

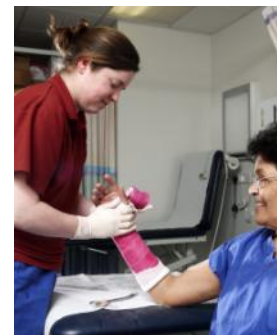
Crisis Care – The National Context and Crisis Care Concordat.

Dr. Geraldine Strathdee, National Clinical Director for Mental

Health..... @DrG_NHS



CORC April 2015

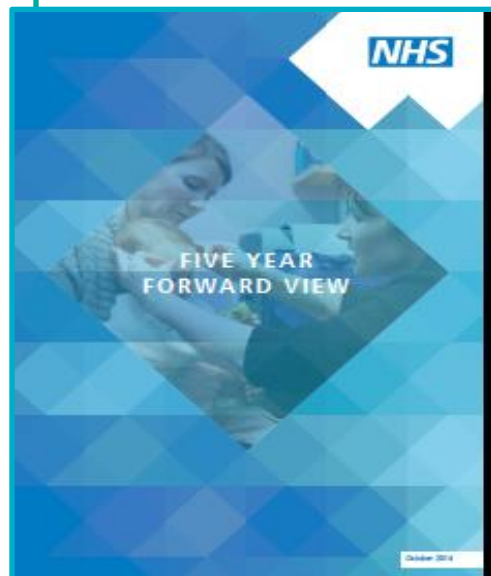


This talk : Mental health's time has come!

- Join the social movement of 250,000 leaders for action on mental health
- Update on the national public & political support for mental health
- The 5 year Forward View :what it means for mental health & care planning
- The Crisis Concordat developments
- Thanking you front line leaders

- We need to to give 15 minutes of your time:
- Mind and Rethink Mental Illness are running an online survey to gather views that can be inputted to the mental health Taskforce.
 - The link is here: <http://www.surveymonkey.com/s/mh2020>

The 5 year Forward view & achieving better access to mental health services by 2020



BOX 3.2: FIVE YEAR AMBITIONS FOR MENTAL HEALTH

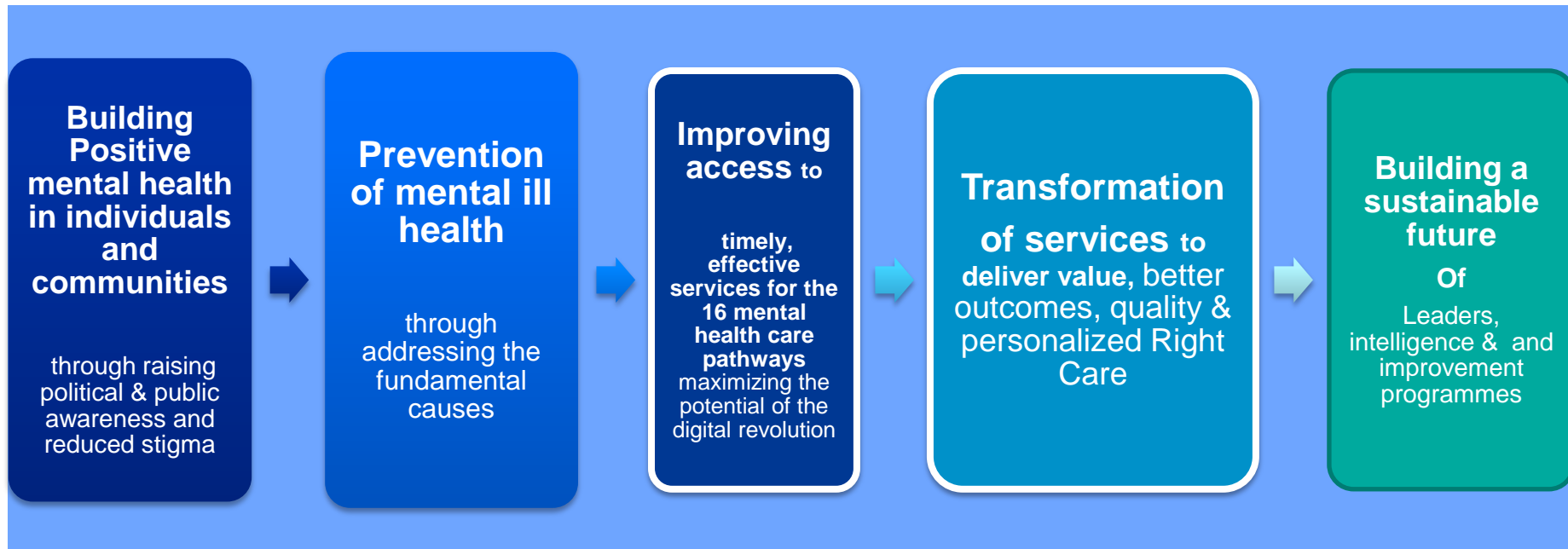
Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem. The cost to the economy is estimated to be around £100 billion annually – roughly the cost of the entire NHS. Physical and mental health are closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England. However only around a quarter of those with mental health conditions are in treatment, and only 13 per cent of the NHS budget goes on such treatments when mental illness accounts for almost a quarter of the total burden of disease.

Over the next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together. We have already made a start, through the Improving Access to Psychological Therapies Programme – double the number of people got such treatment last year compared with four years ago. Next year, for the first time, there will be waiting standards for mental health. Investment in new beds for young people with the most intensive needs to prevent them being admitted miles away from where they live, or into adult wards, is already under way, along with more money for better case management and early intervention.

This, however, is only a start. We have a much wider ambition to achieve genuine parity of esteem between physical and mental health by 2020. Provided new funding can be made available, by then we want the new waiting time standards to have improved so that 95 rather than 75 per cent of people referred for psychological therapies start treatment within six weeks and those experiencing a first episode of psychosis do so within a fortnight. We also want to expand access standards to cover a comprehensive range of mental health services, including children's services, eating disorders, and those with bipolar conditions. We need new commissioning approaches to help ensure that happens, and extra staff to coordinate such care. Getting there will require further investment.



The Mental Health Taskforce of England 5 Year Forward view Lifespan mental health



What are our 5 aims for lifespan mental health?



- 1. Building resilient individuals and communities:** To continue to build public and political support for mental health reform through increasing awareness of the individual and societal benefits of positive mental health & awareness of the types & causes of mental illness, in order to transform attitudes to mental health & reduce stigma. The power of social media & digital enablers are key
- 2. Preventing mental ill-health :** To understand and maximize the opportunities for prevention of mental ill health, and the promotion of mentally healthy and resilient individuals and communities:
- 3. Introducing access standards to timely, effective care with outcome measurement** When a person develops mental illnesses, they have timely access to personalized , integrated, holistic, effective, high quality treatments, that optimizes the health & functional outcomes & quality of life for individuals, their families, and, as the norm, takes place in the community or in the persons home, & reduces unnecessary use of healthcare resources.
- 4. Transformation of services :** When a person's illness is complex and severe, and requires specialist interventions, that the care provided, is personalized, culturally appropriate, delivered in the least restrictive settings and 24/7 personalized home care services by trained and supported staff
- 5. Building a sustainable future :**To develop & deliver the transformation needed, though creation of an expert 'state of the art' leadership development, implementation & improvement programme and promotion of a Learning Organisation model throughout all our commissioned healthcare organizations

Empowering patients

- **Information-** Access to information will be improved. Within 5 years all citizens will be able to access their medical care records & share them with carers or others they choose
- **Provide support to people to manage their own health-** There will be investment in evidence-based approaches e.g. group-based education for people with specific conditions & self-management educational courses
- **Increase patients direct control over the care provided to them-** Ensure that patients have choice over where and how they receive care
- **Integrated Personal Commissioning (IPC)-** A voluntary approach to blending health and social care funding for individuals with complex need

Engaging communities

- **Supporting Carers-** New ways will be found to support carers, by working with voluntary organisations and GP practices to identify them and provide better support
- **Encouraging community volunteering-** Develop new roles for volunteers which could include family and carer liaison workers, educating people in the management of long-term conditions and helping with vaccination programmes
- **Stronger partnerships with charitable and voluntary sector organisations-** The NHS will try to reduce the time and complexity associated with securing local NHS funding by developing a short national alternative to the standard NHS Contract where grant funding may be more appropriate and encourage funders to commit to multiyear funding wherever possible
- **The NHS as a local employer-** The NHS is committed to ensuring that boards and the leadership of NHS organisations better reflect the diversity of local communities they serve. As an employer to ensure all staff have support and opportunities to progress and create supported job opportunities to 'experts by experience' e.g. people with learning disabilities who can help drive changes in culture and services

Baseline: What was the starting problem with mental health crisis services in England in 2014

If I have a physical health crisis I ring 999 or 111 and get expert help

If I am in mental health crisis, I don't know what number to ring or where I should go to get help

If I have a physical health crisis and I go to my GP or A/E, staff are trained to manage my acute care

If I go to my GP surgery in a mental health crisis, I have a 1: 3 chance of being assessed and treated in line with NICE basic standards

I may end up in any of 14 different places to get help in crisis including police cells, transport police, duty systems in mental health and acute care, A/E, home care.

I may be brought to a police cell for a mental health assessment rather than a hospital

If I go to A/E I have only a 45% chance of being assessed by staff trained to do mental health assessments

I am more likely to keep having to come back to A/E in crisis when I don't get a trained response and am more likely to go on to commit suicide

I have just a 45% chance of being seen by a trained mental health liaison team in A/E so I am more likely to be admitted to a bed in a hospital or care home

If I am seen by a crisis home treatment team they are so busy that they can give me and my family less support than I need

If I need admission to a mental health bed in a crisis, I may have to travel hundreds of miles

If I am from a BAME community my crisis is likely to be responded to by police, not healthcare

Transforming Mental health care in England 2020

to achieve parity of access, effective care, quality & value across the Lifespan: 5YFV

England

Communities:

- Building informed, collaborative resilient communities Training every leader in intelligence
- Maximizing prevention

Introduction of access & integrated, effective care standards & measured outcomes for

- the 16 mental health conditions /pathways from primary care to specialized commissioned provision
- Starting with early intervention psychosis, perinatal mental health , eating disorders, liaison and CYP

Integration of clinical practice and pathways through transformation of

- Primary care: Integrated assessment, treatment, skillmix, federations, digital, stratification approaches
- Acute care: Liaison services to Acute care: A/E &
- Integrated care pathways in LTC clinics in acute trusts & community provider services
- Vanguards, and new models of commissioning & payments

Crisis Care transformation: Inverting the triangle & achieving fidelity models

- No more CYP in police cells, stratification

Transforming specialist mental health services through transformation of

- **Psychosis care:** 60% spend & needs: improving access, Right Care, reducing major efficiency variation, stratification
- Maximizing use of current resources to community based, multidisciplinary, multi agency teams and recovery

Enablers: Leadership, Workforce, Networks, digital, scientific revolution, payment systems

The MH crisis concordat / UEA care model



1. Identify Causes & Prevent by all agencies :

- Identify the causes of MH crises & prevent
- Public health, Health & Wellbeing Boards, CCGs, transport systems, police, housing, social care, primary care

2. Single coordinated access number & system

- single access number to ring ? 111
- all agency response, GPs, social care, NHS

3. Tele triage and tele health well trained staff

- Reduce suicide & face to face need by 40%
- Respond to police & other referrers

4. S 136 places of safety/ street triage

5. Crisis Home treatment teams with fidelity

- reduce admissions and LOS by 50%
- ? Could coordinate street triage etc

6. Liaison mental health teams

- in A/E & acute trusts reduce admissions to acute beds and care homes by 50% & reduced LOS

7. Crisis houses & day care for as alternatives

8. Adequate acute beds when needed

Best practice & UEA Cquin needed

England

- Identify and code the common causes of crisis
- JSNA: is a good crisis section in your local JSNA
- Directory of services and NHS Choices: what's in your area
- Clinical team dashboard for continuous feedback to teams
- Caseload zoning including NICE Clinical care
- Where are the highest performing teams
- What competencies are needed to work in CHTT

Please add to Crisis Concordat best practice

<http://www.crisiscareconcordat.org.uk/inspiration/>

- **The new UEA CQUIN** :Help your frequent users and trust
<http://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf>

Will you Wo (Man) up for mental health

We have 250,000 mental health leaders
who Speak up & Move to Action for mental health

Will you join that social movement ?

On social media, & from the Crisis concordat and networks we have experts by experience, families, mothers, teachers, carers, 3rd sector skilled activists, WeNurses, We Docs, WeMH commissioners, CCG MH leads, BPS, MIND, Rethink, AHSNs, SCNs, Clarhs, maternal mental health alliance, the leading active communication savvy mental health trusts, HFMA, We AMHPs, pharmacists, Royal colleges, and other professional bodies, PMs. DPMs, cabinet office, MPs, DWP etc etc and FTN, NHD Confed, Kings fund, Nuffield foundation, artists, poets, musicians, and many many more in England

We get the leading edge new data, research findings, front running innovations alerts

We share state of the art quality improvement top tips, we share best practice

We now are linked to a growing international mental health social movement aiming to build Collaborative , compassionate resilience individuals and communities....@DrG_NHS

CCG/ LA area local characteristics	City/urban/rural/deprivation descile Hot spots for crisis events, e.g suicides, transport hub, mobile populations
Governance <i>Do u have in place:</i>	Crisis Concordat multi agency programme board established System resilience Board: MH lead on it Urgent care networks: MH lead?
Concordat action plan developed Access standards agreed	Have you agreed local standards Have you waiting times in line with national standards What has each agency committed to in the Action plan
Directory of Services	Have you got a DOS with the key Local Govt, 3rd sector, NHS & other CQC registered services: helplines, psychological therapies, bereavement, relationship in and out of hours Benchmarked in and out of hours the reasons for the crisis calls & response in place
111 / Single point of access	Yes/ No
Tele triage & tele health Service with trained workforce	Yes/No: Does your single point of access include : GP in & out of hours MH crisis response Social care, Housing , Carer crisis response Street triage police and / or Transport hub triage services Ambulance hub triage Liaison & diversion triage for custody Alcohol and drug services
Crisis Home treatment team	Is the team commissioned in line with local need Does the team operate to the 'Fidelity' criteria
Liaison to acute trust/ primary care	Is the team Core, Core Plus, enhanced, comprehensive Was the person a 4 hour breach What is the team's RCPsych peer accreditation PLAN

111 workstreams: steering group has

1. **Leadership:** Who is the 111 lead local to you

2. **Governance arrangements** for national & local planning

3. **Directory of Services :** user groups being organized to agree a specification of MH local services for DOS

4. **Crisis Assessment for MH:** What is the current assessment for people in mental health crisis in every agency & can it be amended to add a mandatory Suicide risk assessment which reduced suicide

5. **Information sharing** protocols

6. **Good practice examples of 111 MH:** what can we learn e.g. Isle of Wight BTP pilots, street triage pilots

7. **Training:** in mental health awareness do 111 staff need

8. **MH Pilots to place mental health trained** staff in 111:

Best practice & UEA Cquin needed



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CQUIN: The top 8 key implementation tips fast track success techniques

Its about excellent clinical leadership and skilled management

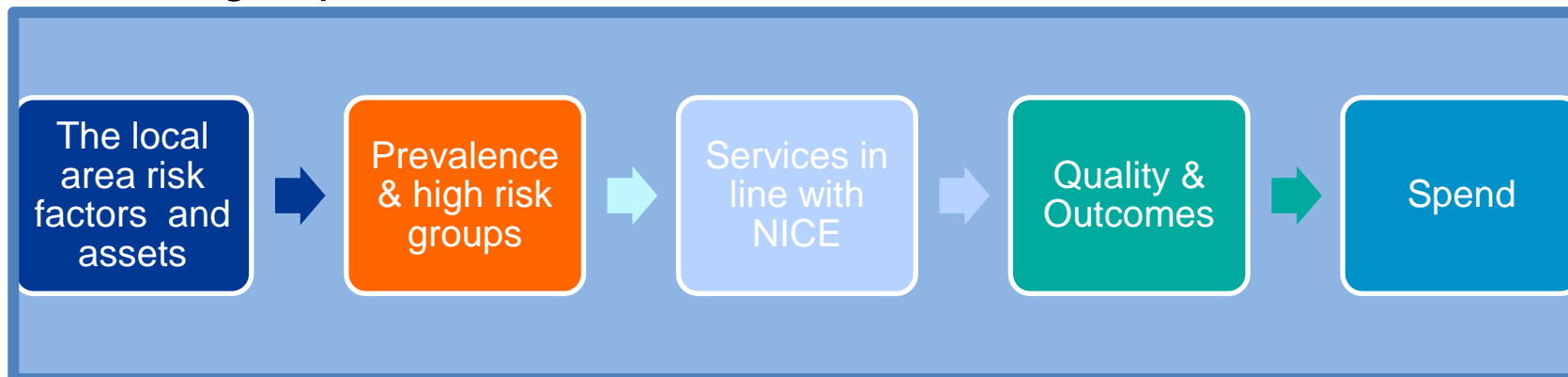
1. **Board to floor commitment**
2. **Clinical leadership by top medics and nurses**
3. **Proper sophisticated programme management**
4. **Feed back progress in a dashboard to each clinical team so they can own need to improve**
5. **Commission and employ GPs & practice nurses to come on to wards to help immediate actions but also to train and supervise MH staff (mega fast improvement and smoke free wards with this technique)**
6. **Use of templates for both primary and secondary care : like any QOF activity ...clinician decision support tools > see Bradford template on the NHSE website**
7. **Work force training , preferably practice nurses and ward nurses and MDTs together**
8. **CQC & Monitor regulatory emphasis**

More reading

If you want to really understand the community in which you work
if you see yourself as a community leaders

England

Look at your area and how it compares to local areas near you and
similar ones in other city or rural areas
see Fingertips for SMI, common mental health conditions, substance



- **Can you find 15 minutes to go onto the mental health intelligence network Fingertips website: <http://fingertips.phe.org.uk/profile-group/mental-health>**
- Look at the information on that wider community needs, commissioned primary care, social care, CCG and specialists commissioned services, the standards, the quality, the spend

Improving access to

timely, effective services for the 16 mental care pathways

maximizing digital potential in

Communities

primary care

acute A/E, wards, OPCs

Specialist mental health community & hospital services

In research and genomics programmes

The integrated care vision for
physical & mental health & social care, primary and specialist care
& health and social care

Where every contact is a kind enabling, coaching experience

The 15/16 Access & Waiting Time Standards

New access standards

- Access to psychological therapies: 75% of people referred to the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral.
- Access to early intervention for psychosis: More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.
- Access to services for CYP with eating disorders
- Access to perinatal care
- £30m targeted investment on effective models of liaison psychiatry in a greater number of acute hospitals. Availability of liaison psychiatry will inform CQC inspection and therefore contribute to ratings.

Access has to be to evidence based care

There are 7 core NICE effective care interventions

1. Right information
2. Right Physical health care
3. Right Medication
4. Right Psychological therapies
5. Right Rehabilitation/ training for employment
6. Right Care plan addressing housing, healthcare, self management
7. Right crisis care

In the Right least restrictive setting by the Right trained, supervised team

- Mental health : Is the problem that we have no evidence or value based guidance?
- ✓ Mental health has over 100 NICE Health Technology appraisals, NICE guidelines, Public health related guidelines and Quality standards.....
 - ✓ The problem is not lack of guidance
 - ✓ The problem is that we have not focused on how we learn and disseminate from those that can and have implemented & our Boards
 - ✓ The standard of Care has unacceptable major variation across England

The provision of healthcare is now very challenging

smart thinking, all hands on deck, resilience needed

There is no option We have to work differently & smarter
High impact actions (a few)

- **40-60%:** Tele triage (skilled) reduces need for face to face by 40% & gets the right care quicker
- **10% account for 40% resource:** Stratification of the top 100 repeating crises, avoidable repeat detentions
- **Think like a patient, behave like a taxpayer:** Variation is a stupid waste of money we have to share & learn from the best
- Getting access to Right Care fast means less severe illness
- Mobilizing service users, their supporters & communities in their care plans & Personal health budgets
- Streamlining pathways :help identify the issues NO duplication
- Using digital to half paperwork to free up time to care.....
- **21 Staff and SUs:** getting active, having fun, shared creativity

Next steps : What are the enablers

- The voice of the people & communities & government
- Leadership development
- Information, data, intelligence, improvement programme
- Identifying what good looks like & leading edge 5YFV
- Communication strategy
- Workforce strategy
- Development of economic modeling tools
- Pricing & Value based commissioning models
- Reducing waste & bureaucracy
- Digital to fast track improvement & access