The Government’s Mandate to NHS England states: “There remains a particular challenge around mental health crisis intervention. Only by working with key partners, including the police, can we ensure that people with mental health problems get the care they need in the most appropriate setting. To bring about the transformational change necessary, we expect NHS England to make rapid progress, working with CCGs and other commissioners, to help deliver on our shared goal to have crisis services that, for an individual, are at all times as accessible, responsive and high quality as other health emergency services. To further this aim, NHS England will invest in effective models of liaison psychiatry in more acute hospitals during 2015/16. We also expect that by March 2016, every community will have plans to ensure no one in crisis will be turned away, based on the principles set out in the Mental Health Crisis Care Concordat.”

NHS England as a signatory to the Crisis Care Concordat, is committed to:
- Review data/metrics needed to assess and monitor the level of local need for crisis care;
- Developing a baseline assessment of current provision and gap analysis;
- Commissioning support;
- Establish quality improvement collaborative;
- Ensure that mental health crisis is part of the Urgent and Emergency Care Review
There are a number of policy drivers, reviews and publications which all make the case for a clear imperative to improve crisis care services

- The Crisis Care Concordat
- The Urgent & Emergency Care Review
- Achieving Better Access to MH Services by 2020
- Manifesto commitment re S136 and police cells
- Future in Mind
- NHS England & HEE Mandates
- CQC Right Here Right Now report
- Crisp Commission Interim Report on MH Acute Care
- NHS England MH Crisis Care Programme
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 meeting 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**
<table>
<thead>
<tr>
<th>Workstream</th>
<th>Deliverables</th>
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</thead>
<tbody>
<tr>
<td>1. NHSE / NCCMH programme to develop access and waiting time programme for crisis care</td>
<td>To develop clinically informed access and waiting time standards for crisis care, underpinned by nationally specified datasets, commissioning guidance, quality improvement schemes, payment systems and transparent publishing of key metrics</td>
</tr>
<tr>
<td>2. Liaison mental health in A&amp;E</td>
<td>Invest in effective models of liaison psychiatry in more acute hospitals in 15/16, using £30m non-recurrent funding</td>
</tr>
<tr>
<td>3. S136: reducing use of police cells as places of safety</td>
<td>To identify priority areas for £15m non-recurrent investment in 2016/17 to reduce use of police cells as a place of safety for people detained under s.136 of the Mental Health Act</td>
</tr>
<tr>
<td>4. Urgent and Emergency Care review and vanguards programme</td>
<td>Mental health crisis care is reflected in all areas of policy development and delivery of the urgent and emergency care review and vanguards programme</td>
</tr>
</tbody>
</table>
# NCCMH crisis care programmes (one for adult, once for CYP)

<table>
<thead>
<tr>
<th>Process led by Expert Reference Group to build an access &amp; waiting time standards ‘package’</th>
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<tbody>
<tr>
<td>1. Identify referral to treatment pathway, clock start/stop – with clinically informed access and waiting time standards</td>
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<tr>
<td>2. Data specification and development, commission changes to relevant NHS datasets</td>
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<td>3. Conduct ‘audit’ exercise to understand baseline position</td>
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<tr>
<td>4. Gap analysis and costed options for A&amp;W standards</td>
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<tr>
<td>5. Commissioning guides</td>
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<tr>
<td>6. Quality improvement / accreditation scheme</td>
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<tr>
<td>7. Seek expert advice on workforce development</td>
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<tr>
<td>8. Seek expert advice on data / payment / levers / incentives</td>
</tr>
<tr>
<td>9. Seek expert advice on transparency agenda (eg My NHS, MHIN etc)</td>
</tr>
</tbody>
</table>
Programme scope

Crisis Care – urgent crisis response - (in scope, 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
- Liaison MH services in A&E (+alcohol care teams)

Acute Care - (Out of scope, 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.

Within the scope of UEC payment model(s)

Must ensure that we take a joined up approach for people with co-existing MH and substance misuse conditions...
Liaison mental health

• By 2020, our ambition is that all acute trusts will have in place liaison psychiatry services for all ages appropriate to the size, acuity and specialty of the hospital. In 2015/16 we are investing £30m to enable a greater number of acute hospitals to establish effective models of liaison mental health.

The £30m will be split as follows:

• **£25m** ‘pump-prime’ investment on liaison mental health in emergency departments this year;

• **£1m** for each NHS region for preparedness programme for a future standard on liaison mental health (expected by 2017) – regions to buy clinical expert advice and programme management resource;

• **£4m** for the 8 UEC vanguards to test and evaluate models of all-age liaison mental health, data systems and development of new payment models.

• From 2015/16, when the **Care Quality Commission (CQC)** rates acute services, it will include a specific focus on liaison mental health services.
s.136 – Health Based Places of Safety

• The Home Secretary announced in May, the Manifesto commitment - £15m in 2016/17 to be spent on reducing number of people held in police cells when detained under s.136

• Use of police cells for s.136 has fallen by over 50% since 2011/12, and by a 1/3 last year – this is a success and we are on the right trajectory.

• Home Office Policing Bill is expected to come into effect on 1 April 2017, which will further restrict use of police cells – potentially ruling out use for CYP.

• NHS England / DH / CQC / Home Office have been conducting a national desktop analysis using available evidence to identify target areas for investment of the £15m.

• This will be followed up with selected priority target Crisis Care Concordat groups to identify how the funding can be used locally.
Urgent and emergency care review

Flagship NHS England programme. Our ambition is to embed Crisis Care into major review of UEC – making mental health core NHS business.

Notable recent developments:

- Winter planning: 5 mandatory mental health indictors included in this year’s SRG assurance

- Strong mental health focus of UEC vanguards
Key elements of collaboration with UEC programme where considerable work is underway to embed mental health:

- **UEC Review** – MH meaningfully reflected in all UEC documentation (*Better, Safer Faster*);
- Mental Health indicators in UEC *winter resilience* programme;
- **CCG scorecards**: MH indicators to be included in UEC transformation and winter resilience CCG scorecards;
- **UEC vanguards**: design and agree MH component of all UEC vanguard areas to test and evaluate new models mental health crisis care (all age);
- Development of **UEC payment model(s)** to ensure MH inclusion;
- Frequent attender option in **national UEC CQUIN** ‘menu’;
- Ensure MH indicators will be included in **emergency care dataset**, including dataset development;
- Inclusion of MH outcomes included in **UEC outcome measurement** development.
Horizon Scanning

Crisis Care

• **Crisis Care Concordat** - national partner commitments to be refreshed and agreement to be reached regarding future governance of the CCC.

• **Section 135 & 136 and health based places of safety – anticipated legislative changes** from 2017 to make use of police cells a never event for CYP and an exceptional event for adults

• **Introduction of access and waiting time standards** for crisis care (level of ambition subject to available resources)

Acute Care

• **Paul Burstow / NHS Providers commission on delayed transfers of care** due to publish in November. Expect a recommendation that the current indicator definitions are updated and increased focus on the key causes of delays.

• Anticipate something in the Mandate regarding **acute out of area placements** – an ambition to reduce OATs. Our aim will be to ensure that this is in the context of **improving acute mental health pathways**.

• **Lord Crisp Commission on mental health acute care** due to publish in January. Expect a focus on CMHT and CRHTT capacity, availability of social care and housing and alternatives to admission (crisis houses / step-down care). **Unlikely that the ‘answer’ will be more acute beds.**