Written evidence submitted by The Department of Health and Social Care (MHS0009)

Foreword / Summary

The mental health programme has a strong track record of delivery and the achievements of the Five Year Forward View for Mental Health (FYFVMH) form a solid foundation for growth in access and quality outlined in the NHS Long Term Plan (LTP).

By 2023/24, it is our ambition that an additional 2 million people will receive mental health care, supported by £2.3 billion in additional funding.

Key achievements of the FYFVMH include:

- increasing access to talking therapies, with 1.17 million people starting treatment in 2019/20. This is an increase from 0.95 million people in 2015/16;
- establishing specialist community perinatal mental health services in all parts of England, addressing the postcode lottery;
- achieving a children and young people's (CYP) mental health services access rate of 39.6% in 2020/21, exceeding the 35% target[1];
- 70 new or expanded CYP eating disorder teams now covering all parts of England. 10,700 patients started treatment in 2020/21, compared to 8,000 in 2019/20;
- 100% of acute hospitals now have adult Liaison Psychiatry teams available;
- 73% of people experiencing their first episode of psychosis accessed care within two weeks of referral, against a target of 60%;
- publishing the NHS' first Advancing Mental Health Equalities Strategy; and
- the directly-employed NHS Mental Health workforce has increased by almost 18,000 FTE between March 2016 and March 2021.

Although the pandemic had a significant impact on mental health services and delivery of the final year of the FYFVMH, NHS England and NHS Improvement (NHSE/I) also made several key achievements beyond what was promised in the NHS LTP:

- Rapid roll-out of 24/7 all age mental health crisis lines, supporting over 200,000 people a month.
- Rapid shift to remote working, providing care more flexibly and overcoming access barriers.
- Mental health and wellbeing offer for NHS staff impacted by the pandemic, underpinned by 40 new hubs across England.

Finance for mental health

The FYFVMH represented a significant investment in a very ambitious national programme. The NHS LTP has built on this commitment with an additional £2.3 billion a year funding by 2023/24.

Putting mental health on a level footing with other care is at the heart of NHSE/I's plans to transform mental health services. In recent years, clinical commissioning groups (CCGs) have been required to ensure that their overall investment in mental health rises at a faster rate than their overall programme funding.

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1 Based on 2004 prevalence data Mental health of children and young people in Great Britain, 2004 - NHS Digital

The latest data shows that the Mental Health Investment Standard (MHIS) has been met nationally and regionally in 2020/21, and 100% of CCGs (135 in total) have met the MHIS.

The consistent increases in mental health spend (including learning disabilities and dementia) means it is now due to make up 14.8% of local health spend in 2020/21, compared with 14.0% in 2019/20 and 13.1% back in 2015/16.

CCG spend on mental health is published as part of the Mental Health Dashboard, which can be found at https://www.england.nhs.uk/publication/nhs-mental-health-dashboard.

Outcomes
The Mental Health Outcomes programme focuses on implementation of outcome measures tools (usually in a questionnaire format) to help measure quality and clinical effectiveness of the intervention or treatment offered to improve an individual's mental health and wellbeing.

The use of outcomes data nationally provides an evidence-base to measure progress of deliverables underpinning the NHS LTP, inform best practice, benchmark services across the country, and ensure services also address health inequalities.

NHSE/I has been working closely with stakeholders across the system to build awareness of the outcomes programme, develop resource materials to support outcome monitoring and drive improvements in completeness and coverage of outcomes data in the national datasets.

Data completeness and coverage continue to be significant challenges. NHSE/I has implemented national levers and incentives to support increased awareness of the need to use routine outcome measures in routine practice and drive improvement. Two Commissioning for Quality and Innovation (CQUIN) indicators were published in January 2020 for mental health outcomes. The CQUINs incentivise the use of outcome measures by reporting recording of paired scores:

- Routine outcome monitoring in CYP and perinatal mental health services; and
- Routine outcome monitoring in community mental health services.

Further to this, system-level Data Quality Key Performance Indicators (KPIs) have been introduced to drive improvement. One of the KPIs is in an indicator on Outcomes.

Reducing health inequalities
Reducing inequalities is a defining feature of the NHS LTP. *The NHS Mental Health Implementation Plan 2019/20–2023/24* gives the detail underpinning the NHS LTP ambitions for mental health and sets the expectation that all systems need to reduce mental health inequalities by 2023/24.

It is important to recognise different groups have different likelihoods of developing a mental health problem as mental health is influenced by multiple personal, social and environmental factors. While the NHS cannot always solve the causal factors that increase the likelihood of developing a mental health problem, it has a duty to advance equalities in NHS services.

This means accounting for the particular needs of groups at risk of, or already experiencing, inequalities and ensuring our services meet their needs. Further, it means working with those groups to identify ways in which inequalities in access, experience and outcomes can

be reduced.

NHSE/I published its Advancing Mental Health Equalities Strategy in 2020, calling on all mental health services to take concrete steps to fight stigma and inequalities across the sector.

The Strategy is being overseen by a strong governance process that includes membership from an alliance of leaders and experts by experience from the mental health sector. They have identified a number of short- and longer-term actions to support advancements in access, experience and outcomes for communities experiencing inequalities in mental health services. This includes communities with protected characteristics and other health inclusion groups.

The strategy summarises the core actions that we all need to take to bridge the gaps for communities faring worse than others in mental health services, highlighting three key workstreams:

The first is 'supporting local systems' to advance equalities. This includes:

- developing a 'Patient and Carers Race Equality Framework' (PCREF) to support mental health services to improve Black, Asian and minority ethnic (BAME) experiences of care, as recommended in the Independent Review of the Mental Health Act;
- directly supporting and funding schemes that can address inequalities (via Transformation Funding – all sites in receipt of it must produce and deliver credible plans for reducing inequalities);
- documenting and sharing positive practice in advancing equalities in access, experience and outcomes to support collective improvements; and
- embedding equalities in the Provider Collaboratives Impact Framework.

The second is 'improving the quality and use of data'. This includes:

- improving the quality and flow of data to national NHS datasets, including the recording of protected and other characteristics; and
- Using headline measures of mental health equality to monitor change over time, and where improvements need to be made.

The third is 'workforce'. This includes working with Health Education England (HEE) to support the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities.

Detailed response – based on the call for evidence questions

1) Workforce

We are committed to growing the mental health workforce

Is the commitment on track to be met?
We are fully committed to attracting, training and recruiting the mental health workforce of the future. Through our plans set out in Implementing the Five Year Forward View for Mental Health (published in July 2016) and in July 2017's Stepping Forward to 2020/2021: The mental health workforce plan for England, we have expanded and diversified the types of roles that are available.

We are continuing to increase our education and training commissions, alongside developing new roles and using existing roles to transform service delivery and enhance service user experiences.

We have moved towards new service models and delivery through multi-disciplined teams – with a mix of more 'traditional' roles, like expert clinicians, nurses, psychologists, allied health professionals and social workers, alongside new and enhanced roles such as peer support workers, nursing associates and assistant practitioners.

"Stepping Forward" set out an ambition for 21,000 new posts (professional and allied) across the mental health system occupied by 19,000 new staff by 2020/21. This was supported by c£695 million investment into HEE's mental health workforce training and education programme over 5 years, which also helped to upskill the existing workforce.

Between March 2016 and March 2021, we have seen a 16.3% increase in the NHS directly-employed mental health workforce overall – by almost 18,000 FTE (up to 126,899 from 109,118). The impact of COVID-19 has resulted in extensions for trainees to complete some courses. Subject to any further COVID-19 impacts and NHS Trusts maintaining leaver/joiner rates, HEE forecast that the 19,000 new staff ambition is now on track to be delivered within the NHS directly employed numbers by the end of the calendar year (December 2021), with additional growth in the other types of employer.

Annex A provides more details on the breakdown of the mental health workforce directly employed by NHS Trusts and CCGs, using published NHS Digital data.

In addition to the level of growth set out in "Stepping Forward", the NHS Mental Health Implementation Plan 2019/20–2023/24 sets out the need for the mental health workforce to grow by over 27,000 during this time frame. More details on the indicative profile of this workforce - by staff group and programme area (such as perinatal mental health and IAPT) – can be found in Annex B of the plan.

To support this ambition, we are providing an additional £111 million in this financial year to support the training and education of the NHS mental health workforce. This funding will enable HEE to invest in the following areas:

- Expand education and training posts for the future workforce including over 100 additional Responsible Clinicians, 70 community-based specialist mental health pharmacists, over 2,900 Adult IAPT practitioners, 170 Clinical Psychologists and more than 750 CYP Mental Health Practitioners.
- Increase the number of training places for clinical psychology and child and adolescent

psychotherapy by 25%.

- Expand psychiatry starting with an additional 120 core psychiatry training programmes in key geographical areas of need.
- Commission multidisciplinary advanced clinical practice programme places to increase the skills of mental health nursing and AHPs as well as delivering a range of programmes and upskilling initiatives across the range of mental health conditions, including serious mental health problems and in key areas such as crisis, trauma and eating disorders.
- Create new roles as part of a wider programme of reform, including 950 recruit-to-train peer support workers to join the mental health workforce.
- Put the groundwork in place to build the infrastructure and support teams with the right skills, knowledge and experience to ensure the effective implementation of the upcoming Mental Health Act reforms.

As well as attracting new people into roles, it is important that we also keep the workforce we already have. We are putting in place measures that support the retention of existing staff, as well as providing them with leaning opportunities to develop and upskill.

Through NHSE/I's Looking after our people - retention programme, which launched last summer, we are supporting employers and managers to value, support and retain their staff, both clinical and non-clinical. This is achieved through a new employer portal of guidance and best practice and direct support for systems and organisations across each of the domains of the people promise.

The retention programme is also focussing on generational perspective and specifically supporting all staff who are over 50 years and in the first two years of their NHS career, as these have been identified as the groups most likely at risk of leaving post the pandemic.

We are taking forward a range of measures to specifically support the retention of the mental health workforce. Examples include:

- NHSE/I and HEE have developed the mental health career development framework, which was launched in November 2020, with the ambition to increase attraction, retention and celebration of mental health nurses.
- In London, NHSE/I are involved in a pilot project on Safety in Mental Health Settings, to explore the issue of violence and aggression on adult acute care wards and the Psychiatric Intensive Care Unit, examining quantitative and qualitative incident data. The project will also review current initiatives and approaches towards safety and security, share learning and make recommendations.
- NHSE/I will also be exploring work with IAPT services, encouraging experienced registered nurses (RNs) to support psychological wellbeing practitioners' (PWPs) development in their early years by providing mentorship. This will help retain PWPs, reduce their burn out and provide valued legacy roles for those MH RNs in later stage career.

In relation to staff wellbeing, funding has now been allocated for the national mental health support offer for 2021/22, which includes 40 mental health and wellbeing hubs, NHS Practitioner Health service for staff with complex needs and professional nurse advocacy training.

38 hubs had mobilised by the end of August 2021 and the remaining 2 hubs are expected to go live imminently. Access details for all the live hubs are on the NHSE/I website.

Hubs have been accessed over 11,000 times since February 2021, this includes individual and group support.

A service user experience survey has been launched to capture feedback from the hubs and support their continuous improvement.

To what extent has the NHS's Covid-19 response affected progress on Targets?

Due to widespread mitigations to prevent the spread of COVID-19, there were a number of impacts to training programmes including:

- Delays to trainees completing existing training programmes as they were not able to be released and/or could not undertake training remotely
- Challenges with trainees accessing appropriate placement experiences with decreased rates of referrals
- Reduced capacity for new training programmes to start
- Reduced number of available supervisors to support trainees on programme.

These impacts were closely monitored and work was (and is) ongoing with regional and national teams to support extensions for trainees, look at opportunities to boost capacity and enable effective supervision, as well as work with training providers to offer courses and programmes online/remotely where possible.

2. Children and young people's mental health

At least 70,000 additional children and young people each year will receive evidence-based treatment

Was the commitment met overall?

Nationally, the FYFVMH target of 35% (70,000) of children and young people with a diagnosable mental health need (based on 2004 prevalence data[2]) accessing high-quality mental health care was achieved a year early in February 2020 (ahead of March 2021 target). Our current year-to-date data shows that we continue to exceed this target despite the effects of the pandemic, with an access rate of 39.6% in March 2021.

More recent prevalence data has since been released with the 2017 Office for National Statistics, NatCen and NHS Digital prevalence survey. When measured against the 2017 prevalence survey data, we met approximately 36.9% of need nationally, and 29.5% against the 2020 follow-up survey data. The FYFVMH commitment to provide treatment to an additional 70,000 children and young people was met. It is also important to note that changes in the survey approach mean the data are not directly comparable and caution should be taken drawing conclusions.

The baseline for the target of at least an additional 70,000 children and young people receiving mental health support by 2020/21 is additional to the children and young people receiving support in 2014/15[3]. This target is measured and reported in the quarterly updated mental health services dashboard, with data being based on the number of children and young people who received at least two contacts following a referral. To be included in the data, the patient must have received their first contact within the relevant financial year and before their 18th birthday. Those contacts could be direct or indirect activity (excluding SMS or email)[4].

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[2] Mental health of children and young people in Great Britain, 2004 - NHS Digital
[3] Implementing the Five Year Forward View for Mental Health (england.nhs.uk)

The aims of the FYFVMH were to 2020/21. We have taken further action to support children and young people to get access to mental health support, including through implementing the proposals of the Green Paper on children and young people's mental health, jointly published by the Department for Education and Department of Health and Social Care in 2017.

One of the proposals of the Green Paper was to introduce new mental health support teams (MHSTs) in schools and colleges across the country to cover 20-25 per cent of the school age population by 2022/23. In December 2018, 25 areas were selected to deliver the first MHSTs, and roll out of MHSTs has continued through the pandemic. Further teams were commissioned in 2019/20 and 2020/21.

More recently, on March 5, the Government announced plans to accelerate the coverage of mental health support teams in schools and colleges over the next financial year, with £79million funding for NHS funded children's mental health services, including community services, MHSTs, Children and Young People's Eating Disorder Services and crisis services. We therefore expect to deliver the Green Paper commitment to MHSTs covering 20-25 percent of England by April 2022, a year ahead of schedule, and to continue expanding thereafter. We currently estimate around 400 mental health support teams will be up and running, offering support to almost three million pupils, by April 2023.

Details of the clinical commissioning groups that are developing mental health support teams can be found at:

- 2021/22 - NHS England » Transforming children and young people's Mental Health Support Teams and pilots;
- 2019/20 - NHS England » 2019/20 Mental Health Support Teams; and
- 2018/19 - NHS England » 2018/19 Trailblazers

Achieve 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases

Was the commitment met overall?
Children and young people's community eating disorder teams now cover all parts of England, with 70 new or expanded teams treating more CYP with an eating disorder than ever before.

Prior to the pandemic, significant progress had been made towards achieving the 95% access target. Quarter 4 2019/20 data, which is prior to the pandemic, showed that 80.5% (n=284 of 353) of CYP started treatment within one week for urgent cases, and 84.4% (n=1,562 of 1,850) within four weeks for routine cases.
However, in the wake of the pandemic, there has been a significant increase in demand, which has affected performance against the waiting timing standard. The most recent data (Quarter 1 2021/22) shows 61.0% (n=520 of 850) of CYP started treatment within one week for urgent cases, and 72.7% (n=1,889 of 2,600) within four weeks for routine cases.

It is important to note that the NHS is now treating more CYP with an eating disorder than ever before. The increase in the number of CYP requiring treatment (this includes CYP that started treatment as well as CYP that were waiting to start treatment by the end of March 2021) during

[4] NHS England » NHS Mental Health Dashboard

the pandemic has impacted on both routine and urgent cases.

- During 2020/21, a total of 10,695 CYP started treatment. This compares with 8,034 CYP that started treatment during 2019/20, an increase of 2,661.
- Similarly, the number of CYP that were waiting to start treatment at the end of each year increased from 561 by March 2020 to 1,534 by March 2021.

To support this increase in demand, part of the £79 million from the recent Spending Review has been allocated to services in 2021/22 to help meet this surge and enable additional capacity for around 2,000 more CYP to access services.

This commitment was not met by the target deadline. The Eating Disorder Referral to Treatment standard for Children and Young People states that by March 2021 (end of FY 2020/21), 95% of Children and Young People (up to 19 years old) referred for assessment or treatment for an eating disorder should receive treatment, approved by the National Institute for Health and Care Excellence (NICE), within 1 week if the case is urgent and 4 weeks if the case is routine/non-urgent.

For completed pathways, the data shows that for Quarter 4 2020/21 (January-March 2021):

- Urgent cases: Nationally at 70.5% (against 95% standard) with 507 out of 719 CYP starting treatment within 1 week.
- Routine/non-urgent cases: Nationally at 72.7% (against 95% standard) with 1,759 out of 2,421 CYP starting treatment within 4 weeks.

The pressures continue to be seen in 2021/22. For completed pathways the data shows that for Quarter 1 (April – June 2021):

- 61.0% of young people started treatment for an urgent case within 1 week (520 out of 852 young people who started treatment for an urgent case did so within 1 week). This is a decrease compared to 70.5% in the previous quarter.
- 72.7% of young people started treatment for a routine case within 4 weeks (1,889 out of 2,600 young people who started treatment for a routine case did so within 4 weeks). This compares to a similar level of 72.7% in the previous quarter[5].
- The Department of Health and Social Care is working with NHSE/I to develop a shared understanding on why targets have not been met and how we can ensure that more people can referred to treatment in line with the aims NHS Long Term Plan to continue to meet the Waiting Time Standards beyond 2020/21.
- NHS England and Improvement works with mental health leads from local systems, Health Education England, and other partners across the health system to support local services and help ensure the funding flows to these services as intended.

Was the commitment effectively funded?

Since 2016, extra funding has gone into CYP community eating disorder services every year, with a

- [5] The data being published relates to the numbers and percentages of young people who started NICE-approved treatment for an eating disorder within 1 week if the case is urgent and within 4 weeks if the case is routine/non-urgent (complete pathways). It also includes the number and percentages of those with an eating disorder who are still waiting to start their NICE-approved treatment for both urgent and routine/non-urgent referrals (incomplete pathways).
- Due to small numbers referred in some areas, the data has the potential to risk the disclosure of individual young people. To mitigate risks of case disclosure, suppression rules have been applied to the published data.

total of £53 million a year currently planned to go in from 2021/22 to 2023/24. This extra funding will enhance the development of more than 70 new or improved community eating disorder teams covering the whole of the country.

In addition to the NHS LTP funding profile for CYP Eating Disorder services, we are also investing £79 million extra in 2021/22 to significantly expand children's mental health services, including allowing 2,000 more children and young people to access eating disorder services. This funding forms part of the additional £500 million we have announced in 2021/22, which will support people with a variety of mental health conditions, including eating disorders.

An additional £40 million for inpatient services and alternatives to admission was announced by NHSEI in June to address the COVID-19 impact on children and young people's mental health and enhanced services across the country. This includes £10 million to provide extra beds at units that provide care for young people with the most complex needs, including eating disorders, as well as £1.5 million to ensure there are additional facilities for children under 13. The impact of this funding is being monitored by the Ministerial Mental Health Recovery Board on a quarterly basis.

Was it an appropriate commitment?
The CYP Eating Disorder Waiting Time Standards forms a crucial part of the Government's commitment to deliver parity of esteem between mental and physical health. This vision is outlined in Achieving Better Access for Mental Health Services by 2020/21, is supported by the ambitions set out in Future in Mind (2015) and the publication of the Eating Disorder standard and pathway (2015)

We know the difference that early intervention can make and recognise that the earlier treatment is provided, the greater the chance of recovery. So, it is vital that everyone with an eating disorder can access quick, specialist help when necessary. Achieving the 95% standard will ensure that non-urgent cases receive treatment early to prevent crisis point and ensure that urgent cases get the intensive community support necessary to prevent in-patient admission.

NHSEI continues to work towards this standard in the context of additional and unprecedented pressures and we support NHSEI in their efforts to meet the commitment.

Ensure there is a CYP crisis response that meets the needs of under 18-year olds

Was the commitment met overall?

CYP crisis care

In line with the aims of the FYFVMH, we committed to developing a model for CYP that offers intensive home treatment as an alternative to acute inpatient admission. A baseline understanding of provision and a crisis response model for CYP equivalent to that provided to adults has been developed. This led to the NHS LTP ambition that by 2023/24 all CYP experiencing a mental health crisis will be able to access crisis care 24 hours a day, seven days a week, with a single point of access (through NHS 111). Part of this ambition was brought forward in response to the pandemic, with all mental health providers establishing all-age helplines.

Four functions of a comprehensive CYP crisis service have been developed. These are:

1. a single point of access, including through 111, to crisis support, advice and triage;
2. crisis assessment within the emergency department and in community settings;

3. crisis assessment and brief response within the emergency department and in community settings, with CYP offered brief interventions; and
4. intensive home treatment services aimed at CYP who might otherwise require inpatient care, or intensive support that exceeds the normal capability of a generic CYP mental health community team.

Hours of operation:

- Functions 1, 2 and 3 –the single point of access, crisis assessment and brief response must operate 24/7
- Function 4 –the intensive home treatment function should be available 7 days per week across locally determined extended hours.

The functions match the ambitions that are in place for adults but the models of care delivery are likely to differ given the differences in demand / staffing numbers for CYP services.

The results of NHSE/I's latest monitoring process shows that 67% of the country either had full or partial coverage of the four components of a comprehensive crisis service. The results of this survey represent a single point in time up to 31 March 2020. This means we have met our trajectory of 35% coverage by 2020/21[6].
The end-year position for 2020/21 is currently not available. However, data from the 2019/20 survey shows that the majority of areas are implementing the functions and working towards comprehensive 24/7 coverage of these functions, and as of May 2020, the ambition for 24/7 open access to CYP crisis pathways was achieved, with all mental health providers establishing all-age helplines, albeit not yet through NHS 111.

<u>CYP equivalent paediatric mental health liaison</u>

The FYFVMH committed to having all-age mental health liaison services in emergency departments and inpatient wards. For CYP, further development is needed. In view of staffing constraints and a different demand profile in general hospitals for CYP mental health, the adult model of standalone 24/7 liaison teams on-site was not found to be a viable use of limited staffing resource.

The ambition is now being implemented as part of the NHS LTP with 99% of CCGs in 2019/20 reporting that they offer crisis assessment in either the emergency department, community or both. Areas are working to expand 24/7 coverage to emergency departments. However, the inpatient ward function for CYP liaison remains a gap in provision. Further development work is now underway to identify an appropriate viable model of care to cover the inpatient ward functions of CYP mental health liaison services in general acute hospitals.

3. Adult common mental illness

All areas commission IAPT-Long term condition services

[6] The Long Term Plan Mental Health Implementation Plan set out a national trajectory to achieve 100% coverage of comprehensive crisis services in line with the LTP ambition: 2019/20: 30%, 2020/21: 35%, 2021/22: 57%, 2022/23: 79%, 2023/24: 100%.

Methodology: measurement towards 19/20 LTP trajectory
To measure progress towards the target of 30% comprehensive coverage for 2019/20, using data provided by CCGs and providers in the 19/20 CYP crisis survey, compliance against each component of a comprehensive offer has been calculated to give an overall score.

Was the commitment delivered overall?
The FYFVMH commitment that the programme to increase access to evidence-based psychological therapies includes a focus on people living with long-term physical health conditions has not yet been met**.**

The implementation of Improving Access to Psychological Therapies-Long Term Condition (IAPT-LTC) pathways has made some headway with 77% of CCGs having at least one integrated pathway by March 2020. The assurance process undertaken to track delivery of this specific commitment at a national level was paused due to the pandemic, however it has now recommenced and Quarter 3 2021/22 figures will soon be available.

The early implementer pilots demonstrated significant cost savings in physical healthcare resulting from these integrated pathways and NHSE/I continue to support the system in developing pathways for other long-term conditions (LTC). Whilst results varied across sites and conditions, there was a large body of evidence which showed significant reductions in physical healthcare utilisation both during and immediately after treatment. The estimated cost saving from one such evaluation (Thames Valley) was £329 (over a 3-month period) per person treated.

Although all CCGs were required to offer integrated pathways from April 2018, not all systems prioritised investment in LTC services, and the lack of investment at a local level has meant that not all CCGs have achieved this yet. Other barriers have included resistance from physical healthcare pathways.

Prior to the pandemic, NHSE/I was assuring delivery at a regional level on a monthly basis but this was stood down for the past year and has now restarted. Manual assurance has included an assessment of the maturity of integrated pathways and adherence to the model. The implementation of version 2 of the IAPT dataset has now commenced and will enable NHSE/I to monitor the existence of integrated pathways to see which LTC are covered. This will allow NHSE/I to identify which CCGs have no provision for IAPT-LTC.

Quarter 1 data for IAPT-LTC has been published by condition, at CCG and STP level by NHS Digital[7].

IAPT-LTC has formed an important foundation of efforts to provide integrated pathways to support people with Long COVID with persisting mental and physical health symptoms, which will be further strengthened by additional funding secured for IAPT in 2021/22.

4. Adult severe mental illness

280,000 people with SMI will receive a full annual health check

Was the commitment met overall?
The commitment is for 280,000 people (at least 60% of people on the GP serious mental illness [SMI] register) should have a comprehensive physical health check at least once a year. COVID-19 greatly impacted delivery of the physical health checks during 2020/21, which a reduction in face-to-face contacts and reduced primary care capacity.

Latest data (Quarter 1 2021/22) data shows that in the 12-month period to June 2021, 141,000 people with SMI received a physical health check (27% of people on the GP SMI register). This

[7] Psychological Therapies: reports on the use of IAPT services, England June 2021 Final including reports on the IAPT pilots and Quarter 1 data 2021-22

represents a 16% increase in the position from Quarter 4, 2020/21.

The FYFVMH trajectory for 2020/21 was not met. Data for Q4 2020/21 shows that in the 12 months to March 2021, 23% of all people on the GP-SMI register received a comprehensive annual physical health-check, against the 60% standard. COVID-19 greatly impacted delivery of the physical health checks during 2020/21, which a reduction in face-to-face contacts and reduced primary care capacity.

NHSE/I is undertaking a series of actions to address under-delivery against the standard ambition:

- The NHS has invested an additional £24 million in the Quality and Outcomes Framework (QOF) to incentivise the completion of all six elements of the physical health checks in primary care. Previously, only three elements of the health-check were incentivised in the QOF and these elements had the greatest levels of completion.
- All Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICSs) have received funding to commission tailored outreach and engagement structures to support people with SMI to access vital preventative health care, including the annual physical health checks. This included an additional £4.5 million in winter 2020/21 and an additional £12 million in 2021/22.
- The NHSE/I is working in collaboration with NHSX to roll-out remote monitoring to complete all six elements of the checks, and to undertake an exercise to provide funding and support the roll-out of outreach schemes and/ or interoperability. This will help NHSE/I to understand mechanisms to complete physical health checks remotely.

Was the commitment effectively funded?
Between 2015/16 and 2020/21 funding for this commitment was provided via the additional £1 billion of funding CCGs received to support FYFVMH interventions.

Additional funding has been provided to address off-track support delivery of this commitment in 2021/22:

- The NHS has invested an additional £24million in the Quality and Outcomes Framework (QOF) to incentivise the completion of all six elements of the physical health checks in primary care. (Previously, only three elements of the health-check were incentivised in the QOF and these elements had the greatest levels of completion).
- All STPs/ICSs have received funding to commission tailored outreach and engagement structures to support people with SMI to access vital preventative healthcare, including the annual physical health checks. This included an additional £4.5million in winter 2020/21 and an additional £12million in 2021/22 as part of the £500million for Mental health Wellbeing Recovery Action Plan. The latter is supporting increased access to comprehensive physical health-checks (an existing NHS LTP ambition) and will also support increased uptake of flu vaccinations (where eligible) and the COVID-19 vaccination (people with severe mental illness are prioritised for the vaccine under Joint Committee on Vaccination and Immunisation cohort 6).

Was it an appropriate commitment?
The life expectancy of people with severe mental illnesses can be up to 20 years less than the general population. People with severe mental illnesses are at higher risk of poor physical health. Compared with the general patient population, patients with severe mental illnesses are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease and cardiovascular disease and make more use of urgent and emergency care. People with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people

with psychosis or bipolar disorder.

Ensuring that people with SMI receive regular physical health checks will help us address the above health inequalities. This commitment, alongside our commitment to roll out integrated models of primary and community mental health care for adults with SMI, will enable a more holistic approach to supporting the health and wellbeing of people with SMI.

New integrated community models for adults with a severe mental illness

Is the commitment on track to be met?
This commitment has a clear and fixed deadline: 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. NHSE/I is on track to deliver this commitment. These new models are in the process of being rolled out across all STPs/ICS in England.

The national rollout of funding for new models of integrated care is underway. All STPs/ICSs have received both baseline and transformation funding to implement the new models of integrated primary and community care for people with SMI.

From April 2021, primary care networks and mental health providers have been working to jointly employ mental health practitioner roles to better support the needs of people with SMI in primary care. This will ensure integration of primary and community mental health care is underway in all primary care networks in 2021/22.

Assurance data shows that 45,700 people were seen in the new integrated models in Quarter 1 2021/22, suggesting that the we are on track to meet the NHS LTP trajectory of at least 126,000 adults and older adults with SMI being seen within the new integrated primary and community mental health services in 2021/22.

As part of this and in line with the Clinically-led Review of NHS Access Standards, four-week waiting times for adult community mental health teams (CMHTs) have been tested with 12 selected local areas, as part of wider testing of these new models in 2019/20 and 2020/21. This is supported by over £70million funding. NHSE/I has published a report setting out the final recommendations on the mental health standards from the Clinically-led Review of NHS Standards (CRS). This can be accessed at: NHS England » Mental health clinically-led review of standards: Models of care and measurement

The consultation closed on 1 of September 2021 and NHSE/I expects to publish the response to the consultation on the proposals for five new waiting time standards by the end of this year.

Was the commitment effectively funded?
Under the NHS LTP, by 2023/24, we will invest almost £1billion extra in community mental health care for adults with severe mental illness. National roll-out of funding for the new-integrated models is underway from April 2021. This includes a fair-share allocation of £279million in CCG baseline funding and £121million in Service Development Funding.

In addition, as part of the government's commitment to build back better, we have published our Mental Health Recovery Action Plan, backed by a one-off targeted investment of £500million, to ensure that we have the right support in place in financial year 2021/22. £58million of this extra £500million announced will be invested to bring forward the expansion of integrated primary and

secondary care for adults with severe mental illness.

Did the commitment achieve a positive impact for people living with mental ill health? Specifically, have there been reductions in lengths of stay and reductions in out of area placements?

Though delivery of this commitment is still in progress, an evaluation was undertaken to review progress of the early implementer sites after the scheduled 2-year trial of Community Mental Health transformation. Approximately 28,000 people received 2+ meaningful care contacts, and 13,000 people received psychological therapies in 2020/21.

Poor outcomes data completeness and coverage continues to be a challenge for Adult Community Mental Health. Significant improvement is needed to ensure outcomes data can be used nationally to monitor the impact and benefit of mental health services, improve person-centred care, address health inequality needs, and to measure progress against the NHS LTP commitment. NHSE/I is working with systems to prioritise improving the quality of outcomes data.

While good progress was being made prior to the pandemic, the FYFVMH ambition to end the practice of inappropriately sending people out of area has not been met. Doing so remains a significant challenge, particularly given the multiple impacts of the pandemic such as pressures on beds due to infection prevention and control requirements, increasing demand/acuity and a prolonged period of reduced support networks for people with severe mental illness.

Adult acute mental health bed occupancy has been consistently above 88% since the beginning of 2021, but since April 2021, pressures have been at critical levels and are now consistently at or exceeding 93% (and in reality exceeding 100% given routine use of independent sector in the form of out of area placements [OAPs]).

Following an increase in OAPs between June 2020 and March 2021, Quarter 1 2021/22 as a whole saw an improvement on Quarter 4 2020/21 (58,455 inappropriate OAP bed days compared with 64,780). However, due to the ongoing impact of the pandemic, we expect to continue to see very high demand on NHS inpatient mental health care over the coming months.

As of June 2021, 620 inappropriate OAPs (due to unavailability of a bed) were active, compared to 685 at the end of May 2021 - a decrease of approximately 65 cases (9%). Inappropriate OAPs account for 89% of all OAPs active at the end of June 2021 (620 out of 695).

Key actions being taken to support recovery include:

- ensuring that the NHS LTP and COVID-19 support funding, including discharge funding, are appropriately invested in community and crisis transformation;
- supporting local systems to focus on reducing length of stay and ensuring OAPs reduction is a system priority in all areas;
- all local systems having put in place robust mental health bed escalation processes locally, supported by regional escalation;
- working to increase emphasis on commissioning housing and social care;
- developing clearer guidance and support on flow in mental health inpatient settings;
- encouraging recovery of face-to-face care in community mental health services to prevent escalation of need / relapse; and
- Exploring options to sustainably addressing demand/capacity in psychiatric intensive care units in the medium to long-term – including interventions such as cross-regional mutual aid agreements/commissioning.

The additional funding of £500 million in 2021/22, made available at the previous Spending Review, will contribute to addressing pressure on the acute pathway (in particular the £87 million mental health hospital discharge funding) and we will monitor progress on OAPs through the new Quarterly Mental Health Recovery Board, chaired by the Minister with policy responsibility for mental health, and the supporting officials Oversight Working Group, which reports monthly.

Furthermore, the additional funding will also support increased capacity in community mental health services, which in turn will relieve pressures on inpatient services. Considerable efforts have been made by the NHS to reduce inappropriate OAPs and a stocktake will be undertaken at the end of Q2 2021/22

Was it an appropriate commitment?
This NHS LTP commitment aims to support adults and older adults with severe mental illnesses. A new community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. This includes maintaining and developing new services for people who have the most complex needs and proactive work to address racial disparities inequalities. Local areas will be are being supported to redesign and reorganise core CMHTs to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.

By 2023/24, all STPs/ICSs will have received funding to develop and begin delivering new models of integrated primary and community care for adults and older adults with severe mental illnesses, incorporating care for people with eating disorders, mental health rehabilitation needs and complex mental health difficulties associated with a diagnosis of a 'personality disorder', among other groups. These new models of care will span both core community provision and also dedicated services, where the evidence supports them, and they will be built around Primary Care Networks. By the end of 2023/24 every STP/ICS will have at least one new model in place, with care provided to at least 370,000 adults and older adults per year nationally, giving them greater choice and control over their care, and supporting them to live well in their communities.

In line with the commitment for people with SMI to receive regular physical health checks, these new community mental health care services will help address the health inequalities experienced by people with SMI and deliver a more holistic approach to healthcare.

To ensure the system has the tools to support this commitment, from April 2021, primary care networks and mental health providers have been working to jointly employ mental health practitioner roles to better support the needs of people with severe mental illness (SMI) In primary care. This will ensure integration of primary and community mental health care is underway in all primary care networks in 2021/22. NHSE/I are is also working with primary care and HEE to develop training to support primary care professionals in identification and medical monitoring of eating disorders and completing SMI health checks.

The therapeutic offer from inpatient mental health services will be improved by increased investment in interventions and activities, resulting in better patient outcomes and experience in hospital

Is the commitment on track to be met?
The NHS LTP commitment to improve the therapeutic offer from inpatient services by increased investment in interventions and activities is on track to be delivered by 2023/24, with additional investment commencing in 2020/21. The full financial profile for this commitment can be found in

the NHS Mental Health Implementation Plan.

Further to this, plans have been put in place to enhance regional infrastructure and leadership on acute mental health, as well as implementing a quality improvement programme for the Mental Health Act review.

The additional funding made available in 2021/22 to support discharge and community services' response to COVID pressures is also supporting this aim in three key ways:

- Supporting investment in accommodation and housing to manage bed-flow;
- Increased recovery-focused support to facilitate earlier discharge, including specific discharge facilitation roles as well as additional social worker and therapy input; and
- Enhanced community and crisis support to prevent admission.

Quality indicators or outcomes data

Despite COVID-related pressures on inpatient services in the round, there has been a slight reduction in the mean length of stay in adult acute beds from October 2019 to March 2021, from 41.1 days to 38.5 days.

72-hour follow-up standard (% of people followed up within 72 hours post-discharge). Q1 2021/22 performance for CCG commissioned beds adult acute, older adult acute and PICU.

England	**78%**
NE & Yorks	83%
Midlands	83%
South East	81%
East of England	79%
North West	75%
London	75%
South West	68%

All areas will provide crisis resolution and home treatment (CRHT) functions that are resourced to operate in line with recognised best practice, delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute inpatient admission

Was the commitment met overall?

This commitment was not delivered in its entirety by the FYFVMH target of March 2021 but is very close to being delivered in full. This commitment is to ensure by 2020/21:

- that a 24/7 community-based mental health crisis response is available in all areas across England
- that services are adequately resourced to offer intensive home treatment as an alternative to acute inpatient admission
- for adults, NHS England should invest to expand CRHTs
- for children and young people, an equivalent model of care should be developed within this expansion programme (see section under header *Ensure there is a CYP crisis response that meets the needs of under 18-year olds)*

There is a small percentage of areas that have not yet met the full range of expected functions due to struggles with recruitment and retention. The most recent data from April 2021 shows 97%

of services offer 24/7 hours of operation and face to face home visits (increasing from 47% in 2018) and 95% are open access (increasing from 42% in 2018).

The investment profile for this commitment is included in the Mental Health Implementation Plan.

During the course of the FYFVMH implementation, further ambitions were added to ensure that crisis services were open access (i.e. open to self-referral), and in April 2020 a further ambition was made to implement 24/7, open access urgent mental health helplines to help mitigate against the impact of the pandemic.
In response to the pandemic, all NHS mental health providers have established 24/7 urgent mental health helplines for those with severe needs or in crisis. This was an aim of the NHS LTP brought forward from 2023/24 to now.

For children and young people, in line with the aims of the FYFVMH, a baseline understanding of provision and a crisis response model for children and young people equivalent to that provided to adults was developed. This led to the NHS LTP ambitions set out in the section *Ensure there is a CYP crisis response that meets the needs of under 18-year olds* under the title "CYP crisis care".

Was the commitment effectively funded (or resourced)?
The investment profile for this commitment is included in the Mental Health Implementation Plan, alongside investment in related service expansions such as crisis alternatives, mental health liaison and improved ambulance response to people experiencing mental health crisis.
Nearly £260 million was made available to ramp up Crisis Resolution and Home Treatment (CRHT) provision in line with the FYFVMH aim, and to commence the NHS LTP ambition of investing in crisis alternative services.

The FYFVMH also includes the commitment that for adults, NHS England should invest to expand CRHTs. NHS England and NHS Improvement have recently completed allocation of targeted additional investment of £261 million in community-based crisis teams and 'crisis alternatives' from 2019-21.

Annex A

Table setting out the breakdown and split of the Mental Health workforce directly employed and paid by NHS Trusts and CCGs using published NHS Digital workforce data:

HCHS Mental Health Workforce in NHS Trusts and CCGs						
Staff group (Speciality/care setting)	**Sept 2016**	**Sept 2017**	**Sept 2018**	**Sept 2019**	**Sept 2020**	**June 2021**
Total HCHS Mental Health Workforce	**108,899**	**108,924**	**110,902**	**114,189**	**122,613**	**126,677**
Of which						
HCHS Doctors	**8,918**	**9,017**	**9,165**	**9,321**	**9,685**	**9,718**
Including those in the specialty……						
General psychiatry	5,709	5,769	5,932	6,087	6,370	6,447
Child and adolescent psychiatry	967	970	979	1,015	1,035	1,049
Old age psychiatry	1,090	1,085	1,095	1,055	1,089	1,039

Psychiatry of learning disability	421	424	424	433	436	430
Psychotherapy	83	91	82	89	91	80
Forensic psychiatry	549	561	568	564	583	586
Nurses, health visitors and Midwives	**40,219**	**40,097**	**40,530**	**41,296**	**43,095**	**43,186**
Scientific, therapeutic & technical staff	**16,664**	**17,490**	**18,226**	**19,160**	**20,813**	**22,082**
Including…….						
Applied Psychology	6,840	7,044	7,296	7,459	7,474	7,751
Art / Music / Dramatherapy	351	353	366	387	412	418
Multi-therapies	603	577	455	453	433	435
Occupational Therapy	2,236	2,301	2,438	2,519	2,723	2,851
Other ST&T staff	614	703	708	753	849	958
Pharmacy	53	59	71	76	164	170
Physiotherapy	218	229	230	228	255	239
Psychological Therapy	4,266	4,564	4,831	5,304	6,043	6,593
Social Services	1,202	1,360	1,507	1,660	2,119	2,307
Speech & language therapy	217	229	253	230	250	256
Support to clinical staff	**40,558**	**39,940**	**40,560**	**42,008**	**46,705**	**49,312**
Central functions and Hotel, Property & Estates	**1,232**	**1,129**	**1,165**	**1,175**	**1,198**	**1,301**
Managers and senior managers	**956**	**921**	**904**	**961**	**955**	**1,046**
Unknown/Other	**352**	**330**	**351**	**266**	**162**	**32**

The above data relate to the HCHS Mental Health workforce directly employed in NHS Trusts and CCGs who are paid. It will therefore not capture those working in voluntary/third sector organisations, local authorities, primary care or private providers doing NHS funded work.

NB - data on mental health social workers is not captured through NHS Digital returns. However in Skills for Care conducted a survey of the Approved Mental Health Professional (AMHP) workforce in 2019/20. It found that there were an estimated 3,900 approved AMHPs in England. 95% of these were employed as social workers, 4% were registered nurses and less than 1% were occupational therapists and psychologists. 80% of all AMHPs were employed by local authorities, 15% by the NHS, with the rest employed by agencies or are freelance.

Definition:

The definition of the HCHS Mental Health workforce includes those who are providing or supporting the provision of mental health services. Staff are included if they have either an NHS Occupation Code or Area of Work that is related to mental health services.

A sub-group of WIRG, comprising representation from DHSC, NHS Digital, NHS England, Health Education England, NHS Improvement and mental health trusts reached agreement in December 2018, with subsequent confirmation from each represented body, that the definition using the existing data standards be on the following basis:

1. The two fields ‘Occupation Code’ and ‘Area of Work’ (AoW) define the MH workforce, and these two fields are the only determinants of the definition. The employing organisation type is not taken into account.
2. Records are included if the value of either of these two fields suggests mental health provision.
3. Codes pertaining to learning disability are included in the definition, whilst recognising that the underlying data enables such staff to be separately identified if necessary.
4. Codes that might potentially include staff delivering at least some provision of MH services, but clearly a significant amount of non-MH provision, are excluded – though a narrative should be drawn up to explain this.
5. It is acknowledged that for some specific purposes, different definitions may be considered to be more appropriate, but this should be explicit in their presentation.

Full Time Equivalent (FTE) refers to the proportion of full time contracted hours that the post holder is contracted to work. 1 would indicate they work a full set of hours, 0.5 that they worked half time.

Oct 2021