Mental Health Crisis and Acute Care: NHS England’s national programme

Mental Health Crisis Care Concordat: Royal College of Psychiatrists Alternatives to admission problem solving workshop

8 July 2016

Ruth Davies, Crisis and Acute Mental Health Care, NHS England
CQC thematic review:

✔ Some excellent examples of innovation and practice;

✔ Concordat means every single area now has multi-agency commitment and a plan of action.

However CQC found that…..

- variation ‘unacceptable’ - only 14% of people felt they were provided with the right response when in crisis – a particularly stark finding;
- More than 50% of areas unable to offer 24/7 support – MH crises mostly occur at between 11pm-7am - parity?
- Crisis resolution and home treatment teams not resourced to meet core service expectations;
- Only 36% of people with urgent mental health needs had a good experience in A&E - ‘unacceptably low’;
- Overstretched/insufficient community MH teams;
- Bed occupancy around 95% (85% is the recommended maximum) – 1/5th people admitted over 20km away;
- People waiting too long or turned away from health-based places of safety
The Commission to review the provision of Acute Adult Psychiatric Care – top recommendations

- **End the practice of sending acutely ill patients long distances** for treatment by October 2017

- **Strengthening CR/HTs**, with a particular focus on ensuring that home treatment teams are adequately resourced to provide a safe and effective alternative to acute inpatient care where this is appropriate

- Mental Health Trusts will need to undertake a systematic **capacity assessment and improvement programme**

- A single set of **measurable quality standards** needs to be created spanning the acute care pathway, including a **maximum four-hour wait** for admission to an acute psychiatric ward for adults or acceptance for home-based treatment following assessment

- Ensure there is an **adequate supply of housing** to enable patients to be discharged from hospital when medically fit.
Mental Health Task Force – crisis and acute recommendations

**Recommendation 17:**
- By 2020/21 **24/7 community crisis response** across all areas that are adequately resourced to offer **intensive home treatment**, backed by investment in CRHTTs.
- Equivalent model to be developed for **CYP**

**Recommendation 18:**
- By 2020/21, no acute hospital is without all-age **mental health liaison** services in emergency departments and inpatient wards.
- At least **50 per cent of acute hospitals are meeting the ‘core 24’ service standard** as a minimum by 2020/21.

**Recommendation 22:**
- **Introduce standards for acute mental health care**, with the expectation that care is provided in the **least restrictive way and as close to home as possible**.
- Eliminate the practice of **sending people out of area** for acute inpatient care as a result of local acute bed pressures by no later than 2020/21.

**Recommendation 13:**
- Introduce a range of access and quality standards across mental health. This includes:
  - **2016 - crisis care** (under development)
  - **2016/17 – acute mental health care** (yet to start)

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Spending Review – Headlines for Crisis & Acute Care

“By 2020, there should be 24-hour access to mental health crisis care, 7 days a week, 365 days a year – a ‘7 Day NHS for people’s mental health’.”

- **over £400m for crisis resolution and home treatment teams** (CRHTTs) to deliver 24/7 treatment in communities and homes as a safe and effective alternative to hospitals (over 4 years from 2017/18);

- **£247m for liaison mental health services** in every hospital emergency department (over 4 years from 2017/18);

- **£15m capital funding for Health Based Places of Safety** in 2016-18 (non-recurrent)
Our approach: evidence driven, collaborative and systematic

<table>
<thead>
<tr>
<th>Process of collaborative working with multi-stakeholder expert reference group</th>
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<tr>
<td>• Develop evidence based treatment pathway</td>
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<tr>
<td>• Develop clinically informed access and quality standards (including clock start / stop, interventions and outcome metrics)</td>
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<td>• Develop dataset change specification and commission changes to relevant NHS datasets</td>
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<td>• Conduct baseline audit, gap analysis, opportunities analysis and change modelling.</td>
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<td>• Develop and publish implementation guidance</td>
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<td>• Establish quality assessment and improvement / accreditation scheme</td>
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<td>• Support the development of regional preparedness / improvement networks</td>
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<td>• Ensure alignment of effective lever and incentive systems across ALBs</td>
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Joint working with ALB colleagues critical
Programme scope

Crisis Care – urgent crisis response - (underway, phase 1)

✓ Primary care response (in and OOH)
✓ 111 (and the DoS) and 999
✓ 24/7 MH crisis line (tele-triage & tele-health) and 24/7 community-based crisis response
✓ ‘Blue light’ response, transport hub, S135/136 response & health based places of safety
✓ Urgent and emergency mental health liaison in acute hospitals (A&E and wards) (+alcohol care teams)

Acute Care - (just beginning, phase 2):

• Alternatives to admission – crisis & respite houses, family placements
• 24/7 intensive home treatment as alternative to admission
• Acute day care
• Acute inpatient services
• PICU services
• Acute system management, out of area placements, DToCs

We must ensure that:

▪ The needs of Children and young people are addressed in this work
▪ We take a joined up approach for people with co-existing MH and substance misuse conditions.
What have we been focussing on, and what will we be focussing on?

- Data & datasets!!!!!
- CCG Improvement & Assessment Framework
- Crisis care as part of mental health & UEC elements of STPs
- Embedding within UEC Review & Vanguards progs
- Expert Reference Groups helping develop evidence-based treatment pathways

**Preventable causes of crises?**

**Underlying Themes**

- Alcohol Intoxication
- Domestic Abuse
- Vulnerability & Safeguarding
- Learning Disability
- Accommodation
- Criminal Justice
- Mental Health Crisis
- Psychological issues
- Multiple Services
- Substance Misuse

Example from Southend CCG
It’s a 10 year, not just a 5 year programme of transformation requiring a whole system approach

Without a focus on primary care and community mental health services – the parts of the system under greatest strain – we will not deliver our crisis and acute MHTF commitments.
Through our approach to implementation we want...

- **24/7 timely access** to evidence-based care, close to home and in least restrictive (most enabling) settings
- Care to be **coproduced** in partnership with people who use services
- **recovery-focused outcomes** to drive the system
- To **rebalance** the system through prevention, community and primary care
- To **secure the evidence** we need for further investment

Our ask to help us achieve these aims...

- New alternative models: what **safe, evidence-based best practice** is occurring?
- **Workforce:** numbers/skill mix/competencies?
- Who **commissions** and **provides** services?
- **Access/referral routes** and **gatekeeping**?
- **Choice and coproduction:** how alternatives to admission can ensure this remains prominent?
- Managing **strong interdependencies** with other partners e.g. housing, social care, public health?