



# Mental health confidence survey – summary of results

## February 2019

### Background

The HFMA's Mental Health Steering Group commissioned a survey to assess faculty members' confidence that their organisation and their commissioning body would achieve the targets set out for the sector in *Implementing the five year forward view for mental health*<sup>1</sup> and the mental health investment standard. In order to gain a balanced view of the issues facing the sector, a mirror survey was carried out with mental health commissioners, working in conjunction with NHS Clinical Commissioners.

This briefing sets out a summary of the responses received from 26 mental health provider trusts and 20 clinical commissioning groups (CCGs) over the period November 2018 to January 2019. Those who responded were primarily directors of finance, chief finance officers or their deputies.

### Previous work

During 2017, the HFMA's Mental Health Faculty carried out a number of surveys<sup>2</sup> around parity of esteem and the mental health investment standard. The surveys reached three main conclusions:

- the national commitment for commissioners to increase their real term investment in mental health services was a significant challenge
- there was a lack of alignment between commissioners and providers over what it meant to implement the mental health investment standard
- local visibility and transparency was crucial in enabling local areas to understand where mental health money was spent and how it was prioritised.

### Mental health investment standard (MHIS)

The MHIS requires CCGs to demonstrate that their 2018/19 investment in mental health has risen at a faster rate than their overall programme funding.

The survey asked both providers and commissioners how confident they were that the CCGs within their system would achieve the required spending target. 85% of CCG respondents were confident of achieving the target but this was not reflected in the provider sector with less than half of that proportion sharing the view. NHS England state in the *Mental health five year forward view dashboard*<sup>3</sup>, that 100% of CCGs are on track to meet the MHIS in 2018/19. The disparity between this and the provider view of achievement may relate to the services that CCGs are commissioning; it should be noted that CCGs can invest in organisations such as charities and community groups to deliver mental health services, rather than solely NHS bodies.

A high proportion of provider trusts (88%) had low or no confidence that they would receive the anticipated funding to invest in services, citing investment in continuing healthcare and prescribing as

<sup>1</sup> NHS England, *Implementing the five year forward view for mental health*, July 2016

<sup>2</sup> HFMA, *Mental health investment standard*, June 2017

<sup>3</sup> NHS England, *Mental health five year forward view dashboard*, January 2019

ways that the MHIS targets could be met without investment reaching wider frontline mental health provision. One CCG explicitly stated that demand in mental health continuing healthcare was so high that it had to affect investment elsewhere.

Despite the pessimism from providers that they would receive funding, commissioners responded confidently (71%) that any investment that did reach the sector would be used effectively to meet the targets specified in *Implementing the five year forward view for mental health*.

Finding the funding has continued to be a challenge. Some CCGs have reduced spending on community services and primary care to allow for the additional mental health investment. Mental health service providers report having seen a stagnation in funding for core services not specified in *Implementing the five year forward view for mental health*. Survey responses indicate that future problems are being created in areas where demand is increasing without adequate resource to meet it.

Respondents to the survey had not seen explicit reductions in funding for local voluntary mental health organisations but were aware that many had been impacted by a general slowing in investment by CCGs.

## Measuring the MHIS

Working with NHS Clinical Commissioners, CCG respondents were surveyed on their views about the effectiveness and appropriateness of the metric being used to measure investment in mental health services.

Concern was expressed about the absolute nature of the measure, with success being achieved through investing a set amount of money rather than achieving good health outcomes. Many CCGs, and providers through responses to the *Implementing the five year forward view for mental health* targets, highlighted that spend on prevention is not acknowledged but is an essential part of delivering good population mental health.

The contradictory nature of the measure was also raised; the inclusion of continuing healthcare and prescribing in the metric enables CCGs to meet the necessary levels of investment but is contrary to other initiatives in these areas that seek to reduce spend. Clarity was requested over whether these should be included and, if so, how they should be measured consistently across the commissioning sector.

Respondents from both commissioner and provider organisations believed that the MHIS did not recognise historic levels of under investment in some areas. While increasing the proportion of overall spend on mental health is welcomed, responses suggested that a measure which considers the amount invested per head of population may contribute to a more equitable system.

## Mental health five year forward view

*Implementing the five year forward view for mental health* requires progress to be made across a number of services and indicators, some of which only apply at a national level. The survey asked how confident providers and commissioners are that the system they work in will meet the targets set for those areas which require local action. Asking the question at a local system level recognises that responsibility for achievement rarely sits with one organisation. System level challenges were also shared.

## Children and young people (CYP)

Confidence varied for the achievement of the targets for children and young people. Commissioners were more confident that the access targets for eating disorders would be achieved. Providers were less so, but considerably more confident that they could reduce the use of tier four beds. Both were

agreed that the workforce challenge was significant, with a scarcity of staff who had the necessary specialist skills.

Respondents also recognised that the role of the local authority was critical in providing effective services for children and young people. Funding cuts in this sector has reduced community capacity to support those leaving inpatient beds.

## Improving access to psychological therapies (IAPT)

Our survey highlights that IAPT continues to be a challenge and is not necessarily a priority investment area for health economies with shortfalls in core mental health services. Staff turnover in the service is often high and the recruitment of trainees can be difficult.

Commissioners were much more confident of achieving the IAPT first appointment targets, despite the impact of historic waiting lists. The definition of the IAPT model was subject to discussion by respondents with some suggesting that it was open to interpretation, while others thought that the tightness of it limited their ability to fill vacancies.

## Early intervention in psychosis (EIP)

The majority of respondents were confident that this target would be met, although not all CCGs are investing in this area meaning that access remains variable.

## Crisis and acute care

Crisis and acute care challenges dramatically split commissioners and providers. While 71% of commissioners responding to the survey were confident of delivering 24/7 community-based crisis response and intensive home treatment, only 45% of providers agreed that their system would achieve this.

CCGs who responded saw the challenge to be primarily workforce based but the provider sector cited much wider system problems that limited their ability to deliver the service, such as local authority disinvestment in crisis resources and a lack of general mental health staff to avoid crisis in the first instance. Uncertainty about funding was also key amongst the concerns, with some only being funded on a non-recurrent basis.

## Suicide prevention

Suicide prevention is being measured at a national level with targets for areas to be agreed locally. The survey asked what the challenges were for the system in meeting these local targets.

The responses demonstrated widespread agreement that this target could only be met by establishing good partnership working across a range of stakeholders in the system. Understanding the baseline that the target would be measured against was also raised.

## NHS long term plan

The *NHS long term plan*<sup>4</sup> makes the commitment to accelerate investment in children and young people's mental health services, with funding growing faster than other mental health spend which is itself, required to grow faster than spend in other areas. Given the concern raised by respondents around a lack of clarity of how money can be invested to support mental health, it is essential that the measurement of this is set out transparently.

The increased investment in children and young people's services also impacts other areas of *Implementing the five year forward view for mental health* with a commitment that those experiencing

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<sup>4</sup> NHS England, *NHS long term plan*, Jan 2019

a crisis will be able to access 24/7 crisis care. This area requires a certainty of investment that enables providers to resource the service with the confidence that funding will be available on a recurrent basis.

Expanded access to IAPT services continues to be a commitment, with other targets discussed in this briefing also continuing to be measured.

Community mental health services will be supported to redesign and reorganise their service to support place-based working and a new multidisciplinary service. Many areas already work in this way but the lack of investment in community mental health was cited by survey respondents as an obstacle in improving care in the specified areas, so support for these teams is to be welcomed. Alongside this, the recent review<sup>5</sup> of the *Mental Health Act 1983* has made recommendations on improving practice that may develop into additional targets for the sector.

The increased focus on improving mental health services for the population is to be welcomed but the continued disparity between perceived investment and service transformation must be addressed in order to successfully achieve the changes required.

Further detail on the sector specific responses is available to members of the HFMA's Commissioning Faculty and Mental Health Faculty.

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<sup>5</sup> UK Government, *Modernising the Mental Health Act – final report from the independent review*, Dec 2018