From the Permanent Secretary
Sir Chris Wormald

Department of Health & Social Care

39 Victoria Street
London
SW1H 0EU

Email address:
permanent.secretary@dhsc.gov.uk

Dame Meg Hillier MP
Chair of Public Accounts Committee
House of Commons
London
SW1A 9NA

Sent via email to: pubaccom@parliament.uk

5 February 2024

Dear Chair

Sixty-fifth report of Session 2022-23, Progress in improving NHS mental health services

On 24 September 2023, the Government provided a response to the Committee's sixty-fifth report on 'Progress in improving NHS mental health services[1]'. In the response, the Department of Health and Social Care (DHSC) and NHS England (NHSE) committed to jointly write to the committee in January 2024 on the recommendations listed in **Annex A.**

This letter provides information on the work DHSC and NHSE are undertaking for each recommendation.

Recommendation 1 – Workforce

The committee asked NHSE to set 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.

The NHS Long Term Workforce Plan[2] (LTWP) sets out a need to grow the overall mental health and learning disability workforce 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.

To support this ambition, the plan sets out several targeted interventions for the mental health workforce, including but not limited to:

[1] E02982675_CP_941_Treasury_Minutes_v01_Print.pdf (publishing.service.gov.uk)
[2] NHS Long Term Workforce Plan (england.nhs.uk)

Department of Health & Social Care

- Increase mental health nursing training places by 13% by 2025/26 and 38% by 2028/29.
- Expand physician associate training places to over 1,400 per year by 2027/28 (across all care settings), with mental health being a key target area for expansion. Physician associates within mental health settings can carry caseloads under supervision, carry out full psychiatric and risk assessments, and liaise with other services, alongside a number of other duties.
- Increase the number of multi-professional approved clinician roles across mental health services by at least 1,000 more by 2036/37. Approved clinicians are mental health professionals approved by the secretary of state or a person or body exercising the approval function of the secretary of state; some decisions under the Mental Health Act can only be taken by approved clinicians. Multi-professional approved clinicians can significantly enhance quality of care by matching clinical specialism to service user needs.
- Increase the number of peer support workers working within mental health services with the aim of there being 4,750 staff in post by the end of 2023/24 and 6,500 working in services by 2036/37. Peer support workers within mental health settings have lived experience of mental health difficulties themselves, or experience caring for someone else who is experiencing such difficulties. They use these experiences to support other people who are receiving care from mental health services, and their carers and families.
- NHSE has established a programme which aims to address health inequalities and better reflect population needs, by distributing medical specialty training programmes to the parts of the country and service areas with the greatest need, including mental health services.'

These interventions will be delivered via partnership working across DHSC and NHSE, Integrated Care Systems and individual providers, and with wider partners such as Department of Education, and Office for Students.

Further funding has been confirmed for NHS Talking Therapies for anxiety and depression in the 2023 Autumn Statement. This extra funding, from 2024/25, will further expand the NHS Talking Therapies workforce over 5 years, enabling 384k more people to have a course of treatment and supporting services to offer patients a larger number of sessions to improve people's chance of fully recovering.

NHSE and DHSC will continue to deliver a programme of work to grow and transform the mental health workforce.

From the Permanent Secretary
Sir Chris Wormald

Department of Health & Social Care

Recommendation 2 - Data and information

The committee requested information on how we will improve the quality and completeness of data on mental health services, including cost of services and patient outcomes.

Improving data quality is a key priority for DHSC and NHSE, with several workstreams focused on driving steady improvement on a local, regional, and national level. As part of the DHSC commissioning arrangements for the Mental Health Services Data Set (MHSDS), DHSC convenes a Mental Health Data Quality Board to oversee progress on improvements in data quality, underpinned by a cross-Arm's Length Body data quality improvement plan. This aims to improve the quality of MHSDS submissions from local areas, with NHSE providing a comprehensive support package to a range of local organisations and providers.

NHSE has supported providers to prepare for more timely data submissions: in particular, NHS England has streamlined the submission process for October 2023 data onwards, reducing the lag between reporting period and publication from 10 weeks to 6. This change provides more timely data to better support local and national data needs via the national datasets, reducing the need for local collections.

Comprehensive and accurate data on patient outcomes and cost of services is essential. Patient Level Information and Costing Systems (PLICS) were collected for the first time for mental health services in the last complete financial year. There now is one integrated collection, gathering unit costs of inpatient admissions, emergency care, outpatient attendances and more for NHS providers in England. NHS England is supporting providers to improve the quality and value-add of their MH PLICS submissions by gradually introducing new MH currencies, a nationally standardised way of classifying patient activity, over the next few years. This will be essential for improving planning, funding, and benchmarking MH services in an evidence-based way.

On patient outcomes, the mental health outcomes programme continues to drive forward the routine use and reporting of outcome measures across mental health services and has incentivised the reporting of paired outcome scores in 2023/24 through the Commissioning for Quality and Innovation (CQUIN) framework. We are also simultaneously supporting providers to shift from use of clinician-reported to use of patient-reported outcomes where appropriate. NHSE routinely publishes data on outcomes achieved within NHS Talking Therapies and CYP mental health services and work is underway to explore how we can report outcomes achieved within adult community mental health services.

Department of Health & Social Care

The committee asked how we will ensure data is shared appropriately to support integrated care systems (ICSs) to improve services locally, including tackling inequalities.

In November 2023, the NHS published initial data on longest waits for community mental health services for the first time as part of our commitment to putting mental health on an equal footing with physical health, making progress toward parity of esteem. The publication of this data will be followed next year by new community mental health waiting time metrics for CYP, adults, and older adults, in line with the Clinical Review of Standards (CRS) consultation.

To support work to tackle inequalities in mental health outcomes and experience, an increased range of relevant data will be made available through the 2022/23 Mental Health Annual Bulletin and Annual Mental Health Act report, to be published by February 2024. Further work is taking place to develop an expanded range of mental health equality metrics and improve the approach to reporting, to support the implementation of the Patient and Carers Race Equality Framework.

The committee asked what work is being undertaken to improve the evidence base on the cost effectiveness of our investments, such as the roll out of mental health support teams in schools.

The National Institute for Health and Care Research (NIHR) commissioned an independent impact evaluation of mental health support teams in schools, and the wider Transforming Children and Young People's Mental Health Green Paper reforms, which is due to provide final findings in 2025/26. The aim is to understand how the programme is being implemented across different sites and measure its impacts, user outcomes and costs. Evidence will inform further programme rollout and be of value for those planning and providing support for young people's mental health. A broadly positive first phase evaluation of the first 25 "trailblazer" sites was first published in January 2023, focusing on early implementation: Early Evaluation of the Children and Young People's Mental Health Trailblazer Programme - NIHR Funding and Awards.

Recommendation 3 – ICBs support for mental health services

The committee recommended that NHSE and DHSC should evaluate how well the new integrated care boards (ICBs) 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.

As noted in the Treasury Minutes[3], the NHS Oversight Framework[4] outlines NHSE's approach to overseeing ICBs and trusts, and NHSE will continue to undertake

[3] Treasury Minutes – Gov Response to 61st-67th reports – CP 941 (parliament.uk)
[4] NHS England » NHS Oversight Framework

delivery assurance within the new model outlined in the framework. NHSE will also continue to conduct annual performance evaluations on ICBs.
Planning Guidance also sets out priority targets for Mental Health performance for integrated care systems and providers.

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. NHSE will continue to assure ICB spending plans and actual spend. NHS England also publishes a dashboard which allows members of the public to compare different ICBs spending plans and delivery against key mental health targets to help them hold their local system to account.

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.

Recommendation 4 - Parity of esteem

The committee asked DHSC to set out what achieving full 'parity of esteem' between mental and physical health services means in practice.

DHSC recognises the importance of setting out what achieving 'parity of esteem' means in practice. A full definition and building blocks can be found below.

There is a significant existing gap in services between Mental Health and Physical Health. For example, only around 15-21% of people with Severe Mental Illness access mental health services compared to an expectation of virtually 100% of physical health. Likewise, the 90th percentile wait for community-based mental health services is 96 weeks for both adults and children and young people, compared to around half this time for physical health given the 92nd percentile wait for elective treatment is 44 weeks.

Given this scale of the challenge, achieving Parity of Esteem is a long-term ambition, the delivery of which will require additional funding for mental health that will likely span multiple future fiscal events. We will not be able to set out a plan to fully achieve parity now, but the definition and building blocks will provide the system greater clarity on what parity of esteem means in practice. We will work towards the goal in future planning and good progress has been made on this recently including:

a. In 2022/23, 4.8m people were in contact with NHS mental health services – more than an additional 1 million people when compared to 2016/17.

Department of Health & Social Care

b. Introducing the world's first Mental Health Support Teams in schools with a workforce trained in evidence-based therapies, so that 35% of pupils now have access to this support in school, against a target of 25%. This is due to rise to around 50% by Spring 2025.
c. Committed to expanding access to NHS Talking Therapies by an additional 384,000 and for IPS by an additional 100,000 over the next 5 years as announced in the Autumn Statement.
d. Measuring and publishing waiting times for the urgent, emergency, and community sector for the first time.

Part 1 - Definition

"Parity of esteem" means mental health is valued equally to physical health. The Five Year Forward View, Long Term Plan, Long Term Workforce Plan have allowed us to make welcome progress for mental health, and we were one of the first countries to introduce a Mental Health Investment Standard to enable progress. However historically, mental health was not treated equally with physical health: it was given less funding and less attention from society. We are still dealing with the consequences of this today, with poorer access to and longer waits for mental health treatment than for physical health.

For the NHS, delivering parity of esteem for mental health would mean parity of timely access, evidence-based and therapeutic care, and patient experience for people with mental health needs.

Part 2 - Building blocks

For the Department of Health and Social Care, parity of esteem for mental health can be achieved by having the following building blocks in place:

- Everyone can access mental health care in a timely way (supported by access and waiting time standards on a par with physical health metrics) and everyone is able to receive treatment in line with the evidence base.
- Care is patient-centric and therapeutic, evidenced through patient outcomes, patient experience, and the quality of service being on par with physical health.
- Every part of the NHS recognises and prioritises mental health on par with physical health, so patients with mental health needs can access appropriate treatment and support through pathways from primary care to UEC, without fear of stigma, bias, worse treatment, or poorer experiences compared to patients without mental health needs.
- Data in the mental health sector is on par with physical health, supported by further digitisation, with equivalent transparency, ambition of targets, urgency

Department of Health & Social Care

in delivery expectations, and scrutiny of access, experience, outcomes, and costs as in physical health, across all ages and groups.

- Funding decisions are made to close the gap between mental and physical health, so that every ICB has a sufficient size and skilled workforce, capital estate that enables therapeutic care close to home, and a payment system that puts mental and physical health services on equal footing.

Recommendation 5 - Waiting Time Standards

The committee asked DHSC and NHSE to set out a plan for implementing the new service standards.

In addition to existing metrics for CYP Eating Disorders, Early Intervention in Psychosis, and NHS Talking Therapies for anxiety and depression, NHSE published metrics for mental health urgent and emergency care in July 2023 and began publishing initial data on mental health community waiting times in November 2023. Latest data shows the number of those still waiting for first (CYP) or second (adult) contact, along with median and longest waits for these contacts at national and local levels.

NHSE intends to publish a new core community mental health waiting time metric, which will cover activity data from April 2024. It will cover the percentage of patients receiving meaningful help within 4 weeks of referral to community mental health services.

The publication of the new waiting times metrics is expected to increase transparency and local accountability on waiting times for mental health services. Furthermore, we expect that publication of the data will improve the quality of the data, so that DHSC and NHSE will be in a better position to assess the costs and benefits of introducing performance standards against these metrics.

Yours sincerely,

Chris Wormald

SIR CHRIS WORMALD

PERMANENT SECRETARY

From the Permanent Secretary
Sir Chris Wormald

Department of Health & Social Care

Annex A – PAC recommendations addressed in the letter

Recommendation 1

- 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.

Recommendation 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.

Recommendation 3

- 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.

Recommendation 4

- 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.

Recommendation 5

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