NHS Providers

MENTAL HEALTH SERVICES

Addressing the care deficit

MARCH 2019

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CONTENTS

KEY POINTS

- The NHS long term plan, and the *Five year forward view for mental health* before it, have set out ambitious plans and increased investment to improve the quality and accessibility of mental health services in England. This welcome progress follows a decade of campaigning to dismantle the stigma of mental ill health and achieve equity between the treatment of mental and physical health.
- However, despite this progress, our survey of frontline mental health trust leaders shows there is a substantial care deficit in mental health that must be addressed. There is significant unmet need for a number of mental health conditions – particularly community services for adults and children, gender identity services and crisis home treatment teams – and NHS commissioning decisions have resulted in services being cut or reduced. Our survey indicated that 69% of mental health leaders are worried about maintaining the quality of services over the next two years.
- Demand for services is outstripping supply and socio-economic factors are contributing to this. 92% of trusts tell us that changes to universal credit and benefits are increasing demand for services, as are loneliness, homelessness and wider deprivation. Cuts to services funded by local authorities also mean that preventative approaches and early intervention services are less available. Mental health leaders pointed to rising demand during winter but it is clear that these pressures on services are a year-round phenomenon.
- To overcome the demand challenge facing mental health services and derive full value out of any investment, national policy must focus on increased support for both mental health and public health. There also needs to be greater realism about the levels of demand and what is needed to meet them, as well as better planning with inputs from trusts, commissioners and the national bodies.
- Action on workforce is a top priority. A national plan, with appropriate focus on the mental health workforce, must be published as soon as possible, coupled with adequate funding from the comprehensive spending review that meets the plan's education and training budgetary requirements. Providers also need a detailed implementation plan that sets out exactly what commitments from the long term plan will be delivered and when, with priorities for each year matched against the funding and staff available.
- Pressures on the workforce are twofold. Only 9% of trusts tell us they currently have the right staff in the right place and nearly two thirds of leaders are very concerned about the numbers and skills of staff in two years time. Moreover, current staff capacity is also being diverted to support service users with a greater number of non-clinical issues such as negotiating the benefits system.

- In terms of financial investment, there are three important issues:
  - First, although additional money is welcome, the funding for mental health will only rise as a share of the NHS budget 0.5%. This raises questions about how much of the NHS long term plan can be delivered and how fast. Mental health leaders are warning that this rise is not adequate to close the care deficit and 95% do not believe overall investment will meet current and future demand.
  - Second, despite the mental health investment standard, trust leaders tell us that additional funding does not reach the frontline. Greater transparency and controls over the allocations are welcome steps but must be tightly monitored and enforced.
  - Third, the moves to new payment systems will help substantially as block contracts are inflexible and do not reflect changes in demand once they have been agreed.
- While the focus in the *Five year forward view for mental health* on a number of priorities has delivered progress in, for example, eating disorders services and perinatal mental health care, we must ensure that this does not come at the expense of investment in core community services. These are a fundamental element of mental health provision which must not be overlooked. An overwhelming majority (81%) of trust leaders said they are not able to meet current demand for community CAMHS and 58% said the same for adult community mental health services. In relation to overall community provision, 85% disagreed or strongly disagreed with the statement that there are adequate mental health community services to meet local needs.
- The rapid move to system working has changed the mental health landscape. Trusts have mixed views on the impact of integrated care systems (ICSs) and sustainability and transformation partnerships (STPs) on their role, but the roll out of new care models in mental health is reported as a positive step which will help both overcome the fragmentation of commissioning and service provision in mental health and also drive greater value from the investment in services.
- As we move from high level plan to implementation, there are a number of priorities and challenges that both mental health trusts and the national bodies will need to consider. They include:
  - continuing to focus on reducing the number of out of area placements and addressing inpatient capacity problems, while recognising the sustained demand here
  - meeting providers capital investment needs so that urgent improvements can be made to estates
  - promoting careers in mental health and retaining the current financial incentives to recruit mental health professionals
  - continuing the progress already made on data collection and data quality to give a better understanding of mental health activity, access and outcomes that can then enable better commissioning.

MENTAL HEALTH SERVICES
Addressing the care deficit

Socio-economic drivers of demand

Substance misuse

Loneliness

Homelessness

Universal credit and benefits changes

Financial hardship

2016 Five year forward view for mental health

2017 Waiting times for talking therapies, children and young people's eating disorders and early intervention in psychosis

2018 Children and young people's mental health green paper

2019 Review of Mental Health Act; Long term plan Implementation plan

2020 Emergency mental health care waiting times

2021 End of out-of-area placements

2022 Additional 380,000 adults accessing talking therapies

2023

2024

2025

2026

2027

2028 New children and young people's service models for years 0 - 25

£2.3bn more a year

Roll out new integrated care models

Mental health support teams in schools

NHS 111 to become central contact for those in crisis

Grow mental health capability in ambulance service

Expand adult and children and young people's community services

Mental health leaders told us

88% agreed that pressures in the wider system have a knock-on effect and increase demand for mental health services

73% said they are worried they do not currently have the right numbers and skills of staff

58% said that demand for community services is increasing

92% said changes to benefits/ universal credit are increasing demand

69% said they are worried about maintaining the current quality of services over the next two years

48% said that demand for mental health services increases over the winter

1

INTRODUCTION

We have seen huge strides made in challenging the stigma of mental ill health, growing awareness of the need to improve care and starting to turn the tide on the lack of equity in terms of treatment and access to mental health services.

A decade or more of campaigning and cross-party commitment to bring about change has made an impact and transformed attitudes. National initiatives, notably the *Five year forward view for mental health* and the recent long term plan, have delivered a national, timed implementation programme and committed additional funding. Results from our recent survey of mental health trust leaders confirm that we must celebrate the impressive progress but also be clear sighted about the challenges that remain – which are contributing to and maintaining a significant 'care deficit' across mental health services:

- rising demand emanating not only from raised awareness but critically from socio-economic factors, including the impact of the roll out of universal credit, increased deprivation, unemployment and housing issues
- an enduring workforce shortage that undermines the frontline's ability to staff services efficiently and effectively
- despite welcome additional investment, mental health funding is constrained and does not always reach the frontline services that need it most
- the impact of cuts to wider public services, in particular those commissioned by local authorities such as drug and alcohol services.

Across health and care the focus is often on the pressures that hospital services face in winter. They act as a litmus test for the performance of the system as a whole and provide a snapshot of its capacity and resilience. Winter pressures emanate from the combination of cold weather, flu, an increasingly frail population, a stretched workforce and delays in discharging patients from hospital. What is often overlooked is that mental health services experience these winter pressures too and also face unique demand pressures that endure year-round stemming from socio-economic factors.

Late last year we surveyed mental health trust leaders to gain a deeper understanding of the current operating environment and its impact on those leading and delivering frontline services. Since the survey was carried out the NHS long term plan has been published. This report uses that frontline feedback to identify the key challenges and their impact on the services mental health trusts provide. We give a brief overview of the current policy context and explore three important elements of the current care deficit in mental health provision:

- the demand challenge
- the workforce challenge
- the system challenge.

1

Policy context – the long term plan

The long term plan is clear that making further progress on improving people's mental health and wellbeing is a priority for the next decade. The plan includes the welcome commitments to increase the real-terms mental health budget and grow investment faster than the NHS budget overall for each of the next five years. Proposals to significantly expand provision for children and young people and improve transition to adult services, deliver more care for adults in the community, and provide early intervention for those in crisis are also extremely welcome. However, we must ensure that these commitments do not come at the expense of funding for and access to core mental health services, particularly for individuals with severe and enduring mental health conditions.

Since the publication of the long term plan, NHS England has confirmed that funding for mental health will only rise as a share of the NHS budget by 0.5% (NHS England, 2019c). The size of the rise in funding for the sector falls far short of the amount needed to close the gap with funding for physical healthcare and raises questions over how much of the plan mental health providers can realistically deliver as a result.

The plan's success is predicated on having the right workforce, with the right skills, in the right place. The NHS is facing significant workforce gaps across the board and the challenge for mental health trusts is particularly severe. The long term plan's numerous ambitions for the sector cannot be delivered while workforce pressures remain across services and gaps in the mental health workforce continue to grow. A national workforce plan, with appropriate focus on the mental health workforce, must be published as soon as possible, coupled with adequate funding from the comprehensive spending review that meets the plan's education and training budgetary requirements. Providers also need a detailed implementation plan that sets out exactly what will be delivered and when, with priorities for each year matched against the funding and staff available.

The move to system working at scale and pace is a key feature of the long term plan, envisaging that all areas will become integrated care systems (ICSs) by 2021. ICSs are clearly marked out as the organising principle to deliver health and care services, including mental health. This is a positive step, particularly given the interdependence between mental health services and wider public health and prevention work undertaken by other parts of the local public sector. However we must also recognise there are a number challenges inherent in this approach, including structural pressures in specific systems and the nature of local relationships which can slow progress.

The long term plan is an ambitious programme, with a host of new commitments for the NHS, including for mental health services. It will be particularly important that there is a clear implementation plan so that trust leaders can balance the transformation and new demands with managing ongoing operational challenges.

2 THE DEMAND CHALLENGE

Mental health services are continuing to experience rising demand that matches and, in many cases, exceeds available capacity in both adult and children and young people's services. Bed occupancy rates for inpatient mental health services regularly exceed the 85% level recommended to maintain patient safety standards, highlighting the significant pressure the system is under. Adult and children and young persons mental health services are seeing similar or greater increases to those observed in acute and urgent and emergency care.

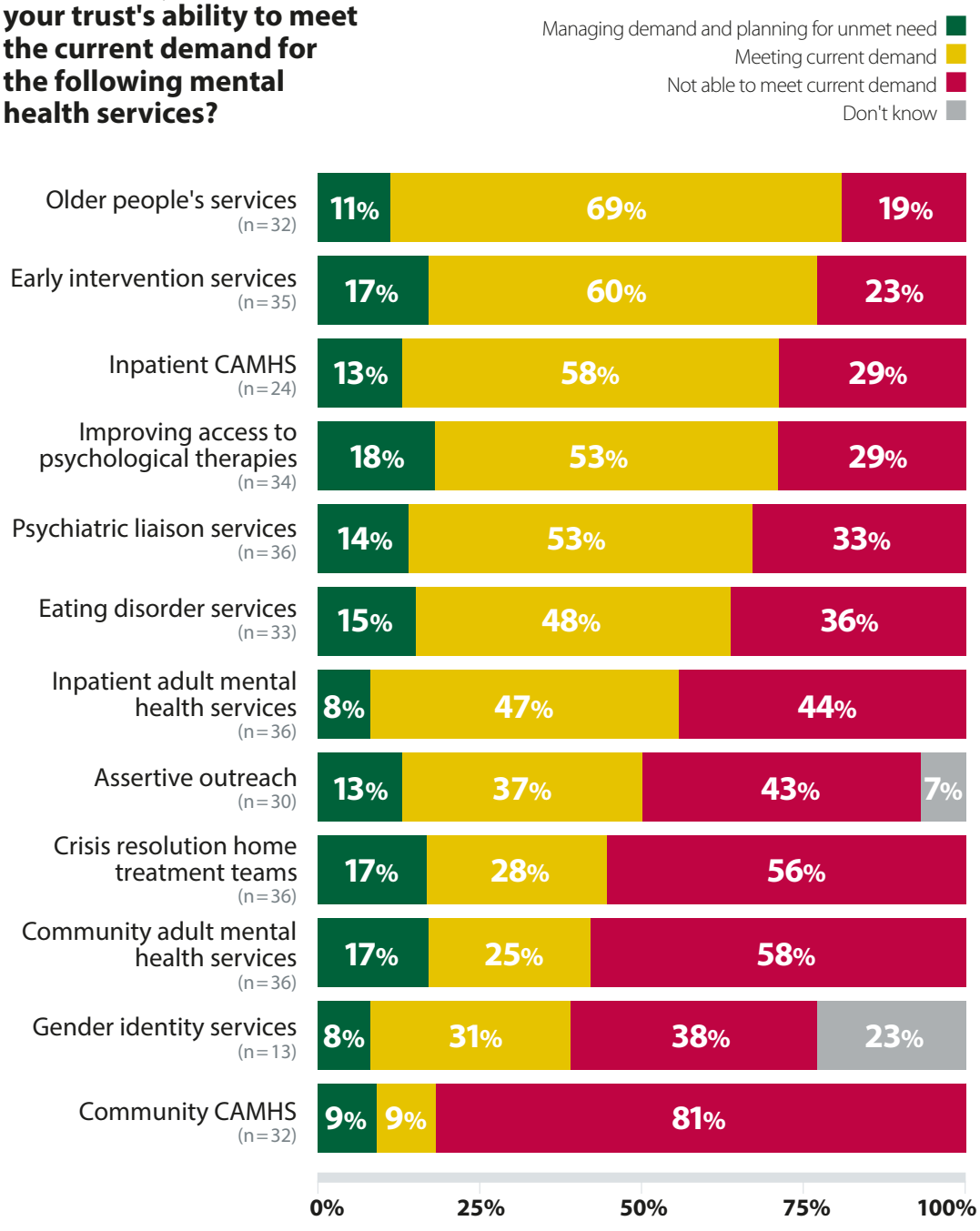
Recent NHS statistics on mental health performance further illustrate the demand challenge for mental health trusts. In November 2018 (NHS England, 2019d):

- The number of people in contact with NHS funded secondary mental health, learning disabilities and autism services increased by 4.1% to 1,310,985 (51,496 more people) compared to the average number of people contacting per month in the past year.
- Of these 1,310,985 individuals, 78% were in contact with adult mental health services, 17% were in contact with children and young people's mental health services and 8% were in contact with learning disability and autism mental health services.
- The number of new NHS funded secondary mental health, learning disabilities and autism services referrals increased by 12.4% to 320,349 (35,343 more people) compared to the average number of new referrals per month between in the past year.
- There were 710 active out of area placements, an increase of 5.2% compared to the previous year.
- The number of children and young people starting treatment for an eating disorder has increased by 4.9% compared to the same time last year.
- There were 144,722 referrals to talking therapies. Demand for IAPT services is increasing. New referrals increased by 3.9% from 2016/17 to 2017/18. Meanwhile, referrals that entered treatment increased by 4.5% over the same period.

We asked mental health leaders about the drivers and levels of demand their trusts were experiencing across the range of services that they provide. Encouragingly, as shown in figure 1, trusts are meeting current demand for many services, and in some areas are putting plans in place to fulfil unmet need. The services that trusts are equipped to better manage demand include: older people's services, early intervention services, inpatient child and adolescent mental health services (CAMHS) and talking therapies (IAPTs). And 18% of leaders said they were making plans to meet unmet need for IAPT – the highest proportion across all services.

Figure 1

How would you describe your trust's ability to meet the current demand for the following mental health services?



Significant pressures on core community services

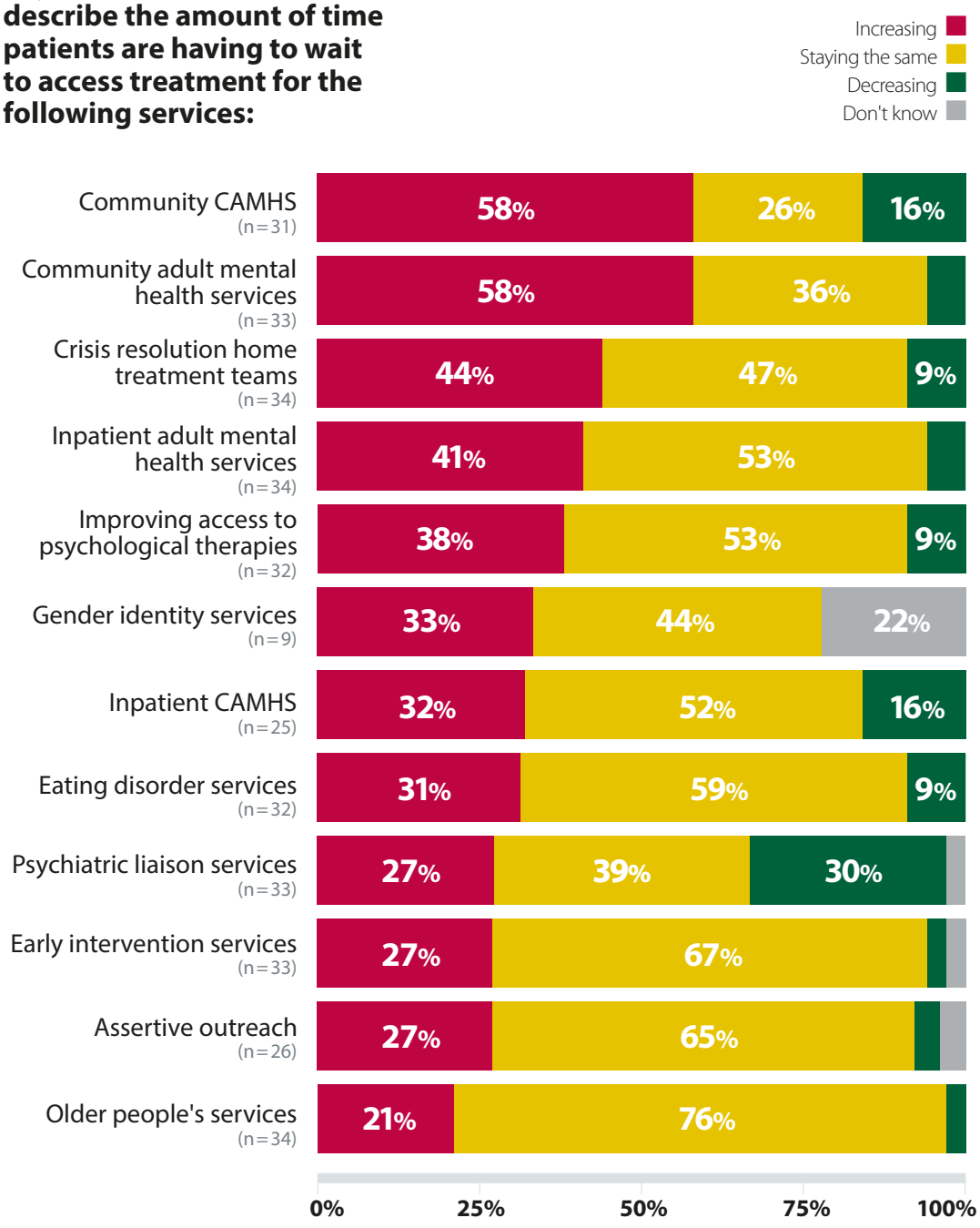
However, there are a number of areas in which trusts are struggling to meet current levels of demand. An overwhelming majority (81%) of trust leaders said they are not able to meet current demand for community CAMHS and 58% said the same for adult community mental health services. In relation to overall community provision, 85% disagreed or strongly disagreed with the statement that there are adequate mental health community services to meet local needs. That said, 39% of leaders were positive about the direction of travel in community services and agreed or strongly agreed that services in their local area were improving.

We also asked trusts about the services they provide, including questions on access, changes to and quality of services. As shown in figure 2, a small number of trusts across the country felt that the amount of time people are waiting to access services such as psychiatric liaison, community CAMHS and inpatient CAMHS is decreasing. However, far more trusts reported that waiting times were increasing:

- 58% increase in waiting times for community CAMHS
- 58% increase in waiting times for community adult mental health services
- 44% increase in waiting times for crisis resolution home treatment.

Figure 2

In your trust, please describe the amount of time patients are having to wait to access treatment for the following services:



It is encouraging that community based mental health care is a key focus of the NHS long term plan, given mental health trust leaders have highlighted that meeting current demand for services in the community is a particular challenge and waiting times for these services are also increasing. However, there remains a lack of detail on how key initiatives proposed in the plan to drive this agenda, such as the new integrated models of primary and community

mental healthcare and the mental health support teams, will be delivered in practice given the current pressures on the sector. This will need to be addressed in the upcoming workforce and implementation plans due out later this year.

Challenges facing inpatient services

In our survey, trust leaders also pointed to growing pressures on inpatient services for adults – where demand for and access to beds is particularly challenging. 52% of mental health leaders disagreed or strongly disagreed with the statement that there are enough inpatient mental health beds in their trust/local area. However, pressure does not only come from demand and access. Trust leaders also report an increase in the severity of service users' conditions, which is partly attributable to people having to wait longer to access the services they need. This can result in them needing more specialist, longer-term care.

When no inpatient beds are available within an appropriate timeframe, one solution is to find beds 'out of area' to ensure service users receive the care they need as quickly as possible. This is not an ideal solution. Placing a patient out of area impacts the overall quality of care, particularly in terms of service user experience, can delay recovery through disconnection from family, carers and support networks, and fragment continuity of care. It is also more expensive.

The level of out of area placements (OAPs) is an important signal of the level of pressure inpatient services are under – OAPs have significantly risen in recent years, as our survey shows:

- 70% of leaders said they had acute inpatient out of area placements
- 63% said they had CAMHS tier 4 out of area placements
- 58% said they had rehabilitation out of area placements.

In our survey, alongside ongoing increases in demand, trusts identified a number of factors contributing to their reliance on OAPs including:

- Increased length of stay
  - increasing severity of inpatients' conditions means they need to stay longer.
- Investment
  - a low bed base across the country as a whole
  - low levels of investment from clinical commissioning groups (CCGs)
  - use of block contracts to pay for services.
- Type of provision
  - lack of specialist provision
  - insufficient community-based services
  - accommodating changes to the use of Section 136 of the Mental Health Act.

"Barriers to reducing OAPs include the high use of section 136 and the pressure on places of safety given recent changes to legislation and reduction in assessment time from 72-hour to 24-hour. The reduction in the use of custody is positive but did not plan for the subsequent increase in capacity."

Chief executive of a mental health trust

These findings underscore the need for an approach towards policy and funding for the sector that balances delivering on the ambitions for greater prevention, early intervention and community-based care, while ensuring continued funding for, and access to, inpatient services that people with severe and enduring mental health conditions particularly rely on.

The impact of wider system pressures

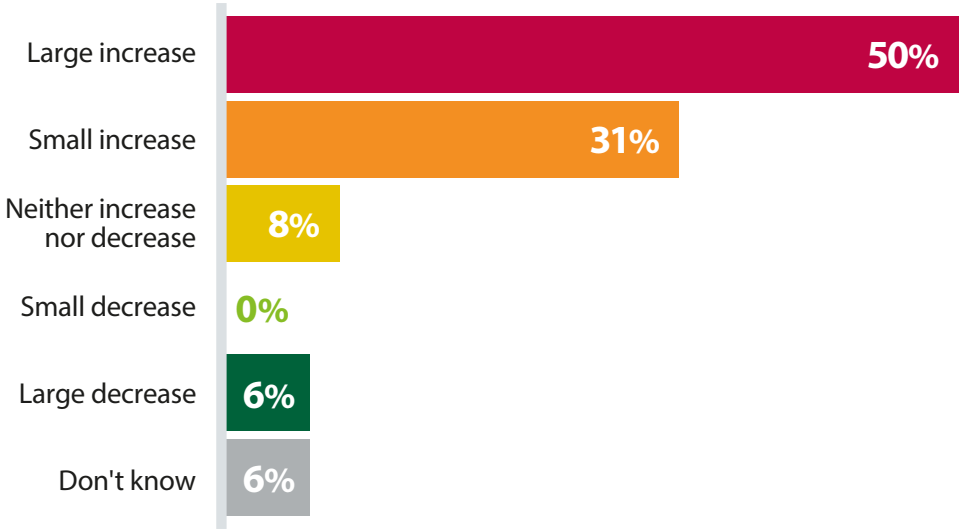
We know that the nature of demand across local systems is not straightforward with increasing numbers of people having complex needs that can require a response from multiple services. 88% of mental health trust leaders agreed or strongly agreed that pressures in the wider system have a knock-on effect and increase demand for mental health services in other settings.

As shown in figure 3, 81% of trusts leaders said that their local acute trusts had experienced a large increase (50%) or a small increase (31%) to the demand for mental health support over the last year.

Figure 3

How would you describe the change in demand for mental health support being experienced by your local acute trusts over the last year?

(n=36)



For ambulance services, 39% of mental health trust leaders said their ambulance trust is able to respond effectively to support people experiencing mental health issues, 23% said they were not able to respond effectively and the remaining responses said they were 'neither able nor not able' or they did not know.

Our findings relating to ambulance and hospital services underscore the need for mental health expertise in all parts of the system. The long term plan makes welcome commitments to build the mental health response competency of ambulance staff and to make mental health liaison services available in all acute hospital A&E departments that – if adequately resourced – should help to build capacity.

Trusts also highlighted how changes to the law were impacting on capacity. More than two thirds (69%) of trusts leaders said that changes in how services users are managed under section 136 of the Mental Health Act (MHA) have resulted in trusts allocating increased resources to implement these. The main changes to section 136 include a reduction in the maximum period of detention from 72-hours to 24-hours before being admitted to an inpatient setting, under 18s no longer being allowed to be taken to a police cell and adults only being taken to a police cell under certain circumstances. Police are also required to consult a mental health professional before applying a section 136 where possible. These changes put substantial additional pressure on inpatient capacity.

Prioritising early access to a health professional in a suitable environment is vital to improving the treatment of those experiencing mental health crises. However, the availability of places of safety and appropriate staff remain key issues that need to be addressed. Sufficient numbers of approved mental health practitioners and alternative places of safety need to be commissioned and appropriately funded. Commissioning and funding adequate numbers of mental health beds and alternative services across the country is also essential to combat out of areas placements and difficulties in managing flow of service users – particularly in urgent cases – arising from changes to how patients are managed under section 136 of the Mental Health Act.

The drivers of demand

The drivers of demand for mental health services are complex and often multifaceted. Across health and care we focus heavily on the pressures that hospital services face in winter – arising from the combination of cold weather, flu, an increasingly frail population, a stretched workforce and an inability to discharge patients. Nearly half of trusts leaders (48%) agreed with the statement that 'demand for mental health services increases over the winter months', showing that the seasonal peaks in demand for care are not unique to physical health.

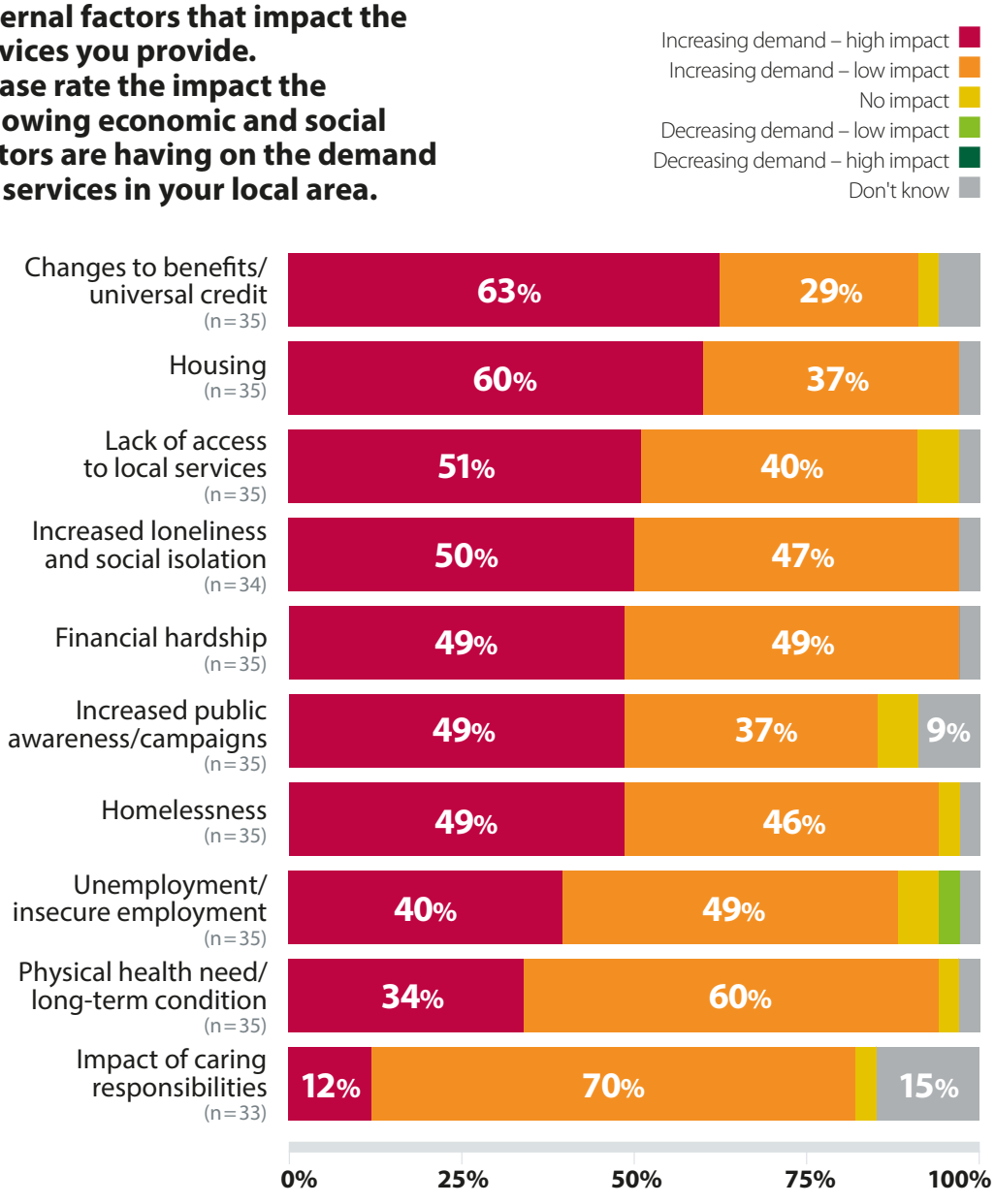
However, while winter pressures can increase demand for urgent and emergency care, mental health has other drivers of demand which have a year-round impact. A significant number of mental health trust leaders stressed the impact of wider socio-economic factors on demand for mental health services in their responses to our survey.

Figure 4 shows the external factors that trust leaders identified as having an impact on increasing demand:

- 92% said changes to benefits/universal credit – with 63% saying the impact was high, making it the most significant factor
- 98% said financial hardship
- 97% said housing
- 97% said loneliness and isolation
- 91% said cuts to local services.

Figure 4

We also know that there are external factors that impact the services you provide. Please rate the impact the following economic and social factors are having on the demand for services in your local area.



Trusts leaders told us that they are very concerned about the impact of growing social and economic hardship in their local communities. In particular they pointed to changes to benefits and the effects of financial hardship, homelessness, and substance and alcohol misuse playing a growing role in the nature and volume of presentations to mental health services.

"Main impact is from high and increasing levels of deprivation in this post-industrial area – so the main determinant is economic. Locally, substance misuse is rising rapidly and funding of provision for care and treatment via local authorities has more than halved – the consequences were and are self-evident."

Chair of a mental health trust

Cuts to substance misuse services, at a time when the use of new synthetic drugs such as spice and monkey dust has increased, was singled out in particular as a key local factor affecting demand.

The Local Government Association estimates that between 2010 and 2020, councils will have lost 60p out of every £1 the government had provided for services (Local Government Association 2018). Mental health trust leaders have said such deep cuts to local authority and voluntary sector budgets have meant the availability of vital services has dramatically reduced.

"Cuts to local authority and voluntary sector budgets have dramatically reduced the availability of services – The NHS is the only one still 'open'! "

Chief executive of a mental health trust

Respondents also stated increasing deprivation and financial hardship, resulting from changes to the benefits system in some cases, is having a serious impact on driving demand for mental health services. Universal credit was specifically named as a policy which was impacting on a number of those presenting to mental health services.

CASE STUDY 1

Denise (49), who has bipolar disorder, shares her experience of the work capability assessment (WCA) process

"I've been affected by mental illness since I was 16 years old but wasn't diagnosed with bipolar disorder until 1992 when I was 25. Despite my mental health condition I took medication for it and I worked as a mental health nurse all my life until 2011, when I became physically unwell with spinal problems and was forced to leave my job.

That was the first time I had ever had to apply for benefits and I found the whole process a huge source of anxiety. I felt lost and if I ever called the Department for Work and Pensions (DWP) to ask anything in relation to my employment support allowance (ESA) claim they would be so rude and uncooperative on the phone. I have found it extremely stressful to the point of a relapse in my mental health when I had to chase numerous professionals for supportive evidence to confirm that my mental health can prevent me from working. My mental health really deteriorated when I was forced to give up work. I think it was a direct response to the loss of income, social contact and vocational enjoyment and my personal sense of purpose.

My first work capability assessment in 2011 was really intimidating and provoked an enormous amount of anxiety in me. The assessor seemed to contradict everything I said and it was like she was misleading me so I would answer in a certain way. She had no compassion or even any understanding of my mental illness. She just asked a lot of irrelevant questions and it felt like she was on a strict time limit just firing out the questions to get it over with as quickly as possible.

As I have bipolar disorder my mood fluctuates and on that day I was feeling relatively well but on other days I really struggle and don't even get out of bed. Afterwards I was found fit for work and I was beside myself with worry. I went to my local mental health support service and they gave me advice on how to appeal. During that process my circumstances changed and I moved abroad for a while so I abandoned it.

When I returned to England in 2013 I had go through the process again. Finding all the evidence for a second time and having another assessment was really stressful. This time round I was feeling so depressed on the day of the assessment that I really didn't care what happened. They must have picked up on this. Nothing had actually changed in my circumstances since my last assessment but this time I had a totally different outcome and was found unfit for work and put in the support group.
tell you how stressful it is.

I thought I was safe and wouldn't have to worry about having to go through the assessment again but in the last month I have been made to re-apply for ESA and gather all the evidence from my doctor and other medical professionals yet again. I can't tell you how stressful it is.

I think the whole process is cruel. I have to wait for four weeks for a decision and I'll have sleepless nights until then. My security has been taken away. I also get some housing benefit but it isn't enough and part of my ESA pays my rent. Without my ESA I could become homeless. Going through the work compatibility assessment process is the biggest source of worry in my life and it's in the lap of the gods as to what happens to me next. I feel powerless."

While the link between poor mental health and poverty is understood in terms of driving up demand, it also impacts on the capacity of the workforce. Our findings suggest that community mental health staff in particular are spending increasing amounts of time supporting service users to navigate the benefits system, as well as supporting general issues associated with hardship including deterioration in wellbeing.

Housing and homelessness were also cited as increasing demand for services. There are a number of positive examples of mental health trusts working to overcome challenges around housing, including working in partnership with primary care and the third sector to provide supported housing and residential care with housing associations.

CASE STUDY 2

South West Yorkshire Partnership NHS Foundation Trust providing housing support services

Chelsea Huskins works for South West Yorkshire Partnership NHS Foundation Trust as a housing support co-ordinator. She explains:

"Sometimes, it isn't people's health needs that keep them in hospital. Problems with finding suitable accommodation for people who have had a long stay on a mental health inpatient ward can mean that they spend extra time in hospital which could have been avoided.

I work as a housing support co-ordinator across four wards in Wakefield, which means that I support people with mental health conditions to move back into suitable accommodation following a stay in hospital. When people with housing needs are admitted they are referred to me. They might have been homeless when they came to us, or staying with family members who they're unable to return to.

I explore different options with housing authorities and landlords to make sure that accommodation is in place so that when a person is well enough to be discharged, they're not kept in hospital for any longer than they need to be.

In just under a year I've had 76 referrals. I'm still in the process of supporting a couple of people, but apart from that I've found suitable accommodation for everyone.

Before my role was in place, lots of people would have to support someone to find accommodation. It meant that work was sometimes duplicated or missed, but now people can just come to me and all the work can be co-ordinated by one person. It's also good to have someone who has housing knowledge and contacts. Quite often, service users will be more willing to open up to me about their goals and needs as they don't see me as part of the nursing team.

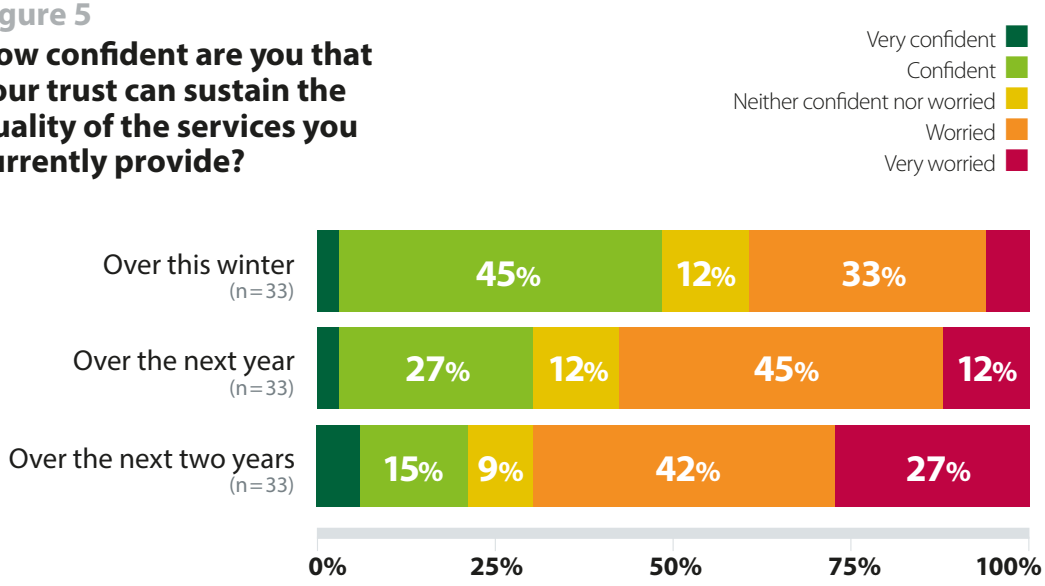
With the help of my role, people are reaching their potential and living well in their communities, and are able to return home as soon as possible to continue their recovery."

The impact of pressures on quality

When asked about the quality of services, around half of trusts felt confident or very confident that they can sustain the quality of service they currently provide this winter. As figure 5 shows, this trend shifts when looking at confidence over the next year and then over the next two years. In fact, 69% of mental health leaders are worried or very worried about being able to maintain the current quality of service over the next two years.

Figure 5

How confident are you that your trust can sustain the quality of the services you currently provide?



Demand for services is a complex issue. It is both a reason for, and result of, the care deficit permeating mental health services. If we are to address this we need to see:

- National policy moving in the same direction with increased support for both mental health and public health – local authority services are a key element in both meeting current need and preventing future demand.
- Realism about demand and what is needed to meet it, given that raised awareness of mental health issues and wider socio-economic factors will increase demand for services.
- Better demand and capacity planning with inputs from both trusts, commissioners and the national bodies.

3 THE WORKFORCE CHALLENGE

Having the right workforce, with the right skills, in the right place is central to realising the long term plan's ambition to drive further improvements in the quality of mental health care and outcomes. The NHS is facing significant workforce gaps in nearly every area, and the challenge for mental health trusts is particularly severe. The vacancy levels in mental health trusts are higher than in other sectors, especially in London where the average mental health nurse vacancy rate is 17.1%.

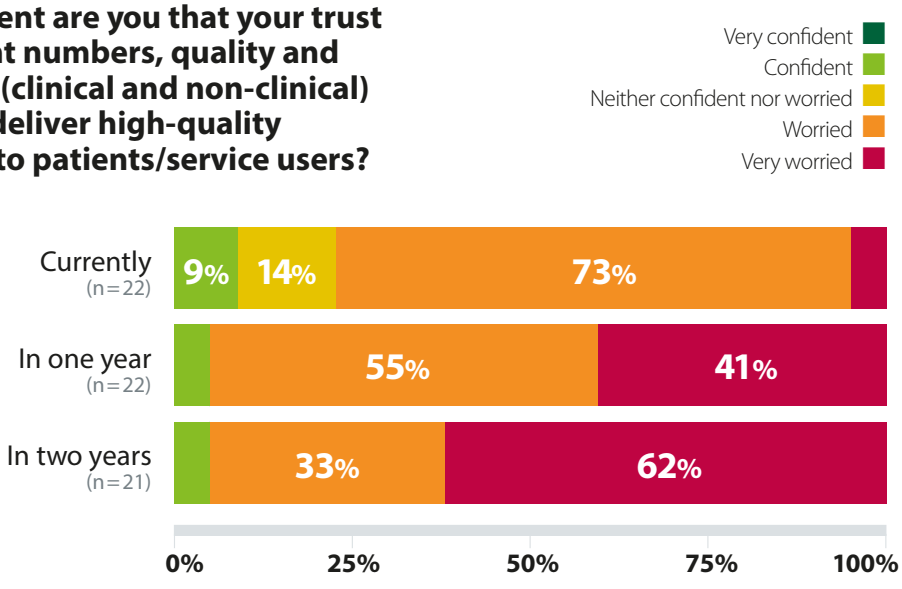
Despite a national pledge to expand the workforce, as set out in Health Education England's *Stepping forward to 2020/21: the mental health workforce plan*, ambitions around workforce for the sector look increasingly unlikely to be met within the next two years. The total mental health nursing workforce has declined by 10% since May 2010; a reduction of over 4,000 mental health nurses. It is, however, important to note that the reduction has been in inpatient settings and encouragingly the numbers of community mental health nurses has increased over the last two years (NHS Improvement, 2018).

Our survey presents a concerning, though not surprising, picture of the impact workforce shortages are having on the sector's ability to meet demand and provide high quality care. Workforce shortages remain a key reason for trusts struggling to meet local demand, and the majority of mental health trust leaders are worried about their current workforce situation. This concern is even more widespread when leaders consider their workforce over the next two years.

As figure 6 shows, we asked trust leaders how confident they were that they had the right number, quality and mix of staff to deliver high-quality care. Only 9% felt confident they currently have the staff they need. Nearly three quarters (73%) said they are worried and 5% said they are very worried. When asked about the numbers and skills of staff in two years time, nearly two thirds (62%) of mental health trust leaders said they were very worried – a strong sign that far from improving, these pressures are getting worse.

Figure 6

How confident are you that your trust has the right numbers, quality and mix of staff (clinical and non-clinical) in place to deliver high-quality healthcare to patients/service users?



This concern from trusts leaders is reflected in the workforce gaps across different mental health professionals. We asked trusts to tell us the gaps across a range of professions. With varying levels of responses, the vacancy rates shown in table 1 are indicative of the recruitment crisis trusts are facing. The average vacancy rate for all mental health staff was 11.6%, which is higher than the overall NHS vacancy rate of 8.7% reported in the most recent NHS Improvement quarterly performance reportto (NHS Improvement, 2018).

Table 1
Activity funded in the 2018/19 planning guidance compared to current projections

Staff group	Count	Average vacancy rate (%)
All staff	14	11.6%
Registered nursing staff	11	14.3%
Psychologists	6	9.9%
Psychiatrists	10	10.3%
Therapists/AHPs	7	9.7%

Trusts are already working to meet the workforce gaps they face, by using new roles and changing skills mix, However, our survey highlights trusts' reliance on employing locum or agency staff as well as resorting to reducing admissions or closing services as a result of workforce shortages.

"The introduction of clinical associate psychologists will revolutionise the mental health workforce, providing in one year a significant increase in workforce numbers to deal with the gaps in community services. Their impact across all areas of mental health will be significant. In April next year we will role out a programme to provide a clinical associate psychologist in every secondary school. This will create a true transformation of CAMHS in the county and eliminate waiting times for assessments to tier 3 and waiting times for treatment."

Chief executive of a mental health trust

In response to our survey, trusts provided an extensive list of the steps they are taking locally to address workforce shortages. These included a number of initiatives to improve recruitment and retention:

Recruitment

- working with partners across STPs/ICSs
- overseas recruitment
- introduction of new roles including nursing associates and physicians associates
- media campaigns for recruitment
- working with schools and universities.

Retention

- uptake of the NHS Improvement retention scheme
- retire and return schemes
- flexible working
- improving staff wellbeing and engagement
- role redesign
- bank incentives over Christmas.

A robust workforce plan with support at local level to ensure the plan gets delivered is paramount. While it was disappointing that a comprehensive national workforce strategy published alongside the long term plan, there is welcome progress on an initial implementation plan as signalled in the long term plan. The specific and pressing needs of the mental health workforce must be given appropriate priority in the plan and it must focus on short-term solutions to address current shortages as well as how to increase the mental health workforce supply over the longer term.

4 THE SYSTEM CHALLENGE

The operating environment for the provider sector as a whole is fundamentally changing. There has been a major shift – first set out in the *Five year forward view* and most recently reinforced by the long term plan – towards NHS and local authority organisations working in 'place-based' partnerships, in order to deliver services in a more integrated way to meet the changing needs of the population and ensure they are sustainable. This approach to transformation is being delivered through sustainability and transformation partnerships and integrated care systems.

Against this backdrop of local system changes, mental health trusts have been contending with rising demand for services and increasingly constrained funding. Despite significant and welcome additional investment, mental health money is not always making its way to the frontline services that need it most. Trusts also face specific, longstanding challenges around payment systems and commissioning arrangements, which impact the quality and efficiency of services and the continuity of people's care.

Given this context, we asked mental health trust leaders for their views on funding, payment systems, commissioning arrangements and moves to system working and their impact on the current – and future – delivery of services.

Funding

The long term plan makes a welcome commitment to growing investment in mental health services faster than the NHS budget overall for each of the next five years, so that mental health will receive a growing share of the NHS budget worth at least £2.3bn a year in real terms by 2023/24. However, NHS England has since confirmed that funding for mental health will only rise as a share of the NHS budget by 0.5% (NHS England, 2019c). The size of the rise in funding for the sector falls far short of the amount needed to close the proportionate gap between funding for physical and mental health care and raises questions over what mental health providers can realistically be expected to deliver as a result.

For some time there have been concerns that funding for the mental health sector is not always making its way to the frontline services that need it most. This has meant mental health service budgets are under strain to meet new access standards, deliver the priorities originally set out in the *Five year forward view for mental health* and provide their core community services. The pressures of increasing demand for both adult and children's mental health services have also been exacerbated by the deepening cuts to local authority funding.

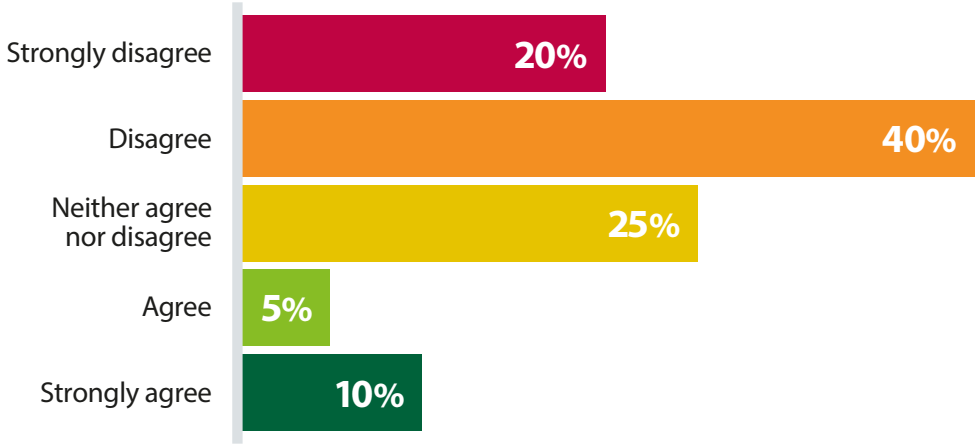
These funding pressures are reflected in the views of frontline trust leaders:

- 95% of trust leaders disagreed or strongly disagreed that overall investment in mental health is adequate to meet current and future demand
- 65% did not think that their trust has the freedom to invest in the areas they identified as a priority
- 60% disagreed with the statement 'my trust is able to balance meeting the requirements of national policy priorities while providing core mental health services' while only 15% agreed
- 60% disagreed with the statement 'the mental health investment standard is being appropriately applied for my trust', as shown in figure 7, while only 15% agreed with this statement
- 37% of trust leaders said they had to change or close services as a result of financial pressures Examples of services affected included closing alcohol and substance misuse services, homelessness services and some inpatient services.

Figure 7

To what extent do you agree that the mental health investment standard is being appropriately applied for your trust?

(n = 20)



"The reports of spending by CCGs are not transparent. I cannot see where all mental health spend is made and so cannot verify that mental health investment standard (MHIS) is being met. New money is earmarked for new services and there is insufficient uplift to meet demand in core services."

Chief executive of a mental health trust

Given trust leaders' concerns about funding flows, we welcome NHS England's proposals to tighten rules for CCG spending on mental health services and implement stricter controls on those failing to achieve the mental health investment standard in its planning guidance for 2019/20 (NHS England, 2019b). Further moves by NHS England to increase transparency in the way mental funding is allocated from CCGs to mental health trusts is accounted for are also welcome; this must be tightly monitored and enforced.

"The support for the MHIS has been really positive and changed the dynamic of the relationship with commissioners who are now looking to agree the best way forward to develop this."

Chief executive of a mental health trust

Payment systems

Our survey highlights that the way many NHS mental health trusts are being paid to deliver the majority of their services – through block contracts – has long been a key challenge, despite a commitment by NHS England to phase out unaccountable block contracts. Mental health service leaders have said this would be the most effective way of alleviating pressures on services within the next two years, and that block contracts also act as a key barrier to reducing out of area placements – a key national ambition.

Given these findings, it is encouraging that NHS Improvement and NHS England are proposing blended payment systems become the default for adult mental health services for the national tariff for 2019/20 (NHS Improvement and NHS England, 2019). This new approach has the potential to support the much-needed expansion and enhancement of mental health services. However, it will be important to recognise that setting a baseline for activity will be difficult, potentially time consuming and is likely to require a significant resource commitment. Providers are also concerned about the lack of prior engagement on the detail of these proposals, and that the timescales for implementing such significant changes to mental health contracts are too short.

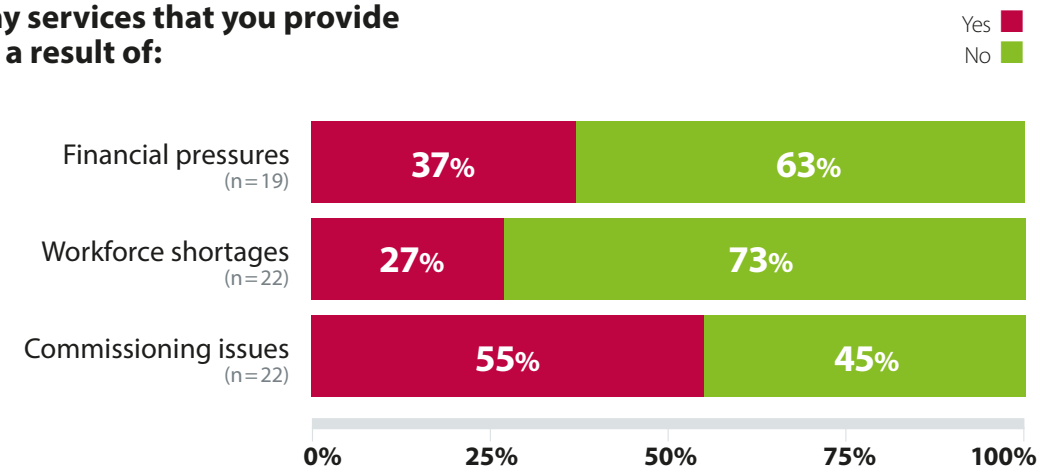
Commissioning arrangements

The complex – and often fragmented – way in which mental health services are commissioned has been a longstanding issue for trusts and has significantly impacted both the efficiency of service delivery and the continuity of care. The key challenges stem from the split in commissioning responsibilities between local and national NHS bodies, following the 2012 Health and Social Care Act, alongside the transfer of the commissioning of wider services – ranging from substance misuse to school nursing – to local authorities.

Our latest survey of mental health trust leaders puts this challenge into sharp focus, with over half of respondents stating they had changed or closed services as a result of commissioning decisions. Commissioning arrangements were also cited as a key reason why trusts are struggling to meet demand.

Figure 8

Have you had to change or close any services that you provide as a result of:



As figure 8 shows above, 55% of mental health leaders said they had changed or closed services due to commissioning issues. Examples they provided included:

- closing homelessness service
- closing rehabilitation beds
- reducing inpatient detox beds for alcohol/substance misuse
- withdrawing mental health primary care provision.

When asked what changes would most alleviate the pressures on services, trusts leaders said:

- ending block contracts
- delegating commissioning to providers
- reducing tendering activity
- investing in core services beds and community mental health teams, assertive outreach, crisis care, CAMHS
- incentives to increase the workforce
- capital for investment in estates.

Welcome work is underway to bring together fragmented commissioning arrangements and support more integrated working, with the introduction of new models of care as first set out in the *Five year forward view*. For mental health, these new models have enabled secondary providers of mental health services to manage care budgets for tertiary mental health services, such as secure services or specialised services for children and young people.

Mental health trust leaders have said the way in which specialised commissioning has been devolved more locally has been very positive and they welcome a strengthening of their role. They have stressed that further delegation of commissioning responsibilities to providers would alleviate pressures on services. Mental health trust leaders have also said that limiting the frequency with which services are put out to tender would release capacity to focus on service improvement and the development of new models of care in particular.

"An increased focus and commitment on mental health and community services as a genuine priority from the centre, with associated funding including capital."

Chief executive of a mental health trust

Moving away from block contracts, towards outcomes-based commissioning frameworks, was also singled out by mental health leaders as a local commissioning change that would have a positive impact on services and most effectively alleviate pressures on services within the next two years.

A number of leaders stated that the consolidation of the CCG landscape and work at a system level would improve the effectiveness of commissioning. This suggests that the intentions set out in the long term plan to reduce the number of commissioners across systems align with what mental health trusts need to be more strategic and efficient and are therefore a welcome step forward. It is important to note, however, that one respondent stated the merging of group budgets under sustainability and transformation partnerships (STPs) could have negative consequences and that capitation is needed.

Other commissioning changes that trust leaders said could have a negative impact on their services within the next two years included a reduction in budgets and the Quality, Innovation, Productivity and Prevention (QIPP) programme related to all adult mental health services, which could result in unhelpful disinvestment.

Transforming care

The lack of clarity over commissioning responsibilities between CCGs and NHS England was also highlighted as a barrier to trusts making progress on transforming care – the national programme aimed at improving health and care services for people with learning disabilities and autism in community settings and closer to home.

There has been widespread concerns raised over the lack of progress made to date on the ambitions for the programme, which were first set out in the *Building the right support strategy* in 2015. A lack of high-quality community services available for individuals in inpatient settings to 'step down' to is seen as a key barrier to progress. Despite these challenges, the long term plan has set a new commitment to further reduce inpatient provision for people with learning disabilities and autism – to less than half of 2015 by March 2023/24.

In our survey we sought to understand their experience of the programme to date. Trust leaders stated:

- there has been long delay in the programme and not enough progress has been made
- the programme does not have enough of a profile
- national leadership over the programme has been a concern
- the community infrastructure needed to facilitate closure of inpatient services is still not there or is being delayed.

"Some developments to support the Transforming Care Programme are floundering due to lack of clarity on funding and commissioning responsibility between CCGs and specialist commissioning."

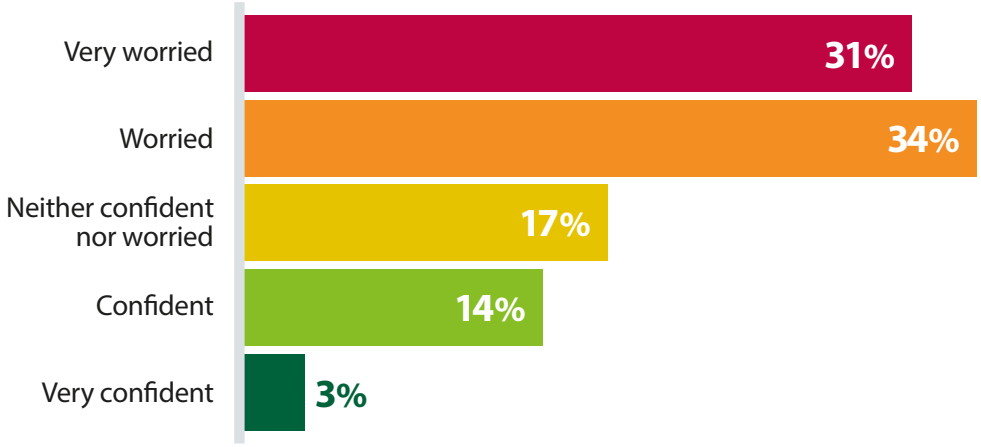
Chief executive of a mental health trust

As shown in figure 9, of those trusts with services that fall within the remit of Transforming Care, 66% were worried or very worried about the effectiveness of the programme with respect to managing service user caseloads.

Figure 9

How confident are you about the effectiveness of the transforming care programme with respect to your learning disabilities service user caseload?

(n = 29)



"Simply insufficient progress. There is a risk that we are vilifying health provision and securing inadequate social care provision that then collapses."

Chief operating officer of a mental health trust

Moves to system working

Our survey also provided an opportunity to better understand mental health trusts' perspective on progress towards greater system working through STPs and ICSs. Trust leaders identified the importance of additional investment, collaborative leadership, system partners taking collective responsibility for issues around demand and capacity, and taking a population health focused approach to help improve mental health services in their local systems.

"We have ensured that mental health is a mainstream part of the STP and not a separate silo dealt with outside of all the other issues."

Chief executive of a mental health trust

Indeed, one trust leader said that in their system there was a new collaborative approach and some non recurrent investment to develop longer term sustainable models for rehabilitation, CAMHS, eating disorder and learning disabilities services.

"The single approach by the STP is excellent and we have a strong work stream. What is less good is the differing approaches locally by the four borough CCGs. This means there is a constant dialogue to ensure mental health services remain in tact and we can deliver them in a resilient way. It would help to have one commissioner."

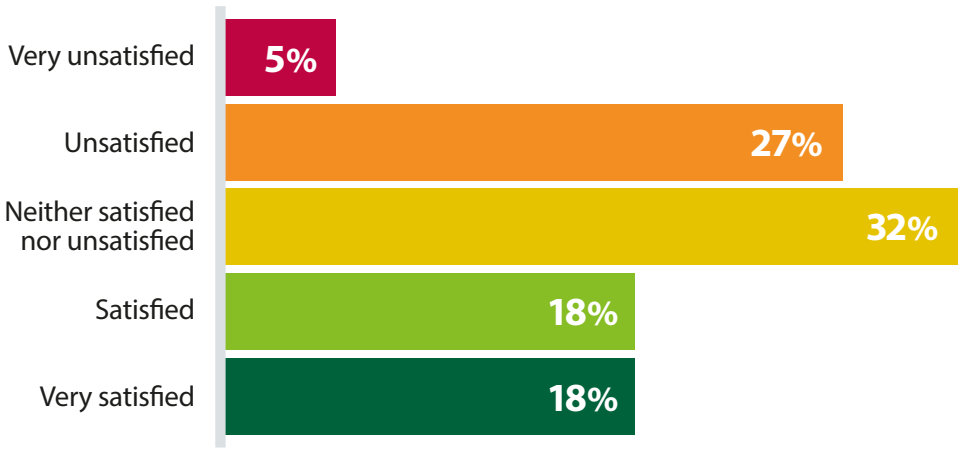
Chief executive of a mental health trust

While many mental health trusts have good working partnerships across systems and are positive about the direction of travel in their local area, our survey findings reveal the level of trusts' engagement with the drive for greater system working is varied.

Figure 10

Are you satisfied with how improving mental health services has been prioritised across your STP(s)/ICS/local systems?

(n=22)



As shown in figure 10 above, only just over a third (36%) of trust leaders said they were satisfied or very satisfied with how mental health had been prioritised within their STP/ICS/ local system and 32% said they were neither satisfied nor unsatisfied.

We also found that only 32% were confident or very confident that current system working and plans will lead to improvement in their trust's capacity to provide timely access to mental health services to the local population. Some trust leaders feel mental health has a high enough profile in their system's agenda and commitments have been made, but that this has not yet translated into additional investment.

"It has a high enough profile on the shared agenda but has to date led to little additional investment."

Chief executive of a mental health trust

"No new investment, lots of talk and 'commitment'."

Chief executive of a mental health trust

It is vital that this variation is addressed and that all mental health trusts have good levels of engagement with the NHS' drive for greater system working. Mental healthcare provision has undergone a fundamental transformation over the past 30 years. Given the journey the sector has been on, it has much to offer in terms of learning and expertise – from implementing complex system changes to delivering more personalised care pathways – as the NHS continues on its journey to fundamentally transform how services are organised and delivered to better meet the changing needs of the population.

"Mental health trusts, with their relative freedom from structural financial deficits and their strong existing relationships with primary and social care, are really well placed to spearhead integration across sensible local systems. They should be encouraged in STPs and by regulators, but rarely are!"

Chair of a mental health trust

What the survey results have shown is that, if we are to address the care deficit in mental health services, there are a number of issues that must be tackled across the three key components of the operating landscape – funding, commissioning and system working:

- improved and transparent mechanisms that guarantee that mental health funding reaches frontline services provided by trusts
- expansion and roll out of mental health new care models, fostered by less fragmented commissioning; and a reduction in the frequency of retendering
- greater understanding within STPs/ICSs/systems of the mental health and wellbeing needs of local populations in order to ensure mental health service delivery is prioritised accordingly
- greater engagement with mental health trusts to address variation in mental health trusts' experiences of working within STPs/ICSs/systems
- clear expectations around delivering on national investment and initiatives for CCGs/STPs/ICSs to deliver against.

CASE STUDY 3

Sussex Partnership NHS Foundation Trust working with local third sector partners

Pathfinder is a new initiative that streamlines access to mental health support in West Sussex. Sussex Partnership has joined forces with ten established third sector providers in the county to ensure that people with mental health needs can find the right support. The service offers to walk alongside people to help them access the right healthcare for them. This could be primary, secondary or third sector care.

Pathfinder operates in nine areas in West Sussex. Each area has a single point of access phone number and email address to make it easy for people to be able to find all the information they need in one place. Any individual or professional living or working in West Sussex can make contact to get advice, information and signposting to available support.

By providing this single point of contact, the service hopes to help keep people well as they can signpost them quickly to where they need to be and prevent someone becoming more unwell as they try to navigate services without support.

Pathfinder is:

- an alliance of local mental health support organisations
- different services working together to give advice, information and support
- for people with mental health problems
- for carers, family, friends and professionals.

Pathfinder offers:

- a single point of access to mental health and wellbeing support
- a range of services to support people with their mental health and wellbeing
- advice, information and sign-posting, including clear information about what support is available locally
- access to a clinical service provided by nurses and occupational therapists from Sussex Partnership NHS Foundation Trust who work alongside other Pathfinder agencies.

Pathfinder values the expertise of people with lived experience of mental health challenges and actively involves them in the design, delivery and monitoring of services. The name, Pathfinder, was a suggestion from service users and the collaborative is proud to operate under this umbrella. The pathfinder website www.pathfinderwestsussex.org.uk offers further information, tips for wellbeing and information and resources.

5 CONCLUSION

There has been great progress made to improve mental health awareness, develop national policy and enhance the delivery of services in recent years. The ambitions set out in the NHS long term plan around mental health and wellbeing are testament to the continued commitment to tackle this longstanding inequity between mental and physical health.

However, challenges for mental health trusts and their partners in tackling the care deficit remain and they are significant. Demand for services is continuing to rise at a time the sector is facing significant financial and capacity pressures that risk standing in the way of further progress being made. The scale of unmet need for mental health services is still not fully understood and current commissioning, financial and workforce constraints mean that achieving true equity for mental health still seems a long way off.

Our survey has revealed the impact of socio-economic factors on demand for mental health services is a particular concern amongst mental health trust leaders – in addition to longstanding issues around workforce and funding. Leaders are seeing increased social isolation, deprivation and homelessness increasingly driving demand for mental health services, and changing the nature of the support trusts need to provide. This trend has only been compounded by continued cuts to local authority budgets and the subsequent decommissioning of important local early intervention specialist mental health services which are needed to prevent people becoming more unwell.

Despite these challenges, system working provides an opportunity to further pursue equity of treatment for people with mental illness. Mental health trusts now have the opportunity to plan with health and care partners across their systems to work out how, together, they respond to the needs of their local populations in the decades to come. It is clear that mental health leaders are receptive to the challenge of working in a more integrated way, and are thinking positively about how changes to commissioning and increased system working will help them be more efficient and strategic.

As we move from high level plan to implementation, our survey suggests there are a number of priorities and challenges that both mental health trusts and the national bodies will need to consider. They include:

- mental health trusts, with the support of the national bodies, will continue to focus on reducing the number of OAPs and address inpatient capacity problems, although national bodies need to recognise the sustained demand here
- many providers are in need of capital investment so that urgent improvements can be made to estates
- mental health trusts need the national bodies to continue to promote careers in mental health and retain the current financial incentives to recruit mental health professionals.
- mental health trusts will be working hard to continue the progress already made on data collection and data quality to give a better understanding of mental health activity, access and outcomes that can then enable better commissioning.

APPENDIX

About the survey

In late November 2018, we surveyed the chairs and chief executives of all mental health trusts to gain a deeper understanding of the current operating environment and its impact on the sector. We received responses from 36 mental health leaders from 32 trusts across all regions, representing 59% of the NHS mental health trust sector. The survey was hosted online and remained open for three weeks. Questions covered the following areas: demand for services, access to services, service provision, commissioning, funding, workforce and system working.

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