

Written evidence submitted by NHS Providers (MHS0013)

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in voluntary membership, collectively accounting for £92bn of annual expenditure and employing more than one million staff.

Key messages

- It is important to recognise the progress that has been made on a number of the Government's commitments in the area of mental health services in England in recent years. The mental health workforce has grown and many services are reaching more individuals than ever before. Trusts are doing all they can to expand services and provide the best possible care as close to home as possible with the staff and resources available.
- When considering the progress of mental health provision and delivery of commitments it is critical to recognise the interdependence between mental health services and other frontline services, such as primary care, education, criminal justice and local authority commissioned services including social care and public health. These all have an important bearing on the pace, effectiveness and quality of provision.
- Despite the substantial progress made by those leading and working in the sector, significant challenges still remain. There are significant workforce gaps and thousands more staff are needed to deliver ambitions for the sector in the medium to longer term. We need to see a fully costed and funded national workforce plan for the longer term, that not only sets out the desired and specific future size and shape of the workforce, but also commits to an ambitious programme of training and development.
- There is also growing – and often more complex – demand for mental health services, which means a substantial treatment gap and barriers to accessing help remain. This mismatch between capacity and demand for services has been exacerbated by the COVID-19 pandemic, with record numbers of people having contacted the NHS to seek help for mental health issues over the last 18 months, many of which have either been triggered by the pandemic or worsened by it.
- There has been welcome additional funding for mental health services for 2021/22, however, we know more will be needed on a long-term basis. We estimate that, as a minimum, the mental health sector needs an additional £850m of revenue funding a year to meet current levels of demand and tackle the backlog of care caused by the pandemic.
- Mental health trusts also need capital investment, allocated quickly, fairly and transparently. We estimate that the sector needs a minimum of £2bn to deal with the most urgent capital demands for upgrading units and building new facilities. More broadly, the NHS needs a multiyear capital settlement, at levels appropriate for a world-leading health service. The system for accessing and allocating capital also needs to be reformed, with capital spending decisions devolved to the level where service accountability sits wherever possible.
- How mental health services and their partners in the wider system are resourced, commissioned and funded needs to be addressed to improve access and the quality of care for individuals across the country fundamentally. There must be increased support for wider public services,

and in particular public health and social care, given the crucial role these services play in providing people with the wider care and support they need and in helping to both prevent mental ill health and avoid deterioration.

Introduction

1. Over the last 18 months, record numbers of people have contacted the NHS to seek help for mental health issues, many of which have either been triggered by the pandemic or worsened by it. The latest national data shows care contacts are at the highest level on record and 12.4% higher than this time last year. Compared to a year ago, referrals have also increased by 26%.
2. The fact that mental health services are reaching more people than ever before reflects the welcome focus, investment and effort nationally and locally over recent years to improve access to services. The mental health investment standard and the *NHS Long Term Plan* for mental health are significant developments. Mental health trusts are doing all they can to make improvements with the staff and resources available.
3. However, these improvements follow years of underinvestment, with too many individuals and their families unable to access the care and support they need at the earliest stage possible. And whilst activity has increased, demand has grown too and is often more complex. This means a significant care deficit in mental still exists despite welcome investment and focus in recent years, and the best efforts of those working in and leading the sector. 1.6 million people are waiting to access mental health services.¹ Prevalence data suggests there are many millions more who would benefit from services if they were able to meet the thresholds to access them.
4. The full mental health impact of the pandemic is still emerging, but trust leaders are reporting extraordinary pressures. In particular, a high proportion of children and young people not previously known to services are coming forward for treatment, and they are more unwell, with more complex problems, than the patients previously generally seen by these services. Trust leaders are also very concerned about staff wellbeing and current levels of stress and burnout across their workforce.
5. We estimate that, as a minimum, the mental health sector needs an additional £850m of revenue funding a year to meet current levels of demand and tackle the backlog of care caused by the pandemic. The sector also needs a minimum of £2bn to deal with the most urgent capital demands for upgrading units and building new facilities.
6. How mental health services and their partners in the wider system are resourced, commissioned and funded needs to be addressed to improve access and the quality of care for individuals across the country. There must be increased support for wider public services, and in particular public health and social care, given the crucial role these services play in providing people with the wider care and support they need and in helping to both prevent mental ill health and avoid deterioration.

Workforce

7. There has been a welcome focus, and some good progress made, to grow the mental health workforce in recent years. NHS Providers' analysis of the latest mental health workforce data shows that there has been a 17% increase in the number of staff since September 2017 (equating to 17,975 more staff).² However, this falls short of the growth we needed to see by

¹ NHS Digital, [Mental Health Services Monthly Statistics Performance June](#), 9 September 2021

² NHS Digital, [NHS Hospital and Community Health Services \(HCHS\) Mental Health workforce](#), March 2021

2021³ and thousands more staff are needed by 2022/23⁴. Even more are required beyond that to deliver longer-term ambitions for the sector – and in other areas such as education, police and prisons – as well as to respond to the enduring impact of the COVID-19 pandemic.⁵

8. Staff with the right skills in the right place are just as important as an increase in sheer numbers: effective mental health services depend on multi-disciplinary teams with the expertise and experience to meet individuals' care and treatment needs. The level of skill-mix in inpatient setting is a particular cause for concern.⁶ Shortfalls in the number and skill-mix of staff in the mental health sector pose the most pressing challenge to the sustainability, accessibility and quality of services, and will take a number of years to resolve.
9. Trusts have been working hard to meet the workforce gaps they face – by using new roles, changing skills-mixes, and pursuing a range of recruitment and retention initiatives. However, the impact of these steps is necessarily limited without greater national progress on growing and funding the domestic pipeline and in retention initiatives.
10. The impact of the pandemic on the current and future pipeline of staff risks increasing the workforce challenge. Mental health trust leaders are deeply concerned about existing staff wellbeing, stress and burnout, following the pandemic. One mental health trust leader told us their staff are extremely stressed from overwork, and increased demand will make that worse. They added they will need “well over 100% (of capacity) to keep pace” moving forwards, but staff are tired and “in chronically short supply”, especially the highly trained staff they need for the more complex cases they are now seeing.
11. We need to see a fully costed and funded national workforce plan for the longer term that builds on the steps taken to grow the mental health workforce to date, taking into account the new context trusts are now operating in. This plan must not only set out the desired and specific future size and shape of the workforce, but also commit to an ambitious programme of training and development. There also remains a need for national policy makers to align their thinking across the health and social care sectors.

Children and young people's mental health

Growing access to evidence-based treatment

12. There has been progress made on improving children and young people's access to mental health services. Our analysis of the most recent NHS statistics available shows the number of children and young people in contact with mental health services has risen considerably, with the average number of individuals in contact with children and young people's mental health services each month increasing from 120,666 in 2016 to 321,849 per month in 2021.⁷
13. According to prevalence data at the time, meeting the additional 70,000 commitment was only going to increase access to 35% of children and young people with a diagnosable condition.⁸ The limited scale of this ambition is even starker now that prevalence of mental disorders among

³ NHS England, [Stepping forward to 2020/21: The mental health workforce plan for England](#), July 2017

⁴ NHS England and NHS Improvement, [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#), July 2019

⁵ Department for Health and Social Care, [Reforming the Mental Health Act. Government response to consultation](#), July 2021

⁶ NHS Benchmarking Network, [Mental Health National Findings 2020](#), November 2020

⁷ NHS Digital, [Mental Health Services Monthly Statistics](#) (last accessed 4 October 2021)

⁸ NHS England, [Implementing the Five Year Forward View for Mental Health](#), 18 July 2016

children and young people has increased significantly in recent years: 1 in 6 children and young people now have a probable mental disorder, up from 1 in 9 in 2017.⁹ Despite services reaching more individuals than ever before, there is growing – and often more complex – demand for mental health services for children and young people, which means a substantial treatment gap and barriers to accessing help remain. It is critical that we tackle this care deficit.

14. Earlier this year, all of the mental health trust leaders we surveyed said demand for treatment of children and young people with mental health illnesses had increased in the previous six months, while 84% said waiting times have got worse.¹⁰ Only one third of mental health trust leaders we surveyed told us they were able to meet the current demand for children's care and most of them were concerned about their ability to meet anticipated demand for these services moving forwards. Our findings are reflected in the latest national data, which shows an increasing number, now at 379,079, of children and young people “open referrals” (individuals who have been referred but are waiting to access treatment).¹¹
15. There was welcome additional funding for children and young people's mental health services in June of this year.¹² However, while it will help to address some of the challenges facing services, it will take time for the investment to be felt on the frontline and we know more will be needed on a long-term basis. Building an appropriate bed base and a safe therapeutic environment, alongside increased community-based provision, preventing the need for admission, and workforce investment are all key. Taking these steps will help to ensure evidence-based treatment is accessible to children and young people that is high quality and as close to home as possible. Achieving this though, takes sustainable levels of investment over the long term to deliver consistently.
16. The government must also consider the needs of children and young people in its plans for social care reform, given a lack of suitable social care provision was cited by trust leaders as one of the key reasons why demand for children and young people's mental health services is not being met currently.¹³ Trust leaders have expressed their concern that mental health settings, as well as general settings when there are no mental health beds available, are being used when places of safety provided by local authorities would be the most appropriate setting for many children and young people and the best use of resources. Trust leaders have told us there has been an increase in individuals with complex needs coming into A&E requiring social care packages, but cuts to tier 1 and 2 children's services in local authorities over the years have had “a massive impact” and poor outcomes and placement breakdowns are more frequent due to lack of suitable placements.
17. There are a number of steps trusts are taking in collaboration with their partners in social care locally, such as working to deliver pop up package support, crash pads, crisis beds/day facilities and other short term supported accommodation options. However, these efforts are limited without robust national action, with trust leaders stressing a coherent strategy, funding and co-ordination between education, social care and health is what is needed fundamentally.

Access to treatment for individuals with eating disorders

⁹ NHS Digital, [Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey](#), 30 September 2021

¹⁰ NHS Providers, [Children and young people's mental health survey](#), May 2021

¹¹ NHS Digital, [Mental Health Services Monthly Statistics](#) (last accessed 4 October 2021)

¹² NHS Providers, [Extra funding for young people's mental health services welcome](#), 22 June 2021

¹³ NHS Providers, [Children and young people's mental health survey](#), May 2021

18. Eating disorder services were stretched before the COVID-19 pandemic, as highlighted by over a third of trust leaders we surveyed at the end of 2018 telling us they were not able to meet demand at the time for eating disorder services.¹⁴
19. However, the pandemic has given rise to new needs and exacerbated existing challenges, with demand for services to treat children and young people increasing by nearly 50% nationally since last year.¹⁵ When we asked in spring 2021, 85% of trust leaders we surveyed said they could not meet demand for CYP eating disorder services – the highest result across all services and in stark contrast to our 2018 survey findings.¹⁶ One trust leader told us that between September 2020 and March 2021 their trust had seen a 78% increase in demand, with two other trust leaders reporting 60% and 65% increases in referrals to their trust compared with levels last year.¹⁷
20. Several trust leaders explained that waits for eating disorder services have lengthened given the significant increases in demand, resulting in them missing the national waiting time standard. NHS Providers' analysis of the latest national data shows 61% of urgent referrals were seen within one week and 72.7% of routine cases were seen within four weeks of referral, with referrals for urgent and routine cases both at the highest levels on record.¹⁸ One trust leader told us they have gone from having no children waiting more than 4 weeks at the end of September 2020 to children having to wait 19 weeks at the end of March 2021.¹⁹
21. Trusts have been working hard to meet the needs of the individuals once they are able to access services and have completed the treatment of more individuals than ever before. Capacity, and therefore activity levels, have grown following welcome increased investment committed to eating disorder services for children and young people in the *Five Year Forward View for Mental Health* as well as the establishment of waiting time standards to improve access these services.²⁰ Our analysis of the latest national data shows the number of completed pathways for urgent and routine referrals of children and young people's eating disorder services has increased from 239 to 852 and from 915 to 2,600 respectively between Q1 2016/17 and Q1 2020/21.²¹
22. It is important to also highlight that many children and young people are presenting later with more complex symptoms which are often harder, and take longer, to treat. This could be a possible explanation for the dramatic increase we have seen in the number of incomplete pathways for children and young people referred to eating disorder mental health services. Incomplete pathways for urgent referrals have increased by 196% (from 70 in Q1 2017/18 to 207 in Q1 2021/22) and routine referrals have increased by 246% (from 529 in Q1 2017/18 to 1,832 in Q1 2021/22).²² Individuals have been presenting in greater need, requiring more intensive treatment and longer stays, particularly during the pandemic as early intervention services (such as those provide by the education and voluntary sector) have been less available and has meant early warning signs have been more likely to have been missed.

¹⁴ NHS Providers, [Mental health services: Addressing the care deficit](#), March 2019

¹⁵ BBC, [Eating disorders: The terrible impact of the pandemic on the young](#), 22 July 2021

¹⁶ NHS Providers, [Children and young people's mental health survey](#), May 2021

¹⁷ NHS Providers, [Children and young people's mental health survey](#), May 2021

¹⁸ NHS England, [Children and young people with an eating disorder waiting times](#) (last accessed 4 October 2021)

¹⁹ NHS Providers, [Children and young people's mental health survey](#), May 2021

²⁰ NHS England, [Implementing the five year forward view for mental health](#), July 2016

²¹ NHS England, [Children and young people with an eating disorder waiting times](#) (last accessed 4 October 2021)

²² NHS England, [Children and young people with an eating disorder waiting times](#) (last accessed 4 October 2021)

Crisis response

23. There has been welcome investment and some good progress made in the delivery of mental health crisis and liaison services in recent years. However, the crisis pathway remains less well developed for children and young people and a shortage of specialist staff for children and young people in the services that have been built up in recent years remains a key challenge.
24. Of the mental health trust leaders who responded to our survey earlier this year, only 48% said they were able to meet current demand for crisis resolution home treatment teams among children and young people. Only 50% were able to meet demand for psychiatric liaison services for children and young people. This does, however, compare more favourably than the ability of services to meet demand for inpatient and community mental health services for children and young people, with 65% and 66% of trust leaders telling us they were unable to meet demand in these two areas respectively. Trust leaders are deeply concerned by the lack of services available to intervene sooner and help avoid individuals reaching a crisis point.
25. We understand acute trusts in many areas of the country are experiencing serious pressure in their emergency departments related to the increase in number and acuity of patients with mental health care needs – with rises in adolescent attendances in particular – and challenges around the availability of beds in the right setting for these individuals locally. Trust leaders are telling us more children and young people are presenting to services and often with more complex needs than in the past.
26. There are a range of steps trusts have been taking, working with local partners, to meet the needs of as many children and young people in their local areas in the best way possible. We have heard of trusts, for example: setting up day services to provide an alternative to admission to hospital; using digital solutions to expand access to care where appropriate; and working with schools, GPs and their partners in local authorities and the voluntary sector, to deliver services that better meet individuals' needs who have reached a crisis point, or at an earlier stage to help avoid them reaching a crisis point altogether where this is possible.
27. Following through on plans to fully invest in high quality, community based mental health support including crisis care, remains crucial – and not just these services being available but also delivered in a way that meets the needs of the children and young people in their local area. Trust leaders have been particularly concerned by the impact the pandemic has had on funding for the voluntary sector and the significant knock-on effect of this on people who rely on the services that third sector organisations provide. There must also be increased support for wider public services, in particular public health and social care, given the crucial role these services also play in providing individuals with the wider care and support they and their families need and in helping many avoid reaching a crisis point in the first place.

Adult common mental illness

IAPT-long term condition services

28. There has been welcome progress in expanding timely access to psychological therapies for people with depression or anxiety disorders. According to the latest national data (June 2021), there were 153,472 referrals to Improving Access to Psychological Therapies (IAPT) services received, 112,082 people entering treatment and 58,421 people finishing their course of treatment. NHS Providers' analysis of national data trends over the last two years show referrals

are 12% higher than in June 2019. More individuals also entered treatment within 6 weeks than in June 2019 (92.5% up from 86.8%).

29. However, as is the case for other mental health services, a significant majority of people suffering from anxiety or depression in the community still do not have an opportunity to access psychological therapy.²³ We also know that IAPT does not meet everyone's needs – less than 7 in 10 people (67%) who have a course of treatment show reliable and substantial reductions in their anxiety/depression, and only half (51%) improve enough to be classified as recovered.²⁴ This highlights the importance of resourcing and access to other alternative interventions.
30. Trust leaders have also expressed their concerns about the risk of prioritising improving access to psychological therapies at the expense of provision for those with more severe and enduring mental health conditions.²⁵ When we surveyed mental health trust leaders at the end of 2018, 53% who responded said they were able to meet current demand for IAPT services, in stark contrast to community adult mental health services, where only 25% of trust leaders said they could meet current demand.²⁶ Significantly more trust leaders also told us that the amount of time patients were having to wait to access treatment was increasing for community adult mental health services (58%) than IAPT services (38%).

Adult severe mental illness

New integrated community models

31. We welcome the *NHS Long Term Plan's* ambition to deliver new integrated models of community mental health care and that the programme is backed by a significant amount of dedicated funding. However, we know such transformation will take time to fully deliver. Before this programme began, 85% of mental health trust leaders we surveyed did not feel there were adequate mental health community services to meet local needs, highlighting the scale of the challenge this programme is focused on addressing.²⁷
32. NHS England and NHS Improvement (NHSE/I) has also highlighted that implementing these new models will involve the triple integration of mental health, physical health and social care, which will take significant time and require careful joint working across a range of local partners.²⁸ These new models also need to be built around primary care networks (PCNs) and integrated care systems (ICSs), which are all working at various stages of development, with a range of leadership and governance challenges still being worked through in most parts of the country.
33. Roll out of the programme of new community care models across the country only began from April of this year, and we know the two year early implementer phase of the programme was impacted by the pandemic, with areas having to pause this work when it was not operationally viable at the peak of COVID-19 first wave pressures.²⁹ NHSE/I have also extended the piloting of the four-week waiting time standard in the community, which accompanies the development of

²³ NHS England, [IAPT at 10: Achievements and challenges](#), 13 February 2019

²⁴ NHS England, [IAPT at 10: Achievements and challenges](#), 13 February 2019

²⁵ NHS Providers, [Mental health services: Addressing the care deficit](#), March 2019

²⁶ NHS Providers, [Mental health services: Addressing the care deficit](#), March 2019

²⁷ NHS Providers, [Mental health services: Addressing the care deficit](#), March 2019

²⁸ NHS England and NHS Improvement, [The Community Mental Health Framework for Adults and Older Adults](#), September 2019

²⁹ NHS England and NHS Improvement, [Mental Health 2020/21 LTP Programme – immediate priorities and next steps](#), 26 March 2020

these new models of care, to the end of 2021/22 to allow for further testing and development of the standard and its implementation.³⁰

34. We are mindful that the funding and workforce trajectories agreed for this programme beyond this year were set prior to the pandemic. This means they were calibrated to address a treatment gap due to a lack of investment in core community mental health services historically, rather than the impact COVID-19 has and will have for some time to come on the level and acuity of demand for mental health services. There is a standard for measuring demand for, and access to, early intervention services for people with psychosis – which is one of the groups of individuals these new care models will be designed to support – and this shows increasing demand, with the number of referrals as of June 2021 (Q1 2021/22) the second highest on record (the highest number was recorded in December 2020 (Q3 2020/21)).³¹ Our analysis finds that referrals have increased by 9% since two years ago (June 2019).³²
35. We estimate that, as a minimum, the mental health sector needs an additional £850m of revenue funding a year to meet current levels of demand and tackle the backlog of care caused by the pandemic across all services. The sector also needs a minimum of £2bn to deal with the most urgent capital demands for upgrading units and building new facilities.
36. The scale of the challenge in terms of workforce, both in terms of numbers and skills – which vary from specialist mental health care to providing physiotherapy and employment support – is also a significant barrier. One trust leader also told us in May this year that there are "good levels of funding coming in to expand community and early intervention services, but the biggest challenge is finding the workforce and retaining them given the demands and pressures".
37. Realising the vision for place-based and integrated community mental health care also requires increased support for wider public services more broadly, and in particularly public health and social care. Efforts to work in an integrated way, so central to the success of these new models, will be severely hampered if these areas remain underfunded and under-resourced.

Improving the therapeutic offer from inpatient services

38. *The NHS Mental Health Implementation Plan 2019/20-2023/24* made clear that improving the therapeutic offer from inpatient services requires an increase in the level and mix of staff on acute inpatient wards.³³ As described above, the steps trusts have been taking to meet the workforce gaps – both in terms of numbers and skills – are limited without greater national progress on growing and funding the domestic pipeline and retention initiatives. We need to see a fully costed and funded national workforce plan for the longer term, that not only sets out the desired and specific future size and shape of the workforce, but also commits to an ambitious programme of training and development.
39. *The NHS Mental Health Implementation Plan* also highlights that the ambition to improve the therapeutic offer from inpatient services needs to be supported by investment in the mental health inpatient estate. Yet investment in the mental health estate continues to be under-

³⁰ NHS England and NHS Improvement, [Mental health clinically-led review of standards: Models of care and measurement](#), 1 July 2021

³¹ NHS Digital, [Mental Health Services Monthly Statistics Performance](#) (from November 2019 onwards – last accessed 4 October 2021)

³² NHS England, [Early Intervention in Psychosis Waiting Times](#) (prior to November 2019 – last accessed 4 October 2021)

³³ NHS England and NHS Improvement, [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#), July 2019

prioritised, which is having a material impact on trusts' ability to ensure a safe and therapeutic environment, and promote an individual's rehabilitation and recovery as well as staff morale.

40. The longstanding neglect and underinvestment in the mental health estate is rooted in the historical, structural disadvantage the sector has suffered compared to physical health provision. Announcements in 2019 on investment in new hospitals largely overlooked the needs of mental health trusts.³⁴ There have also been delays³⁵ in allocating the funding³⁶ to eliminate mental health dormitory wards, which has made it harder for mental health trusts to plan effectively and deliver maximum value for patients as the money needed to be spent in-year.
41. Mental health trusts need capital investment, allocated quickly, fairly and transparently. We estimate that the sector needs a minimum of £2bn to deal with the most urgent capital demands for upgrading units and building new facilities. More broadly, the NHS needs a multiyear capital settlement and ideally at least 10 years of indicative budgets.³⁷ The capital budget needs to be appropriate for a world-leading health service – estimates suggest an additional funding requirement of £1.5bn by 2024/25, although this figure should be seen as an absolute minimum. The system for accessing and allocating capital also needs to be reformed in consultation with those planning and delivering services. Wherever possible, capital spending decisions should be devolved to the level where service accountability sits.
42. We remain concerned that quality of care and patient safety may be at increasing risk due to the mismatch between demand for services and the overall funding, capital and workforce available. Despite the pressures of the last few years, quality has in most cases been maintained and most people have a good or excellent experience of care. However, we cannot continue to rely unreasonably on staff goodwill and resilience, especially in the context of the extended, intense pressures as a result of the long term impacts of the pandemic.
43. There is welcome focus in the government's *Reforming the Mental Health Act White Paper* on the importance of the government, NHS and other partners working together to bring about an overall cultural change within mental health services, including a national quality improvement programme looking specifically at care under the Act to enable and support a system-wide drive for change.³⁸ We also welcome the paper's commitment to ensuring the new patient safety interventions and programmes make positive contributions to the therapeutic environment of mental health settings. However, this work will require additional resources – for example, training for inpatient staff. Delivering the proposals of the white paper in full requires the government to commit to additional funding and an expansion of the workforce, over and above current commitments.
44. The Care Quality Commission's latest assessment of the care provided to people detained under the Mental Health Act, published during the pandemic period, highlighted how a wide range of services have empowered patients by applying the principles of least restriction and focusing on care planning and co-production.³⁹ Good practice needs to be shared, and its implementation supported, in a systematic and coordinated way.

³⁴ Department for Health and Social Care, [Health Infrastructure Plan: A new, strategic approach to improving our hospitals and health infrastructure](#), 30 September 2019

³⁵ HM Government, [Over £400 million pledged to remove dormitories from mental health facilities](#), 10 October 2020

³⁶ HM Government, ['Build build build': Prime Minister announces New Deal for Britain](#), 30 June 2020

³⁷ NHS Providers, [Rebuilding our NHS: The case for capital funding](#), September 2021

³⁸ Department of Health and Social Care, [Reforming the Mental Health Act White Paper](#), 13 January 2021

³⁹ Care Quality Commission, [Monitoring the Mental Health Act in 2019/20: The Mental Health Act in the](#)

Alternatives to acute inpatient admission – crisis resolution and home treatment services

45. There has been welcome investment and some good progress made in the delivery of mental health crisis and liaison services in recent years. However, when NHS Providers last surveyed mental health trust leaders – at the end of 2018 – about their ability to meet demand for crisis resolution and home treatment services, 56% of those who responded told us they were not able to meet demand.⁴⁰
46. This mismatch between capacity and demand for crisis resolution and home treatment services is likely to have been exacerbated by the pandemic, with trust leaders telling us that more people are now presenting to services, and often with more complex needs, than in the past. As set out above, acute trusts in many areas of the country have been experiencing particularly serious pressures in their emergency departments related to the increase in number and acuity of patients with mental health care needs.
47. Despite the demand challenge, trusts have been working hard to provide alternatives to acute inpatient admission. For example, we have heard of trusts investing in seven day community support in order to provide a crisis response to help keep people out of hospital and facilitate discharge, as well as trusts bringing down the number of readmissions to forensic inpatient services by two thirds through collaborative local working. During the first wave of the pandemic, trusts worked particularly hard to reduce avoidable admissions with enhanced crisis care, and trusts also moved many home-treatment models and clinical services online.
48. Welcome additional funding was made available to the sector in last year’s spending review to continue to enhance local crisis care offers. It is important that adequate resources are allocated to trusts beyond this financial year to sustain and spread elements that have been found to work for local populations and complement the implementation of the existing *NHS Long Term Plan* ambitions around mental health crisis care. A particular aspect of the ambition for improving mental health and crisis care liaison in the *NHS Long Term Plan* was the roll out of ambulance vehicles and dedicated mental health capacity in ambulance trusts. However, there has yet to be capital funding allocated for ambulance vehicles, despite an announcement from HM Treasury in the 2018 Budget.⁴¹
49. Comprehensive crisis pathways are likely to include jointly commissioned and delivered services between NHS trusts and local partners such as local authorities and the voluntary sector, and so these areas need adequate resources and support to deliver on ambitions around crisis care fundamentally. Trust leaders have been particularly concerned by the impact the pandemic has had on funding for the voluntary sector and the significant knock-on effect of this on people who rely on the services third sector organisations provide. It is vital that we fully invest in high quality, community based mental health support including crisis care – and not just these services being available but also delivered in a way that meets the needs of their local populations.
50. We also need to address the underlying issues driving the pressures on services and the rising severity and complexity of people’s needs at the point at which they present to services. One trust told us, in discussing the use of the Mental Health Act, that “the choice between detention and any alternative care and treatment plan was often stark and unrealistic at the point of

[coronavirus \(COVID-19\) pandemic](#), 2 February 2021

⁴⁰ NHS Providers, [Mental health services: Addressing the care deficit](#), March 2019

⁴¹ HM Treasury, [The Budget 2018](#), 29 October 2018

assessment. Were there to be a genuine, safe alternative which would provide a therapeutic benefit to the individual, that would readily be chosen but it rarely exists at a time of mental health crisis". Services also need to be able to reach people earlier, before they reach crisis point. The *NHS Long Term Plan* sets out to significantly strengthen and improve community provision but this will take time given the longstanding underinvestment and prioritisation of these services.

Oct 2021