Sixty-fifth report of Session 2022-23

Department of Health and Social Care

Progress in improving NHS mental health services

Introduction from the Committee

Many people will experience mental health problems in their lives. Around one in six adults in England have a common mental health disorder, and around half of mental health problems start by the age of 14. People with mental health conditions often have poorer physical health, education and housing, so it is vital they are able to access the services and support that they need.

The Department of Health & Social Care (the Department) is responsible for mental health policy. NHS England (NHSE) oversees the commissioning of NHS-funded services, with most services commissioned locally by integrated care boards (ICBs), which replaced clinical commissioning groups (CCGs) in 2022. In 2021–22, the NHS spent £12.0 billion on mental health services, around 9% of its total budget. In 2011, the government acknowledged a large treatment gap for people with mental health conditions and sought to establish 'parity of esteem' between mental and physical health services. From 2016, the Department and NHSE made specific commitments to improve and expand NHS-funded mental health services. NHSE, working with the Department and other national health bodies, set up and led a national improvement programme to deliver these commitments.

Based on a report by the National Audit Office, the Committee took evidence on 20 April 2023 from the Department of Health and Social Care. The Committee published its report on 21 July 2023. This is the government's response to the Committee's report.

Relevant reports

- NAO report: Progress in improving mental health services in England – Session 2022-23 (HC 1082)
- PAC report: Progress in improving NHS mental health services – Session 2022-23 (HC 1000)

Government response to the Committee

1. PAC conclusion: Workforce shortages are constraining the improvement and expansion of NHS mental health services.

1. PAC recommendation: In six months' time, NHS England should write to the Committee setting out what targeted interventions are envisaged for the mental health sector under the plan to ensure it can get the doctors, nurses, therapists, and other clinical and non-clinical staff that the service needs, and who will be responsible for delivering them.

1.1 The government agrees with the Committee's recommendation**.**

Target implementation date: January 2024

1.2 The NHS Long Term Workforce Plan, published on 30 June 2023, considers the challenges facing the NHS workforce over the next 15 years, including mental health, and sets out the steps needed to address this, including: actions and reforms to close supply shortfalls, improve retention, increase workforce productivity, and develop a modern and inclusive employment culture.

1.3 The plan sets out a need to ensure the growth of the overall mental health and learning disability workforce is the fastest of all care settings – 4.4% per year to 2036-37 – to meet increasing demand and drive parity of esteem between physical and mental health. NHS England will continue to develop and refresh the modelling approach and plan, and publish a refreshed projection every two years (or aligned to fiscal events as appropriate). This process will be supported by ongoing engagement with stakeholders. NHS England will work closely with regions, systems, providers and wider partners to drive forward the implementation of the Long-Term Workforce Plan.

1.4 The National Mental Health programme continues to create new roles, develop a national campaign to promote careers in mental health, develop NHS Talking Therapies workforce development and retention guidance, and develop enhanced use of digital technologies to help improve the productivity of and increase access to mental health services.

1.5 NHS England will provide an update on progress in January 2024 as part of its joint letter with DHSC to the Committee.

2. PAC conclusion: Data and information for NHS mental health services still lags behind that for physical services.

2. PAC recommendation: In six months' time the Department and NHS England should write to the Committee, setting out how they will:

- ***improve the quality and completeness of the data on mental health services, including cost of services and patient outcomes;***
- ***ensure these data are shared appropriately to support integrated care systems to improve services locally, including tackling inequalities; and***
- ***improve the evidence base on the cost-effectiveness of their investments, for example, on the roll out of mental health support teams in schools***

2.1 The government agrees with the Committee's recommendation

Target implementation date: January 2024

2.2. NHS England is working to improve the recording of information on patient need, as well as other areas, through the implementation of the Mental Health Services Dataset (MHSDS) version 6 in April 2024. The version 7 update, which is currently scheduled for April 2025, is likely to include the introduction of the International Classification of Diseases (ICD) - 11 diagnostic standard, and support for the new mental health currencies in development, which will better track patient-level costs. Integrated care systems can access data from the MHSDS for commissioning services, service planning, monitoring performance and reporting on performance.

2.3 As part of improving data on patient outcomes, NHS England is aiming to have 50% of patients in Children and Young People (CYP), perinatal and adult community mental health services recording a paired outcome score (where the patients have the same outcome measure recorded at least twice so progress can be measured) by the end of the year where the outcomes data quality key performance applies, and will look to extend that target in future strategies. Furthermore, an independent impact evaluation of Mental Health Support Teams (MHSTs) has also been commissioned via the National Institute of Health Research, which will include a cost effectiveness analysis of MHSTs. These improvements collectively will put the department and NHS England in a better position to jointly assess the effectiveness of different interventions that have been implemented and will be used to inform the creation of future strategies.

2.4 DHSC will provide an update in January 2024 as part of its joint letter with NHS England to the Committee.

3. PAC conclusion: New integrated care boards and partnerships could struggle to prioritise mental health services and support, in the face of funding pressures and the need to reduce backlogs for physical health services.

3. PAC recommendation: NHS England and the Department should evaluate how well the new integrated care boards and partnerships are supporting mental health services and how well their own support arrangements work to address variation between, and poorer performance in, local areas.

3.1 The government agrees with the Committee's recommendation

Target implementation date: Summer 2024

3.2 The NHS Oversight Framework outlines NHS England's approach to overseeing Integrated Care Boards (ICBs) and trusts, utilising 63 metrics, 6 of which relate to mental health. NHS England will continue to undertake delivery assurance within the new model outlined in the NHS Operating Framework, which is complemented by central data repositories that provide an overview of performance at a national, regional, ICB and sub-ICB level. NHS England segments ICBs and NHS trusts on a scale of 1 to 4 and provides mandated support for the most challenged providers and systems. NHS England also conducts annual performance evaluation of ICBs.

3.3 From 2023-24, all ICBs are also required to include a statement of the amount and proportion of expenditure incurred by the ICB in relation to mental health in their annual report, increasing ICBs' public accountability for their decisions on mental health investment. NHS England will assure ICB spending plans and actual spend. To ensure mental health is sufficiently prioritised, the Health and Care Act 2022 requires that ICBs must have a member who has mental health expertise on the Board.

3.4 NHS England is working within the new operating model to ensure systems are empowered to self-assure spending and delivery, but significant risks and issues will continue to be escalated to support a strategic response.

3.5 NHS England and the department will continue to monitor this approach to ensure that appropriate support is being offered to ICBs.

4. PAC conclusion: There is still no clear definition of the end goal of 'parity of esteem' 12 years after the government first set out its ambitions.

4. PAC recommendation: In its update to us in six months, the Department should also set out what achieving full 'parity of esteem' between mental and physical health services means in practice, for example, comprehensive access and waiting times standards and outcomes, timescales, funding, and workforce requirements.

4.1 The government agrees with the Committee's recommendation

Target implementation date: January 2024

4.2 DHSC is working with NHS England to produce a definition of parity of esteem, incorporating feedback from key stakeholders and lived experience advisors. DHSC will provide an update on progress in January 2024 as part of its joint letter with NHS England to the Committee.

5. PAC conclusion: The Department and NHS England have still not committed to rolling out waiting times standards to all mental health services.

5. PAC recommendation: In its update to us in six months, the Department and NHS England should set out their plan for implementing the new service standards.

5.1 The government agrees with the Committee's recommendation

Target implementation date: January 2024

5.2 Waiting time standards already exist within Mental Health services; specifically for CYP Eating Disorder Services (95% of CYP with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases) as well as NHS Talking Therapies services (75% of people accessing treatment within 6 weeks and 95% of people accessing treatment within 18 weeks), as detailed in the Mental Health Implementation Plan.

5.3 Over the course of the Clinical Review of Standards (CRS), a patient-centred waiting time standard, informed by pilot sites, lived experience advisors and clinical experts was developed, and a public consultation undertaken.

5.4 Urgent and Emergency Care waiting times data was published on 13 July 2023. Collecting data to measure community waits for mental health is more complex and so will take longer, but the aim is to publish data for mental health community waiting times by the end of the financial year. Work also continues to improve data quality.

5.5 Once robust baseline data has been collected, work can begin to analyse appropriate standards given projected demand, capacity and resources. Setting a performance standard (i.e. the percentage of people accessing treatment in line with this measure) will need to be considered in the light of this further work and available resources.

5.6 NHS England will provide an update on progress as part of its joint letter with DHSC to the Committee in January 2024.

6. PAC conclusion: Preventive and public health services for mental health have not had the same priority and focus on improvement as NHS mental health treatment services.

6. PAC recommendation: The Major Conditions Strategy must clearly set out how preventive and public health services for mental health will be improved and expanded, including how the right workforce will be secured.

6.1 The government agrees with the Committee's recommendation

Target implementation date: by spring 2024

6.2 The Major Conditions Strategy: case for change and our strategic framework was published on 14 August. This sets out the Department for Health and Social Care's strategic approach to improving care for people living with six groups of conditions. As part of this, the department recognises the importance of mental ill-health as a major condition, as well as the importance of prevention, ensuring physical health needs of people with mental ill-health are addressed, and ensuring that mental health is included as a core part of how the other major conditions are treated.

6.3 To support this work, the department has set out multiple policies that can help to support mental health and wellbeing. These include the implementation of a new mental health and wellbeing impact assessment tool to support policy makers across government in

considering and addressing the impacts of any new policies on mental health and wellbeing; outlining government's role in supporting employers to improve the support they provide for the mental and physical health of themselves and their employees; and increasing the number of schools and colleges with an embedded mental health support team.

6.4 The final report will be published in early 2024 and will include consideration of how the right workforce may be secured. DHSC is working closely with NHS England, as part of the implementation of the NHS Long Term Workforce Plan, which included a commitment to grow the proportion of NHS staff working in mental health, primary and community care.