

National Audit Office report on progress in improving mental health services in England

The National Audit Office (NAO), the UK's independent public spending watchdog, published a new report yesterday, *Progress in improving mental health services in England*. The report examines whether the government has achieved value for money in its efforts to date to expand and improve NHS-funded mental health services.

NHS Providers contributed to the NAO's scoping of this study and we shared our views on the progress against, and main challenges to, ambitions to improve NHS service. We are pleased to see many of the key points we raised reflected in the final report. We would expect an inquiry by the Public Accounts Committee in due course. If you have any questions or comments please contact NHS Providers senior policy advisor, Ella Fuller (ella.fuller@nhsproviders.org).

Key points

- The NHS has taken some important first steps towards closing the historical and acknowledged gap between mental and physical health services. However, while funding and the workforce for mental health services have increased and more people have been treated, the report highlights that many people still cannot access services or have lengthy waits for treatment. Staff shortages also continue and data that would demonstrate the results of service developments are limited.
- The Department for Health and Social Care (DHSC) and NHS England have not defined what achieving full parity of esteem for mental health services would entail, and therefore it is unclear how far the current commitments take the NHS towards its end goal, and what else is needed to achieve it. DHSC and NHSE have further to go to ensure value for money in their efforts to expand services and will need to demonstrate a firmer grip on the significant ongoing risks to their ambitions.
- Recommendations made by the NAO to ensure further progress is made towards achieving broader parity of esteem for mental health and wellbeing include:
 - DHSC and NHS England publishing a detailed statement of what achieving full 'parity of esteem' between mental and physical health services encompasses and the road map for national bodies, integrated care boards (ICBs) and local providers to achieve it.

- DHSC and NHS England publishing a longer-term mental health workforce recruitment and retention strategy and a costed plan, including how they will work with ICBs.
- NHS England, working with local ICBs and providers, improving its data and analysis to better understand the relative cost and cost-effectiveness of different services, and provide a more robust basis to decide future priorities.
- NHS England, working with ICBs, developing guidance in 2023 on how the system will gain more transparency over capacity, activity, performance and outcomes in community mental health services and what improvements are required to implement the proposed new clinical standards, as well as mental health-related capacity and activity in primary care.
- DHSC and NHS England setting out the future approach to leading, monitoring and assuring oversight of mental health service expansion and improvement. This should include how they ensure ICBs and NHS providers have sustainable plans for workforce and service models.

Scope of the report

The report examines whether the government has achieved value for money in its efforts to date to expand and improve NHS-funded mental health services. The NAO's conclusions are based on evaluating whether DHSC, NHS England and other national bodies:

- have a clear understanding of how much their work to date has reduced the gap between mental and physical health services;
- met ambitions to increase access, capacity, workforce and funding for mental health services; and
- are well placed to overcome the risks and challenges, including the impact from Covid-19, to achieving future ambitions.

Key findings

Improving services for patients

- Overall, the number of people treated by NHS mental health services has increased, but some access targets are not being met. Between 2016-17 and 2021-22, the number of people in contact with NHS mental health services increased from 3.6 million to 4.5 million.
- NHS mental health services are under continued and increasing pressure and many people using services are reporting poor experiences. In the NAO's survey of NHS mental health trusts, most reported that in response to demand and service pressures, they had allowed waiting times and lists to increase, while a minority had raised treatment thresholds (15 out of 33) and reduced provision in some service areas (six out of 33).

- Over the next few years, demand for mental health services will continue to significantly outstrip provision, putting pressures on patients, staff and people trying to access services.
- NHS England's ambitious plan for community-based mental health services is still at an early stage. An estimated 1.2 million people are on the waiting list for community-based NHS mental health services at the end of June 2022. Many ICBs are concerned that they do not have the required resources and capacity.
- The impact of initiatives to reduce inequalities in mental health is not yet clear. In the NAO's survey of ICBs, only two of 29 said they had all or most of the data needed to assess variations in patients' access, experiences and outcomes. People with severe mental illness were 4.9 times more likely to die prematurely than the general population during 2018–2020.

Increasing mental health service workforce, funding and information

Workforce

- Although the NHS mental health workforce has increased by 22% between 2016-17 and 2021-22, staff shortages remain the major constraint to improving and expanding services.
- The NAO's survey of NHS mental health trusts highlighted particular concerns about shortages of medical and nursing staff, and psychologists. A wide range of reasons were given for shortages, including problems recruiting and retaining staff, a high turnover of staff between service areas, and competition from health and non-health sectors.
- The lack of a strategy makes it harder for national and local bodies to coordinate efforts to train and recruit staff, particularly when levers for workforce growth are spread across different bodies, and funding for workforce education and training tends to be short-term and not always aligned with projected staff requirements.
- Retaining staff is also becoming an increasing challenge. During 2021-22, 17,000 staff (13%) left the NHS mental health workforce.

Funding

- The share of funding for mental health services has increased slowly, reflecting the pace set by NHS England's targets. While NHS England has improved its monitoring of local spend, the rate of change remains slow.
- The NAO calculated that the proportion of clinical commissioning group (CCG) funding spent on mental health services (excluding spending on learning disability, autism and dementia) only increased from 11.0% in 2016-17 to 11.4% in 2020-21.
- NAO analysis suggests that NHS England was on track to meet commitments to increase annual mental health spending by £3.4 billion in cash terms by 2023-24, compared with 2018-19.

- Although a robust baseline measure was not available, NAO analysis also suggests that NHS England had achieved its commitment to spend an additional £1.3 billion on transforming children and young people's mental health services for the period 2016-17 to 2020-21.
- The NAO identified funding and commissioning issues that national and local bodies will need to address, including the lack of information on actual costs of services provided, which makes it difficult to quantify any historical under-funding, and the use of overly complex and fragmented commissioning arrangements.
- Previous government strategies have also emphasised the importance of improving preventive (non-NHS) services alongside treatment services, but the NAO heard strong concerns from stakeholders about a continued lack of funding for such services.

Data and information

- Improvements to mental health data and information are taking longer than planned in many areas. The NAO highlights not all providers submitting data for NHS Digital's core Mental Health Service Data Set, and the lack of outcome measures available for service areas other than for talking therapy services, as particular issues.

Achieving parity of esteem

- DHSC and NHS England have not defined what achieving full parity of esteem between mental and physical health services would mean, and without this definition and associated measures, it is not possible to say how far the current improvement programme takes the NHS towards full parity of esteem.
- In the NAO's view, the definition should include the estimated proportion of people in need that different mental health services should ultimately cover, the desired staffing profile, and the share of funding between mental and physical health services.
- Plans for service expansion up to 2023-24 still leave a sizeable gap between the number of people with mental health conditions and how many people the NHS can treat. The NAO estimated that the 2023-24 ambition for 1.9 million people to access talking therapy services equated to around one quarter of people with a diagnosed need. The main constraint on service expansion is how fast the workforce can increase.
- Introducing access and waiting time standards for mental health services was an important step towards parity of esteem with physical health services. However, unlike the standards for physical health services, the standards for mental health only cover a limited number of service areas, and do not apply to the bulk of core community and inpatient mental health services.

- The national programme, led by NHS England, has maintained a consistent focus on expanding services and has overseen delivery of a series of commitments made to improve and expand services. Strengths of the programme include: strong national leadership, a consistent focus and objectives for service expansion, clear lines of accountability, and its approach to sharing lessons, stakeholder engagement and understanding and monitoring progress.
- However, the programme had not been able to fully address major risks to achieving its aims, including addressing workforce shortages and making planned progress on improving data. There were also limitations in the extent to which it could assess relative value for money and returns on investment. The 2023 reorganisation of national health bodies, following the introduction of ICBs in 2022, means NHSE has to proactively ensure that mental health continues to get sufficient attention as oversight and accountability arrangements develop.
- Increased demand and disruption following the pandemic mean it is likely to take longer for the NHS to close treatment gaps. Demand for mental health services is likely to be higher than the 2019 NHS Long Term Plan anticipated, including as a result of the pandemic and particularly among young people.
- DHSC and NHS England acknowledge that it will now take longer to achieve some of the existing commitments following the Covid-19 pandemic, amid signs of a large rise in mental health conditions, particularly among young people.

Conclusion on value for money

- The NAO recognises that the NHS has taken some important first steps towards closing the historical and acknowledged gap between mental and physical health services. However, while funding and the workforce for mental health services have increased and more people have been treated, the report highlights that many people still cannot access services or have lengthy waits for treatment. Staff shortages also continue and data that would demonstrate the results of service developments are limited.
- The NAO concludes that DHSC and NHS England have not defined what achieving full parity of esteem for mental health services would entail, and therefore it is unclear how far the current commitments take the NHS towards its end goal, and what else is needed to achieve it.
- The NAO has also said that DHSC and NHSE have further to go to ensure value for money in their efforts to expand services and will need to demonstrate a firmer grip on the significant ongoing risks to their ambitions.

Recommendations

The NAO has made the following recommendations to ensure further progress is made towards achieving broader parity of esteem for mental health and wellbeing:

- DHSC and NHS England should publish **a detailed statement of what achieving full 'parity of esteem' between mental and physical health services encompasses**, in terms of access and service standards, staffing model and funding allocations, and the road map for national bodies, ICBs and local providers to achieve it.
- Either separately or as a distinct part of the overall NHS workforce plan due in 2023, DHSC and NHS England should publish **a longer-term mental health workforce recruitment and retention strategy and a costed plan** that reflects the volume and skills required to meet future service ambitions. The strategy should include how they will work with ICBs on local workforce development, recruitment and retention.
- NHS England, working with local ICBs and providers, should **improve its data and analysis to better understand the relative cost and cost-effectiveness of different services**, and provide a more robust basis to decide future priorities.
- NHS England, working with ICBs, should develop and issue **guidance in 2023 on how the system will gain more transparency over capacity, activity, performance and outcomes in community mental health services**, including improvements required to implement the proposed new clinical standards, as well as mental health-related capacity and activity in primary care.
- DHSC and NHS England should **set out the future approach to leading, monitoring and assuring oversight of mental health service expansion and improvement**. This should include how they ensure that ICBs and NHS providers have sustainable plans for workforce and service models in the short to medium term.

NHS Providers press release

In response to a National Audit Office (NAO) warning that millions of people with mental health needs are unable to access services, NHS Providers deputy chief executive Saffron Cordery said:

"Overstretched mental health services are under huge pressure, doing all they can to provide the best possible care in the face of ever-growing demand. The progress that has been made is testament to the hard work of the sector and highlights what can be achieved when services are prioritised and better resourced.

"We need long-term, sustainable investment and support for services, and the mental health workforce that is essential to delivering high quality care, in order to continue to improve access to mental health care.

"Levels of support and investment also need to match growing demand. Services are seeing many people, often with more complex needs, as a result of the COVID-19 pandemic and now the cost of living crisis is having an increasing impact. More than 70% of NHS trusts said last autumn that they had seen more people coming to them due to stress, debt and poverty.

"We know too that once they access services many people need more treatment and are staying longer as in-patients, with more being sent outside their local areas for care.

"With an estimated 1.5 million people on the mental health waiting list and more people being referred to and in contact with mental health services than before the pandemic – and appointments postponed because of ongoing strikes – pressure will continue to mount in the coming months.

"More capital funding is desperately needed to provide more therapeutic, safe and appropriate environments for people with acute mental health needs. We also need more support for public health and social care services given the crucial role they play in supporting people and helping to prevent mental ill health and deterioration."