



National Audit Office

Report

by the Comptroller
and Auditor General

Department of Health and NHS England

Mental health services: preparations for improving access

Foreword

Around one in four adults reports being diagnosed with a mental illness at some point in their lives. Mental health problems cover a broad range of disorders, including depression and anxiety, psychosis and eating disorders. The conditions vary in nature and severity, but all can have a detrimental effect on the health of the people affected and their quality of life. They also have a significant impact on the economy and society more generally.

The health system faces a huge challenge in preventing, diagnosing and treating mental health conditions. Significant numbers of people with mental health problems are not currently diagnosed or treated. In February 2016, the Mental Health Taskforce concluded that "... many people living with mental health problems struggle to get the right help at the right time, and evidence-based care is significantly underfunded. The human cost is unacceptable and the financial cost to government and society is unsustainable."

In 2011, the government set an ambition to achieve 'parity of esteem' between mental health and physical health. This would mean valuing mental health as much as physical health, for example in terms of access to care and allocation of resources on the basis of need.

There is clear consensus that parity of esteem is a laudable policy objective, which aims to rectify decades of people's mental health being treated as less important than their physical health. But it is also clear that making parity of esteem a reality and improving support for people with mental health problems will not be a quick or easy process. Evidence from past initiatives indicates that it takes years to embed change successfully across the health system.

Furthermore, our work indicates that the health system is embarking on this course of action against a background of considerable uncertainty. The Department of Health (the Department) has not estimated how much it will cost to achieve parity of esteem, but the amount is likely to be significant. The Department expects most of the cost to be met from existing budgets, but at the same time NHS commissioners and providers are under increasing financial pressure. The government has committed to providing additional money to implement the NHS *Five Year Forward View*, but there will be many demands competing for this funding. Clinical commissioning groups will have difficult choices to make. Unless efficiencies can be found or services provided in different ways, there is a risk that they will find it difficult to increase spending on mental health services or achieve the desired pace of change without affecting other services.

In addition, at present the Department and NHS England lack the organised and comprehensive information they need to plan and implement a change programme of this kind. In some service areas, data are not available to help them understand the gap between what is happening now and what would be needed to achieve parity of esteem.

Faced with a challenge of this scale, the Department and NHS England are taking a pragmatic approach. Setting new standards for the time people should wait for mental health treatment and the care they should be able to access is a first step towards making mental health services more consistent with the established approach for physical health.

This report looks at the preparations the Department, NHS England and other arm's-length bodies are making for improving access to mental health services. It is the first output in what we expect to be a long-term programme of work on mental health in the coming years, covering both the health system's progress in improving support for people with mental health problems and how mental health issues are tackled more widely across government.

Key facts

£11.7bn

NHS England's estimate of spending on mental health in 2014-15

12%

estimated proportion of NHS England's total spending that was on mental health in 2014-15

25%

of people needing mental health services have access to them

26% of adults reported, in 2014, being diagnosed with at least one mental illness at some point in their lives

3.3 million people in England known to be suffering from depression in 2014-15

up to 3 in 100 people may experience psychosis in their lifetimes

£120 million additional funding the Department of Health and NHS England made available to support implementation of access and waiting time standards for mental health over the two years 2014-15 and 2015-16

between 7% and 99% proportion of patients treated within the six-week target for improved access to psychological therapies in 2014-15, by clinical commissioning group

7% of acute hospitals had a liaison psychiatry service operating 24 hours a day, seven days a week, in 2014-15

Summary

1 Around one in four adults in England is diagnosed with a mental illness at some point in their lives, and may need to use mental health services. Mental health conditions cover a broad range of disorders of varying severity. The most common problems are conditions such as depression, anxiety and panic disorders. In 2014-15, 3.3 million people were known to be suffering from depression. Psychosis is less common but more severe, and may affect up to three in every 100 people during their lives. Other forms of mental illness include eating disorders and personality disorders.

2 In 2014-15, the NHS spent an estimated £11.7 billion on mental health services, some 12% of total spending. Mental health services include a range of interventions offered in community, inpatient and primary care settings, which may need to be integrated and multidisciplinary. Treatment may include medication, such as anti-psychotic drugs, anti-depressants or mood stabilisers, appropriate psychological therapies (sometimes called 'talking therapies') and other interventions that evidence has indicated are effective.

3 The Department of Health (the Department) is ultimately accountable for securing value for money from spending on healthcare, including mental health services. It sets objectives for NHS England through an annual mandate and holds it to account for the outcomes the NHS achieves. In the 2015-16 mandate, the Department set out its expectation that NHS England would introduce access and waiting time standards in key areas of mental health services by March 2016, as part of its wider objective to work towards 'parity of esteem' between mental and physical health. Parity of esteem means that mental health is valued as much as physical health, for example in terms of access to care and allocation of resources on the basis of need.

Why are we looking at improving access to mental health services?

4 Mental health conditions can have a significant impact on the people affected, the health system, and the economy and society more widely. People with mental health conditions are more likely than others to be homeless, to live in areas of high social deprivation and to be unemployed. They are also more likely to have physical health problems and to attend hospital accident and emergency departments. Mental health problems cost the UK economy an estimated £105 billion each year.

5 Good access to mental health services matters. Many people can make a full recovery if they receive appropriate, timely treatment. However, a high proportion of people with mental health conditions do not have access to the care they need. Only around 25% of those estimated to need mental health services have access to them.

6 Over the past decade, the Department and government more widely have had a series of initiatives aimed at improving mental health services. This report is the first in what we plan will be a programme of work on mental health. It sets out the landscape of mental health services generally (Part One) and the access and waiting times programme specifically (Part Two), and considers the arrangements the Department and NHS England are putting in place to implement the programme (Part Three). This first report focuses mainly on services for adults, and concentrates on work being done by the Department and its arm's-length bodies. We set out our audit approach in Appendix One and our evidence base in Appendix Two.

Key findings

7 **The Department and NHS England have made a clear commitment, supported by action, to improve mental health services for people who need them.** In October 2014, they set, for the first time, standards for the access to some mental health services that people should expect and how long they should have to wait for treatment. The Department and NHS England initially made specific undertakings to improve three particular services: improved access to psychological therapies (IAPT); early intervention in psychosis; and liaison psychiatry. There is consensus that achieving the standards and ambitions set out in these areas should lead quickly to improved services and outcomes for people with a wide range of mental health conditions (paragraphs 1.16 to 1.19, 2.1 and 2.3).

8 Implementing the access and waiting time standards depends on action by many local commissioners and providers working in a complex system.

Most mental health services are commissioned by clinical commissioning groups to meet the needs of the people within their area. There are a variety of service providers including NHS bodies and private and third-sector organisations. These devolved delivery arrangements mean that the Department and NHS England depend on a flow of reliable information about the services patients are receiving. Information is crucial for effective oversight of local performance and to support local and national accountability for how delivery bodies have used public money (paragraphs 1.6, 1.7 and Figure 3).

9 Estimates of the full cost of implementing access and waiting time standards vary widely, and most of the cost will be met from clinical commissioning groups' existing budgets.

The Department and NHS England made available a total of £120 million of additional funding over the two years 2014-15 and 2015-16 to support the access and waiting times programme. NHS England has reviewed clinical commissioning groups' plans but, because the additional money is not ring-fenced, there is limited assurance that it has been spent as NHS England intended. The full cost of implementing access and waiting time standards and meeting ambitions for IAPT, early intervention in psychosis and liaison psychiatry services is not well understood. The Department's 2014 impact assessment estimated the cost would be £160 million a year more than the estimated £663 million that clinical commissioning groups spent in 2014-15 on these services. We have seen subsequent indicative analysis that suggests that the cost of improving access further could be substantially higher (paragraphs 2.12 to 2.21 and Figure 8).

10 Full data do not exist to measure how far the NHS is from meeting the new access and waiting time standards, but it is clear that achieving the standards will be a very significant challenge.

- **Nationally, the access and waiting time standards for IAPT are already being met but performance varies substantially between different areas, and the recovery standard is not being met.** The IAPT programme increases access to approved treatment, usually talking therapies, for depression and anxiety disorders. The programme is well-established and has data to measure performance. In 2014-15, 79% of people entered treatment within six weeks of referral, and 96% within 18 weeks, against targets of 75% and 95% respectively. However, 83 of the 211 clinical commissioning groups (39%) did not achieve the six-week standard. In 2014-15, 45% of those treated moved to recovery against a target of 50% (paragraphs 2.4, 2.5 and Figure 6).
- **Complete data to measure performance for early intervention in psychosis are not yet available.** Early intervention in psychosis services are designed to treat people quickly after they are referred for treatment following the onset of a suspected first episode of psychosis. There are limited data to measure how long people wait compared with the standard that more than 50% of those experiencing a first episode of psychosis should start treatment with a National Institute for Health and Care Excellence (NICE) approved care package within two weeks of referral. Data system changes are being made to collect and publish better information. In March 2016, the Health and Social Care Information Centre published a small set of provisional statistics based on data collected in January 2016. Further work is needed to improve the accuracy and completeness of the new mental health services dataset, so in December 2015 NHS England also started to collect, under interim arrangements, aggregate waiting time information (paragraphs 2.6, 2.7 and 3.17 to 3.22).
- **A survey of acute hospitals in July 2015 indicated that 7% had a liaison psychiatry service operating 24 hours a day, seven days a week.** This is the minimum standard NHS England considers all hospitals should be providing. The Department and NHS England have set an ambition that by 2020 all acute hospital trusts should have a liaison psychiatry service for all ages appropriate to their size, acuity and specialty. These services are designed to ensure people have access, in general acute hospitals, to mental health assessment and short-term care services, and links to follow-up support, if they need them (paragraphs 2.8 to 2.11).

11 The Department and NHS England are making progress, particularly in setting priorities and national leadership, but significant risks to implementing the access and waiting times programme remain. We assessed the arrangements that have been put in place against six criteria that influence whether programmes are likely to be implemented successfully. The strongest areas are the clear objectives and strong leadership, and a clear governance framework is being developed. The greatest challenges for the future are collecting data to show whether the standards are being met, building the mental health workforce and reinforcing incentives for providers (Figure 1 overleaf).

Concluding comments

12 Introducing access and waiting time standards is an important first step towards the ambitious goal of achieving parity of esteem between mental health and physical health. Successfully implementing this programme should help to improve services and outcomes for the large number of people who are affected by mental ill health at some point in their lives. Our review has shown that the Department and NHS England, working with other bodies, are starting to make progress with the actions needed to put their aspirations into practice.

13 Much remains to be done, as the Department and NHS England recognise, and not everything was in place when the access and waiting time standards took effect from April 2016. The Department and NHS England will need to work collaboratively and at pace with other arm's-length bodies and local NHS organisations if the new standards are to be implemented successfully. At this point, we highlight the following particular challenges that will need to be addressed:

- Ensuring there are enough staff with the right skills in the right locations to provide better access to mental health services.
- Generating accurate and up-to-date information so that all parties understand what is happening on the ground and the extent of the performance gap.
- Better integration of mental and physical health services, within and across health and social care services, to meet all the needs of people with mental health problems.
- Identifying the funding to support better access to mental health services, particularly given the financial pressure that many local commissioners and providers are facing.

Figure 1

Assessment of the arrangements for implementing better access to mental health services

Assessment criteria	Current position	Making further progress
<p>A. Objectives</p> <p>Do the Department and NHS England have clear objectives for the programme (paragraphs 3.4 to 3.8)?</p>	<p>Yes</p> <p>There are clear objectives in terms of national access and waiting time standards, and a timeline for achieving these. There is consistency between successive policy documents aiming to achieve parity of esteem between mental health and physical health.</p>	<p>Medium risk</p> <p>The Department and NHS England are developing interim milestones and targets needed to track progress. At the time of our work, NHS England, Monitor and the NHS Trust Development Authority were assessing the preparedness of local commissioners and providers to translate national objectives into local action plans, targets and milestones.</p>
<p>B. Governance</p> <p>Have the Department and NHS England put in place strong governance arrangements (paragraphs 3.9 to 3.12)?</p>	<p>Partly</p> <p>The Department and NHS England have set up important oversight boards involving all relevant organisations. However, supporting governance structures are not yet fully in place, and there is not yet sufficient evidence to assess whether the boards are effective.</p>	<p>Low risk</p> <p>The Department and NHS England are developing the frameworks, including terms of reference and local reporting structures, needed to implement the new governance arrangements.</p>
<p>C. Leadership</p> <p>Does the programme have effective leadership (paragraphs 3.13 to 3.16)?</p>	<p>Yes</p> <p>The programme has political support and senior civil service and clinical leadership.</p>	<p>Medium risk</p> <p>There is a risk of loss of momentum with the change of national clinical director for mental health in April 2016.</p>
<p>D. Performance information</p> <p>Do the Department and NHS England have robust performance information for the programme (paragraphs 3.17 to 3.22)?</p>	<p>Partly</p> <p>NHS England measures access and waiting times for IAPT, but does not yet have the full data needed to assess whether waiting time standards for early intervention in psychosis services are being met.</p>	<p>High risk</p> <p>For early intervention in psychosis, changing the data collected, and consequential changes to IT systems, is proving complex. NHS England has started to collect aggregate data in the interim, but there is a high risk that complete, high-quality data will not be available when the standards are introduced from April 2016.</p>
<p>E. Workforce capacity and capability</p> <p>Do service providers have enough staff with the right skills to implement the programme (paragraphs 3.23 to 3.28)?</p>	<p>Partly</p> <p>Data to assess the skills, capability and geographical distribution of the current workforce are variable. Data are strongest for staff working in the IAPT programme. Until recently, very limited information was available nationally about the workforce needed for early intervention in psychosis and liaison psychiatry services.</p>	<p>High risk</p> <p>Plans are not yet in place to ensure there will be adequate staff to meet standards for early intervention in psychosis and ambitions for liaison psychiatry services. Local estimates of the number of mental health nurses needed vary markedly from those made by Health Education England.</p>
<p>F. Levers and incentives</p> <p>Are there adequate levers and incentives to help ensure the NHS makes the changes needed to achieve the programme's objectives (paragraphs 3.29 to 3.37)?</p>	<p>Partly</p> <p>The access standards are being incorporated in accountability frameworks and the NHS standard contract. However, payment systems for mental health services are less mature than those for physical health. Nine in ten mental health providers were paid using block contracts in 2015-16. Some mental health services do not fall within the regulatory remit of the Care Quality Commission.</p>	<p>High risk</p> <p>NHS England is working with Monitor to develop alternative payment systems for mental health, but cost data that could be used as the basis for new contracts is of variable quality and may not be comparable between organisations.</p>