Written evidence submitted by NHS Providers (CMH0144)

Health and Social Care Committee Community Mental Health Services Inquiry Submission by NHS Providers

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance 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 all trusts in England in voluntary membership, collectively accounting for £124bn of annual expenditure and employing 1.5 million people.

Key messages

- More individuals are accessing mental health care and treatment than ever before, in part thanks to new services and higher levels of investment delivered via fully costed programmes for mental health delivery in the shape of the Five Year Forward View for Mental Health and the NHS Long Term Plan, but also due to increasing levels of demand for mental health services. However, there remains significant unmet need that requires sustained levels of investment and focus in order to address. Trusts continue to work hard to expand services and enable access to high quality care within significant staff and resources constraints.
- The mental health sector has suffered a historical, structural disadvantage compared to physical health provision, with the stigma surrounding mental illness sitting at the heart of this. The disadvantage is exemplified by the fact the healthcare system is still operating in the context of a 'care deficit' where we accept that not all those that need help and treatment will be able to access support, and the provision of mental health services is not prioritised across the whole of the NHS. The fragmented commissioning and delivery of mental health services, the use of block contracts to pay for them, and the longstanding neglect and underinvestment in the mental health estate, are all symptomatic of the sector's disadvantage.
- There are a range of steps trusts have been taking, working with local partners, to meet the needs of as many individuals in their local areas in the best way possible and overcome the demand capacity mismatch. We have heard of trusts, for example: setting up day services to provide an

alternative to admission to hospital; using digital solutions to expand access to care where appropriate; and working with schools, GPs and their partners in local authorities and the voluntary sector.

- Shifting resources towards prevention and early intervention will enable trusts to deliver a more proactive and co-ordinated community-based model of mental health care. It will also help prevent individuals becoming more seriously unwell and enable early access to mental health support for those that do. There must be an adequate focus on ensuring the right, specialist support is available for individuals with severe mental illness. We also need to ensure there is an appropriate bed base and safe therapeutic inpatient environment for when people need inpatient care.
- The government must support mental health services in future NHS funding decisions to ensure trusts can meet rising demand through new and future models of care, and in recognition of the economic benefit derived from investing in the delivery of high quality, accessible mental health services. There needs to be a firm focus on the enablers of expansion and transformation – data and digital, workforce and capital funding – and a long-term approach taken to investment.
- System working provides an opportunity to further pursue equity of treatment for people with mental illness. We also need to address in the round how mental health and other services, in particular public health and social care, and including in the voluntary sector, are resourced, commissioned, funded and paid for to fundamentally improve the current quality and system of care for people.
- There needs to be particular focus in national policy development and service provision on some of the most vulnerable and under-served groups in our society. This includes children and young people, people from Black, Asian and ethnic minority communities and people with a learning disability and autistic people, who face significant inequalities in their access to, and experience and outcomes of mental health care.

What does high-quality care look like for adults with severe mental illness and their families/carers?

1 Care should be person-centred, family/carer-friendly and trauma-informed: the issues service users are experiencing being seen in the context of past events and their care helps them feel safe and build on their strengths and the support around them. Care must also be holistic, taking into account meeting a person's general physical health needs as well as their wider personal, social and employment needs. Services should be delivered by a skilled multidisciplinary team of staff with the right values and behaviours who can assess holistically and can provide high quality interventions and therapy on a consistent basis. Staff having respect, compassion, courage,

understanding, and good communication skills is particularly important, as are staff being an advocate for the people in their care and trained in positive behaviour support.

2 Trust leaders have also suggested that every community team should contain an addiction therapist doing intensive work with service users and their carers. Addiction is a significant cause of mental illness and barrier to recovery, yet very few settings have access to expertise in the management of addictions.

3 When inpatient mental health care is required, it should be specialist, time-limited and focused on people's return to recovery with clear plans for discharge, supported by high-quality, robust and regular care and treatment reviews. All relevant services such as housing and community mental health teams should be involved at the point of an individual's admission. To help facilitate discharge, secure and high-quality housing provision should be available in places where people want to live alongside specialist community services with the capacity and resources to support people to remain in their own homes.

4 Trust leaders have also highlighted the importance of: inpatient care being delivered in a therapeutic physical environment that aids recovery; seeing people who are referred to mental health services far more quickly; and increasing the availability of alternative services to hospital.

5 Trusts are developing ways of working in collaboration with service users and people with lived experience to plan and, in some cases, help deliver services. Trust leaders have also emphasised the importance of trusts taking a collaborative approach within their organisation (e.g. physical health and mental health teams working well together) as well as with local system partners such as commissioners and social care and housing providers.

What is the current state of access for adults with severe mental illness to community mental health services?

6 NHS England has recently begun monthly publication of community mental health access and waiting times data. Latest data (November 2024) shows 128,905 adults with serious mental health illness (SMI) received their second contact with services between September and November 2024, which is an increase of 6.3% compared to the previous three-month period. The median wait times for adults is at 42 days, which is an increase of 1 day since the previous three-month period. There were 222,834 adults with SMI still waiting for treatment from community mental health services, though this is down by 2.7% compared to the previous three month rolling period. We understand there remain challenges with the capturing and recording of this data and so this should be taken into account when using it to assess the current state of access to services.

7 The latest data covering community and inpatient services (November 2024) shows referrals at similar levels to the same time the previous year, but up 25% compared to pre-pandemic levels

(November 2019). Care contacts are also up considerably (43%) compared to before the pandemic. However, the mental health waiting list for all ages now stand at 1.85 million, up from 1.7 million in January 2016, despite the progress that has been made in increasing access to mental health services. This reflects increasing demand for services and resource challenges.

8 Trusts are doing all they can to help people access support as early as possible with the staff and resources they have available. However, demand and workforce challenges still remain and mean a substantial treatment gap and barriers to accessing help early enough persist. Of the 107,865 NHS staff vacancies recorded in the latest quarter, 23% were in the mental health sector, which is up 13% compared to prior to the pandemic. There are thousands more staff needed to deliver the ambitions for the sector in the medium to longer term, and growing – and often more complex – demand for mental health services: 4.5% more patients were estimated to have been detained under the Mental Health Act in November 2024 compared to pre-pandemic levels, and there were 14.1% more new referrals to liaison psychiatry teams from A&E compared to a year ago.

9 There was welcome ambition in the NHS Long Term Plan (LTP) to deliver new integrated models of community mental health care backed by dedicated funding. Such transformation will take time and needs sustained focus and resources beyond current funding envelopes to fully deliver. Before this programme began, 85% of mental health trust leaders we surveyed in November 2018 did not feel there were adequate mental health community services to meet local needs, highlighting the scale of the challenge this programme was focused on addressing.

10 Implementing these new models of care involves the triple integration of mental health, physical health and social care, which takes time and requires careful joint working across a range of local partners. The new models of care also need to be built around primary care networks (PCNs) and integrated care systems (ICSs), which are all working at various stages of development. National roll out of the programme of new models only began from April 2021, and we know the two-year early implementer phase of the programme was impacted by the pandemic, with areas having to pause this work when it was not operationally viable at the peak of Covid-19 first wave pressures.

11 We are also mindful that the funding and workforce trajectories agreed for this programme were set prior to the pandemic. This means they were calibrated to address a treatment gap due to a lack of investment in core community mental health services historically, rather than levels of demand and pressures services are now experiencing following the impact of Covid-19 and subsequent challenges such as the cost-of-living crisis and the wider economic context. The scale of the challenge around the workforce, both in terms of numbers and skills – which vary from specialist mental health care to providing physiotherapy and employment support – is also a significant barrier. One trust leader previously told us there are "good levels of funding coming in to expand community and early intervention services, but the biggest challenge is finding the workforce and retaining them given the demands and pressures". We need to sustain focus and

resources, informed by learning from work undertaken by local areas so far, to continue the transformation of community mental health services that began under the LTP.

What progress has been made in implementing waiting time and access standards for community mental health services?

12 We support the development of new standards covering a broader range of mental health services. We know from all the clinical evidence available how important timely access to services is both to prevent mental ill health and avoid, where possible, conditions worsening. The introduction of these standards is also an important step towards parity of esteem by providing more information about the demand for, and access to, mental health services and a potential means to support more effective models of care delivery.

13 While new community mental health access and waiting times data is now being published, we understand that performance thresholds have not yet been set given additional funding requirements and workforce implications. NHS England rightly emphasised, at the time of consulting on the standards, the importance of setting thresholds that acknowledge the task ahead for trusts to recover from the pandemic alongside the continued expansion and transformation of mental health services. This remains the case, as highlighted by our survey of trust leaders during the last Parliament (May 2024), where only 8% of respondents told us they were confident in their system(s)' ability to deliver recovery targets to reduce long waits in mental health services. Four in five trusts (81%) also told us they do not believe their organisation has been provided with sufficient funding to sustainably reduce backlogs in the mental health sector. Mental health trust respondents said services are not funded for the levels of patient acuity or activity they are currently delivering.

14 We also understand poor data quality is a key barrier to introducing performance threshold or a trajectory for improving performance against the proposed standards. NHS England has been working with trusts and systems to define and embed the new standards, including by improving data quality as implementation plans are developed.

15 We have welcomed the approach taken by NHS England to date to involve trusts and other stakeholders in the design, consideration and implementation of the new standards. Implementation planning must be realistic and honest about what resource and time is needed to introduce these standards successfully.

How could access be improved across the country?

16 Trust leaders are exploring a range of options to help people struggling with their mental health access support earlier. These include making access to prompt and personalised care easier,

example by giving people a choice of treatment location and timing; focusing on delivering responsive services for that work to prevent crisis; enabling free access to online resource, services and apps; and better signposting and making information and phone numbers easier to find.

17 However, broader national action is needed focused on the key enablers of expansion and transformation of services – funding including capital investment, workforce, data and digital – in order to improve access to services across the country fundamentally. There also needs to be a focusing on addressing inequalities and meeting the needs of vulnerable and underserved groups.

18 We remain concerned about the level of funding and prioritisation of mental health services. Funding for the mental health sector is still not always making its way to the frontline services that need it most, with the mental health investment standard (MHIS) being seen in some cases as a maximum limit based on affordability, rather than a minimum based on need. We have heard mental health is being seen by some ICBs as 'negotiable' and the MHIS as 'a cost pressure' given the significant system financial pressures in recent years.

19 As Lord Darzi emphasised in his recent report, we need to lock in financial flows to enable the shift of care closer to home in the community. We strongly encourage the government to establish mechanisms which will ensure mental health care is appropriately prioritised financially, and in policy, in inpatient, community and primary care. Stronger national expectations are also needed for ICBs to achieve sustained development of high-quality mental health services, designed around a commitment to substantially reducing the level of unmet need in mental health and mental health inequalities.

20 We also must continue to protect share of spend for mental health services, otherwise we risk exacerbating the challenges of patient flow, providing adequate resourcing to maintaining lifesaving services, and transforming models of care. When asked about top priorities for the new government to enable improved patient care over the next decade, nearly a third (32%) of trust leaders from all sectors cited the need to prioritise investment in mental health.

21 With regards to workforce, there remains a need for a fully costed and funded national workforce plan for health and care staff for the longer term, that not only sets out the desired and specific future size and shape of the workforce but also commits to an ambitious programme of training and development. Having enough staff who are well trained would lower the current thresholds and waiting times to access services.

22 Despite growth in the mental health workforce in recent years, there remain significant shortfalls in both the number and skill mix of staff. This is particularly true in nursing. Over half (52%) of mental health trusts are worried or very worried about whether their trust has the right numbers, quality and mix of staff to deliver high quality health care. Focus is also needed on retention and making frontline roles rewarding and manageable, alongside ensuring compassionate, courageous and inclusive leadership at all levels.

23 We must also make further progress on data collection and data quality to give a better understanding of mental health activity, access and outcomes that can then enable better commissioning. The digital fundamentals also need to be in place for trusts, for example, strong digital infrastructure (e.g. reliable wi-fi) and effective electronic patient record systems and shared care records fit for purpose in mental health services to help staff deliver safer and more efficient care, improve patient and staff experience and enable data-driven decision making.

24 Focusing on addressing inequalities and meeting the needs of vulnerable and underserved groups is important to improve access. The inequalities in access, outcomes and experiences of people from Black, Asian and minority ethnic backgrounds is a particularly significant source of concern for trust leaders and we need to see sustained focus on delivering national plans to support local health systems to better address this. One example of positive local work includes East London NHS Foundation Trust's work to understand and improve the experiences of Black Asian and Minority Ethnic patients and communities and their access to community mental health service. Trusts have told us they would welcome national support more broadly to take effective action on race equality by providing challenge, sharing best practice resources, and holding boards to account. Trust leaders have also emphasised the need to consider wider inequalities experienced by the communities they serve, including in housing, employment, public health and other areas which have a profound effect on life chances and mental health.

25 We would also stress the importance of better understanding and improving children's access to mental health services and wider support in the community. When we surveyed leaders of trusts providing children and young people's services in 2024, 100% of mental health trusts who responded to the survey said demand had increased and 83% said waiting times have got worse since the pandemic. The majority of mental health trust leaders told us they were not able to meet the demand for children's care and most of them were concerned about their ability to meet anticipated demand for these services. Our findings are reflected in the latest national data, which shows the number of children and young people on the 'mental health waiting list' are almost two times higher than pre-pandemic levels. Levels of unmet and under met need is also likely to be a contributory factor to previous estimates of the length of time children in mental health crisis have spent in A&E.

Has the Community Mental Health Framework been an effective tool for driving the delivery of more integrated, person-centred community mental health services?

26 The Community Mental Health Framework explained in helpful further detail the ambitions for developing new models of care to better support people with SMI in the community, as first set

out in the LTP. NHS England later developed and published a Community Mental Health Transformation Roadmap which set out key milestones and deliverables and included supporting information and resources for systems to further support delivery of the new models as envisaged in the LTP.

27 The framework has been referred to us by one trust leader as a success which the sector should be drawing on some of the learning from to inform work in other areas (e.g. the work to transform the quality of inpatient settings). Specifically, they highlighted that delivering a better model of community care is being approached as a system challenge where partners need to collaborate, along with opening up and bringing in other partners, such as those from the voluntary, community and social enterprise sector (VCSE). This is having a positive impact on culture and improving the therapeutic offer.

28 We are aware of concerns being raised previously about delivery times set out in the framework not feeling realistic, particularly given the difficulties in being able to recruit staff. Trusts have highlighted to us the lack of qualified staff in particular needed to fully deliver the framework's ambitions, and the need for this to be addressed by a central, coordinated plan.

29 One trust leader told us recently that the increased funding to deliver new models of community mental health care has helped their trust to meet more of the significant increase in demand for their services than they otherwise would have had that funding not been available, but not enabled them to reduce the pre-existing treatment gap and fully transform services as far as it had been envisaged.

30 It is difficult to definitively say how effective the framework has been as a tool for driving the delivery of more integrated, person-centred community mental health services as there has not been a national evaluation. We understand NHS England has been seeking over 2024/25 to improve its understanding of evaluations led by other national stakeholders and local services, and other work happening locally on impact of transformation in community mental health services, to generate robust national-level insights about community services in future.

31 NHS England has most recently confirmed it will undertake a longer-term review into the whole system approach to supporting people with SMI with a wide range of partners who support them, which we welcome. The review was due to start at the beginning of 2025 and aims to report by the end of 2026. In the shorter term, NHS England will develop wider guidance on what good quality, safe care looks like for community mental health teams with external partners including the Royal College of Psychiatrists and the Care Quality Commission.

How can community mental health services work with social care, the third sector and local government to better address service users' health and wider social needs that are wider determinants of mental health outcomes?

32 A significant number of mental health trust leaders stressed the impact of wider socioeconomic factors on demand for mental health services in their responses to our survey prior to the pandemic.

33 Mental health trusts are already working in collaboration with wider partners to deliver higher quality, more person-centred and holistic care. For example, Bradford District Care NHS Foundation Trust's work with Mind in Bradford and other local voluntary and community organisations to provide more intensive holistic support earlier to individuals and better meet growing demand. We have also highlighted the work of a number of other NHS trusts partners to improve support for people with severe mental illness' physical health with local partners to improve support for people with severe mental illness' physical health.

34 However, there must be increased support for wider public services, and in particular public health and social care. The public health grant has been cut by 28% on a real-terms-per-person basis since 2015/16, with local authorities in the most deprived areas facing the highest cuts. This has undermined councils' efforts to work with the NHS and other partners to meet service users' health and wider social needs that are wider determinants of mental health outcomes. There must be increased funding for local authorities, to improve population health within local communities by investing in upstream services, which will help to reduce the burden on the NHS and prevent inequalities.

35 In social care, there remains a need for a clear vision of reform, and tangible, fully funded measures. It is critical to improve staff pay and tackle high vacancy levels in the social care workforce to secure provision, as well as to support the provider market, and to increase access and improve quality of care.

36 Trust leaders have also raised concerns about the divide between mental health treatment and drug and alcohol treatment caused by the separation of commissioning under the Health and Social Care Act 2012 and have suggested that more flexible and integrated approaches should be sought here. A coordinated approach which balances national policy to support the prevention agenda, with local level action on collaboration, planning and service delivery, will enable frontline staff to implement the interventions which support people's health and broader social needs. The government should be aware of the health impact of any new policy, and seek to avoid undermining work that is aimed at supporting the wider determinants of mental health outcomes.

How could the funding system be reformed to more effectively drive transformation in the delivery of integrated and person-centred community mental health services?

37 There has been historic underinvestment in community and mental health services, and funding has failed to keep pace with demand. The majority of mental health services have historically been delivered through block contracts which are inflexible and do not reflect changes in demand once they have been agreed. There needs to be a strategic, innovative and long-term approach to funding for community mental health services, with payment models that enable services to better meet demand and support integration. Policy levers, such as whole-system incentives and differential funding growth for community services, must be explored.

38 New approaches to payment systems and contracting have the potential to support the much needed expansion and enhancement of mental health services, however, there remain significant hurdles to their successful implementation, primarily the level of data needed to develop blended payment contracts. The commissioning of mental health care and wider services supporting mental health service users, at a local and national level, is also fractured, impacting on the efficiency of service delivery and continuity of people's care.

What blockers or enablers should policy interventions prioritise addressing to improve the integration of person-centred community mental health care?

39 Key enablers to improve the integration of person-centred community mental health care are: funding for mental health services including capital investment; workforce; data and digital; and focusing on tackling inequalities and meeting the needs of the most vulnerable and underserved groups.

40 Improving the integration of person-centred community mental health care also requires increased support for wider public services, and in particular public health and social care. Efforts to work in an integrated way will be severely hampered if these areas remain underfunded and under-resourced. The interdependence between mental health services and other frontline services, such as primary care, education, criminal justice and local authority commissioned services including social care, welfare and public health must also be recognised. These all have an important bearing on the pace, effectiveness and quality of provision, and in turn people with mental illness' quality of life.

41 The wider socioeconomic factors influencing mental health, including poverty, homelessness, and public health concerns including substance misuse, must be addressed by increasing access to appropriate housing, finances and social support, to ensure people can live well with mental illness. For working aged adults, trust leaders have highlighted the importance of lessening the

cost of living and reducing stress at work, and for older adults, there needs to be a focus on tackling loneliness and increasing physical exercise.

42 Trust leaders have particular concerns around the current and projected levels of need for children and young people, and have stressed that support to this group must be a priority to meet needs now, and prevent a further mental health epidemic in future years.

What are the examples of good or innovative practice in community mental health services?

43 There are a range of steps trusts have been taking, working with local partners, to meet the needs of as many individuals in their local areas in the best way possible and overcome the demand capacity mismatch. We have heard of trusts, for example: setting up day services to provide an alternative to admission to hospital; using digital solutions to expand access to care where appropriate; and working with schools, GPs and their partners in local authorities and the voluntary sector.

44 In addition to earlier examples, we would also highlight the work of Tees Esk and Wear Valley NHS Trust, Hampshire and Isle of Wight Healthcare NHS Foundation Trust and Kent & Medway NHS and Social Care Partnership Trust in taking integrated and collaborative approaches to supporting individuals with complex needs. Some trusts' work has clearly demonstrated the positive impact of early intervention and community-based support in mental health care. For example, South West Yorkshire Partnership NHS Foundation Trust's investment in intensive community support teams and setting up of services for community assessment and treatment, and forensic outreach liaison, with system partners has helped to prevent inappropriate out of area placements and inpatient admissions.

45 In terms of innovative practice, South London and Maudsley NHS Foundation Trust is one of 6 trusts – including Birmingham and Solihull NHS Foundation Trust and East London Foundation Trust - that will be piloting a 24/7 community mental health service to promote the shift towards proactive care by offering a range of social interventions, day services, and crisis support within the community, aiming to prevent crises and hospitalisations through accessible and comprehensive local support. The trust has also developed a population health management platform demonstrating the potential for ICBs to use data in a way that enhances clinicians' ability to improve clinical outcomes in the local population through targeted prevention and by using an individualised risk calculator to support early intervention.

What needs to happen to scale up the adoption of these practices across the country?

46 Factors that support the scaling up and adoption of good or innovative practice across the country include:

- **a** adequate, sustainable levels of funding to support scale and spread;
- **b** networks that help to spread innovations and share knowledge;
- **c** the time allowed for scaling and embedding;
- **d** support from leadership and management;
- **e** the use of policy and financial levers to encourage adoption;
- **f** alignment with national and local priorities; and
- **g** commissioning in a way that will deliver sustainable spread.

47 47. National bodies such as NHS England have a key role to play in ensuring that good practice is identified and shared in a systematic and coordinated way to help mental health providers with the implementation of good or innovative practices taking place in other areas of the country.