

## **Rethink Mental Illness response to the Public Accounts Committee inquiry: Progress improving mental health services.**

April 2023

### **Summary of evidence**

#### **Have a clear understanding of how initiatives to date contribute to the longer-term goal of closing the gap between mental and physical health services**

Overall, we support the introduction of the Mental Health Investment Standard as it represents a step change in the movement towards parity of esteem between mental and physical health and should continue.

There has been a distinct lack of investment and policy focus on community mental health services in past years. However, the investment and policy direction from NHS England has played a key role in driving the progress made so far with regards to parity of esteem.

#### **Have met ambitions to increase access, capacity, workforce and funding for mental health services, and improve service standards**

Efforts to increase access and capacity and achieve the targets set out in the NHS Long Term Plan have been hindered by increasing demand for mental health services. This has been driven by a number of factors, including the COVID-19 pandemic and the cost of living crisis.

Although there has been considerable investment in mental health services in recent years, this still falls short of amount that the Institute of Public Policy Research, working with Rethink Mental Illness, estimated was needed in 2018. There has also been no further specific investment to address backlogs of people waiting for care before crisis point.

Our research has indicated that there are key gaps in the mental health workforce and these made delivering key elements of the community mental health framework challenging. In particular, the workforce needed to deliver psychological therapies is lacking and the time needed to train additional roles is longer than the time available to deliver the framework. Without a long term plan around workforce, systems have been limited in what they can do to address this issue.

For the reasons outlined above, some key metrics have not been met at the time of writing and the efforts made in community mental health transformation are yet to be consistently reflected in people's experiences of care.

However, there has been more success in areas that fully engage with the ethos of transformation through the Community Mental Health Framework. This has been observed through the meaningful involvement of people with lived experience and the VCSE sector as well as the implementation of measures to ensure that mental health investment flows through to the VCSE sector.

While some targets have not been met as of yet, we recognise how far systems have come in terms of breaking out of silos, building VCSE alliances and engaging in important work. In addition, our observations of progress made in Somerset (an early implementer site for the

Community Mental Health Framework), indicate that significant progress will be made over the coming year. Creating a system that is fit for the future is a key part of transformation that is valuable in and of itself.

**Are well placed to overcome the risks and challenges, including the impact from COVID-19, to achieve future ambitions.**

As mentioned earlier, a comprehensive long term plan for NHS workforce is absolutely vital. It must address the aforementioned gaps in the workforce that is needed to deliver community mental health transformation, as well as upcoming high profile reforms such as the reform of the Mental Health Act.

With the level of demand for mental health services continuing to grow, the response and services cannot fall to the NHS alone. The Voluntary, Community and Social Enterprise (VCSE) sector was instrumental in the response to the Covid-19 pandemic. The sector has proven itself as indispensable in addressing the system's biggest challenges when funded to do so, and it is crucial that more of the investment for community mental health transformation reaches the VCSE sector than has been the case so far. With this in mind, we would welcome further comprehensive assessment and policy measures to address workforce challenges in the VCSE sector and in mental health social care.

The government has said it will no longer deliver the previously promised 10 year Plan for Mental Health and Wellbeing. In its place will be a combined Major Conditions Strategy, with actions covering a shorter-time period and less focus on mental health. This also risks a lessened focus on action being taken across government. With the number of people suffering from mental illness and demand for services rising, mental health services require more attention, not less. We continue to recognise (and campaign for) the benefits that a cross-governmental plan could bring – one that has a long term, preventative focus on the contributing factors to the rising demand for mental health support.

**1. About Rethink Mental Illness**

- 1.1 Rethink Mental Illness is the charity for people severely affected by mental illness health services in England. We support tens of thousands of people through our groups, services, advice and information. We train employees, employers and members of the public on how best to support someone affected by mental illness. All of this work guides our campaigning for the rights of people with severely affected by mental illness including their carers.

**2. Have a clear understanding of how initiatives to date contribute to the longer-term goal of closing the gap between mental and physical health services**

**2.1 Mental Health Investment Standard**

- 2.1.1 We support the introduction of the Mental Health Investment Standard and believe that the introduction of the standard represents a step change in the movement towards parity of esteem between mental and physical health and should continue.
- 2.1.2 Historically, there has been a lack of investment and policy focus on community mental health services. Prior to the introduction of the Long Term Plan, community mental health

teams (CMHTs) had a central role in the delivery of mental health services for many years, although during this time, their development stagnated. The introduction of separate specialist teams led to fragmentation and discontinuity of care and community mental health services were unable to make the most of community resources. In part, this is a result of a historical lack of policy focus to help define a clear identity and function along with associated resources. This is now being addressed through the Community Mental Health Framework and the Long Term Plan<sup>i</sup>. However, NHS England dedicated £2.3bn of investment per year between 2019/20 and 2023/24<sup>ii</sup>, including almost £1bn per year to support the rollout of community mental health transformation<sup>iii</sup>. In 2021-22, the NHS spent around £12.0 billion on mental health services in England<sup>iv</sup>.

- 2.1.3 Alongside the financial investment, the policy direction provided by the NHS Long Term Plan has steered systems to focus on and improve mental health services. Together, this represents record investment in mental health and a landmark commitment on the journey towards parity of esteem. Both of these factors have been instrumental in the progress that has been made.

### **3. Have met ambitions to increase access, capacity, workforce and funding for mental health services, and improve service standards**

#### **3.1 Access and capacity**

- 3.1.1 The NHS Long Term Plan set out a number of targets to improve access to care. A number of factors have meant that systems have faced an uphill battle in achieving these aims, and in 2021, NHSE produced indicative estimates which suggested that the majority of people with a mental health need – an estimated 8 million – were not able to access NHS services.
- 3.1.2 Problems with key metrics, (including waiting times for some, but not all mental health services) mean that we don't have a full and accurate picture of the patient experience with community mental health services – which will also make it difficult to track progress as it happens.
- 3.1.3 The number of referrals to NHS mental health services increased by 44% between 2016-17 and 2021-22 (from 4.4 million to 6.4 million). Performance was improving before the pandemic but deteriorated during and after it, in the face of particularly large increases in demand and activity. For example, during April–June 2022, 68% of urgent and 69% of routine cases were seen within the standard (a target of 95%), compared to 88% and 87% respectively in April–June 2020<sup>v</sup>.
- 3.1.4 The inappropriate placement of mental health patients in hospitals outside their usual local area has averaged more than 600 a month since April 2021. Bed occupancy numbers also remain persistently high above the levels recommended for patient safety<sup>vi</sup>.
- 3.1.5 The Care Quality Commission's annual Community Mental Health survey provides a valuable snapshot regarding experiences of services. Thus far, its findings would suggest that the focus on and investment into mental health is not reflected in people's broad experiences of mental health services. For example, it revealed that:

- 45% of respondents were not always given enough time to discuss their needs and 31% had not been told who is in charge of their care, meaning that almost two thirds of people are not receiving services that reach The National Institute for Health and Care Excellence (NICE) quality standard<sup>vii</sup>: People using mental health services understand the roles of the members of their multidisciplinary team and know how to contact them about their ongoing healthcare needs.
- 40% of people did not have a care review meeting with someone from community mental health services in the last 12 months to discuss how their care is working.
- Only 50% of people reported that the person they saw understood how their mental health affected other areas of their lives<sup>viii</sup>.

These statistics suggest that more needs to be done to ensure that people are confident in the professionals they are working with, and happy with the care and treatment they are receiving.

### **3.2 Cost of living crisis**

- 3.2.1 Our engagement with those who have lived experience of mental illness suggests that the mental health impacts of the ongoing cost-of-living crisis are manifold and a direct factor in worsening mental health. In 2022, Rethink Mental Illness conducted an online survey asking people living with a mental illness about their financial experiences over the previous 12 months and during the cost-of-living crisis. 72% of respondents said that over the previous 12 months, worries about money had impacted on their mental health “a lot”. 53% of respondents reported experiencing panic attacks, and 51% had suicidal thoughts. 41% had a relapse of severe mental illness, and 31% had to increase the dosage of medication. For those respondents who receive Universal Credit, the percentages were higher.
- 3.2.2 On top of this, respondents reported higher costs to cover utility bills and food, as well as increased spending related to their severe mental illness (SMI), including for medication and psychological therapy. 55% of respondents reported being in debt, with 70% of people receiving Universal Credit being in debt.

### **3.3 Impact of COVID-19**

- 3.3.1 We have also heard that the circumstances of the COVID-19 pandemic contributed towards worsening mental health across the population, including among those who were already experiencing a severe mental illness.

The Centre for Mental Health believe that ‘the best estimate of increased demand for mental health services resulting from Covid-19 is 8.52 million adults, observed in a 3-5 year period, front-loaded to years 1, 2 and 3’<sup>ix</sup>.

- 3.3.2 Research commissioned by NHS England predicted in 2020 that the impact of Covid-19 could lead to a 40% increase in demand for adult mental health services<sup>x</sup>. The Strategy Unit (2020)<sup>xi</sup> projected that over the next three years, there will be around 33% more new referrals to mental health services, and 1.8m new presentations, recurrences or exacerbations of mental ill health across England as a direct or indirect result of the pandemic. As we await the implementation of waiting times standards for community mental health services, however, it is challenging to say definitively the extent to which demand for community mental health services has gone up.

3.3.3 The Mental Health Services Data Set (MHSDS)<sup>xii</sup> referral data for 2021/22 is already showing a significant increase in the number of adults referred to mental health services. The number of referrals in 2019/20 was 3,139,721, compared to 2021/22 – 3,360,446; an increase of 220,725.

3.3.4 MHSDS shows that in 2019/20, there were 97,824 referrals with a suspected first episode of psychosis - an average of 8,152 per month. For the 12-month period August 2021-July 2022, there were 110,507 referrals with a suspected first episode of psychosis – an average of 9,208 per month. This is a significant increase in demand for this specialist service.

### **3.4 Funding**

3.4.1 Despite record levels of investment, the £2.3bn per year of additional funding between 2019/20 and 2023/24 is less than the Institute for Public Policy Research (IPPR), working with Rethink Mental Illness, estimated was needed for in terms of funding back in 2018<sup>xiii</sup>.

3.4.2 To meet its ambitions on funding, NHS England estimated that overall annual mental health spending in 2023-24 would need to increase by at least £3.4 billion (£2.3 billion in real terms), compared with 2018-19. It is on track to meet this overall ambition in cash terms but rises in inflation may reduce the amount of future funding increases in real terms<sup>xiv</sup>.

3.4.3 There has also been no specific further investment in mental health to address the backlogs of people who are waiting for care before they reach crisis point, despite likely rising demand.

### **3.5 Community Mental Health**

3.5.1 By 2023/24, new models of care, underpinned by improved information sharing, will give 370,000 adults and older adults greater choice and control over their care, and support them to live well in their communities<sup>xv</sup>.

By September 2022, NHS England reported that 34% of primary care networks had fully or partially implemented the new care models<sup>xvi</sup>.

3.5.2 Our research looking at the first year of rolling out the Community Mental Health Framework <sup>xvii</sup>(CMHF) England-wide shows that key gaps in the mental health workforce have presented challenges to delivering key elements of the Framework (e.g. psychological therapies).

3.5.3 Delivering community mental health transformation successfully necessitates a strong workforce comprised of new and existing roles. The British Medical Association reported figures in 2022 suggesting that the mental health workforce had stagnated throughout most of the last decade amid a picture of raising demand<sup>xviii</sup>. A countrywide workforce shortage in the mental health sector has significantly reduced the ability of local systems to meet targets and deliver specialised services, such as psychological therapies. The high demand of recruitment from a relatively small number of suitable staff, means that NHS Trusts are effectively competing with each other to recruit the same qualified mental health staff around the country. One area would fill its vacancies at the expense of another, making it difficult for all areas to succeed at once.

- 3.5.4 Such workforce challenges make delivering community mental health transformation exceedingly difficult. There are new vacancies to fill for those running community hubs, facilitating co-production groups, commissioning VCSE (Voluntary, Community and Social Enterprise) organisations, shortening therapy waiting lists and managing new partnerships. A lack of staff in place has meant in some places that money cannot be spent, pathways cannot be set up, cultures cannot be merged - not out of a lack of will, but, out of a lack of people.
- 3.5.5 In the case of psychological therapies, the time needed to train more staff is longer than the time available to deliver the Framework. The workforce shortage has made it particularly challenging to deliver psychological therapies. NICE recommended psychological therapies are a key part of any community mental health offer, and the Framework describes improving the access to psychological therapies as critical. Despite this, less than 5% of people are offered an evidence-based psychological therapy<sup>xix</sup>.

### **3.6 Realising the ambitions of the Community Mental Health Framework**

- 3.6.1 Our experience has found that it takes time and buy-in to the ethos of transformed models of care, to translate meaningful change in how things are done into positive outcomes for individuals and the system. However, this is certainly not the case across the board, and we have observed investment being translated into positive outcomes for people and systems.
- 3.6.2 The Open Mental Health VCSE alliance consists of nine core VCSE organisations, nine associate VCSE organisations, and a wider network of over 80 diverse small and micro VCSE organisations that have received small grant funding. This partnership has worked together with the NHS, local authorities and those with lived experience to develop a thriving mental health ecosystem of support for people in their communities. Open Mental Health operates through a joined-up, locality-based model, where the NHS, local authority and VCSE sector work together to ensure an individual receives the right support, at the right time, and in the right place. This can include support around money, benefits and debt; support to be socially connected; community crisis support; 1:1 and group peer support, telephone support including a specialist service for older people and a 24/7 VCSE-led helpline, alongside clinical interventions delivered by the NHS. The alliance utilises a Lead Accountable Body (or LAB) structure – with Rethink Mental Illness acting as the LAB and holding the contract with Somerset Foundation Trust on behalf of the alliance. As the LAB, Rethink Mental Illness provides a framework of governance and assurance to support the delivery of safe, high quality and joined-up mental health support by a wide range of VCSE organisations as part of the local community mental health offer.
- 3.6.3 A recent evaluation of Somerset’s community mental health transformation by the University of Plymouth and the McPin Foundation detailed early indicators of positive outcomes for individuals:
- Service users were discussed in terms of their problems and needs, not their diagnosis
  - Every person who expressed a need for support with their mental health was offered a service.
  - Staff outside the CMHS identified that one of the impacts on service users was that the Primary Care Liaison team could advocate for care/services on behalf of the service user, ensuring care was offered where prior to Transformation it would not have been.

- Staff across different teams worked together to consider a wide range of possible services to offer people, before deciding on the most appropriate offering.
- Analysis showed three cohorts of people that were particularly impacted by these cultural changes. These were 1. people who would have been defined as ‘not being ill enough’ for mental health services prior to the transformation, 2. people with complex life difficulties and physical health problems which interacted with their mental health services who would have previously been labelled as ‘not appropriate’ or ‘not ill enough’ for mental health services, and 3. people with long standing mental health difficulties (usually with a diagnosis of a severe mental illness) who had been offered services before the transformation.

3.6.4 Open Mental Health is also delivering positive outcomes for the system, reducing pressure on inpatient and emergency services. The area as observed a decrease in adult Emergency Department presentations and admissions for adults presenting with a mental health need. While not possible to definitively attribute these improvements to the introduction of Open Mental Health and the increase in crisis alternatives, it appears likely that this is a significant factor, particularly as this change is not mirrored in services for children and young people, who sit outside the scope of Open Mental Health.

3.6.5 As well as the additional time that Somerset has had to allow its transformed model to bed in, we also believe an important factor in Somerset’s success is that all stakeholders have fully embraced the ethos of the CMHF. This includes full involvement of people with lived experience and involvement of the VCSE sector, including steps taken to ensure the investment made in mental health reaches the VCSE sector.

### **3.7 Transformation**

3.7.1 Based on the experience of Somerset (which is an early implementer site for the CMHF, and thus has had a two-year head start), we are optimistic that significant progress will be made over the coming year, where areas embrace transformation and strive towards the aspirations of the CMHF.

3.7.2 Whilst community mental health remains a mixed picture across England, we must not ignore how far systems have come – the introduction of the CMHF has enabled the NHS to engage in important work, break out of silos, and build alliances with VCSE organisations.

3.7.3 Although we are keen to see a fast impact in addressing growing mental health need, one of the other key aims of transformation is to create a system fit for the future. This too is a factor that must be considered as part of the value from money test. This is an approach that we have advocated through our approach: Building communities that care<sup>xx</sup>.

3.7.4 For example, transformation and innovation provide the opportunity to make positive developments in areas such as workforce. This includes the introduction of roles that harness the power of lived experience through things approaches such as peer support, which can be key to building a system that delivers holistic, person-centred support. Peer support roles were identified in the Mental Health Implementation Plan as a role that could be potentially hosted by VCSE organisations, fulfilling different purposes, such as group of facilitators, and individual support. Peer support workers are employed through a number of projects run by Rethink Mental Illness, including in Somerset, Norfolk and Waveney and North East Lincolnshire.

#### **4. Are well placed to overcome the risks and challenges, including the impact from COVID-19, to achieve future ambitions.**

##### **4.1 Risks and challenges**

4.1.1 The ability of the Department of Health and Social Care, NHS England and Health Education England to overcome risks and challenges in order to achieve future ambitions depends on many variables. These include accurate data, funding, workforce and demand on services. It is crucial that systems continue to build on the infrastructure that has been put in place beyond March 2024, although success will depend on addressing barriers to success, such as funding and workforce that we have discussed in detail under section three.

##### **4.2 VCSE sector**

4.2.1 It is crucial that more of the investment for community mental health transformation reaches the VCSE sector than has been the case so far. Early in the transformation process, the NHS indicated that systems should allocate between 25-50% of funds to the VCSE sector but in many areas, This has not been reached.<sup>xxi</sup> Integrated Care Boards (ICBs) are ultimately responsible for deciding how the community mental health transformation funds are spent and therefore what proportion is received by the VCSE sector. However, there are indications that may improve; Integrated Care Systems (ICSs) have reported in their 2022/23 Service Development Funding reports that they intend to spend an average of 22% of their Community Mental Health transformation funding via VCSE organisations.<sup>xxii</sup> This indicates that positive progress has been made and the VCSE sector will play an increasingly significant role in the delivery of community services; however there is still further to go in terms of growing this investment.

The value of VCSE organisations has been recognised in guidance issued to ICBs around working with the sector but this may not have led to a meaningful culture change across the board.<sup>xxiii</sup> VCSE organisations have told us that they perceive anxieties from some NHS decision makers around the ability of the VCSE sector to comply with requirements around data and governance. Rather than identifying solutions to address these challenges, this can instead manifest in transformation funding being spent largely in-house, which can in-turn impact the extent to which funding is being used in creative and efficient ways.

However, there are models of how these challenges can be overcome. Open Mental Health is a new model for community mental health that brings together a range of partners including an NHS trust, voluntary and community sector organisations, including Rethink Mental Illness, and the local authority. (This model is explained in more detail under section 3.6.2). Partners recognised that replicating NHS ways of working (e.g. around data collection) within the partnership would not be suitable for the VCSE partners as these could be too onerous for smaller VCSE organisations with limited capacity for administration. The partnership therefore adopted a policy of 'record once and report light'.<sup>xxiv</sup> Having an alliance of VCSE organisations within the partnership was also valuable in helping smaller VCSE organisations to navigate and comply with NHS governance structures. As a larger charity, Rethink Mental Illness acts as the lead accountable organisation for the alliance and has been able to provide infrastructure and knowledge to smaller VCSE partners. This has meant that all Open Mental Health partners have been able to access a new, joined-up patient system that meets the needs of all partners.



- 4.2.2 The VCSE sector has proven itself as indispensable in addressing the health and care system's biggest challenges when funded to do so. It has been particularly instrumental in the response to the COVID-19 pandemic. Support provided by the sector during this time included helping people with their mental wellbeing and supporting the most vulnerable people and communities who may have had little to no prior contact with public services<sup>xxv</sup>. The sector's flexibility, agility, expertise and large workforce have been cited as key factors that helped it to respond to the challenges of the pandemic<sup>xxvi</sup>.

The value provided by the VCSE sector was demonstrated through evaluations of two funding packages issued during the COVID-19 pandemic in 2020. These were the VCSE emergency funding package, which sought to ensure that organisations could continue to meet the needs of service users and the Coronavirus Community Support Fund, which was set up to increase community support to people disproportionately affected by the COVID-19 pandemic and to reduce temporary closures of VCSE organisations. Both evaluations found that the VCSE grant holders used their resource effectively to achieve the funding packages' objectives<sup>xxvii xxviii</sup>. Overall, the VCSE sector has proven itself to be effective in addressing key challenges when it has received the funding to do so. Therefore, there is a real need to ensure that the VCSE sector receives more investment in order to fully enable the transformation of models of care and to support ICSs to achieve their four main aims.

### **4.3 Workforce**

- 4.3.1 Despite the overall growth, shortages in the mental health workforce have been, and remain, a major constraint to improving and expanding services.
- 4.3.2 A comprehensive, national long-term plan that addresses the gaps in NHS workforce is absolutely vital for delivering community mental health transformation, and other upcoming reforms such as the reform of the Mental Health Act. With this in mind, we would welcome further comprehensive assessment and policy measures to address workforce challenges in the VCSE sector and in mental health social care

### **4.4 Need for cross-government action to address the social determinants of poor mental health**

- 4.4.1 The number of people requiring mental health services has increased and is likely to continue to grow as people face further pressures e.g. resulting from a lack of action elsewhere in government to tackle issues relating to wider determinants of poor mental health, such as finances and housing. The NHS and Department of Health & Social Care (DHSC) face an uphill battle if this remains the case.
- 4.4.2 For those living with a mental illness, housing plays an important role in recovery and preventing relapse and reescalation of health, care and wider support needs. Evidence shows that those living with a mental illness are less likely to have a place that they are happy to call home. Significant numbers do not have stable and appropriate accommodation – nationally this applies to 42% of people in contact with secondary mental health services<sup>xxix</sup>. Supported housing plays a hugely important role in meeting the short-term housing needs of those living with a mental illness, but there is currently an inadequate supply of quality supported housing for all who need it. Our experience also tells us that those living with mental illness also struggle to access longer-term housing options such as social housing or private rented accommodation.

- 4.4.3 Our previously mentioned survey of people with SMI (see section 3.2) shows that financial issues over the previous year continue to have significant impact on mental health. Many people living with a mental illness rely on social security to survive. The cost of living has risen significantly, and social security rates do not take account of this, inflation or the added costs related to mental health conditions, such as medication and therapy. Although the government has recently committed to raising benefits rates in line with inflation from next month, it still will not be enough for many of our beneficiaries to meet their needs.
- 4.4.5 Contributing factors to the rising demand for mental health support have highlighted the need for cross-government preventative action to address the issues that contribute towards poor mental health.

Unfortunately, the government shared in January 2023 that it will no longer deliver its previously promised 10 Year Plan for Mental Health and Wellbeing. Instead, the government has announced it will produce a shorter-term 'Major Conditions Strategy' which mental health will form one part of<sup>fxxx</sup>. We are deeply disappointed about this and believe that this decision signifies a failure to prioritise the nation's mental health and challenge the causes of mental illness at the very moment that demand for support is soaring.

In February, we launched a campaign calling on the government to 'Keep Your Promise' and publish the original 10-Year Plan. Over 600 people wrote to their MP calling for the reinstatement of the 10 year plan, demonstrating the strength of feeling among those severely affected by mental illness around this decision. We are engaging with government and a variety of stakeholders over the Major Conditions Strategy to ensure that this plan delivers significant cross-government action on mental health. However, we have significant concerns regarding the ability of this plan to deliver this meaningfully, particularly given its short-term nature.

We have written to the Secretary of State for Health and Social Care and said it is crucial the new strategy:

- Has a major focus on mental health, including the necessary shorter-term actions from across all government departments.
- Draws on and reflects the substantial body of insight provided from the wide range of organisations and individuals in the 5,273 responses to the call for evidence on the 10 Year Plan for Mental Health and Wellbeing<sup>xxxi</sup>.
- Is appropriately ambitious in what it seeks to achieve and includes clear accountability and targets – setting out which departments will be taking necessary actions and what metrics will be collected to demonstrate this.
- Is resourced with all the necessary funding required for its actions to be realistically achieved.
- Lays the groundwork for a dedicated 10-year cross departmental plan for mental health and wellbeing which contains the necessary action for the longer-term.

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- <sup>xv</sup> NHS England (2019) NHS Long Term Plan <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
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