



# **The Government's response to the Health and Social Care Committee's Expert Panel Evaluation**

The Government's progress against its  
policy commitment in the area of mental  
health services in England

March 2022

CP 642





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health services in England

Presented to Parliament  
by the Secretary of State for Health and Social Care  
by Command of Her Majesty

March 2022

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# Introduction

1. This is the Government's formal response to the Health and Social Care Committee's Expert Panel 'Evaluation of the Government's progress against its policy commitments in the area of mental health services in England'.<sup>1</sup>
2. The Government welcomes this report. We are considering the Panel's findings carefully as part of on-going policy development, including in the development of the recently announced mental health strategy.
3. The Expert panel evaluated the following nine Government commitments in the area of mental health services in England:
  - Workforce:
    - "We are committed to growing the mental health workforce"
  - Children and Young People (CYP)
    - "at least 70,000 additional children and young people each year will receive evidence-based treatment - representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions"
    - "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."
    - "[...] ensure there is a CYP crisis response that meets the needs of under 18-year-olds"
  - Adult Common Mental Illness
    - "[...] all areas commission Improving Access to Psychological Therapies -Long Term Condition (IAPT-LTC) services (including co-location of therapists in primary care)"
  - Adult Severe Mental Illness (SMI)
    - "280,000 people with a severe mental illness will receive a full annual physical health check"
    - "[by 2023-2024] new integrated community models for adults with a severe mental illness (including care for people with eating conditions, mental health rehabilitation needs and a 'personality condition' diagnosis) spanning both core community provision and also dedicated services will ensure at least 370,000 adults and older adults per year have greater choice and control over their care, and are supported to live well in their communities"
    - "[...] 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. This will contribute to a reduction in length of stay for all services to the current national average of 32 days (or fewer) in adult acute inpatient mental health settings."

<sup>1</sup> <https://committees.parliament.uk/publications/8156/documents/83466/default/>

- “[...] 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”
4. The Expert Panel rated the Government's progress against each of these commitments using a 'Care-Quality Commission-style' (CQC) rating. The overall rating across all nine commitments was 'requires improvement'.
5. The CQC-style ratings for each of the commitments are summarised below.

Commitment	Commitment Met	Funding/Resourcing	Impact	Appropriate	Overall
<b>Overall</b>					Requires improvement
<b>Workforce</b>					
<b>Grow the workforce</b>	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
<b>Children and Young People (CYP)</b>					
<b>Additional treatment</b>	Good	Good	Good	Inadequate	Requires improvement
<b>95% CYP accessing treatment for eating disorders</b>	Requires improvement	Good	Requires improvement	Outstanding	Good
<b>Crisis response</b>	Requires improvement	Requires improvement	Requires improvement	Outstanding	Requires improvement
<b>Adult Common Mental Illness</b>					
<b>All areas to commission IAPT-Long term condition services</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
<b>Adult Severe Mental Illness (SMI)</b>					
<b>Physical health check</b>	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement
<b>Integrated community models</b>	Requires improvement	Inadequate	Requires improvement	Requires improvement	Requires improvement
<b>Improved therapeutic offer</b>	Requires improvement	Requires improvement	Requires improvement	Inadequate	Requires improvement
<b>Crisis resolution and home treatment</b>	Requires improvement	Good	Requires improvement	Good	Requires improvement



6. The Panel's report sets out its findings in five chapters; one chapter for each of the topic areas evaluated, and an additional chapter relating to inequality in mental health. The Department's response corresponds to this structure.

### **The Committee's Inquiry into children and young people's mental health**

7. The Health and Social Care Committee also began its inquiry into children and young people's mental health in 2021. The Committee published its report on 9 December 2021.<sup>2</sup>
8. The Committee's report made 25 recommendations. The Department has responded separately to the Committee's report.

<sup>2</sup> <https://committees.parliament.uk/publications/8153/documents/83622/default/>

# Workforce

## Growing the workforce

9. Commitment - "We are committed to growing the mental health workforce<sup>3</sup>"

10. The panel rated the Department's progress against this commitment as follows:

- Overall – requires improvement
  - i. Commitment met – requires improvement
  - ii. Funding/Resourcing – requires improvement
  - iii. Impact – requires improvement
  - iv. Appropriate – requires improvement

## Response

11. The Government welcomes the Panel's interest and examination of the mental health workforce.

12. We share the Panel's view that ensuring an adequate and skilled workforce is one of the defining factors in us achieving our mental health service transformation ambitions.

13. The Government has made positive progress in this area, delivering on the commitments in 'Stepping Forward 2020/21' to expand, diversify and train the mental health workforce. This has been thanks to incredible efforts and investment by partners across the health system, including Health Education England and NHS England and NHS Improvement. We have worked to increase awareness of mental health issues and promote mental health careers in the wider population. We remain fully committed to attracting, training and recruiting the mental health workforce of the future as well as retaining and re-skilling our current workforce.

14. We have delivered on our ambition set out in Stepping Forward<sup>4</sup> of 21,000 new posts (professional and allied) across the mental health system occupied by 19,000 new staff by 2020/21. Over the last 5 years<sup>5</sup>, there was a 16.3% increase in the NHS directly-employed mental health workforce overall – by almost 18,000 whole time equivalents (WTEs) employed from a baseline<sup>6</sup> of 109,118<sup>7</sup>. The 19,000 new staff target from Stepping Forward has now been met and as of September 2021 there are over 128,200 full time equivalent (FTE) people in the mental health workforce<sup>8</sup>.

<sup>3</sup> <https://www.longtermplan.nhs.uk/>

<sup>4</sup> Stepping Forward to 2020/2021: The mental health workforce plan for England <https://www.hee.nhs.uk/our-work/mental-health>

<sup>5</sup> Between March 2016 and March 2021

<sup>6</sup> The baseline was reprofiled down by over 40% of originally identified Mental Health staff to reflect the number of people providing mental health services rather than the number employed by mental health organisations. This meant that the growth ambition was even more ambitious, yet was still met.

<sup>7</sup> Source: NHS Digital Hospital and Community Health service Mental Health Workforce in NHS Trusts and CCGs, September 2021.

<https://files.digital.nhs.uk/49/AA58A1/HCHS%20Mental%20Health%20Workforce%20in%20NHS%20Trusts%20and%20CCGs%20September%202021.xlsx>

<sup>8</sup> This includes only those people who work directly on mental health, across NHS trusts and clinical commissioning groups. This reflects an increase of over 19,100 WTEs since March 2016 (17.6%)<sup>8</sup> Source: NHS Digital Hospital and Community Health service Mental Health Workforce in NHS Trusts and CCGs, September 2021.

<https://files.digital.nhs.uk/49/AA58A1/HCHS%20Mental%20Health%20Workforce%20in%20NHS%20Trusts%20and%20CCGs%20September%202021.xlsx>

15. As part of meeting the 19,000 new staff commitment, Health Education England have also estimated numbers of non-NHS workforce. Assuming investment in new posts and the ability to fill them is uniform across all types of providers has led Health Education England to estimate that approximately 7,840 (2,700<sup>9</sup> in Adult Improving Access to Psychological Therapies and 5,140<sup>10</sup> in Children and Young People's services) additional WTE are working in non-NHS providers over the period of the Stepping Forward commitment<sup>11</sup>. Health Education England have verified this by adding separate sources of data for staff working outside of NHS providers, such as in Adult Improving Access to Psychological Therapies (IAPT) or Children and Young People's (CYP) services. For example, for those mental health staff providing services for CYP outside of NHS based in Local Authorities; Independent sector providers; Voluntary sector; Youth Justice (Youth Offending Teams).
16. The recent Improving Access to Psychological Therapies (IAPT) census in 2021 confirmed that 19.2% of staff working in IAPT (2,648 WTEs out of 13,779 WTEs)<sup>12</sup> are employed by the private sector. The recent CYP Mental Health Census indicated that 25% of staff (5,140 WTEs out of 20,626 WTEs)<sup>13</sup> are employed outside of the NHS.
17. In addition, this Government are committed to delivering 50,000 more nurses and putting the NHS onto a sustainable long-term workforce supply in future. We have set up a comprehensive work programme to improve nurse retention and support return to practice, invest in and diversify our training pipeline, and ethically recruit nurses internationally. As mental health nursing is classified as a specialist subject, pre-registration undergraduates and postgraduate students can access a further £1,000 p/a training grant on top of the £5,000 p/a grant available to eligible nursing, midwifery and allied health professions students. Acceptances to mental health nursing courses specifically have increased every year since 2017 reaching 5,345 in 2020 which was the highest number for a decade.<sup>14</sup>
18. There are some wider complexities in recording numbers of staff working in mental health services both in terms of non-NHS staff, and the way that the mental health workforce is defined to measure progress against ambitions. To improve our data on workforce numbers across mental health for the future, Health Education England have led a working group in consultation with experts across NHS England and NHS Improvement, NHS Digital, the Department for Health and Social Care and mental health trusts to agree a single definition of the mental health workforce. This new definition agreed in 2018, means that staff in mental health trusts that do not provide or support the provision of mental health services are not counted. It also allows the inclusion of staff who may not traditionally be thought of as care providers but who are in new roles. This will allow for better accuracy on workforce estimates and our progress on meeting commitments.

### New roles

19. The plans in 'Stepping Forward to 2020/21' did not include targets for individual professions or roles so we do not recognise the targets set out in the Panel's report. The plans envisaged that 11,000 members of staff would be drawn from the 'traditional' pools of professionally regulated staff, e.g. nurses, occupational therapists, or doctors. In addition, there will be 8,000 people moving into new and enhanced roles such as peer support workers, personal wellbeing practitioners, call handlers, or nursing associates.

<sup>9</sup> HEE Adult IAPT Workforce Census 2021 - National report - January 2022 (page 52)

<sup>10</sup> NHS Benchmarking Network (November 2021). Children and Young People's Mental Health Services Workforce Report for Health Education England National report November 2021. Accessed at: [Title \(hee.nhs.uk\)](https://www.hee.nhs.uk). Estimated 5,140 additional WTE for non-NHS workforce was obtained by subtracting the NHS CYPMH workforce from the total CYPMH services workforce (which includes staff working in NHS, independent sector, local authorities, voluntary sector and youth offending teams)

<sup>11</sup> HEE estimates from NHS Benchmarking Network collections Source: <https://www.nhsbenchmarking.nhs.uk/mental-health-sector>

<sup>12</sup> <https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Adult%20IAPT%20Workforce%20Census%202021%20-%20February%202022%20%5BPDF%2C%202.03MB%5D.pdf>

<sup>13</sup> <https://www.hee.nhs.uk/sites/default/files/documents/National%20HEE%20Children%20Young%20People%20Mental%20Health%20Service%20Report%20-%20Final%20%282.11.2021%29.pdf>

<sup>14</sup> Universities and Colleges Admissions Service (UCAS) End-of-Cycle Data 2020

20. In addition to growing the mental health workforce, our workforce plans have delivered on commitments to expand and diversify the types of roles that are available. Health Education England and NHS England and NHS Improvement have led work to move towards new service models and delivery through multi-disciplined teams. Health Education England have also provided assurance that they have delivered on the commitment to new roles within the timeframe of Stepping Forward commitments<sup>15</sup>.

### Reskilling the workforce

21. 'Stepping Forward 2020/21' acknowledged the need for wider investment beyond traditional training to invest in the development and reskilling of our existing staff, and to recruit from the global market. To date, in addition to expanding professions and introducing new roles, Health Education England has delivered on commitments to provide a variety of programmes and upskilling initiatives across mental health services.

22. Upskilling has been delivered across:

- the range of mental health conditions, including adult and older people's serious mental health problems and personality disorder diagnosis
- physical health checks for people with a serious mental health problem
- perinatal mental health (range of evidence-based psychological therapies and postgraduate programmes for psychiatrists, clinical psychologists and occupational therapists)
- key areas such as crisis, trauma and eating disorders

### Retention of the workforce

23. We acknowledge that the rapid increase in demand for mental health services and resulting need for growth has increased pressure on the workforce leading to negative impacts on staff workloads, burnout rates and morale. These issues have been further compounded by the COVID-19 pandemic.

24. As well as attracting new people into roles, it is important that we 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 learning opportunities to develop and upskill in their current roles.

25. The wellbeing and mental health of NHS staff continues to be a priority. Additional funding for 2021/22 has been allocated for the national programme to support mental health and wellbeing of health and social care staff. This led to the creation of 40 mental health and wellbeing hubs across England, an NHS Practitioner Health service for staff with complex needs, and professional nurse advocacy training. The staff mental health and wellbeing hubs are an ambitious programme, set up at pace in the midst of the pandemic and delivered on top of existing commitments. They offer a rapid clinical assessment by a mental health professional and local evidence-based mental health services and support where needed. Between February and November 2021, the hubs have been accessed over 41,000 times, including individual and group support.

26. In addition, Health Education England delivered wider work to support the mental health and wellbeing of the workforce. When COVID-19 hit in March 2020, Health Education England commissioned MindEd to rapidly develop resources for the workforce hosted on the COVID-19 resilience hub, providing wellbeing and mental health support for staff working under immense pressure in response to the pandemic.

27. Through NHS England and NHS Improvement's 'Looking after our people – Retention'<sup>16</sup> programme, which launched last summer, employers and managers are supported to value, support and retain

<sup>15</sup> Stepping Forward to 2020/2021: The mental health workforce plan for England <https://www.hee.nhs.uk/our-work/mental-health>

<sup>16</sup> <https://www.england.nhs.uk/looking-after-our-people/>

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 'NHS People Promise'<sup>17</sup>.

28. The retention programme also focuses on generational perspective, 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.
29. We are also taking forward a range of measures to specifically support the retention of the mental health workforce. Examples include:
  - NHS England and NHS Improvement and Health Education England 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, NHS England and NHS Improvement is 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.
  - NHS England and NHS Improvement has also developed the IAPT Workforce Development and Retention guidance, collating and promoting best practice on better supporting, valuing and developing the IAPT workforce from across the country, which includes effective approaches to retention.
  - Health Education England is also driving a key piece of work looking at career pathways across mental health and the many and varied roles across psychiatry, psychology and psychological professions, allied health professions and nursing. The aim will be to showcase the training and learning opportunities, entry routes and career pathways in mental health across all roles so that people understand the options available to them for their future career across a wide variety of roles and settings.

#### Future growth and funding

30. The Government agrees with the view expressed by the Panel that workforce is key to national ambitions to improve mental health services. Similarly, we agree with the assessment of the Royal College of Psychiatrists that an adequately staffed workforce is key to the delivery of these national ambitions.
31. We have delivered the ambitious targets of the 'Stepping Forward 2020/21' commitments. However, we acknowledge that further mental health workforce growth is needed particularly recognising the increased demand for mental health services. The mental health ambitions of the NHS Long Term Plan set out increasing access to mental health services (as outlined in the Mental Health Implementation Plan<sup>18</sup>) to provide high quality, evidence based mental health care to an additional 2 million people, with indicative estimates suggesting an additional 27,000 staff (from 2019/20; over and above Stepping Forward) required by 2023/24 to achieve this.
32. Work is ongoing within Health Education England and NHS England and NHS Improvement to confirm plans to 2024 with integrated care systems (ICSs). This will aim to ensure a system-wide effort to meet the Mental Health Implementation Plan ambition, looking across service models, supply, retention, and recruitment. Whilst funding for the required extra posts is committed through the NHS Long Term Plan, and Health Education England is working to ensure the supply of new

<sup>17</sup> <https://www.england.nhs.uk/our-nhs-people/online-version/lfaop/our-nhs-people-promise/>

<sup>18</sup> <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>

staff, we know that demand has increased far faster than this supply. We recognise that further action is required around understanding leaver rates and ensuring retention.

33. To ensure progress on these ambitions, the Government have already provided an additional £111million in this financial year to support the training and education of the NHS mental health workforce. This funding will enable Health Education England 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 allied health professions 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
34. The Panel notes that there is a sizeable time lag before the results of any funding become evident because of the time taken to train mental health staff. We agree with this synopsis, which is why we are creatively looking to develop new service models with a range of roles, skills mix and length of training, adding to those we have already developed as part of Stepping Forward.
35. We recognise that no one organisation holds all of the levers necessary to produce the required workforce growth. Delivery requires government, providers, commissioners, ALBs, local authorities and the third sector to work together to ensure we recruit, train, and retain the staff that we need, and we are committed to continue to work together to achieve our ambitions. On this basis, the Department for Health and Social Care has recently commissioned NHS England and NHS Improvement to develop a long-term workforce strategy.



# Children and Young People (CYP)

## Additional treatment

36. Commitment - "at least 70,000 additional children and young people each year will receive evidence-based treatment - representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions"
37. The panel rated the Department's progress against this commitment as follows:
- Overall – **requires improvement**
    - i. Commitment met – **good**
    - ii. Funding/Resourcing – **good**
    - iii. Impact – **good**
    - iv. Appropriate – **inadequate**

## Response

38. Ensuring that CYP have access to evidence-based treatment is an important commitment, particularly given the likely impact of the COVID-19 pandemic on their mental health.
39. The NHS exceeded the commitment for 70,000 additional CYP accessing mental health services by 2020/21 over a year early. 420,000 CYP accessed treatment in 2020/21<sup>19</sup>, 95,000 more than in 2017/18 (the first year validated data became available) and around 160,000 more than the estimated 2015 baseline.
40. This equated to an access rate of 39.6% of diagnosable need (based on 2004 prevalence data, on which the ambition and spending profile was set).
41. We note that the Panel opted to use prevalence data from 2017 when making their assessment of the progress made against this commitment. On this basis, the NHS met approximately 36.9% of the need nationally. We also acknowledge that the prevalence of mental health conditions within the CYP population has changed during the COVID-19 pandemic.
42. The Government has also taken further action to support CYP in accessing mental health support, including through accelerating delivery of Mental Health Support Teams (MHSTs) in schools and colleges. MHSTs will now cover 20-25% of pupils in England by April 2022, a year ahead of schedule. Education Mental Health Practitioners (EMHPs) are a new addition to the CYP workforce and are a key part of MHSTs. The creation and delivery of this new role by Health Education England has made an important contribution to ensuring more CYP can access support.
43. An extra £79 million has been provided this year to help address the impact of the pandemic. This additional funding will provide another 22,500 young people with access to community mental health services and reduce waiting times. It builds on the record levels of investment for Children and Young People's Mental Health (CYPMH) services we are providing through the NHS Long Term Plan.

<sup>19</sup> <https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/>

44. The Panel's evaluation of the funding for this commitment concluded that while the amount of funding is good, investment is needed to train, recruit and retain staff in CYP mental health services. The Government's response to this issue is outlined within the "Workforce" section of this paper.
45. We acknowledge the Panel's comment that we are "focussing on access rates, rather than treatment outcomes." It is right that we seek to improve access to specialist services for those who need it, and this should be done alongside improving outcomes. We are equally committed to a focus on outcomes from care, including the progress towards individual goals that those in contact with services experience. Routine use and monitoring of outcomes measurement is a core element of the training for the CYP workforce through programmes like the Children's Wellbeing Practitioners and EHMPs working in Mental Health Support Teams. NHS England and NHS Improvement is also developing national outcomes metrics that are relevant across all CYPMH services, which shows the proportion of measurable improvement in CYP in symptoms and functioning following treatment.

## 95% CYP accessing treatment for eating disorders

46. Commitment - "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."
47. The panel rated the Department's progress against this commitment as follows:
- Overall – good
    - i. Commitment met – requires improvement
    - ii. Funding/Resourcing – good
    - iii. Impact – requires improvement
    - iv. Appropriate – outstanding

## Response

48. We welcome the Panel's acknowledgement that eating disorders are an important topic and that the commitment we have set out within this area is sufficiently ambitious and appropriate.
49. The Government accepts that there was a failure to meet this target within the specified timeframe. This can primarily be attributed to the COVID-19 pandemic resulting in a significant increase in demand which has affected performance against the waiting timing standard.
- During 2020/21, a total of 10,695 CYP started treatment. This compares with 8,034 that started treatment during 2019/20, an increase of 2,661.<sup>20</sup>
  - 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.
50. Prior to the pandemic significant progress had been made towards achieving the 95% access target. Quarter 4 2019/20 data, 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. Within the most recent data (Quarter 3 2021/22), these figures stand at 59.0% (n=383 of 649) and 66.4% (n=1,634 of 2,460) for urgent and routine cases respectively.
51. The Panel concluded that without the pandemic, the target of 95% of CYP accessing services within the established timeframes would have been achieved.

<sup>20</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times/>



52. Investment across CYP mental health, in the round, has continued to rise. NHS England and NHS Improvement set out the funding allocated to enhance community eating disorder services for CYP in the NHS Mental Health Implementation Plan 2019/20 – 2023/24 and publishes expenditure of local Clinical Commissioning Groups (CCGs) on CYP community eating disorder services routinely. Actual spend on CYP eating disorder services for 2020/21 was estimated at £57.5m<sup>21</sup>. It should be noted that there are known data quality issues between CYPMH and CYP eating disorder services due to ICSs not disaggregating spend between categories, but latest data show that total reported eating disorder services spend and cumulative eating disorder services and CYPMH services reported spend are higher than ever before.
53. The impact of COVID-19 has led to a rise in demand for CYP eating disorder treatment, and in 2020/21 2,661 more young people were accepted for treatment than ever before. The Government and NHS England and NHS Improvement continue to monitor demand data to assess whether this surge is indicative of a longer-term trend that requires further action and support in order to deliver the aims of the NHS Long Term Plan.

## Crisis response

54. Commitment - “[...] ensure there is a CYP crisis response that meets the needs of under 18-year-olds”
55. The panel rated the Department’s progress against this commitment as follows:
- Overall – requires improvement
    - i. Commitment met – requires improvement
    - ii. Funding/Resourcing – requires improvement
    - iii. Impact – requires improvement
    - iv. Appropriate – outstanding

## Response

56. The Government is committed to developing a model for CYP that offers intensive home treatment as an alternative to acute inpatient admission, to be in effect across England by 2023/24
57. The four functions of a comprehensive CYP crisis service have been developed:
- a single point of access, including through NHS 111, to crisis support, advice and triage
  - crisis assessment within the emergency department and in community settings
  - crisis assessment and brief response within the emergency department and in community settings, with CYP offered brief interventions
  - 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
58. For this service to be considered fully operational the first three functions must operate 24/7 and the fourth should be available 7 days per week across locally determined extended hours.
59. The results of NHS England and NHS Improvement’s latest monitoring process indicates that the NHS is already exceeding its trajectory of 57% coverage by 2021/22.

<sup>21</sup> <https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/>

60. The Five Year Forward View for Mental Health<sup>22</sup> 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.
61. As part of the NHS Long Term Plan, 99% of CCGs in 2019/20 reported that they offer crisis assessment in either the emergency department, community or both<sup>23</sup>. Areas are also working to expand 24/7 coverage to emergency departments.
62. Better integration between paediatric and mental health care has become an increasing priority for NHS England and NHS Improvement over the course of the last year and there is now a joint national programme across children's mental health and physical health focussed on improving integration between CYPMH services and acute hospitals to better support CYP who may present on A&E or on paediatric wards. To support this work, the programme will be releasing joint funding of £6m in 2022/23 to enable regions and systems to pilot and enhance integration opportunities, including testing service innovations.
63. The Long Term Plan sets out increased investment for community CYP, including crisis. As services are ahead of planned delivery, we remain confident of meeting the CYP crisis commitment.
64. The NHS-led Provider Collaborative model<sup>24</sup> in specialised mental health, learning disability and autism services seeks to bring together commissioning skills with the skills of providing services, and the people who use them. Eighteen CYP NHS-Led Provider Collaboratives are live, with clinicians and Experts by Experience driving a collaborative approach to reducing out of area placements and bringing care closer to home.

<sup>22</sup> <https://www.england.nhs.uk/publication/the-five-year-forward-view-for-mental-health/>

<sup>23</sup> <https://www.nhsbenchmarking.nhs.uk/mental-health-sector>

<sup>24</sup> <https://www.england.nhs.uk/mental-health/nhs-led-provider-collaboratives/>

# Adult Common Mental Illness

## All areas to commission Improving Access to Psychological Therapies (IAPT)-Long term condition services

65. Commitment - “[...] all areas commission Improving Access to Psychological Therapies-Long Term Condition (IAPT-LTC) services (including co-location of therapists in primary care)”
66. The panel rated the Department’s progress against this commitment as follows:
- Overall – **requires improvement**
    - i. Commitment met – **requires improvement**
    - ii. Funding/Resourcing – **requires improvement**
    - iii. Impact – **good**
    - iv. Appropriate – **requires improvement**

## Response

67. The COVID-19 pandemic disrupted NHS England and NHS Improvement’s regular monthly assurance activities, but these have now been picked up again. Latest internal assurance data indicates most systems are now delivering IAPT-LTC pathways across their CCGs. To help track progress, the implementation of version 2 of the IAPT dataset has now commenced which will enable NHS England and NHS Improvement to monitor the existence of integrated pathways to see which LTC are covered at a system-level. This will allow NHS England and NHS Improvement to identify which CCGs have no provision for IAPT-LTC and provide support to local areas where barriers exist.
68. Quarter 1 data for IAPT-LTC has been published by condition, at CCG and Sustainability and Transformation Partnership (STP) level by NHS Digital<sup>25</sup>
69. Over the course of the pandemic, IAPT-LTC has formed an important foundation of efforts to provide integrated pathways to support people with long-term effects of coronavirus (long COVID) with persisting mental and physical health symptoms.
70. We acknowledge the barriers to commissioning IAPT-LTC services outlined by the Panel within the report. These centre around the lack of coordination and consistency of patient records across primary care and IAPT services. The pandemic has placed additional pressures on services and the delivery of LTC pathways.
71. The Government welcomes the Panel’s assessment that IAPT-LTC services have had a positive impact for those who have accessed them. We will continue to develop these services so that more patients have the opportunity to benefit from them in the future.
72. In addition to improved patient outcomes, early implementer pilots have demonstrated significant cost savings in physical healthcare resulting from these integrated pathways. Whilst results varied across sites and conditions, there is a large body of evidence which shows significant reductions in physical healthcare utilisation both during and immediately after treatment. The estimated cost

<sup>25</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-report-on-the-use-of-iapt-services/june-2021-final-including-reports-on-the-iapt-pilots-and-quarter-1-data-2021-22>

saving from one such evaluation (Thames Valley) was £329 (over a 3-month period) per person treated<sup>26</sup>.

73. NHS England and NHS Improvement already monitors inequalities in IAPT access and recovery rates for older people and ethnic minority communities respectively. These are now embedded as key performance indicators at a local, regional and national level and are subject to routine monitoring and assurance. As the quality and comprehensiveness of data on IAPT-LTC pathways becomes available via the IAPT V2 dataset, similar levels of granularity will be available across multiple conditions to inform ongoing improvement.
74. NHS England and NHS Improvement is already working on a range of actions to support regions to demonstrate the benefits of IAPT to primary care and community services, and improve system integration to ensure those with Long Term Conditions can benefit from these interventions.

<sup>26</sup> <http://www.oxfordahsn.org/wp-content/uploads/2018/12/Thames-Valley-IAPT-LTC-EI-evaluation-cohort-1-results-AD-website.pdf>

# Adult Severe Mental Illness (SMI)

## Physical health checks

75. Commitment - "280,000 people with a severe mental illness will receive a full annual physical health check"

76. The panel rated the Department's progress against this commitment as follows:

- Overall – requires improvement
  - i. Commitment met – inadequate
  - ii. Funding/Resourcing – requires improvement
  - iii. Impact – requires improvement
  - iv. Appropriate – requires improvement

## Response

77. The Government accepts that the trajectory for this commitment for 2020/21 was not met.

- Data<sup>27</sup> 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 a target of 60%.
- Latest data for Q3 2021/22 shows the NHS continues to be significantly off-track for this target, with 183,971 people receiving a check within the prior 12 months against a 2021/22 target of 302,000 by year end.
- COVID-19 continues to greatly impact delivery of the physical health checks, through a reduction in face-to-face contacts and reduced primary care capacity.

78. NHS England and NHS Improvement is undertaking a series of actions to address under-delivery, including targeted funding initiatives:

- The NHS has invested an additional £24 million in the Quality and Outcomes Framework<sup>28</sup> (QOF) to incentivise the completion of all six elements of the physical health checks in primary care in 2021/22. Previously, only three elements of the health-check were incentivised in the QOF and these elements had the greatest levels of completion. However, in December 2021, primary care teams were required to focus on the roll-out of the booster campaign in the face of the Omicron wave, meaning an effective suspension of these financial incentives. This will undoubtedly impact on the delivery of physical health checks this year. To try to mitigate this risk, NHS England and NHS Improvement has asked system partners to prioritise the delivery of checks in the context of the booster campaign, and mental health providers have been urged to work with primary care in a model of shared responsibility, making use of all available funding to ensure delivery of checks during Q4 2021/22.
- All 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

<sup>27</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/serious-mental-illness-smi/>

<sup>28</sup> <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/quality-outcomes-framework-qof>

million in 2021/22 as part of the wider Mental Health Recovery funding package. Latest data indicates most ICSs have commissioned an outreach service to promote uptake of flu vaccinations, COVID vaccinations and physical health checks.

- NHS England and NHS Improvement 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 NHS England and NHS Improvement to understand mechanisms to complete physical health checks remotely.
79. As indicated by the Panel, the impact of this newly targeted funding will not be evident until into the future and so was not able to be considered as part of this evaluation.
80. Delivering these physical health checks is one of the highest priorities for addressing inequalities across the NHS given the significant mortality gap faced by people with SMI, evident in this commitment's prominence in the 2022/23 operational planning guidance published by NHS England and NHS Improvement.
81. Primary care capacity is a significant issue impacting delivery of all 6 elements of the physical health check, especially in the COVID-19 context. NHS England and NHS Improvement will continue to encourage these checks to be prioritised, and support voluntary, community and social enterprise (VCSE) partners to help people with SMI overcome other barriers to access. However, with the QOF incentives for primary care being paused as part of the COVID-19 booster rollout, delivery of the checks is challenging.

## Integrated community models

82. Commitment - “[by 2023-2024] new integrated community models for adults with a severe mental illness (including care for people with eating conditions, mental health rehabilitation needs and a ‘personality condition’ diagnosis) spanning both core community provision and also dedicated services will ensure at least 370,000 adults and older adults per year have greater choice and control over their care, and are supported to live well in their communities”
83. The panel rated the Department's progress against this commitment as follows:
- Overall – **requires improvement**
    - i. Commitment met – **requires improvement**
    - ii. Funding/Resourcing – **inadequate**
    - iii. Impact – **requires improvement**
    - iv. Appropriate – **requires improvement**

## Response

84. Transforming community mental health services is a critical element of the NHS Long Term Plan's commitments on mental health. By 2023/24 an additional ~£1bn per year will support local systems across England to support at least 370,000 people through new models of integrated primary and community care for people. This investment is almost a half of the overall £2.3bn investment in mental health services in the NHS Long Term Plan, emphasising the importance of community mental health transformation within the wider programme of investment.
85. Delivering on the ambition set out in the NHS Long Term Plan is a complex task. Building upon the pilot phase, in which 12 Early Implementer sites developed and tested the new model of integrated community mental health care, all areas of the country have been in receipt of increased baseline



and transformation funding from April 2021. The Committee notes that the 'required infrastructure' is not in place to deliver this commitment, however given the complexities of transformation as well as how recently most areas will have begun the process of transforming services, it is unsurprising that the pace of progress across the country is uneven. Moreover, the COVID-19 pandemic has had a significant impact on mental health services, affecting the mobilisation of Early Implementer sites as well as putting additional pressures on community services, with increasing demand and increasing acuity of those presenting.

86. Nevertheless, early assurance data suggests that the NHS is on track to meet its commitment that by 2023/24 at least 370k people will receive support through the new model of integrated primary and community mental health care. Latest assurance data indicates services appear to be on track to meet the trajectory of 126,000 people receiving support within the new models in 2021/22. Clearly, the transformation remains a complex task and NHS England and NHS Improvement will continue to work with and support local systems across England to transform services so that by March 2024 all areas are covered by transformed community mental health services. In parallel NHS England and NHS Improvement is working with regional teams and ICSs to improve the data quality of their submissions on access to new, integrated models and verifying against Mental Health Services Data Sets (MHSDS) data to give us a more robust picture of performance.
87. We note that a key concern of the Committee regarding the delivery of this commitment is a lack of 'specificity as no clear definition of an integrated community model has been provided'. However, we draw the Committee's attention to the publication, in September 2019, of the Community Mental Health Framework<sup>29</sup>, which set out the key characteristics for the transformation of services and their integration with primary care and other local services, such as those provided by local authorities or VCSE organisations. Ensuring that patients are at the heart of decisions about their care is a central aim of the model set out in the Framework which states that '[people] with mental health problems will be enabled as active participants in making positive changes rather than passive recipients of disjointed, inconsistent and episodic care.'
88. While the Framework and supporting documentation provides systems with the model for community mental health transformation, it is right that there remains flexibility for systems to develop plans that are appropriate for their local population. NHS England and NHS Improvement continues to support systems to understand the requirements of transformation based upon the Framework so they can apply it to their local needs, by collating key learning and insights from implementation and sharing this across all systems. NHS England and NHS Improvement have developed a number of resources to support implementation which articulate what integration of services looks like in practice including: an animation setting out the vision for community mental health transformation, an Early Implementer Learning Report, "Lessons from early implementers" developed by The Kings' Fund and various other resources relating to new Mental Health Practitioner roles recruited through the Additional Roles Reimbursement Scheme.

#### Out of area placements (OAPs)

89. We recognise that one of the aims of integrated community models is to reduce the reliance on inpatient beds and therefore help progress on a different NHS Long Term Plan commitment to eliminate inappropriate acute Out of Area Placements for adults. While distinct from the transformation of community services, the Panel also noted the commitment to eliminating OAPs has not been achieved. Good progress was being made prior to the pandemic; however, we acknowledge that the 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,

<sup>29</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf>

increasing demand/acuity and a prolonged period of reduced support networks for people with severe mental illness.

90. Following an increase in OAPs between June 2020 and March 2021, Quarter 1 and 2 of 2021/22 saw an improvement on Quarter 4 2020/21 (there were 58,905 inappropriate OAP bed days in Q2 2021/22 compared with 64,780 in Q4 2020/21)<sup>30</sup>. 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. Bed occupancy remains very high (over recommended safe levels of 85%).
91. A number of key actions are currently being taken to address this, including:
- ensuring that the NHS Long Term Plan 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
  - 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
92. The government has published a white paper on integration of health and social care services<sup>31</sup>, including public health. The proposals would have impact across all areas of the health and care system including mental health. These reforms should help reduce out of area placements and improve patient experience of working with multiple teams, with the proposals within the white paper looking to bring commissioning closer together, to support the needs of local populations, enabling more integrated working between Local Authority and local NHS services.

## Improved therapeutic offer

93. Commitment - “[...] 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. This will contribute to a reduction in length of stay for all services to the current national average of 32 days (or fewer) in adult acute inpatient mental health settings.”
94. The panel rated the Department’s progress against this commitment as follows:
- Overall – **requires improvement**
    - i. Commitment met – **requires improvement**
    - ii. Funding/Resourcing – **requires improvement**
    - iii. Impact – **requires improvement**
    - iv. Appropriate – **inadequate**

<sup>30</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/out-of-area-placements-in-mental-health-services>

<sup>31</sup> <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>



## Response

95. Uplifts to local system baselines to support improvements to the therapeutic offer in acute mental health inpatient settings commenced in April 2020/21. The first two years of additional investment were £8m and £13m respectively, but this will increase gradually to £46m by 2023/24. It is therefore expected that improvements in this area will increase accordingly over the NHS Long Term Plan period. It is also important to note that the funding came on stream at the same time that the pandemic took hold nationally (March/April 2020), and that COVID has had a significant negative impact on the acute mental health pathway and the ability of inpatient services to undertake quality improvement and transformation work over the last two years. This is due to a number of challenges resulting in significantly reduced capacity and limited opportunity to focus on culture change and improvement.
96. Further to the uplift in local baseline funding, plans have been put in place to enhance regional infrastructure and leadership on acute mental health. This has led to an increased local focus on improving the acute mental health pathway and delivering purposeful inpatient admissions. There is now an established network for sharing ongoing challenges and best practice nationally.
97. The additional funding made available in 2021/22 to support discharge and community services in response to COVID pressures has also been 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
  - enhanced community and crisis support to prevent admission
98. In the most recent government spending review 2021, up to £500 million capital has been agreed to eradicate dorms and an additional £150 million secured for mental health capital schemes between 2022/23-2024/25. Additionally, the 2022/23 NHS operational planning guidance sets the expectation that capital funding made available through system allocations is expected to support urgent patient safety projects for mental health trusts, such as those that address ligature points and other infrastructure concerns that pose immediate risks to patients.
99. The Government appreciates the value of the coproduction of treatments within inpatient settings and the positive impact that this can have on patient outcomes. As part of the reforms to the Mental Health Act 1983, Government plans to introduce statutory requirements on clinicians so that they actively engage inpatients to express their wishes and preferences, and what is important to them. These must then play a much more significant role in clinical decision making so that the patient's care and treatment is truly personalised to their needs.
100. NHS England and NHS Improvement is also working with Health Education England to better track the current multi-disciplinary team skill mix in acute mental health inpatient care and drive improvements, with the aim that this will strengthen the therapeutic offer. We are particularly focused on increasing psychologists, occupational therapists, and peer support workers through the increase in NHS Long Term Plan funding, however, it should be noted that baseline funding is non-prescriptive so that local areas can use it flexibly to address their most significant challenges with regards to improving the therapeutic offer.

## Crisis resolution and home treatment

101. Commitment - "[...] 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"
102. The panel rated the Department's progress against this commitment as follows:
- Overall – requires improvement

- i. Commitment met – requires improvement
- ii. Funding/Resourcing – good
- iii. Impact – requires improvement
- iv. Appropriate – good

## Response

103. It should be noted that NHS England and NHS Improvement added new commitments to improving CRHT services that were not originally set out in the Five Year Forward View, namely, to ensure all services were open access (meaning that anyone can self-refer), and to eliminate restrictions on access to older adults. During 2020, a further ambition to create 24/7 urgent NHS helplines was added in response to the pandemic, with any member of the public in any part of the country now able to find their local crisis line number on the NHS website<sup>32</sup>.
104. We understand that NHS England and NHS Improvement's data is more up to date than the data held by the Royal College of Psychiatrists (RCPsych), which appears to be from their Home Treatment Accreditation Scheme. RCPsych acknowledge that their data may not capture recent developments, or measure the same functions outlined in the Five Year Forward View for Mental Health or the NHS Long Term Plan.
105. The Government's data on CRHT has come directly from NHS England and NHS Improvement's assurance of ICSs carried out during 2021.
106. This indicates very considerable progress in access to and capacity of adult crisis services, compared to 2018 when less than 50% offered 24/7, open access functions. It is appreciated that the panel has recognised that the most crucial year of this ambition (i.e. with the most ringfenced investment of £261 million from 2019-21) fell during 2020/21 at the height of pandemic. In the small minority of areas that have not yet met the ambition, they report this as being due to challenges in recruitment and retention rather than the commissioning intention.
107. Since this commitment, the NHS Long Term plan also enhanced ambitions relating to community-based crisis care for adults, through a new investment fund for 'crisis alternatives'. These are intended to complement and add further capacity to traditional CRHTs, through the form of services such as safe havens, crisis cafes and crisis houses. This was a direct result of the feedback NHS England and NHS Improvement received from patients and carers who typically reported more positive experiences of such models compared to traditional models of NHS crisis care. The 'crisis alternatives' ambition specifically mandates investment in local voluntary sector services, peer support workforce, and the targeted addressing of inequalities in the local crisis pathway, based on local demographics.
108. Further developments include the expansion of mental health liaison services working in every emergency department and general hospital wards. At time of the last data collection<sup>33</sup> (Q1 2021/22), 78% were operating 24/7, compared to 39% in 2017, with a considerable increase in staffing (there were around 600 more mental health liaison staff in 2019 than in 2016).
109. The Government accepts that further improvements can be made, and crisis services are under significant pressure, particularly since the pandemic.
110. A further area for improvement is patient experience of crisis care services. In 2015 this was at an extremely low base, with only 14% of people reporting a positive experience of crisis care according to the CQC. While some strides have been made on access to crisis care, it is recognised that significant improvements are still needed to the quality and experience of care that people get. It is encouraging that the most improvements in CQC's 2021 national patient experience survey was in

<sup>32</sup> <https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/>

<sup>33</sup> <https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/>

response to the questions on crisis care. However, the survey also shows there is still much room for improvement. The quality of care is less straightforward to impact easily from a national level and requires local cultural changes to ingrained practices in how the NHS responds to people experiencing distress. NHS England and NHS Improvement and Health Education England are working to support training and education of staff working in crisis services, as well as planned work to set out new national guidance on practices relating to people who present to services most frequently, who are known to have some of the poorest experiences.

111. We appreciate the Panel's agreement that this commitment marks a real opportunity to achieve meaningful impact for both service users, and the wider mental health system by reducing the burden on inpatient services.
112. We acknowledge that the implementation of this commitment requires appropriate levels of staffing, for our response on workforce-related issues please refer to the "Workforce" section of this document.

# Inequality in Mental Health

## Response

113. The Government acknowledges the issues set out by the Panel and that further work is required to address inequalities in mental health services.
114. In light of the COVID-19 pandemic, addressing health inequalities has become more important than ever. The pandemic and its social and economic effects are disproportionately impacting specific groups, including Black, Asian and minority ethnic communities. A range of work at both national and local levels is ongoing across the Department of Health and Social Care and our arm's length bodies to tackle both pre-pandemic mental health inequalities, and trends demonstrated by emerging evidence.
115. As part of the Government's commitment to build back better, we have published our Mental Health Recovery Action Plan, backed by an additional £500 million for this financial year, to ensure we have the right support in place. The plan aims to respond to the impact of the pandemic on the mental health of the public, specifically targeting groups that have been most affected.
116. For example, we are investing £15 million this financial year in a prevention and early intervention stimulus package, which will help level up mental health and wellbeing across the country by investing in activity to promote positive mental health in the most deprived local authority areas in England.
117. The public consultation period on the Reforming the Mental Health Act White Paper ended on 21 April 2021. We have now analysed the consultation responses and responded with a formal report published on 15 July 2021. This will inform the development of our planned Mental Health Bill which will be brought forward when Parliamentary time allows.
118. We are determined to take action on the underlying issues which mean that Black people are over four times more likely to be detained under the Act and over ten times more likely to be subject to a Community Treatment Order.
119. We are piloting improved culturally appropriate advocacy services, so that people from ethnic minority backgrounds can be supported by people who understand their needs.
120. Above all, all the reforms we propose to make to the Act will enhance patient voice and representation and we will take care to implement them so that they are designed to have a particularly positive impact for people from minority ethnic groups.
121. The Secretary of State has set out his ambition to bring forward a new plan for mental health. Given the wide-ranging inequalities in mental health outcomes along the lines of race, deprivation and geography, disparities will be a key focus of this work.
122. The Department plans to launch a public discussion paper this year to inform the development of this new longer term mental health strategy. This will set us up for a wide-ranging and ambitious conversation about potential solutions to improve mental health and wellbeing, both within and beyond government and the NHS. We also want to challenge business, local authorities and other sectors to bring commitments to the table.
123. Finally, the Health Disparities White Paper will be another important route to stimulate improvements in outcomes, particularly where differences have an ethnic, socio-economic and geographical pattern.

NHS England and NHS Improvement commitments to addressing inequalities

124. Advancing equalities was a key feature of both the Five Year Forward View for Mental Health and NHS Long Term Plan. NHS England and NHS Improvement has a programme of work underway to address inequalities in access, experience and outcomes for people with mental health problems. Progress to date in advancing mental health equalities in a number of areas include:
125. NHS England and NHS Improvement published its first Advancing Mental Health Equalities Strategy in October 2020<sup>34</sup>, aiming to bridge gaps for communities faring worse than others with regards to mental health services and tackle inequalities for Black, Asian, minority ethnic and other minority communities. As a core part of the strategy, NHS England and NHS Improvement is developing the Patient and Carers Race Equality Framework (PCREF) which will set expectations for and provide tools to Mental Health providers to improve experience of their services across all patients and their carers. The PCREF will help Trusts to provide culturally appropriate services and help them understand other practical steps they can take to address any potential inequalities towards their staff and/or patients and carers. Four trusts are currently piloting the approach, and NHS England and NHS Improvement will share early findings as soon as possible.
126. As part of its commitment through the Advancing Mental Health Equalities Strategy, all transformation monies flowed to the system must also include a focus on inequalities. This includes, for example, ringfencing funding in community transformation pilot sites to focus on the needs of at-risk cohorts, specific instructions for crisis alternatives to produce and deliver a credible plan to reduce inequalities for groups with specific vulnerabilities, and embedding inequality weightings in the allocation approach for newly-established mental health support teams. In 2021/22, the sum of all transformation monies flowed to systems was more than £400m.
127. Another key priority of the strategy is the launch of NHS England and NHS Improvement's Provider Collaboratives Impact Framework which focuses on the issues most important to people who use mental health, learning disability and autism specialist services, including health inequalities. As such, Provider Collaboratives are expected to facilitate a shift towards integrated, population-level health systems providing more localised and personalised responses to health inequalities.
128. Thanks to improvements in the quality and availability of data, NHS England and NHS Improvement has also introduced four inequality metrics relating to inequalities in outcomes, access and experience across different groups, which are now embedded in the mental health programme's quarterly reporting at regional and national level. These metrics are:
- IAPT Recovery rates for Black, Asian and minority ethnic communities completing treatment: In IAPT, there has been a strong focus on inequalities with the ambition to recover access and outcomes for groups disproportionately impacted by COVID-19, including ethnic minority communities, older adults and students. Annual data for 2020/21<sup>35</sup> shows that, for the first time, the Black and Black British cohort met the recovery rate target with an encouraging increase from 48.6% in 2019/20 to 51.6% in 2020/21. Systems are being encouraged to make use of the IAPT Black, Asian and Minority Ethnic Positive Practice guide to continue to drive improvements across all ethnic minorities.
  - The proportion of Black, Asian and minority ethnic people admitted as an adult acute mental health inpatient who had no contact with community mental health services in the prior year: Concerns were raised by patients and carers in the Mental Health Act review, that ethnic minorities often present to services when their mental health problems are more acute. The PCREF will support all mental health trusts to improve experiences of care in all settings, including CYP and adult community settings, to support more timely access to care that is culturally appropriate.

<sup>34</sup> <https://www.england.nhs.uk/publication/advancing-mental-health-equalities-strategy/>

<sup>35</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services>

- IAPT access to older adults (65+) population: There has been an increase in access to IAPT services for older adults across England. This is likely in part due to new interventions and a campaign launch called 'Help Us Help You' which raised awareness to increase access. Apart from the initial drop in access during the first months of the pandemic, data shows continued improvement<sup>36</sup>. The number of older people accessing services increased from 14,219 in Q4 2020/21 to 18,870 in Quarter 2 of 2021/22.
- Acute inpatient length of stay for adult and older adult (18-64, and 65+) population: The pandemic has had a noticeable impact on discharge and admission across the mental health sector in 2020/21. NHS England and NHS Improvement is working with regions to improve the quality of data collected and allow for targeted performance monitoring for this cohort of patients specifically.

129. The range of mental health data on equalities is steadily improving, yet data quality and data availability still present a significant challenge. Broadening the data available and improving data quality are key enablers to advancing equalities in mental health – facilitating better performance monitoring, understanding of current disparities and designing appropriate service improvements. NHS England and NHS Improvement is working with the regions and systems to embed equality indicators to improve their local data on access, experience and outcomes for Black, Asian and minority ethnic communities. NHS England and NHS Improvement, through its commitment in the mental health implementation plan, will continue to build on the number of inequality metrics routinely monitored as data quality continues to improve.

<sup>36</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-report-on-the-use-of-iapt-services>



