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

Mental Health Crisis Care Concordat: RCEM Problem-Solving Workshop
6 July 2016

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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
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)
“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 HSCIC, HEE and NHSI critical throughout
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)

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

*Preventable causes of crises?*

Underlying Themes

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

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?