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

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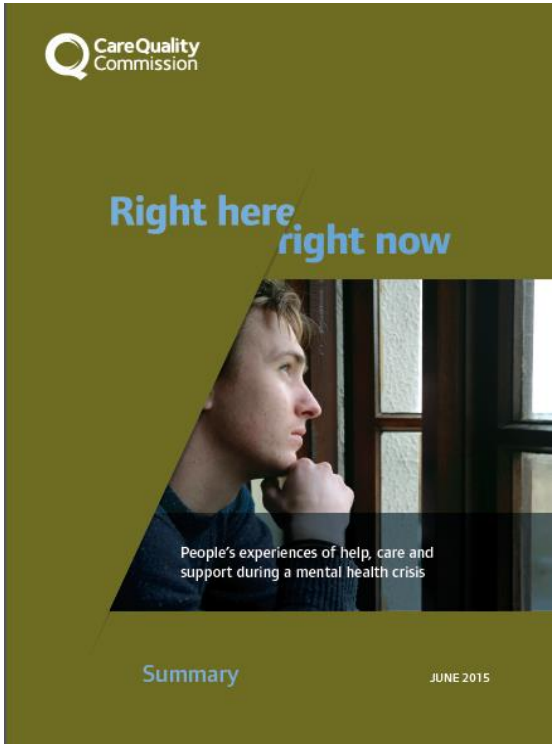
Ruth Davies, Crisis and Acute Mental Health Care, NHS England

Mental Health Clinical Policy & Strategy

HM Government

Mental Health Crisis Care Concordat
Improving outcomes for people experiencing mental health crisis



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

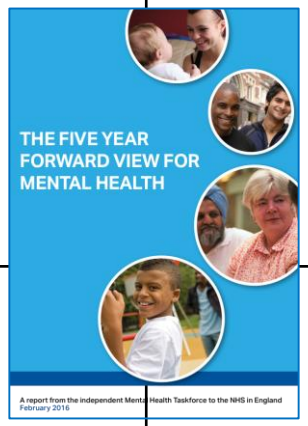
- Ensure there is an **adequate supply of housing** to enable patients to be discharged from hospital when medically fit.

Mental Health Task Force – crisis and acute recommendations

NHS England

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)

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

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

Joint working with ALB colleagues critical

Programme scope

USE OF DIGITAL TECHNOLOGY

SELF MGT & CARE PLANNNG

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?

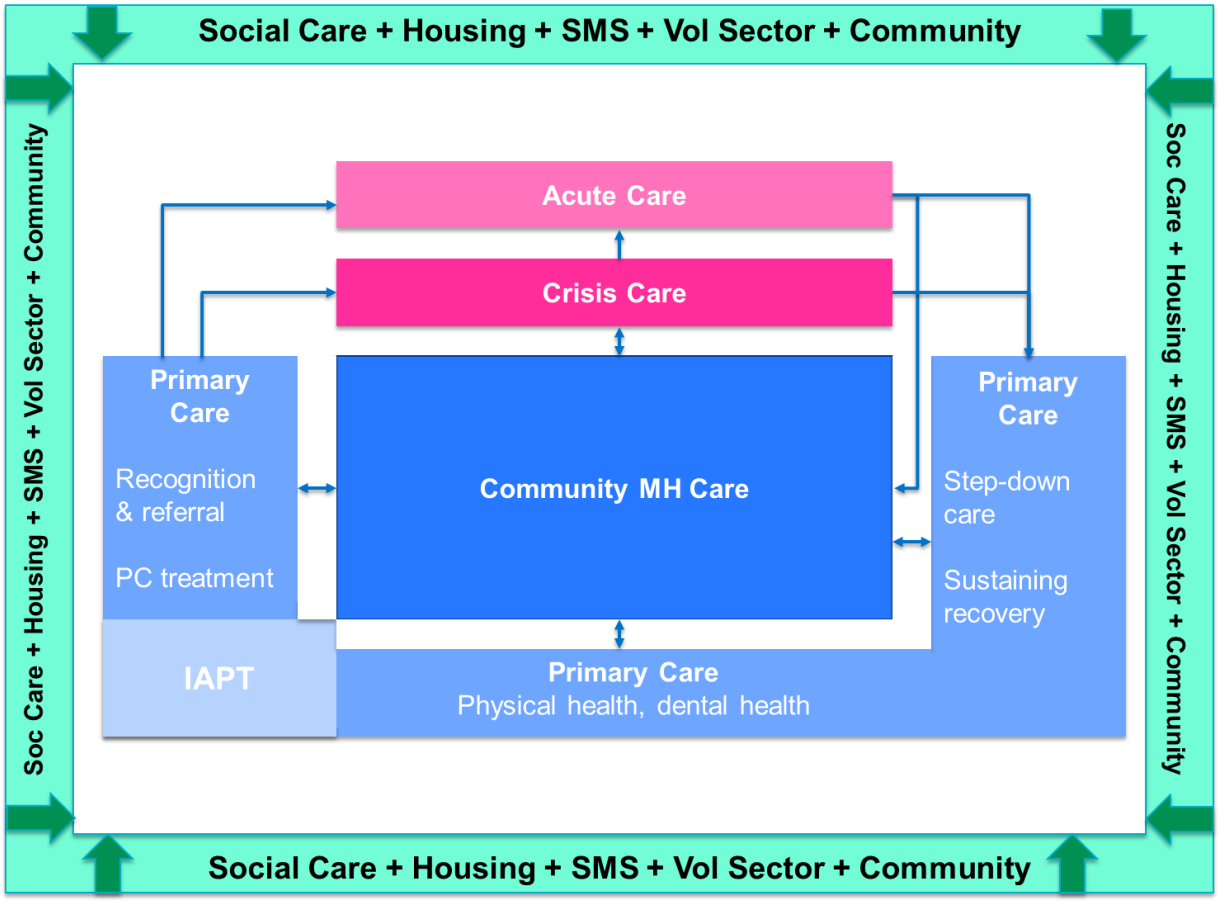
- Data & datasets!!!!!
- CCG Improvement & Assessment Framework
- Crisis care as part of mental health & UEC elements of STPs
- Embedding within UEC Review & Vanguards progs
- Expert Reference Groups helping develop evidence-based treatment pathways

Preventable causes of crises?

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?