

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

**Bobby Pratap, Project Manager, Crisis and
Acute Mental Health Care, NHS England**

**Sarah Khan, Deputy Head of Mental Health,
NHS England**



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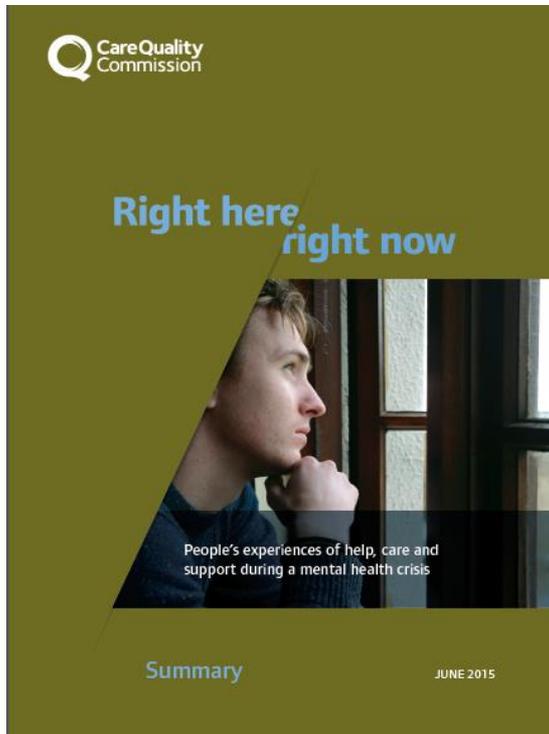
Mental Health Crisis
Care Concordat
Improving outcomes
for people experiencing
mental health crisis

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.

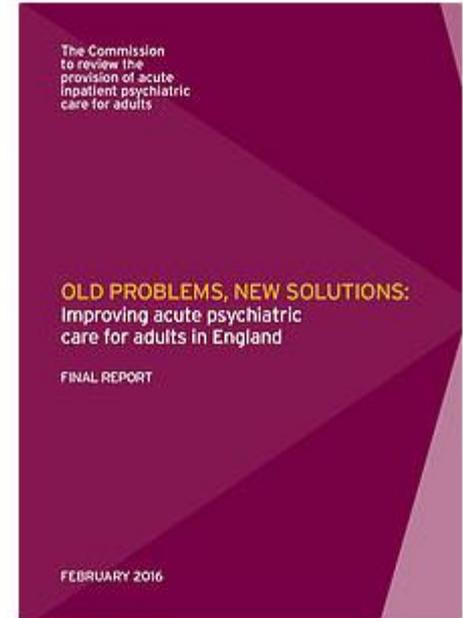
However CQC found that.....

- 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**



Crisp Commission – what did it say? Some of the 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.



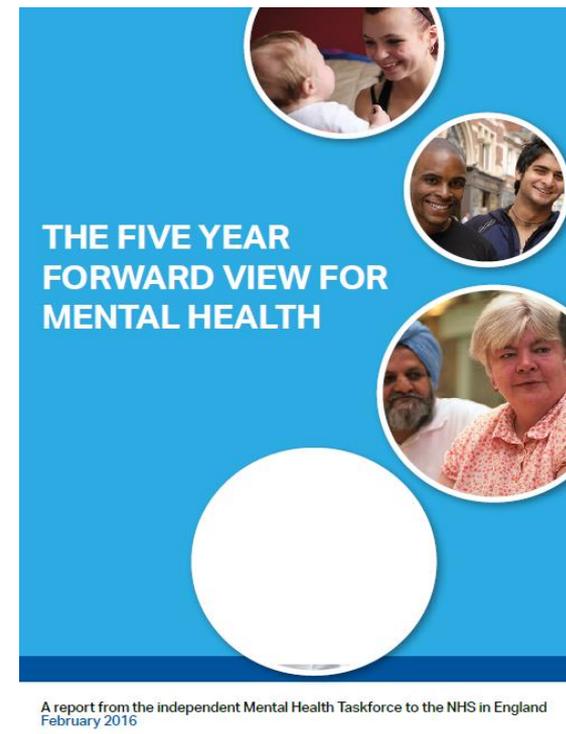
Mental Health Task Force – crisis and acute recommendations (1/2)

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.



Mental Health Task Force – Crisis and Acute Care recommendations (continued, 2/2)

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)

Work already underway – development of access and quality standards

Process led by Expert Reference Group to build an access & quality standards 'package'

1. Identify referral to treatment pathway, clock start/stop – with clinically informed access and quality standards, including waiting times
2. Data specification and development, commission changes to relevant NHS datasets
3. Conduct 'audit' exercise to understand baseline position
4. Gap analysis and costed options for A&W standards
5. Implementation guides
6. Quality assessment and improvement scheme
7. Seek expert advice on workforce development
8. Seek expert advice on data / payment / levers / incentives
9. Seek expert advice on transparency agenda (eg My NHS, MHIN etc)

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 - (yet to begin, 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...

Other 2015/16 progress – embedding mental health crisis in the UEC Review programme

- £30m pump prime investment in liaison mental health
- Strong focus on Mental Health in UEC Review and Vanguards programme
- Winter preparedness programme: mental health crisis indicators for assurance of System Resilience Groups
 1. Link up with **Crisis Care Concordat** and representation from MH providers in UEC Networks
 2. 24/7 MH **Liaison** in acute hospitals
 3. 24/7 **CRHTTs** with fidelity to UCL model
 4. Adequate provision of health based **places of safety** to reduce use of police cells
 5. Complete and up to date **Directories of Service** for Mental Health



Transforming urgent and emergency care services in England

Safer, faster, better: good practice in delivering urgent and emergency care

A guide for local health and social care communities

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 for Health Based Places of Safety** in 2016/17 (non-recurrent)



What next in 2016/17?

MH Taskforce, CQC Review and Crisp Commission set out the blueprint to shape our 5 year programme, and **we now know our key deliverables to 2020/21;**

We will be **designing and implementing a 5-year national crisis and acute programme** that puts into place action to achieve these: opportunity to co-produce

National focus in 2016/17 on ‘preparatory’ national work before new money comes in – the **national levers and incentives** that can support local delivery;

- Develop **access and quality standards** for crisis and acute care;
- Establish much needed changes to national **datasets;**
- **CCG Improvement and Assessment Framework** – Crisis and OATs included;
- Support development of **Sustainability and Transformation plans** – new 5 year approach – including crisis and acute care;
- New **payment models** being developed for mental health and UEC



Opportunities.....

- ❑ We now have a mandate via the MHTF - One of the **top 5 business priorities** for the NHS, as stated by Simon Stevens. A personal priority for the Prime Minister
- ❑ Backed by **new money** from the SR

Challenges.....

- ❑ Mental Health system under severe pressure;
- ❑ **Workforce** – even with more money, is the workforce there to fulfil the national aims?
- ❑ Levers – getting standards, datasets and payment models align to **ensure that the new money is spent in the right way**
- ❑ Not just an ‘NHS’ issue – e.g. strong interdependencies with other partners e.g. **housing, social care**

Horizon scanning It's a 10 year, not just a 5 year programme of transformation



For example..... **most mental health care takes place in primary care or community mental health teams, or social care** yet these were less prominent in the Taskforce report, and in the Spending Review settlement

Therefore as well as delivering the ambitions of the MH Taskforce over the next 5 years, we must also try to **build the evidence base, workforce and consensus on models of care for other areas of mental health** so that by the time of the next Spending Review, we are in a position to bid for more funding where its needed

We must keep mental health at the forefront of public, policy, economic and political agenda

We are of course happy to take your questions, but we also have some questions for you.....

- **Data collection** – what are the most important things that we need to know *nationally* to (i) understand if CRHTTs are delivering high quality care (ii) measure crisis/acute care?
- **Workforce and recruitment** – what are the issues around building a workforce to be able to ensure fully resourced CRHTTs across the entire country?
- What are the **biggest pressures** you face? What one thing about your job causes most concern? Is there anything we could do (or stop doing) at a national level that would help?
- Will you volunteer to be our experts to **help build our programme?** Can we come and visit to discuss your work in more detail?