible for the development of benchmarking data on mental health spending and outcomes at CCG level

- Co-produce a project plan and associated timetable for the expansion of the new psychosis dataset together with the Health and Social Care Information Centre

APPENDIX

GOOD PRACTICE FROM MENTAL HEALTH PROVIDERS: REDUCING DELAYED TRANSFERS OF CARE AND OUT OF AREA PLACEMENTS

The taskforce highlights that delayed transfers of care from mental health services can be as high as 38 per cent in some areas. The Royal College of Psychiatrist’s Commission on Acute Adult inpatient Mental Health Care focuses on delayed transfers of care as an area where quality and experience can be improved for individuals, and also demonstrates the extent to which mental health services are part of the whole health and care ecosystem. This was central to our independent Right Place, Right Time Commission on delayed transfers of care which also majored on mental health. Below are examples where innovative steps are being taken by NHS providers and local partners:

**Psychiatric decision unit and mental health street triage - Birmingham and Solihull Mental Health NHS Foundation Trust**

Birmingham and Solihull Mental Health NHS Foundation Trust has established a Psychiatric Decision Unit (PDU) to provide extended assessment and short term support to people in mental health crisis who access A&E within acute hospitals. It provides a responsive seven-day service to people whose complex presentations and/or social issues means they cannot be immediately discharged through.
A Mental Health Street Triage service is also offered which diverts people away from presenting at A&E. It provides an alternative setting where prolonged assessment can take place in a more appropriate, supportive environment with skilled mental health nurses and psychiatrists.

The unit has been running since November 2014 and numbers of service users have steadily increased to around 80 users accessing per month. Evaluation is ongoing and has shown a reduced need for mental health beds and positive feedback from service users.

**An accommodation pathway for mental health - Leeds and York Partnership NHS Foundation Trust Gateway**

Appropriate housing is fundamental to a successful discharge for mental health users with specific accommodation needs. The Accommodation Gateway was set up to ensure service users are connected with the housing service that best meets their needs and prevent delayed discharges due to housing issues. A Gateway co-ordinator role, with knowledge of both mental health needs and housing provision supports patients to secure appropriate accommodation after being discharged from mental health services.

The gateway team, working with the NHS Trust and Leeds City Council housing services, helps patients to understand the options available to them to improve the knowledge base of NHS staff in regards to housing and secure improvements in how information was shared between the council, NHS and housing providers.

The trust has seen a marked reduction in delayed discharges due to accommodation issues and out of area placements. The expertise of the Gateway co-ordinators has release clinical time to plan and provide care and service users have reported a positive and more seamless experience when moving between providers.

**Health bed management, transfers between primary and community care and initial response service - Northumberland Tyne and Wear NHS Foundation Trust Mental**

- A bed management system in mental health has been introduced, including out of area packages, delayed transfers of care, practicalities of new admissions, transfers, step ups and step downs, which has reduced out of area admissions.
- Focus on transfers between primary and community care in mental health services is being developed to improve handover between Improving Access to Psychological Therapies (IAPT) and community mental health teams through a shared framework to create informal, integrated working with partners.
- An initial response service has been established with a rapid response and triage for people who feel they need urgent help with their mental health. Within the first 12 months of these systems being in place, out of are admissions were reduced to only six and has received very positive feedback from service users.

**Care Support Plus housing for people with mental health needs - Islington NHS Foundation Trust and One Housing Group**

Care Support Plus is a fully integrated service model, launched in 2012 in London between Camden and Islington NHS Foundation Trust and One Housing Group, offering self-contained supported accommodation for 15 mental health service users, who may otherwise be in hospital wards or expensive hospital wards or expensive out of borough placements.
The service delivers a unique approach to supported housing and recovery for people with complex mental health needs, providing onsite clinical input to offer a genuine alternative to hospital and expedite discharge for patients. The primary aims of the service are to:

- reduce reliance on expensive out of borough care and forensic placements
- reduce hospital admissions frequency and length of stay
- improve quality of life and outcomes for patients
- provide a high quality independent living environment

The model offers considerable value for money through both short term savings in reduced placement fees, and longer term savings through improved and sustained outcomes. It has avoided 23 hospital admissions over two years, reduced the average lengths of stay in hospital from 317 days to 81 days per patient and saved the NHS nearly £900,000 in mental health services and reduced placement fees for the local authority by £443,000, freeing up 1,298 bed days.

References

3 Royal College of Psychiatrists, Old Problems, New Solutions: improving acute psychiatric care for adults in England, February 2016. Available at: http://media.wix.com/ugd/0e662e_6f7ebeffbf5e45dbb6aad00dcfbb71.pdf