

Royal College of Psychiatrists' briefing Mental Health Watch policy summary

January 2020

While the Government's ambitions for mental health set out in the Five Year Forward View for Mental Health and in the NHS Long Term Plan are commendable, what is most important is ensuring that the reality matched the rhetoric. Need for services must continue to translate into money for services, improved access and quality care.

Mental Health Watch is a vital tool for holding the Government to account on this. We have built on the foundations of NHS England's Mental Health Dashboard to offer a tool to allow trends to be tracked over time, nationally and locally.

This summary examines a selection of the indicators tracked by Mental Health Watch in a bit more detail and unpacks their relevance to the wider mental health sector.

Heads up on changed approach to spending per head on mental health

Spending per head on mental health services is now being reported in a new way. For the first time, the amount spent per person has been calculated in a way that accounts for the level of need for mental health services in different areas with different populations.

The analysis has been made possible by NHS England's new approach to estimating local need for mental health services, which uses data on demand for IAPT (Improving Access to Psychological Therapies) services, GP registrations and diagnostic information. It also uses demographic data such as age, gender and ethnicity as well as average driving distance to the closest provider.

We have used this new approach to shine a light on mental health spending, which highlights the need for greater investment in areas with higher prevalence of mental ill health, such as London and northern cities. Read more about the impact of these changes in the [first edition of our 'Spotlight on' series](#).

Nationally, spending is set to increase again in 2019/20 even before in-year allocations are made, so we will be keeping an eye out- will variation between local areas narrow during the year ahead under the new allocations formula?

Access all areas – pick and mix

As we approach the final year of the FYFV-MH we have mixed news on progress towards its key targets.

The pioneering NHS Adult IAPT programme began in 2008 with the aim of ensuring people with common mental health problems receive National Institute for Health and Care Excellence (NICE) recommended care.

At the end of 2018/19 we saw a record high performance against the IAPT access target with 4.76% people with anxiety and depression accessing IAPT services - surpassing the 4.75% benchmark.



Similarly, there was record national performance against the Early Intervention in Psychosis (EIP) two week access and waiting time target of 78.4% in the second quarter of 2019/20 (July-September), well ahead of the national target of 56% for the current year.

Meanwhile, there are concerns about whether the 2020/21 target will be met of 95% of children and young people (up to 19) urgently referred for an eating disorder receiving NICE-approved treatment within one week. In Q2 of 2019/20, only 75.1% of urgent cases began treatment within 1 week, which is almost six percentage points lower than the same period during 2018/19.

New approach to measuring discharge follow-up

The target to ensure 95% of patients on the Care Programme Approach (CPA) are followed-up within a week of discharge from psychiatric inpatient care was very narrowly missed for the first time since records began in 2010 in the latest period, by 0.5 percentage points.

NHSE are consulting until March 2020 on a [new approach to measuring post-discharge care](#). It is proposed that numbers of patients on the CPA followed up within 7 days of discharge will no longer be collected.

Instead it is proposed that data on adult patients (not just those on CPA) followed up within 72 hours of discharge from psychiatric inpatient care will be collected to mirror the proposed change in the NHS Standard Contract from using the 7-day follow up measure to using the 72 hour measure, with a target of 80% of patients, as the national standard, a development we welcome given the evidence base showing the increased risk of dying by suicide on days 2-3 post discharge.

The 72 hour follow up standard has been in place as a national Commissioning for Quality and Innovation (CQUIN) indicator for 2019/20 to incentivise NHS providers to follow up all adults. National performance against the 72hr CQUIN measure has been strong – for instance increasing 7 percentage points between May and July to 66.6% in 2019.¹

Check back on Mental Health Watch to monitor progress against this new standard in the months ahead.

A people business

There are continued indications of progress in workforce numbers in this edition of Mental Health Watch.

The latest quarterly data, for September 2019, brought welcome news. Year-on-year growth is witnessed in all three of the categories tracked by Mental Health Watch– 2% for psychiatrists, 2.4% for mental health nurses, 5.9% for applied psychologists and psychological therapists.

Crucially, the publication of the final People Plan remains eagerly awaited to see whether it provides a viable roadmap to overcoming the challenges linked to delivering the NHS Long Term Plan and much of the uplift planned through HEE's Stepping Forward still needed to support FYFV implementation

We have seen deteriorating reports of morale among our members' multi-disciplinary teams in the RCPsych Research Panel surveys to date (the fourth survey is due for analysis shortly). Will this be reflected in the NHS staff survey results, due to be published on 18 February?

We will be shining a spotlight on trust trends for staff engagement and care quality across staffing groups in the next Mental Health Watch update.

Near and far - Has a corner been turned on out of area placements?

The FYFV-MH pledge to eliminate inappropriate out of area placements (OAP) for acute adult inpatient care by 2020/21 focused minds to take action to address this issue. Regional differences have grown increasingly apparent over time, with a quarter of providers currently responsible for about 70% of OAP days.

The Long Term Plan continues this focus to eliminate OAPs and in the most recent figures we can see that numbers of inappropriate OAP days have begun to decline with the number in July-August (70,490) down 3.4% compared to the previous rolling quarter. It should be noted though that the total remains 23% higher year-on-year (57,290 days).

¹NHS England and Improvement, Quarterly Mental Health Community Teams Activity Return Statistics Consultation, January 2019: https://www.engage.england.nhs.uk/consultation/quarterly-mh-community-teams-activity-return/user_uploads/mhpc-consultation-document.pdf