Introduction

The Royal College of Psychiatrists (RCPsych) is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

We are pleased to respond to this inquiry and are happy to participate in any further discussion. Our response focuses on the key issues for the Royal College of Psychiatrists especially the move towards achieving parity of esteem between physical and mental health.

Summary

The Prime Minister’s announcement of just under £1billion for mental health is to be welcomed because more money means fewer problems. Fewer lives impacted by illness, fewer families existing rather than living, fewer constraints on the care provided.

However, there is still a lot to do as there is a long way to go until we reach true parity of esteem with a real need to roll out the commitment for additional access and waiting time standards.

- If the £537 million committed for perinatal and liaison services comes from the £600 million committed in the Spending review, then that would potentially leave £63 million for everything else.

- Currently 81% of A&E departments do not have a liaison psychiatric service that meets recommended ‘Core’ services. It is unclear if the additional investment promised by the Prime Minister will enable all of them to reach this standard by 2020.
By 2020 the amount given to local authorities to support public health will be cut by 18%. This is on top of earlier cuts which have already had a serious negative impact on the nation’s mental health, damaging lives and putting strains on mental health services.

Concerns over shortages of mental health professionals in key areas are unlikely to be solved with Health Education England reporting that the money they have received from the Spending Review does not appear to be sufficient to match the ambition of parity of esteem.

NHS England need to make available the resources needed to make the Transforming Care for people with learning disabilities plan a reality.
1. Progress on achieving parity of esteem through funding for mental health services

1.1 The Five Year Forward View sets out the important ambition to achieve parity of esteem between physical and mental health.

1.2 There is still a long way to go to achieve this ambitious aim. Currently only 24% of people with a common mental disorder (which will affect roughly one in ten people) receive treatment. Even at the most extreme end of the spectrum, only 65% of people with psychosis have been treated within the past year.\(^1\) This can be compared with the treatment rate for diabetes of roughly 80\(^{\text{ii}}\).

1.3 The Mental Health Taskforce is looking to set out clear objectives for how the NHS can move towards parity of esteem and while the £600 million announced in the Spending Review is welcomed it is not enough to match the scale of these ambitions. What is not clear is whether this £600 million is the total increase on spending on mental health over the five year period.

1.4 In a recent speech the Prime Minister made a number of other funding announcements around mental health. These included commitments to invest:

(a) £290 million over the next five years so that at least 30,000 more women each year will have access to evidence-based, specialist mental health care during or after pregnancy.
(b) £247 million to deliver Core 24/7 psychiatric liaison services in 50% of A&E departments, and to ensure that all A&E departments have at least some liaison psychiatry provision even if it is not 24/7.
(c) £400 million for crisis home resolution teams to deliver 24/7 treatment in communities and homes as a safe and effective alternative to hospitals.

1.5 More money means fewer problems. Fewer lives impacted by illness, fewer families existing rather than living, fewer constraints on the care provided.

1.6 The Department of Health has confirmed that all the announcements were funded from within the Department’s overall Spending Review settlement\(^{\text{iii}}\). It is not however clear if any of these announcements are on top of the £600 million announced specifically for mental health spending.
1.7 If the £537 million committed for perinatal and liaison services comes from the £600 million committed in the Spending review, then that would potentially leave £63 million for everything else.

1.8 If this was the case, it would make it impossible for the Government to tackle other areas where there is a clear lack of parity of esteem between mental and physical health such as their commitment to roll out access and waiting time standards for mental health.

1.9 Much of the work to move towards parity of esteem for mental health may be achieved through the NHS movement towards new models of working including the vanguards project. It is vital that these vanguards include wherever possible mental health as a fully integrated part of their service.

1.10 Local sustainability and transformation plans based on place seem to be the most likely vehicle for embedding this commitment in future commissioning plans within the Five Year Forward View. It will be for local system leadership to determine the scale and timetable for investment and we remain concerned that competing priorities may intercede.

2. Funding Liaison expansion

2.1 In his recent speech the Prime Minister announced that as part of the overall Department of Health spending settlement there would be £247 million additional funding for liaison psychiatry services.

2.2 This additional funding was to deliver Core 24/7 psychiatric liaison services in 50% of A&E departments, and to ensure that all A&E departments have at least some liaison psychiatry provision even if it is not 24/7.

2.3 This additional funding is an important recognition that for every £1 invested in adequate liaison psychiatry provision to hospitals with accident and emergency departments dealing with predominantly urgent and emergency pathway work, £4-5 pounds ought to be realised for reinvestment in the local health and social care systemiv.

2.4 The Royal College of Psychiatrists believe that there needs to be an adequate liaison psychiatry service in every English hospital.

2.5 NHS England commissioned a survey of English hospitals with Accident & Emergency departments in 2014 and 2015 to see what liaison services they offer. They found a modest improvement from 3% to 6% of
hospitals having an adequate Core24 service serving all hours seven days a week.

<table>
<thead>
<tr>
<th>Liaison service offered</th>
<th>2014</th>
<th>2015\textsuperscript{vi}</th>
<th>Government target for 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced or Comprehensive</td>
<td>2%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>'Core 24'</td>
<td>3%</td>
<td>6%</td>
<td>50%</td>
</tr>
<tr>
<td>Recommended Core Standard</td>
<td>9%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Below recommended Core standard</td>
<td>71%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>No liaison service</td>
<td>11%</td>
<td>6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

2.6 It is therefore welcome that government has announced that it expects to see around £50million invested each year from now until 2020 to bring 50% of hospitals with an accident & emergency department to Core24 standard by 2020. How this will be realised will be for local commissioners to determine.

2.7 It is unclear from the Government’s announcement if they expect all emergency departments to reach at least ‘Core’ recommended standards by 2020 or if they just expect them to have any liaison service even if it is below standard.

2.8 The spending review also recognises that liaison psychiatry has a much broader utility than just the Urgent and Emergency Care Pathway. Comprehensive liaison psychiatry services delivering integrated psychological medicine in support of long term medical conditions with associated mood disorder, and assessing and managing people presenting to multiple pathways with often unexplained medical symptomatology, have the potential to unlock £13.5billion pounds spent on the wrong or ineffective care.

3. The distribution of funding for health and social care across the spending review period

3.1 There have been a number of welcome announcements on spending for mental health but we do not yet know details of when the money will be spread out during the spending review period. Hopefully more details will be made available following the publishing of the Mental Health Taskforce.
3.2 To be able to make the investments that can prevent costs spiralling over a longer period it would be helpful if some of the funding is front loaded.

4. The effect of cuts to non-NHS England health budgets/impact of the spending review on public health

4.1 We know that there are many proven programmes for preventing mental health problems such as parenting skills training, mental health awareness in schools, alcohol/substances education for young people and mental health first aid/suicide awareness in universities & workplaces. However, these are not available widely enough and are facing severe cuts in squeezed public health budgets.

4.2 The Local Government Settlement cut the amount given to local authorities for public health by 3.9% every year. This will amount to around an 18% cut by the end of the Parliament. There is a real danger this is going to lead to an increase in mental health problems as local authorities are forced to cut back on effective preventative services.

4.3 There are particularly bad problems with alcohol and substance use services which have almost universally been cut since being moved into local authority commissioning. Many psychiatric consultants who are specialists in addictions have been reassigned away from addictions work, leaving people with problems with addictions no place to turn.

4.4 Data from Public Health England suggests that we might be witnessing the impact of some of these cuts with rising death rates in the past two years of people with opiate (heroin, morphine, methadone) addictions. Some psychiatrists working in acute hospitals have also reported an increase in people attending A&E because there is no local service to assess them.

4.5 The number of training posts in addiction psychiatry has also halved since 2007, which is likely to present future challenges to the NHS with the lack of a suitably trained workforce to meet demand for treatment of patients with complex comorbidity. We are losing a whole generation of psychiatrists who would be able to help people with addictions in the future.

4.6 In the Prime Minister’s speech on mental health he also announced a new social investment outcomes fund of up to £30 million to encourage the development of new treatment options for alcoholism and drug addiction. While this funding is to be welcomed it is a small addition compared to
other cuts. It is also important that NHS providers are able to apply for this fund and they are not unfairly sidelined.

4.7 Allocations to public health
In 2014 Public Health England formally requested every local authority supply them with information on how much they have allocated to public health. This information has however not yet been published, making it much harder to hold local authorities to account for their spending on public mental health. It would be helpful if the Select Committee were to challenge the Minister on whether this will be published.

5. Impact of the Spending Review on health education

5.1 In their most recent Commissioning and Investment Plan, Health Education England said that the money they have received from the Spending Review does not appear to be sufficient to match the ambition of parity of esteem.xi

5.2 The Royal College of Psychiatrists see this as a real missed opportunity as parity of esteem can never be achieved without the dedicated mental health professionals to help the Government achieve it.

5.3 This could be a real problem as there is already a recognised shortage in both psychiatrists and mental health nurses. For example, there is currently a vacancy rate of 18% for core training posts in psychiatry in the NHS.[1]

5.4 There are also currently around 3,000 vacanciesxii for mental health nurses and Health Education England has recognised that they need to investigate what more they can do, beyond training more people to solve this shortage. These concerns have been supported by the recently released safe staffing evidence reviews by NICE after a Freedom of Information Request.xiii

5.5 The principle issue we have to address, assuming funding flows as planned, is in developing our psychological medicine workforce to have the skills required. We have skills shortages in medicine, nursing and clinical psychology and all providers of post graduate training will need to become sighted on the level of ambition and commissioned to respond.

6. Social care funding, including implications for quality and access to services, provider exit, funding mechanisms, increasing costs and the Care Act provisions and the Impact of the spending review on the integration of health and social care

6.1 Cuts to social care funding are already having a massive impact on other parts of the health service. If councils are not able to provide social
care provisions then people are not able to leave acute hospitals as there is no community care to support them.

6.2 In September 2015, the number of delayed discharge days because the patient in acute hospital was waiting for a care package in their own home was 26,152 - a new record high.

<table>
<thead>
<tr>
<th>Year</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>12,777</td>
</tr>
<tr>
<td>2012-13</td>
<td>11,784</td>
</tr>
<tr>
<td>2013-14</td>
<td>13,086</td>
</tr>
<tr>
<td>2014-15</td>
<td>17,338</td>
</tr>
<tr>
<td>2015-16</td>
<td>26,152</td>
</tr>
</tbody>
</table>

6.3 These cuts are having a significant knock-on effect for elderly mental health care including:

(a) Less social activities in the community as day centres close. Social isolation is one of the biggest causes of depression in the elderly.

(b) Fewer social workers embedded in community mental health teams mean less efficient working and treatment delays.

(c) Delays in provision of assisted living lead to risks and more mental health issues.

(d) Reduced home care means elderly people are at greater risk and more prone to poor physical and mental health.

6.4 It is unclear whether many local authorities will take up the option to raise Council Tax by 2% to fund additional adult social care. Even if they do it seems unlikely that this would make up for current funding shortages which are proving so damaging for the population’s mental health.

6.5 Another area that needs serious consideration in regards to the impact of social care cuts is the important work being done following the ‘Transforming Care’ programme for people with learning disabilities. While some money has been identified to make the important changes outlined in ‘Transforming Care’, cuts to other parts of social care will make this more difficult.

6.6 The Government has made the following commitments to roll out the Transforming Care work:

- £45m from NHS England to support transformation of support and services. This includes:
- £30 million to support local areas with transitional costs (with national funding conditional on match-funding from local commissioners).
• £15 million capital funding over 3 years.\textsuperscript{xv}

6.7 NHS England committed to look at further spending following the Spending Review. Once local areas have put forward their plans it is vital that the resources needed will be made available or too many people with learning disabilities will be left out.

25 January 2016

\textsuperscript{i} McManus S, Meltzer H, Brugha T, Bebbington P and Jenkins R (2007) \textit{Adult psychiatric morbidity in England 2007: Results of a household survey}. The Information Centre for Health and Social Care.


\textsuperscript{iii} http://www.parliament.uk/written-questions-answers-statements/written-question/commons/2016-01-11/21921

\textsuperscript{iv} Impact of an integrated rapid response psychiatric liaison team on quality improvement and cost savings: the Birmingham RAID model

George Tadros, Rafik. Salama, Paul Kingston, Nageen Mustafa, Eliza Johnson, Rachel Pan nell, Mahnaz Hashmi \textbf{DOI:} 10.1192/pb.bp.111.037366 Published 2 January 2013


\textsuperscript{vii} Mental Health Policy Group (2015). Improving England’s mental health: the first 100 days and beyond.

http://mentalhealth.org.uk/content/assets/PDF/publications/first-100-days.pdf

\textsuperscript{viii} 2015 Spending Review


http://www.ons.gov.uk/ons/dcp171778_414574.pdf

\textsuperscript{x} Survey conducted by the Faculty of Addictions Psychiatry, Royal College of Psychiatrists.

\textsuperscript{xi} https://hee.nhs.uk/sites/default/files/documents/HEE%20commissioning%20and%20investment\%20plan.pdf

\textsuperscript{xii} https://hee.nhs.uk/sites/default/files/documents/HEE%20commissioning%20and%20investment\%20plan.pdf

\textsuperscript{xiii} https://www.nice.org.uk/news/feature/nice-releases-safe-staffing-evidence-reviews
