To: MS(PSM), MS(C), Secretary of State

From: Name Redacted, Mental Health Recovery Strategy

Clearance: Antonia Williams/Fiona Walshe (job-share), Directors of Mental Health and Disability

Date: 21/07/2020

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COVID-19 Mental Health Action Plan: NHS and Public Health actions

Issue	We are seeking your agreement on the 'NHS and public health' contribution to the proposed COVID-19 mental health action plan being driven by the Ministerial Task and Finish Group on Mental Health.
Timing	Routine (five working days)
Recommendation	• That you **agree and/or provide steers** on the proposed narrative to put forward as the 'NHS and public health system' contribution to the cross-government action plan. • That you **give a steer** on whether we should pursue any of the unfunded proposals as bids for extra funding either in the immediate term or at the upcoming spending review.

Background

1. Whilst it is important not to over-medicalise natural responses to stress, expert opinion suggests **there could be a rise in mental health issues in the longer term as a result of the pandemic** with effects felt disproportionately by at-risk groups. Diagnoses where we could see a significant increase include depression, anxiety, post-traumatic stress disorder and persistent complex bereavement disorder.

2. This has the potential to impact future mental health service demand, with implications for access and waiting times. However, not all impacts are not inevitable, and to respond you are co-chairing a CO/DHSC led Ministerial Task and Finish Group with the **mandate to deliver an action plan to prevent, mitigate and respond to the mental health impacts of COVID-19**.

3. It will be important to demonstrate the strength of the health system response in order to secure equally ambitious commitments from other government departments. You have received advice on opportunities across government separately.

4. We have worked with NHSE/I, PHE and mental health stakeholders to prioritise areas for action which **target groups identified as most vulnerable to mental ill-health in the context of COVID**, to ensure action has the greatest impact (**see Annex A).**

5. This note outlines a proposed narrative on action already underway to put forward as the 'NHS and public health system' contribution to the plan (**see Annex B)**, and seeks your steer on whether to work through options to go further, noting the challenges of securing further funding and the Chancellor's steer that tough choices will need to be

made by Departments ahead of the Spending Review. These proposals have been worked through at pace and would need further refinement if you would like us to pursue.

Options to go further in NHS and Public Health

(a) Expanding NHS service offer for those at greatest risk of developing PTSD

7. As you know, the Long Term Plan (LTP) will expand services to help address the treatment gap for mental health needs. There is significant overlap between the groups we are seeking to support through the LTP and those who will be particularly affected by the pandemic and will require additional support as a result.

8. However, we might expect to see an increase in need unaccounted for in the LTP among groups at greater risk of developing PTSD in the context of Covid. This includes **those who have been treated in ICU for severe Covid**, and **front-line health and social care staff** who have been in greater contact with death than the general population. We asked NHSE/I to scope options to go further than current commitments to offer targeted support for these groups.

9. **To support those who have been treated in ICU for severe Covid,** NHSE/I has proposed an approach which builds upon the 'peer to peer' online support available via the online platform 'Your Covid Recovery. This comprises of three main elements:
    a. Introducing **additional psychiatrists** to work with local health teams engaging with this group, such as intensive care follow up services, and respiratory services. This would enable us to develop support packages which integrate physical and mental health care for people recovering from COVID, and to 'screen' these individuals for emerging mental health needs to refer them on to specialist services. **Costs could be in the region of up to £15m on an annual basis.**
    b. Developing **additional training for mental health staff in IAPT** services to ensure they are confident to deliver evidence-based care to people recovering from COVID who are experiencing depression or anxiety disorders (including PTSD). **We anticipate that development and delivery costs can be met from within existing IAPT funding.**
    c. NHSE/I will encourage CCGs to reprioritise investment in joint physical and mental health support pathways of most benefit to those who have been in ICU (e.g. Neurology pathways). **This would not come with additional costs.**

10. **To support front-line health and social care staff (roughly 3 million individuals),** subject to further funding, we could take action to identify their mental health needs early and improve access to services to prevent more complex issues arising.
    a. This would be achieved by establishing **multi-disciplinary 'resilience hubs' in each local area** to reach out to front-line staff proactively and co-ordinate support for mental and physical health needs.
    b. We could also instate a policy of **prioritised access to psychological services** for these groups.

11. As these are additional pressures, this would need to be accompanied by **immediate workforce expansion in the September intake of IAPT trainees** to ensure access, waiting times and quality standards are retained for the population as a whole. Further work would be needed to establish costings and deliverability of this **but an initial estimate of £35m per annum, starting this financial year, has been proposed by NHSE/I.** Note that this goes beyond the commitments outlined in the NHS People Plan.

Do you want us to work with NHSE/I to develop the details of these proposals further with a view to securing additional funding? This would involve a case for extra funding in the immediate term to secure additional workforce in September, as well as a bid for ongoing costs in the upcoming Spending Review.

(b) Support for Children and Young People

7. You have said that you would like to explore accelerating the roll-out of Mental Health Support Teams (MHSTs) beyond the commitment to roll out to 20-25% of the country by 2022/3. NHSE/I have shared two options to do this:
    a. Reach the existing ambition a year early by getting to 25% of the country by end of 2021/22 by investing in increasing numbers of trainees during 2021/22 at **an extra cost of £8-11m over 2021/22 and 2022/23.**
    b. Get to 50% of the country (doubling our ambition) by 2023/24 at **an extra cost of £53m over 2021/22 to 2023/24**

8. The costs above are for training and salaries for the junior staff in mental health support teams. There would be extra costs to train and backfill existing CYP mental health senior staff to supervise these junior staff. NHSE/I have not been able to model these in the time available but they are likely to be significant. **Would you like us to continue to work up a proposal for SR to accelerate roll-out of mental health support teams based on option a or b above?**

9. You recently agreed to fund a mental health training package for education leads to prepare for the return to school in September. You have said you would prefer to avoid opportunity costs of redirecting staff to support more intensive support for schools as they return in the autumn, based on the way NHS services worked with schools following the Manchester bombing. NHSEI have estimated backfill costs of c£40m during the remainder of 2020/21 (£80m per year). This cost would overlap with supervisor costs for expanding MHSTs noted above. **Would you like us to continue to explore this with NHS E and to challenge them to get to a more reasonable figure?**

10. Even with the training offer to schools and the expansion of MHST coverage, there will still be a gap in psychological support in schools until MHSTs are rolled out. As we noted in our recent advice to you on Train the Trainer, we could fund mental health practitioners from the VCS or counselling workforce to provide direct psychological support to CYP in all schools now at a rough cost of £80m pa. This would build on and complement existing provision and be a temporary measure until MHSTs are more widely rolled out. Depending on MHST expansion plans, we would have to explore how many years we would want to commit to this temporary provision. **Would you like to us to continue to explore this together with DfE as a joint bid for SR?**

(c) Local recovery: incentivising prevention in local planning

11. Local authorities are key vehicles to advance mental health prevention as they are able to reach across a variety of sectors and settings, yet approaches and emphasis vary wildly across England both in normal times as well as in the context of COVID-19 recovery planning. We could explore options to better support and incentivise preventative approaches **both in the immediate and longer term but anticipate we would need to bid for a significant pot of funding if we are to achieve meaningful impact** considering the significant pressures on local authority budgets.

12. As an initial estimate, we'd want to consider with PHE and MHCLG ways to **secure £150-180m per annum to support ongoing prevention activity**, either through the

Public Health Grant or a separate grant mechanism. We would seek to achieve specific outcomes such as: reduced pressure on local NHS services, and work across sectors including businesses and schools to boost protective factors for mental health e.g. action to reduce youth unemployment, or active outreach to groups most vulnerable to mental ill-health and more targeted and focused work in support of mental health in the early years, for children, young people and parents. **Do you want us to work with Public Health England and MHCLG on feasible options to achieve an uplift to Local Authority funding on mental health prevention and promotion, with a view to submitting a bid at the upcoming Spending Review?**

(d) Supporting local suicide prevention planning: real-time surveillance

13. If the pilot currently underway proves successful in terms of good quality and reliable data, then we could seek additional funding to incentivise *all* local areas to put this in place and we could expand analytical capacity to interrogate the data. Access to early data on suspected suicides from all local areas across England is currently the ambition of the Government's suicide prevention national strategy. **Do you want us to work up a case for additional <u>future funding</u> ahead of the upcoming Spending Review?**

(e) Address key mental health risk factors compounded by COVID: financial insecurity

14. Action to address financial insecurity must be a priority to 'bend the curve' of future mental health demand, especially in the context of an anticipated recession, and we have reflected this in our conversations with other government departments.

15. Within the health system, there are precedents for co-locating debt and welfare advice into health and community settings, with PHE evaluation showing positive outcomes for mental health as well as returns on investment. We could scope options and costings to roll this model out more widely, ensuring we 'level up' and target areas of the country that we anticipate will be worst hit by economic adversity. **Do you want us to work up proposals to present back as further advice, with a view to submitting a bid for additional <u>future funding</u> at the upcoming Spending Review?**

Finance

16. In year (2020-21) funding proposals must be considered in the context of ongoing pressure from the CST to offer savings and significantly reprioritise within DHSC revenue budgets. We have already reprioritised headroom made available from slippage in 2020-21 budgets due to COVID-19 to fund DHSC's contribution (with DfE) to deliver training to education leads on children and young people's mental health. Any further additional costs in 2020-21 would be unaffordable if no additional funding was secured from HMT and we would need robustly costed delivery plans in order to secure that. We will need to work with NHSE/I to explore what would could be delivered within the existing Long Term Plan settlement.

17. The Spending Review (SR) has been launched, and will take place in the autumn. It will cover for revenue budgets financial years 2021-22 to 2023-24. The Chancellor has been clear that given the impact of Covid-19 on the economy, there will need to be tough choices. We as a Department will need to ensure that SR bids are thoroughly prioritised. Your initial steers following this submission will therefore be fed into the Department's overall SR strategy.

Recommendation

We recommend that you:

a. **Agree/and or provide steers** on the narrative on existing activity to put forward as the 'NHS and public health system' contribution to the cross-government action plan at **Annex B**,

b. **Give a steer** on whether we should pursue any of the unfunded proposals as bids for extra funding either in the immediate term or at the upcoming Spending Review. Specifically:
   - Do you want us to work with NHSE/I to develop the details of proposals for **post-ICU support** and/or **additional support for NHS and social care staff** with a view to securing additional funding?
   - Would you like us to continue to work up a proposal for SR to **accelerate roll-out of mental health support teams** based on option a or b outlined in this note?
   - Would you like us to **continue to explore costs for action in schools** with NHSE/I and to challenge them to get to a more reasonable figure?
   - Would you like to us to continue to explore **temporary provision in schools** together with DfE as a joint bid for SR?
   - Do you want us to work up a case for future funding **for real-time suicide surveillance data** for SR?
   - Do you want us to work with Public Health England and MHCLG on feasible options to achieve an **uplift to Local Authority mental health prevention funding** for SR?
   - Do you want us to work up proposals **to co-locate debt advice in health and community settings** for SR?

Rebecca Dunn, Mental Health Recovery Strategy

Annex A – priority personas agreed (see separate slide pack)

Annex B – Narrative on NHS and Public Health contribution

- **We are expanding services to meet greater demand.** There are currently not enough mental health services to meet levels of need which existed pre-COVID. However, once implemented, the Long Term Plan ambitions will make a big contribution to what is widely accepted to be at least a ten year journey to close the treatment gap. Current plans are to expand capacity and quality of mental health services to ensure an additional 2 million are treated each year.
- **We are locking in innovative changes to future delivery.** Action has been taken during the pandemic that we will 'lock in' to future service delivery, such as the introduction of 24/7 crisis lines, up-skilling IAPT staff in trauma-focussed cognitive behavioural therapy and the scaled up use of telemedicine.
- **We are working with NHS Trusts to ensure recovery planning addresses the priorities identified by the Task and Finish Group on Mental Health.** For example, to focus on reduction in health inequalities, particularly those most vulnerable to mental illness and Covid exacerbation (BAME, victims of abuse, homelessness, etc). Ensure appropriate representation of BAME and other protected groups in our MH workforce, to recruit from local communities and diversify entry routes e.g. apprenticeships. Ensure MH services have required skills and competencies to deliver evidence based care in COVID context, e.g. trauma focussed CBT in IAPT.
- **We are supporting children and young people as they transition back to school.** We are working with DfE to deliver training to education leads on children and young people's mental health, including the impact of covid-19 and how to pick up on early warning signs and link them in to existing provision. We will also launch a wellbeing campaign to run through September to support parents as well as children to take action to manage difficult feelings during this time. *Nb. we are in conversations with HMT about repurposing existing mental health budgets to fund this work.*
- **We are taking action on key risk factors compounded by COVID, such as financial insecurity and bereavement.** NHSE/I are working with the Money Advice Service to integrate money and debt advice into IAPT training manuals and to make links between the two services at local level.
- In Primary Care, we are refreshing Social Prescribing Link Worker (SPLW) training to include COVID recovery priorities, including new content on welfare and employment support, trauma related recovery, financial wellbeing, and bereavement. SPLWs are uniquely placed to address non-health related stressors for mental health, as they work across health, local authorities and the voluntary sector to coordinate support for individuals. We are also continuing to work with NHSE/I to agree the inclusion of mental health practitioners in the Additional roles Reimbursement Scheme from April 2021.
- We have provided over £9m grant funding to mental health charities to enable them to continue providing support services to vulnerable groups during Covid-19. This funding includes £5m to the Coronavirus Mental Health Response Fund, led by Mind and the Mental Health Consortia, which has to date funded over 130 charities supporting a wide range of groups including people with mental health conditions and learning disabilities, physical disabilities, older people, CYP and parents, people from deprived communities and BAME groups. We have also provide over £4m to a range of other national charities which are providing support across the country to address issues including bereavement, debt, suicide prevention, serious mental illness and children and young people's mental health.

- *Nb. HMT are currently considering a bid for £7.9-£12.3m funding to bolster bereavement support at both national and local levels in the medium-to-long term (FY20/21-21/22). Evidence suggests this would help prevent the occurrence of prolonged grief disorder in the population, and so this could also form part of our narrative.*

- **We have launched an online-based platform for people suffering the long-term aftereffects of Coronavirus.** The platform, 'Your Covid Recovery', includes mental health information and support and an online peer-support community for survivors, which is particularly helpful for those who may be recovering at home alone.
- **We are supporting local authorities to target their suicide prevention funding action.** PHE have established a 12 month pilot with 23 local areas to support data sharing arrangements in place. Access to early data can help local areas to better monitor suicide rates in real time and identify patterns of risk and causal factors. This enables local areas to target their suicide prevention funding and action.