Written evidence submitted by The Royal College of Psychiatrists (RCPsych)(MHS0012)

Introduction

The Royal College of Psychiatrists (RCPsych) is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

Summary

Investment in mental health services has made a big difference with more people with a mental illness getting the help they need than ever before.

Since the Government set out their five-year target to improve mental health care access to perinatal services had more than doubled pre-pandemic and the target to ensure 35% of children and young people with a mental health condition are able to access treatment had been met ahead of schedule.

The challenge of recruiting enough staff has however been the biggest barrier to being able to meet the Government's commitments. With just under two thirds of all the promised mental health nurses and consultant psychiatrist posts still unfilled, it has been impossible to deliver all of the commitments in the Five-Year Plan for Mental Health.

The COVID crisis has had the biggest impact on the nation's mental health since the Second World War and has made the targets set out in the NHS Long Term Plan even harder to hit. Services are facing record levels of demand and it is vital that when the Government thinks about reducing NHS waiting lists they do not forget the hidden crisis in mental health services.

Workforce

1. We are committed to growing the mental health workforce

In the mental health sector, recruiting enough skilled staff to meet the needs of patients is an urgent challenge. To overcome this challenge, the Five Year Forward View for Mental Health and NHS Long Term Plan (LTP) both included indicative workforce requirements to deliver service ambitions. However, the numbers required for the Five Year Forward View for Mental Health have not been met, and the numbers required for the NHS Long Term Plan are not on track to be met. This means that an insufficient workforce remains widely recognised as one of the biggest risks to delivering national ambitions to improve mental healthcare.

For example, in the plan to deliver the Five Year Forward View for Mental Health – Stepping forward to 2020/21: The mental health workforce plan for England – the Government set a target to employ 570 more consultant psychiatrists and 8,100 mental health nurses by March 2021. This deadline has now passed and there has been a failure to expand the mental health workforce as specified. By March 2021, the NHS only filled 209 out of the

target 570 (37%) consultant psychiatrist posts and 3,066 of the target 8,100 (38%) mental health nurses compared to March 2017 (the Government's baseline date).

Furthermore, the NHS Long Term Plan is meant to build on the planned workforce set out in the Five Year Forward View, yet as of June 2021 the NHS were almost 400 (398 exactly) consultant psychiatrists behind the target for 2020/21 (with an additional 60 consultant posts expected to be filled by March in the Mental Health Implementation Plan), and therefore on course to miss the LTP target by 2023/24.

In part, this is because workforce planning has come too late in the planning cycle. For example, the workforce plan for the Five Year Forward View for Mental Health was published over a year after the publication of the Five Year Forward View itself. It is also due to short-term workforce planning that fails to understand the length of time it takes to train staff, which is evidenced by two one-year People Plans that do not align with the workforce targets required to implement the Long Term Plan. To date, there have also been no transparent attempts to sufficiently compare workforce supply against workforce demand meaning that persistent workforce shortages remain a reality.

Our 2019 Workforce Census showed that the vacancy rate for NHS consultant posts across England almost doubled from 5.2% in 2013 to 9.8% in 2019. More recent data from the fourth quarter of 2020/21 showed a total of 16,660 WTE vacancies across the mental health workforce. Of those, 1,215 were for medical posts and 8,388 for nursing posts, which equates to 58% of total vacancies.

Increasing medical school places is necessary to ensure an increase in the number of home-grown doctors and increase supply over the long-term. It is welcome that since 2018 the government has funded an additional 1,500 medical training places per year. COVID-19 has created an unforeseen growth in medical school places as a result of an unexpectedly high number of students qualifying for an offer to study medicine in 2021. In response, the government decided to provide extra funding to medical and dental schools across England and to increase the number of available places to 9,000 (of which 8,032 for medicine). This is a positive development for the future psychiatric workforce, and the uplift should be retained. The number of medical school places should be further expanded to 15,000 by 2028/29 in order to continue to grow the mental health workforce and deliver a sustainable supply of psychiatrists for the Long Term Plan period and beyond.

As well as improving recruitment and retention in mental health medical training, new roles, such as Physician Associates (PA) are an important part of meeting current and future workforce demands. We welcomed the commitment to expand PAs in training to over 1,000 per annum. In 2020, just 2% of the PAs who responded to the Faculty of Physician Associates Census 2020 confirmed they were working in psychiatry. The introduction of additional PAs in the mental health system could further enable consultants, specialty doctors and trainees to work to the top of their skill set to improve productivity.

Children and Young People's (CYP) Mental Health

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

190,271 0–18-year-olds were referred to children and young people's mental health services between April and June this year, up 134% on the same period last year (81,170) and 96% on 2019 (97,342). 340,694 children and young people were in contact with children and young people's mental health services at the end of June, up 25% on the same month last year (272,529) and up 51% on June 2019 (225,480).

Due to the huge rises in referrals, a reduced proportion of CYP are starting treatment and more are on waiting lists.

3. 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

The 95% targets are being badly missed, at least partially because of a significant rise in demand for eating disorder services.

In the last quarter Children and Young People's eating disorder services have more than doubled the number of urgent pathways completed, compared to the same time last year.

They could not, however, keep up with demand, meaning that between April and June 2021 only 61% of children and young people with an urgent case started treatment within the one-week target period and 72.7% of children and young people commenced treatment within four weeks.

For the same period 207 children and young people were awaiting urgent treatment and 145 had already exceeded the target period - a 269.6% increase on the same quarter in 2020. For routine cases 1,832 were reported as still waiting for routine treatment, 1,055 having already exceeded the target time. This compares to 441 (315.4% increase) and 151 (598.7%) respectively in the same quarter last year.

Even before the big increase in demand they were not hitting the 95% target but they were much closer. In April – June 2020 87.8% of urgent cases were seen within one week and 86.8% of routine cases were seen within four weeks.

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

The pandemic has led to a significant increase in both the number of children and young people presenting to A&Es in crisis, and their level of acuity. Data suggests that children and young people who present at an A&E in crisis are much more likely than an adult to be admitted to a ward that does not specialise in mental health. This is partially because of the difficulty in accessing age-appropriate assessments due to a lack of under-18s liaison services and challenges associated with assessing children and young people in a busy A&E environment.

Investment in under-18 liaison services is critical to ensuring those children with mental health needs that are admitted onto acute wards receive necessary mental health support, can be discharged appropriately, and support the delivery of forthcoming mental health waiting time standards.

Along with the Mental Health Policy Group we note the role of Mental Health Support Teams (MHSTs), and the commitment made to expand them further and faster than the timescales set out in the Long Term Plan given the acknowledged increase in mental health needs amongst children and young people. The early evaluation of the MHST trailblazer sites shows some positive outcomes, but as to expected from innovative services, there is also learning from pilot sites that can be built on for the next phase. The evaluation highlighted that MHSTs were not always able to meet some of the most urgent and unmet mental health needs and retention of staff was a challenge. Increased investment for the development of staff, which includes attachment and trauma-informed training would help the MHST better meet the needs of children and young people and improve staff retention. It is important that rigorous and ongoing evaluation of MHSTs is completed so that any gaps can be addressed before full rollout is considered.

There is also lack of social care support for children and young people. The disinvestment in local authority funded services has led to closures of Sure Start centres, and a lack of support for children and young people with a neuro-disability, which ultimately results in more children and young people presenting to NHS mental health services or emergency departments in crisis. The share of children's social care expenditure devoted to these services has declined from 7.9% in 2014/15 to 3.7% in 2021/22 on the current planned net current expenditure. It would require spending to rise by around £440m in current prices to restore investment to that previous share.

It is important that alternative crisis provision is age-appropriate and so for children and young people that should also include a range of complementary and alternative crisis services to A&E and admission (including in VCSE/local authority-provided services) within all local mental health crisis pathways.

Adult Common Mental Illness

5. All areas commission IAPT-Long term condition services

The NHS is aiming for all local areas to have IAPT LTC services in place.

As the pandemic has continued, data clearly indicates that some patients avoided seeking help for their mental health during the pandemic, particularly via A&E, primary care and child and adolescent mental health services (CAMHS) – exacerbating challenges of delivering FYFVMH/LTP targets. The IAPT LTC rollout has been impacted, partially due to the difficulties in integrating physical and mental health care during the pandemic.

Adult Severe Mental Illness

6. 280,000 people with SMI will receive a full annual physical health check

Given that people with severe mental illness have a higher prevalence of a number of physical health conditions, even with factors such as deprivation, age and sex taken into account, the programme of physical health checks for people living with SMI is designed to identify possible physical health issues early and allow patients and their clinicians to take appropriate steps to minimise risk moving forward.

The NHS Long Term Plan established a commitment for 390,000 people to receive a physical health check each year by 2023/24, building upon the expectation in the Five Year Forward View for Mental Health for 280,000 or 60% of people on GP Practice SMI registers to receive a check. However, in March 2020, the percentage of people who had received a check in the preceding year stood at 36%. This number has fallen further during the COVID-19 pandemic, reaching a low of 21.6% in the year to December 2020.

Together with Mental Health Policy Group, we welcomed the Government's recognition of this challenge in the 2020-2021 winter plan and COVID-19 Mental Health Recovery Action Plan, supported respectively by £4.5m and £12m of investment to support the physical health of people with severe mental illness. This has supported the introduction of outreach schemes supporting people to receive support for the physical health, including Physical Health Checks.

Some promising progress has been made towards establishing and beginning delivery of physical health outreach programmes across the country, and the impact of this work is just beginning to be reflected in advancement towards the 60% target in several CCG areas. NHS England statistics show that the percentage of eligible people who had received a full Physical Health Check in the previous year increased by over 10 percentage points in 18 CCG areas in just one quarter (Q4 of 2020/21) despite the country being in lockdown conditions during this period.

However, progress against these targets is slow, and there is still concern that the pandemic has set the programme back some way. There is hope that the community transformation work will help set these deliverables back on the right course, but the issue should still be highlighted as needing continued prioritisation.

7. New integrated community models for adults with a severe mental illness [delivery date is 2023/24]

The life expectancy of people with severe mental illnesses can be up to 20 years less than the general population. New and integrated models of primary and community mental health care will support adults and older adults with severe mental illness. 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 and other disparities.

Local areas will be supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks. 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.

As the community transformation programme was only rolled out across the country at the beginning of the 2021/2022 financial year, we are not yet able to make a full assessment of how these new services are functioning and whether they are achieving the intended outcomes. However, learning from early implementer sites shows us that there have been benefits already, despite the challenges arising from the pandemic.

However, it has been expressed that in integrating more closely with primary care, with mental health professionals spending more time working closely with GP practices, that issues around physical space to practise and work could arise. Primary care being a centre point for other community health services is a useful aim, but without adequate resourcing being given to how primary care sites will cope with needing to support expanded community mental health multidisciplinary teams from their bases, there is a risk of negative impact for both clinicians and patients.

There have also been challenges in recruiting to the expanded multidisciplinary teams supported through the community transformation. A lack of workforce in some areas has meant that teams have not been able to get up and running as quickly as was hoped. The recommendations from the College around supporting and growing the mental health workforce are very relevant regarding this, and this example demonstrates the need for increased prioritisation of this issue.

8. 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.

The NHS Long Term Plan committed to growing investment in mental health services faster than the overall NHS budget. This should mean investment of at least £2.3 billion more a year after inflation by 2023/24 compared to 2018/19. A number of areas are not covered by this commitment, however – learning disabilities, dementia, continuing healthcare and mental health prescribing.

In 2020/21 total mental health spending (including learning disabilities and dementia) amounted to £14.314bn compared to £12.513bn in 2018/19.

Outcome measures for mental health services, beyond the regularly reported recovery rates for IAPT, are very much in their infancy and not yet sufficient to support assessments of whether investment has driven outcome improvements.

9. 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.

NHSE/I require mental health providers to procure alternative forms of provision for those in crisis or requiring a mental health inpatient admission, such as sanctuaries, safe havens, crisis cafes or crisis houses. However, there are currently very limited number of crisis houses or sanctuaries around England and this provision is not well documented.

Owing to both COVID-19 related service dislocation, and to the extra funding mental health has consequently received, the establishment of 24/7, all-age, open access mental health crisis lines to support people with urgent mental health needs has been expedited, as has the creation of mental health A&Es in some areas.

The Innovation and Technology Payment (ITP) programme supports the NHS to adopt innovations by removing some of the financial and procurement barriers to introducing new technologies. It is a competitive process for innovations and technologies that have already proved their clinical effectiveness and are ready to be rolled out nationally. Amongst the themes receiving support is one on mental health: Digital apps to support emergency/crisis mental health assessments, receiving funding via the Evidence Generation Fund.

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