Written evidence submitted by Rethink Mental Illness (CSR0024)

Who we are

Rethink Mental Illness is a charity that believes a better life is possible for people affected by mental illness. Since 1972 we have brought people together to support each other. We run services and support groups that change people’s lives and challenge attitudes about mental illness. We support almost 60,000 people every year across England to get through crises, live independently and realise they are not alone. We give information and advice to 500,000 more and change policy for millions.

Key points

- Where additional investment for mental health has been announced in the Spending Review and subsequently, there should be transparency around the source of the money and whether it is being spent as intended.
- In order to achieve true parity of funding for mental health services, NHS funding needs to be reviewed in the round so a more equitable proportion of funding can be allocated to mental health services.
- We welcome the Government’s commitment to work with NHS England to set out ‘transformative plans’ for mental health services once the Mental Health Taskforce is published in early 2016. We expect that this will include fully funding the Taskforce’s recommendations up to 2020.
- We have concerns that placing the responsibility for generating funds at local level for social care and public health will increase inequity in access to these services in those areas that need them the most.

Response

1. Mental health funding

1.1 Rethink Mental Illness welcomes the announcement in the Spending Review of an additional £600 million to expand access to talking therapies, perinatal services and crisis care for people living with mental illness. However, given the chronic underfunding of mental health services, we believe this funding does not go far enough to address the current funding imbalance and ensure parity for mental health services.

1.2 The information in the Spending Review and the recent mental health funding announcements made by the Prime Minister also raise a number of points requiring clarity. It is unclear whether these additional investments are per annum figures or if they are one off investments. There has been some confusion around whether the more recent announcements are ‘new’ or ‘old’ money, how

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1 GOV.UK (2015) [Prime Minister pledges a revolution in mental health treatment](https://www.gov.uk)
they are related to previous announcements and what processes will be put in place to ensure the money is spent where it is intended.

1.3 Mental health services have been facing significant financial pressure in the last 5 to 10 years. Mental health accounts for 23% of the total impact of ill health in the UK, yet mental health services are currently only receiving 13% of the NHS budget. Although we know there are effective treatments which could also save money, these services are often not widely available, outcomes for people are steadily worsening and mental health funding has been cut in real terms for the last 3 consecutive years.

1.4 We are concerned at the lack of a robust, transparent national picture of mental health funding. This means accurate and accessible data about spending on mental health is not available. Any recent information we do have has come through Freedom of Information (FoI) requests, which have uncovered a lack of clarity about budgets and cuts. One of the most recent FoI requests suggests that mental health trusts faced a cut of £598 million (8.25%) between 2010-2015. Referrals to these services in the timeframe had increased by 18.5%.

1.5 The recent £600 million announcement therefore simply returns to the system what had been taken out over preceding years. It does not go far enough to redress the fundamental disparity in funding for mental health services. For this to be achieved, NHS funding needs to be reviewed in the round so a more equitable proportion of funding can be allocated to mental health. This should be accompanied by a robust mechanism for monitoring spending. Until this happens, any individual pots of investment will only ever offer short-term solutions.

2. Mental health taskforce

2.1 Rethink Mental Illness is a member of the Mental Health Taskforce and has made a number of recommendations as part of its call for evidence. The Taskforce was set up as a result of the Five Year Forward View, and will be publishing a five year strategy for improvements to mental health services by 2020.

2.2 We therefore welcome the Government’s commitment in the Spending Review to work with NHS England to set out ‘transformative plans’ for mental health services. We expect that this will include fully funding the Taskforce’s recommendations up to 2020.

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2 The Mental Health Policy Group (2015) A Manifesto for Better Mental Health
3 Department of Health (2014) Achieving Better Access to Mental Health Services by 2020
4 BBC News (2015) Mental health service budgets ‘cut by 8%’
5 BBC News (2015) Mental health service budgets ‘cut by 8%’
6 NHS England (2014) Five Year Forward View
3. Devolution of funding generation

3.1 The Spending Review makes provision for both social care funding and public health funding to be fully or partially generated at a local authority level in future years. For social care this is via the introduction of a council tax precept, which local authorities will have flexibility in applying. For public health, the Spending Review outlines proposals for public health to be fully funded by retained business rates.

3.2 We have concerns that this will lead to increased inequity in provision of social care and public health services, with those areas most in need of these services being least able to raise these funds. If people are not able to access these services, which often play a preventative role, or help people manage their condition, then it is likely to have a knock on impact on local NHS services.

3.3 The combination of the additional investment in the Better Care Fund, which is welcome, and the council tax precept results in the Spending Review document stating that ‘local government has access to the funding it needs to increase social care spending in real terms by the end of the Parliament’. However, given the voluntary nature of the precept, the reality of this may vary significantly depending on whether councils are able to/choose to introduce the precept. It is therefore important that social care funding at a local level is public and transparent so there is a realistic picture of what is being spent, not a hypothetical one.

22 January 2016