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Mental Health: Understanding the priorities of the NHS Long-term Plan

The NHS Long-Term Plan was published on the 07 January 2019. It set the priorities and ambitions for the NHS, and NHS-funded services, for the next decade. Despite lacking specific funding allocations, it is a critical document for understanding the overall direction of health service planning.

Mental health has been championed by Theresa May, and it was no surprise to see it figure prominently throughout the NHS Long-Term Plan. It adds considerable detail to the earlier announcement that mental health was set to benefit from funding increasing at a faster rate than the wider NHS budget.

In this briefing note, we provide an in depth look at what the NHS Long-Term Plan says about mental health and its priority areas. It sets out the key areas of focus and the targets that are expected to be met. We also highlight where waiting times are planned and look at the wider workforce challenges.

Key highlights

- Mental health funding will increase at a faster pace than the wider NHS budget, which is positive news for private providers of mental health services
- Targets should increase the number of people accessing mental health services, but focus remains on providing support outside of inpatient settings
- National waiting time targets across key mental health services are likely to dictate Clinical Commissioning Group funding priorities
- Workforce expansion should reduce overall pressure on services, but a focus on improving NHS retention could impact on providers' ability to recruit

Mental health funding will increase at a faster pace than the wider NHS budget, which is positive news for private providers of mental health services

Total spending on mental health services is set to increase by £2.3bn in real-terms between 2019/20 and 2023/24. This is higher than the £2bn announced in the Budget last October and means that spending on mental health should increase slightly faster than the overall NHS budget.

Around 85% of mental health expenditure comes from local CCG budgets, rather than nationally. CCGs will continue to be subject to national directions setting minimum amounts that they must spend on mental health services. It is described as a ring-fence and safeguards mental health investment locally.

The £2.3bn is seen as the minimum investment level. CCGs and other local partners, such as local authorities, may choose to bolster national allocations of mental health funding through local budget setting. Local health systems will soon receive five-year indicative financial allocations for 2019/20 to 2023/24 and are tasked with putting together a local plan to implement commitments set out in the Plan.

The overall funding boost is positive for those operating in the mental health sector. It should increase the total number of people accessing services and may allow some flexibility in CCG fee negotiations. However, the level of local discretion in mental health service planning means that impacts on specific service areas cannot be determined until local implementation planning is underway. This is an area that Marwood will follow closely in the coming months.

Projected Mental Health Funding: 2019/20 – 2023/24

	2019/20	2020/21	2021/22	2022/23	2023/24
Total NHS Budget for Services (£, bn)	120.5	126.9	133.1	139.8	147.8
Projected MH Budget* (£, bn)	12.95	13.63	14.33	15.06	15.86
Amount above 10% of health budget† (£, bn)	£0.9	£0.94	£1.02	£1.08	£1.08

Source: Department of Health and Social Care, HM Treasury, Marwood Analysis

*Based on inflation rates built into the Total NHS Budget, and assumptions that the £2.3bn is distributed equally across the time period

† The Lancet Global Commission on Mental Health set 10% of the total health budget as the minimum expected level of mental health funding for high income countries

NHS Long-term Plan priorities should increase the number of people accessing mental health services, but the focus remains on providing support outside of traditional inpatient settings

The NHS Long-term Plan contains few surprises for the mental health sector. Policy priorities are primarily an extension of objectives announced in the Five Year Forward View for Mental Health (2016), and the Green Paper on Children and Young People's Mental Health (2018). There is a clear focus on treating people outside of inpatient units wherever possible. This will be driven by:

- Early intervention policies that enable people to access support before they require inpatient admission
- More effective support to people in crisis, including alternatives to inpatient admission and higher quality care at the point of emergency so that mental health needs do not escalate
- Strengthening community-based mental health, including making sure that it is integrated with wider changes to primary and community care

Impacts on private providers are dependent on the type of service they offer, and how it fits into the mental health recovery pathway. Providers already operating community-based support are well placed to benefit from the continued focus in this area.

Private providers of inpatient services will recognise the Plan acts as a continuation of existing policy objectives. However, its publication should mean that commissioners placing a greater focus on achieving them. This may lead to a greater expectation from commissioners that private providers demonstrate how their care models support recovery, reduce length of stay, and effectively integrate with increased levels of community support.

However, there will always be a role for specialist inpatient units, and overall admission may not significantly decrease. There is a lot of unmet need within the mental health system, and many commitments seek to increase overall access. This should lead to a greater number of people having their needs met across all parts of the mental health system.

Service Area	NHS Long-Term Plan: Key Commitments
Perinatal Mental Health	Perinatal mental health has already seen significant investment in recent years. NHS England invested £365m so that by April 2019, people in all parts of the country should be able to access appropriate specialist support. The Plan intends to go further by: • Increasing access to support an additional 24,000 women per year by 2023/24 • Extending access to specialist perinatal mental health services from 12 to 24 months after birth • Expanding access to evidence-based psychological therapies within specialist perinatal mental health services to include a wider range of family models • Offering fathers/partners evidence-based assessment for their mental health and signposting to support as required
Children and Young People (CYP)	There is a commitment that funding for CYP mental health services will increase faster than both overall NHS, and total mental health spending. In this context, CYP mental health is a 'winner' across the health sector: • An additional 345,000 CYP aged 0-25 able to access support via NHS funded mental health services, and Mental Health Support Teams by 2023/24 • Over the next decade, all CYP who require specialist care should be able to access it • Mental health support teams – the centerpiece of the CYP green paper – will be available in 20-25% of the country by the end of 2023. Eventually it will be embedded in all schools and colleges • A new approach to support the transition into adult mental health services
Learning Disability and Autism	Community learning disability services are funded by local authorities. However, all inpatient settings are funded through the NHS. There is a national objective to reduce the number of individuals with learning disability in inpatient settings. The Plan unofficially resets the national target to state that by 2023/24, inpatient provision will have reduced to less than half of 2015 levels: • For every million adults, only 30 with a learning disability and/or autism will be in an inpatient unit • For every million children and young people, only 12 to 15 with a learning disability and/or autism will be in an inpatient facility Improvements in quality of remaining inpatient care is expected. • All care commissioned by the NHS will need to meet the Learning Disability Improvement Standard by 2023/24 • There will be a renewed focus on the use of seclusion and restraint policies • All areas will be monitored against a 12-point discharge plan to ensure timely and effective discharge
Adult Mental Health	Common mental health disorders Around 90% of adults with mental health problems are supported in primary rather than secondary care settings. The wider focus on integrated primary and community care supports mental health objectives focused on community-based support • An additional 380,000 adults to access NICE-approved IAPT services by 2023/24 • Delivery of IAPT and early intervention in psychosis waiting time targets by 2020/21 • Testing four-week waiting times for accessing community mental health teams Severe mental health problems The Government is reviewing the recommendations of the Independent Review of the Mental Health Act. However, it gives limited commitment to implementation other than referencing the increased investment in crisis services and improved community care for people with serious mental illness. • Core community mental health services will be redesigned to form part of a place-based approach, offering a multidisciplinary service, which is aligned with primary care network • Ending of inappropriate out of area placements for non-specialist care by 2021 • Supporting inpatient units with a longer than average length of stays, to reduce placement lengths to the national average of 32 days • Capital investment from the upcoming Spending Review will be required – but has not been confirmed – to support upgrades to the physical environment for inpatient psychiatric care

	Emergency mental health support Improving emergency support to people in crisis is a central part of the wider mental health offer. It underpins attempts to reduce the number of people who require inpatient support by providing early access to community support, and better crisis response services • 24/7 community-based mental health crisis response adults will be available across England by 2020/21 • Services resourced to offer intensive home treatment as an alternative to acute inpatient admission • All acute hospitals to have an all-age mental health liaison service by 2020/21, and that at least 50% meet the 'core 24' standard as a minimum. • Increasing alternative crisis provision, such as safe havens and crisis cafes • Specific waiting time targets for emergency health support to follow the Clinical Review of Standards, and to take effect from 2020
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National waiting time targets across key mental health services are likely to dictate Clinical Commissioning Group funding priorities

The introduction of national waiting time targets can generally be viewed as a strong indicator of a policy priority. Waiting time targets are one of the easiest ways that overall health system performance can be measured and are often used to hold the government to account. As a result, greater focus is often placed on ensuring performance against these targets than other measures that CCGs are required to deliver. Equally, when services are subject to mandatory data collections, and published nationally, CCGs often place more focus on delivering them.

Setting targets can lead to perverse incentives, but on balance the introduction of waiting times tends to drive overall improvement across the sector. It is likely to focus CCGs on ensuring that they are commissioning enough capacity to meet demand. This may well benefit private providers who are able to offer spare capacity where local NHS services are stretched.

Some of the targets, such as eating disorder and inpatient CAMHS services, are likely to benefit private providers, as they already have a strong presence in these areas. Other targets, such as those supporting emergency mental health and adult community mental health teams, may see funding flow towards service areas typically dominated by NHS provision. However, the NHS only has limited capacity, and private providers may feel there is an opportunity to move into community provision if commissioners are looking to expand capacity faster than the NHS can deliver it.

Service Area	Status of Target
Eating Disorder	Introduced in July 2015, services were given until 2020 to reach the 95% target. Currently 80% hit the target, with extra investment planned to meet rising need. The target states that for children and young people with an eating disorder, treatment must commence: • within one week in urgent cases • within four weeks for non-urgent cases
Emergency Mental Health	The Clinical Standards Review is expected to report in Spring 2019. It is expected that it will make recommendations for embedding urgent and emergency mental health in waiting time standards. Specific waiting times targets for emergency mental health services are expected to come into effect from 2020.
Improved Access to Psychological Therapy (IAPT)	Current targets on track for delivery in 2020/21 • 75% of people referred to IAPT should start treatment within 6 weeks of referral • 95% should start treatment within 18 weeks of referral
Early Intervention in Psychosis	Current targets on track for delivery in 2020/21 • 60% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral (people aged 14-65)

Children and Young People	The specific target has not been identified, but the NHS plans to trial a four-week waiting time standard for all children and young people who require access to specialist mental health services. No timeline has been given for the trial.
Adult Community Mental Health	The specific target has not been identified, but the NHS plans to trial a four-week waiting time standard for adults who require access to specialist mental health services. No timeline has been given for the trial.

Workforce expansion should reduce overall pressure on services, but a focus on improving NHS retention could impact on private providers ability to recruit

Delivering the NHS Long Term Plan commitments is contingent on addressing wider workforce challenges. Increased access targets cannot be delivered by a workforce already at full stretch. New services will require roles with new skillsets, with a workforce that has yet to be identified. Reports earlier this year suggested that CCGs are still to identify required staffing needs for the planned Mental Health Support Teams for children and young people.

The decision to delay the Joint Health and Social Care Workforce Strategy, and not confirming Health Education England's (HEE) training budget until the spending review, makes it difficult to assess how feasible the proposals for expanding the workforce are. It includes a series of actions to tackle the nursing crisis. The headline aim is to reduce the nursing vacancy rate to 5% by 2028 (from current levels of around 10%).

Broader goals include a 25% increase in the number of annual nurse training places from 2019/20, leading to an additional 5000 qualified nurses per year. As expected there is also a big push on nursing associates, with a £100m investment in 2019/20 to support training that creates a career pathway for nursing associates, and 7500 nursing associates starting in 2019 (doubling the number in 2018).

There is also a focus on the retention of NHS staff. An increase of staff retention of just 2% would mean almost 12,500 staff remaining in NHS employment. This impacts on the private sector, as they must compete with the NHS for a limited staffing pool and so improving NHS retention rates may lead to a reduction in the available workforce for private providers. This may be particularly problematic in geographic areas that already struggling to fill vacancy rates, and where the NHS represents a comparatively strong salary.

Specific challenges recruiting mental health and learning disability nurses are recognised. Vacancy rates in these areas are slightly above the national average, and staff tend to be older than non-specialist nurses, prompting concerns about future staffing challenges as the workforce reaches retirement. The Plan addresses this specific need by proposing to:

- Support an additional 4000 people training by 2023/24 through 'earn and learn' premiums. These will target mature students in mental health and learning disability nursing, and will be supported by additional funding for clinical placements
- Making it easier for professionals to become competent in multiple areas, including mental health, to create a more adaptable workforce

The length of time it takes to train a medical professional means that these are long term solutions. In the short-term the NHS intends to refocus its recruitment of international nurses, with the hope that it increases the supply of nurses by several thousand each year. It also commits to work with the government to make sure the post-Brexit migration systems provides certainty for health and social care employers, whether NHS or independent.

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