

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

*Mental Health Crisis Care Concordat: RCEM Problem-Solving Workshop
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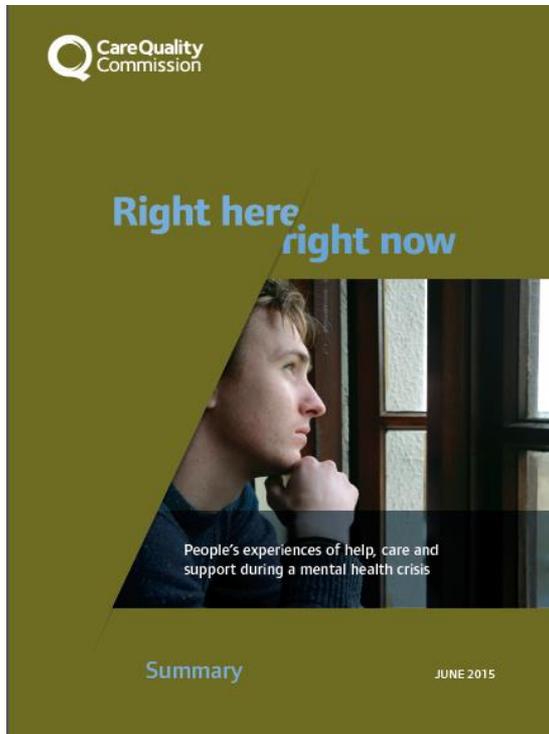
Mental Health Crisis
Care Concordat
Improving outcomes
for people experiencing
mental health crisis

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**



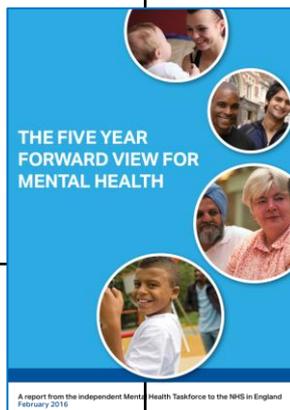
Mental Health Task Force – crisis and acute recommendations

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)

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 HSCIC, HEE and NHSI critical throughout

Programme scope

USE OF DIGITAL TECHNOLOGY

SELF MGT & CARE PLANNING

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)

Within the scope of UEC payment model(s)

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*

Outside the scope of UEC payment model(s), likely to be considered in context of new MH payment models.

Must ensure that 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



Example from Southend CCG

To note.....

- CQC report **not about blame** – highlighted need to equip EDs adequately
- ED liaison **one part of wider UEC system** – focus also on **24/7 community-based crisis response**
- Multi-year transformation programme: rebalancing the system including primary and community care**

To ask.....

- Who commissions what, and from whom?**
- To whom do the **benefits** of ED liaison accrue – other than patients?(!)
- How to **share information & make care records accessible** in the ED?
- Workforce:** numbers/skill mix /competencies?
- Managing **strong interdependencies** with other partners e.g. housing, social care, public health?