

Mental Health 5YFV, the NHS Long Term Plan and Urgent & Emergency Care

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20 March 2019 Psychiatric Liaison Accreditation Network



Mental Health Five Year Forward View: priorities for 2020/21

70,000 more **children** will access evidence based mental health care interventions.

Intensive home treatment will be available in every part of England as an alternative to hospital.
Older People

No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard.
Older People

At least 30,000 more **women** each year can access evidence-based specialist perinatal mental health care.

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017.
Older People

Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year. **Older People**

The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled.

280,000 people with SMI will have access to evidence based physical health checks and interventions.
Older People

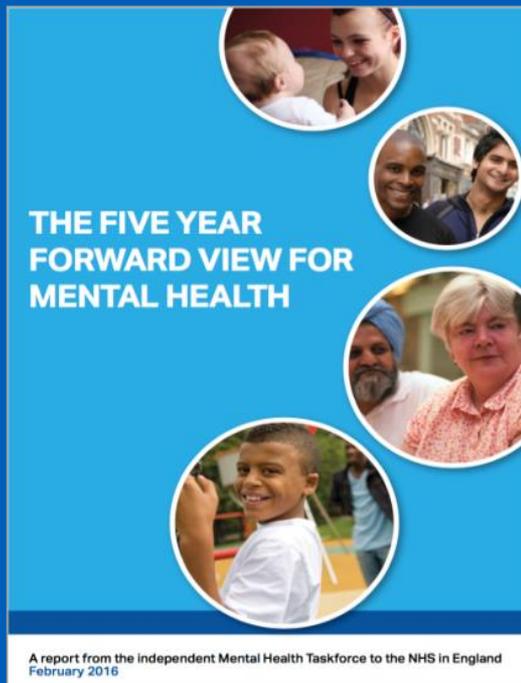
60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including **children**.

Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care.

New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for **children** and young people.

There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for **children** and young people.

Five Year Forward View for Mental Health: Progress



- 1) Liaison Psychiatric Services
- 2) Mental Health Crisis
- 3) IAPT-Long Term Conditions (IAPT-LTC) - Reducing pressure on Urgent and Emergency :

Frequent attenders to A&E: national CQUIN

Liaison psychiatry services and EDs worked together to select a group of patients that attended A&E ten times or more during 2016/17 who were identified as potentially benefiting from psychosocial interventions.

CQUIN results, year 1:

- **37% reduction in A&E attendances in cohort of almost 3000 people** in 2017/18 (55,000 down to 30,000 attendances)
- **84% of hospitals hit the 20% attendance rate reduction target** to achieve full CQUIN payment

Reported benefits (via informal NHSE survey):

- EDs and liaison psychiatry teams working together for shared group of patients who use services the most intensively
- Identification of key gaps in local community services leading to multiple A&E attendances
- Improving people's experience and quality of life through new approaches – e.g. dedicated frequent attender teams, care coordination
- Schemes to become 'business as usual' in many areas

Adult & older adult crisis, liaison and acute mental health - Priorities for 19/20:



- Investment of new transformation funds for community crisis pathways and liaison mental health, as well as ensuring CCGs use monies allocated in baselines



Commitment to introduce waiting time targets for urgent & emergency community mental health response. Pilots to generate learning with selected areas



- Consensus that pt experience is best measure of quality of crisis care
- But need to generate learning on how to collect PREMs for crisis services, e.g. methods of collection, timing, data submission
- Focus on high quality interventions, quality of biopsychosocial assessments



- Year of data quality improvement: routine MHSDS reports on crisis, liaison, acute, ECDS
- Repeat national audits of CRHT and liaison



- Policy development, evidence building and development of implementation programmes for new commitments: NHS111, ambulance, crisis alternatives, open access services



- What should community crisis & acute mental health services look like for older adults?
- What is the demand? Types of presentation and access points? Interventions, what models work to meet demand given limited specialist workforce?



- Support / guidance for less experienced professionals to carry out initial assessment and triage of urgency? Or do we always need experienced clinicians at the point of triage?

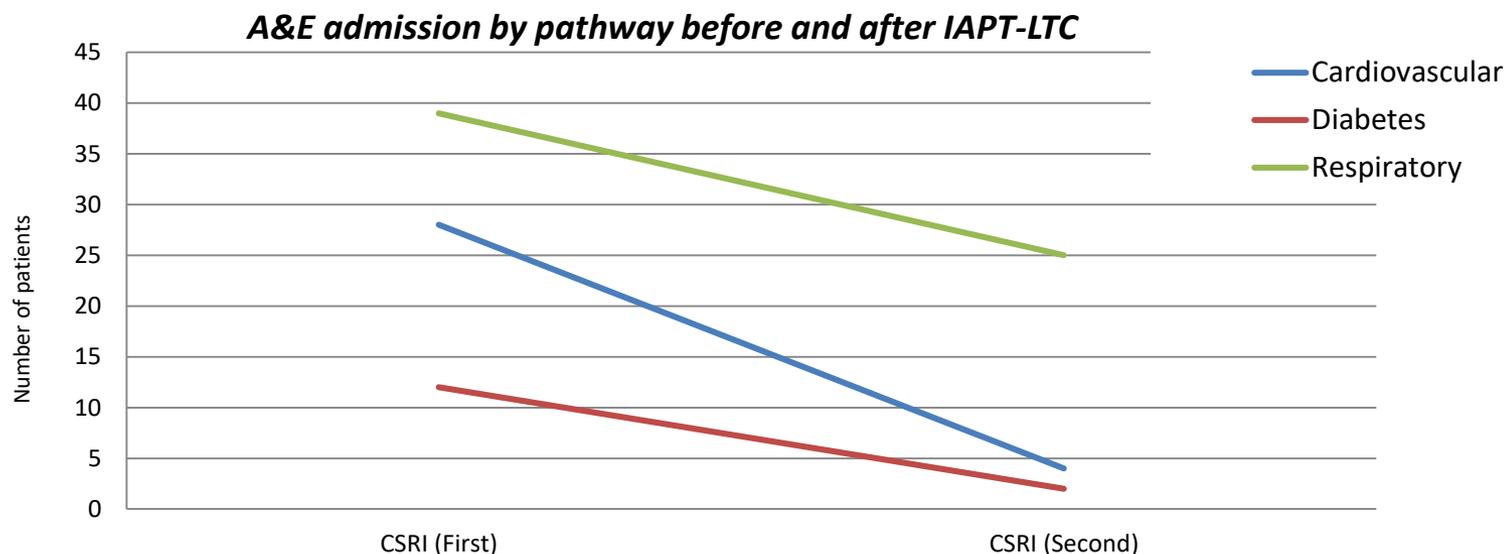
IAPT IAPT-Long Term Conditions

- **MH5YFV:** total of **37 ‘Early adopter’ sites** are being supported by £80m to develop **integrated IAPT and Physical care services** (IAPT Long Term Conditions)
- **AIM:** To implement integrated psychological therapies at scale – **improving care and outcomes for people with mental health problems and long term physical health problems**

Evidence based treatments provided by IAPT practitioners who are co-located with physical healthcare colleague

Care integrated into physical health pathways in primary, community or acute care

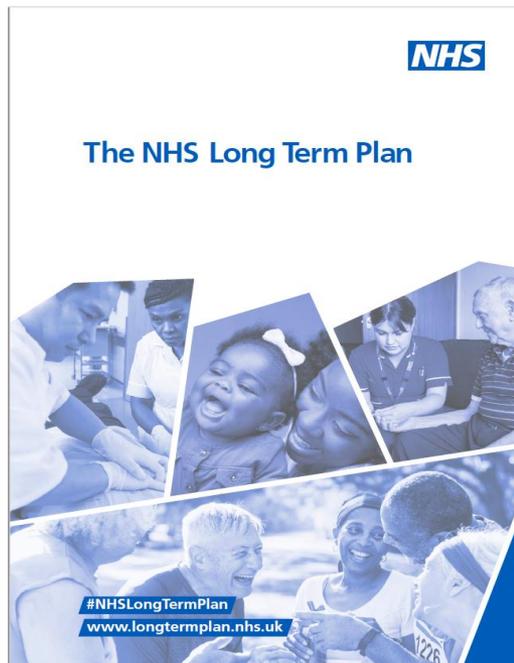
IAPT – LTC pathways have led to reduced pressure across the health system: Cambridgeshire and Peterborough CCG:



- IAPT-LTC service started October 2016; saw 1,017 patients (to end Sept 2017).
- Results point to a **reduction in healthcare utilisation in other parts of the healthcare system** before and after intervention for different care pathways.
- The CCG have commissioned a robust healthcare utilisation evaluation which will report by the end of 2018
- The initial evaluation provided indicates **savings overall of £854,253**

The NHS Long Term Plan

- 18 June 2018, the Prime Minister announced NHS funding will grow at an average of **3.4 per cent** a year real-terms increase from 2019/20 to 2023/24, equating to £20.5 billion in real term over the next five years.
- In return, the NHS was asked to prepare its Long Term plan, setting out ambitions for improvement over the next decade, and plans to meet them over the five years of the funding settlement.



- The NHS Long Term Plan published on 7 January 2019 commits to grow investment in mental health services faster than the overall NHS budget.
- This creates a new **ringfenced local investment** fund worth at least £2.3 billion a year by 2023/24.

Key ambitions at a glance (by 2023/24)

345,000 more CYP will access help via NHS funded mental health services and school or college-based Mental Health Support Teams

Provide better community mental health support to 370,000 people with SMI via new and integrated models of primary and community care

24,000 additional women will access specialist perinatal mental health services. The period of care will be extended from 12 months to 24 months post-birth

Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need

380,000 more people will access NICE-approved IAPT services each year

Reduced length of stay in units with a long length of stay to the national average of 32 days

Ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support

Expand geographical coverage of NHS services for people with serious gambling problems

Expand the existing suicide reduction programme to all STPs in the country

Long Term Plan: Integrated primary and community care

By 2023/24, 370,000 adults and older adults supported to live well in their communities via new and integrated models of primary and community care.



- **Test four-week waiting times** for adult and older adult community mental health teams.
- **Greater choice** and **control over** care, and **support** to live well in their communities.
- This includes maintaining and developing new services for people who have the most complex needs including EIP, **'personality disorder'**, rehabilitation and adult eating disorders

Place-based, neighbourhood based network

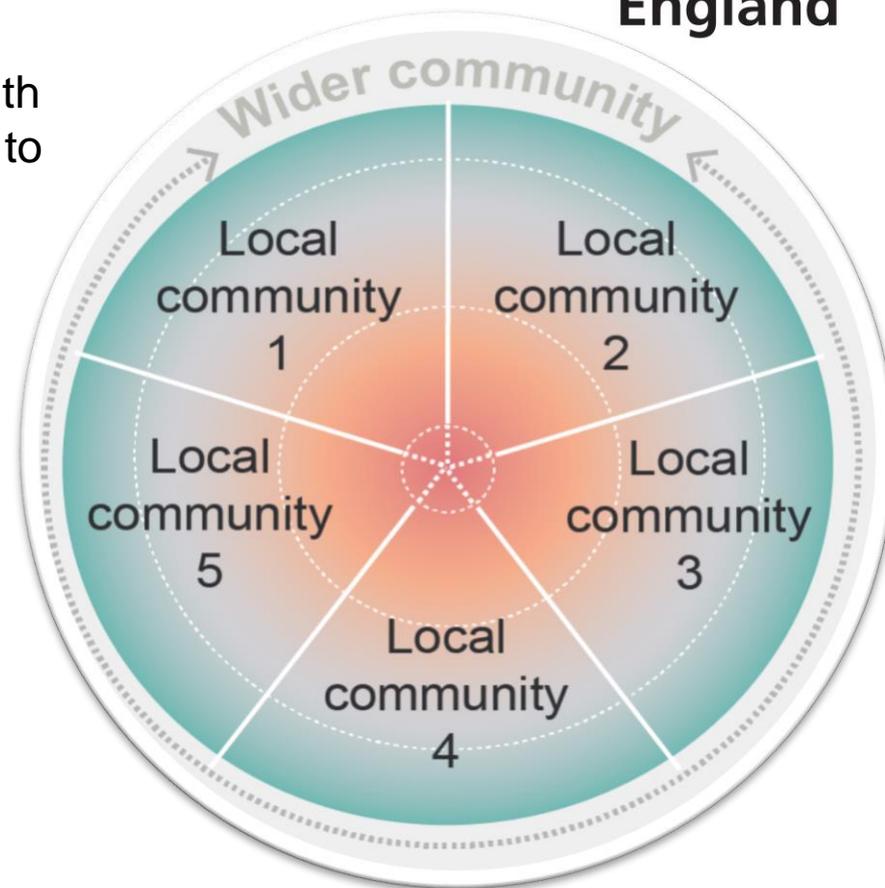
- Built around **local needs, local geography** with specialist services arrangements to contribute to variation in population size
- Care organised around local communities, built around **clusters of GP practices**

Local community:

- a population size ~ **50,000**
- Services providing support, care and treatment for **less complex** and **complex needs** at a local community level

Wider community:

- population size **250,000 +**
- Several local communities
- Specialist service for **more complex needs** shared/commissioned by the population of the wider community



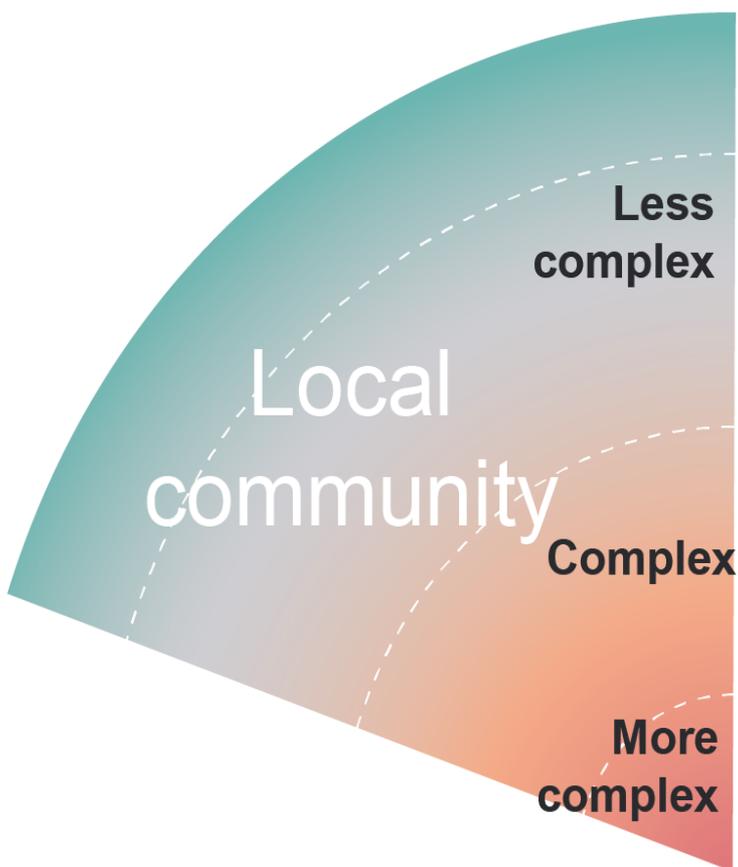
Needs not requiring mental health support, care and treatment

Less complex needs

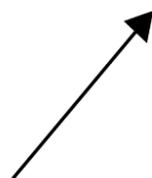
Complex needs

More complex needs

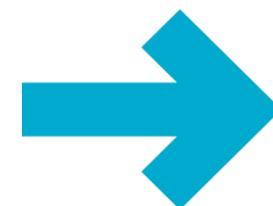
Place-based, neighbourhood based networks



Services shared with other local communities in wider community



- Brings together **primary care** support for people with less complex and complex needs and **secondary care** community mental health teams
- Creates **multidisciplinary** team, with **strong links** with crisis teams and other services such as inpatient care, residential and liaison mental health services in emergency departments
- Networks will have **common pathways** for specific needs or problems, **agreed protocols** for the delivery of care, **shared protocols** for the management of specific problems, and **reduction in multiple points of access**



Long Term Plan Commitments: Crisis and acute mental health

Ensure that anyone experiencing mental health crisis can call NHS 111 and access 24/7 age-appropriate mental health community support.

Introducing mental health professionals in 111/999 control rooms

Continue ambition to ensure that all adult community crisis resolution and home treatment services are resourced and operating with high fidelity by 20/21

Ensure that by 2023/24, 70% of Mental Health Liaison services in acute hospitals meet the 'core 24' standard for adults, working towards 100% coverage thereafter

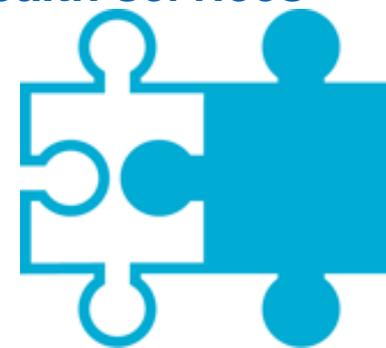
Increase provision of non-medical alternatives to A&E such as crisis cafes and sanctuaries that can better meet needs for many people experiencing crisis

Increase alternatives to inpatient admission in acute mental health pathways, such as crisis houses and acute day services.

Improve ambulance responses to mental health crisis by introducing mental health transport vehicles, introducing mental health professional in ambulance control rooms; and building the mental health competency of ambulance staff.

Long Term Plan: Increased investment to improve crisis and acute mental health

- Improve the **therapeutic offer on inpatient wards**, e.g. more psychologists and occupational therapy
- All **children and young people** will have access to **24/7 crisis, liaison and home treatment services** by 2023/24
- Full coverage across the country of the existing **suicide reduction programme**
- Ensure the **every area of the country has a suicide bereavement support service for families**, and staff working in mental health services
- **Capital funding to improve the mental health estate** (subject to future capital funding settlement)
- Specific **waiting times targets for emergency mental health services will for the first time take effect from 2020**
(Part of wider clinical review of Standards)



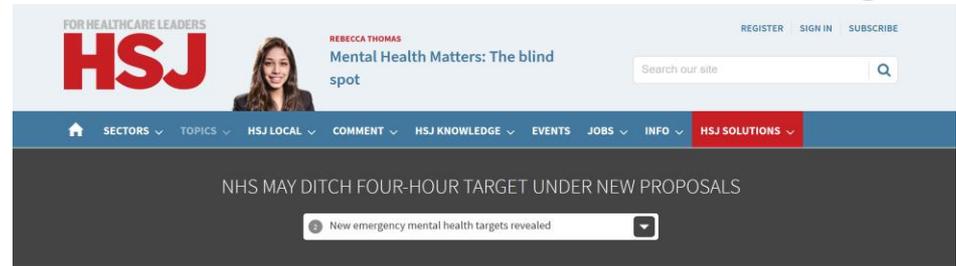
Clinical review of standards

NHS signals four-hour A&E target may end

By Nick Triggie
Health correspondent

11 March 2019 | 742

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POLICY AND REGULATION

New emergency mental health targets revealed

By Rebecca Thomas | 11 March 2019

Setting	Possible access & waiting time standard for urgent and emergency mental health care
Urgent and emergency community mental health care	<ul style="list-style-type: none"> • Rapid clinical assessment at point of referral to determine urgency • Where presentation is assessed as 'urgent' or 'emergency': <ul style="list-style-type: none"> • 'within hours' from referral to commencement of face to face assessment for 'emergency' referrals. • 24hr from referral to commencement of face to face assessment for 'urgent' referrals
Urgent and emergency liaison mental health	<ul style="list-style-type: none"> • 1hr from A&E referral to face to face assessment, 4hr total time in A&E to discharge/transfer/admission • 24hr from referral to assessment for referrals from general hospital wards
Admission to acute mental health care www.england.nhs.uk	<ul style="list-style-type: none"> • Potential incentives to avoid long delays for people awaiting admission • Standards to apply to admissions from community settings as well as from A&E • Standards to also apply to 'admission' to community care (e.g. home treatment) as well as inpatient admission

Thank you

