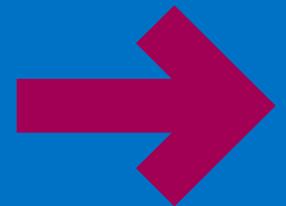


# Health and social care: working better, together for mental health

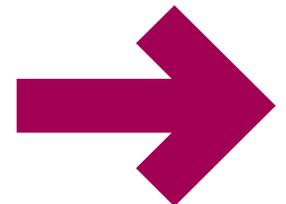
*Karen Turner, Director of Mental Health*  
NHS England

NCAS Conference, 11 October 2017



# Working better, together

- Why a Five Year Forward View for Mental Health?
- Opportunities for working better, together



# Five Year Forward View for Mental Health

- Individual and societal costs
- Reduce our dependence on institutional solutions to people's (mental) health problems – and make them high quality when we do use them
- Create more/better alternatives to institutional care – primary, community and home care/treatment – acute, crisis and non-acute .... and self-help
- Integrate mental health and physical health care into the health service at all levels and in all parts of NHS
- Help mothers, children and young people – prevention, secondary prevention, early intervention – across the lifespan
- Timely access to what works – and focus on what has the chance to produce lasting change (work, psychological therapies, self management)

## FYFV priorities by 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

# Progress: For children and young people



**120,000**

more people are receiving specialist mental health treatment across England compared to three years ago

...of this number, **21,000** are children and young people



## Children and young peoples' mental health services



Improved care for children and young people: **an extra 35,000 children and young people** are expected to be treated through community services this year



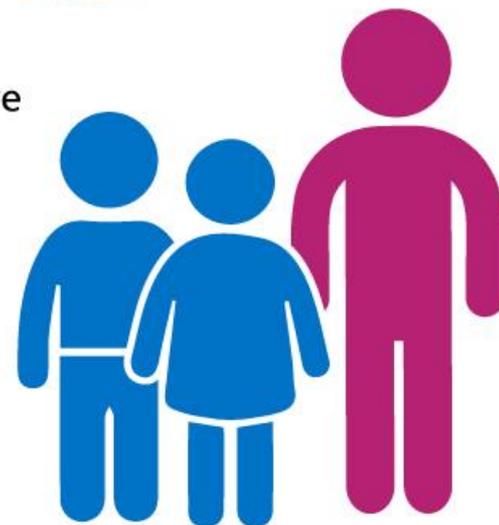
By 2020/21, at least **95%** of children and young people in need will receive treatment for an eating disorder within one week for urgent cases, four weeks for routine cases



An extra **£280m funding per year** is being provided for children and young people's mental health transformation



**Community Eating Disorder teams** by year end, covering the whole country



## Progress: Acute Out of Area Placements

- For the first time, national data has been published; a crucial first step to eliminating the inappropriate use of such placements
- We will provide a targeted local support through a National Quality Improvement Network to eliminate the inappropriate use of adult acute out of area placement (OAPs)
- 2017/18 new investment to support crisis resolution and home treatment teams operate in line with evidence



- Publish, by Autumn 2017, a formal response to the review of Acute Adult Psychiatric Care led by Lord Crisp

*‘Out of area treatments cause **problems for patients and for their families and carers**. Geographical separation from a patient’s support networks can leave them feeling isolated and **delay recovery**.’*

# Progress made in many other areas of work...

## **New Models of Care for Tier 4 CAMHS and forensic services**

- For example Crisis teams for CAMHS, repatriation of secure OAPs

## **Digitalisation**

- Global digital exemplars
- NICE Digital therapies

## **Non-acute Out of Area Placements**

- Locked rehab
- Tier 4 CAMHS

## **Suicide prevention**

- National Suicide Prevention Strategy refreshed by Government
- £25 Million over 3 years to reduce suicides by 10%

## **Financial incentives and new best practice tariff**

- Physical health of people with SMI
- A&E
- OAPs
- Tariff

# Health and social care - working better together

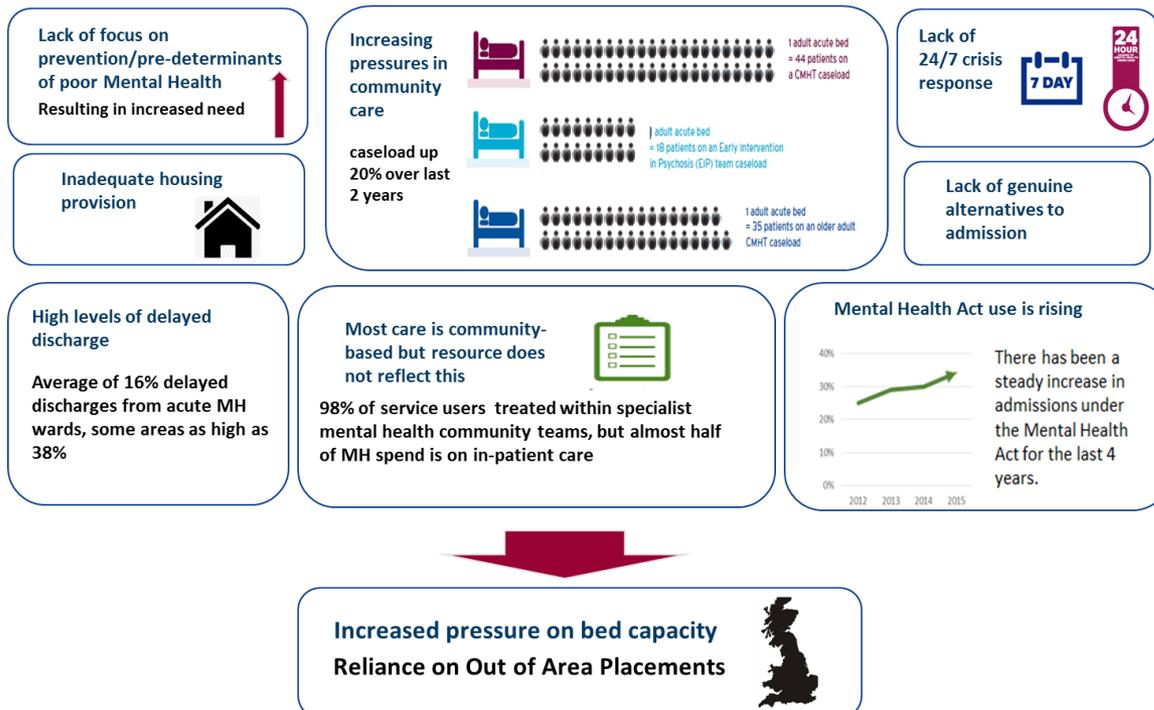
- Delivering the Five Year Forward View for Mental Health needs collaboration between NHS, social care, public health, housing, 3<sup>rd</sup> sector, communities – everyone
- Joint planning, delivery and commissioning
- The basis of joint work- strategic sharing and use of data – eg Approved Mental Health Professionals (AMHPs) on uses of the Mental Health Act

## Working better, together: Admissions and discharges

- **We know these are key points at which things can go wrong for:**
  1. The system (out-of-area placements; delayed transfers of care)
  2. The individual (delays, poor experiences; heightened risk of suicide post-discharge, 'cliff edge' of lost support structure)
  3. Professionals (frustration, helplessness, distrust)
- **What works?**
  - ✓ Whole-system capacity management
  - ✓ Communication – cross-team and cross-organisation
  - ✓ Investing time and effort into building relationships across organisations
  - ✓ Leadership and culture
  - ✓ Relentless commitment to keeping the service user as the focal point of all actions and decisions (“person-centred care”)

# Eliminating acute mental health out of area placements (OAPs)

- In their reports published last year, both the **Commission on Acute Adult Psychiatric Care** and the **Mental Health Task Force** called for an **end to the practice of sending acutely ill people long distances for treatment**, which leads to poor patient experience, outcomes and unnecessary costs to the NHS.
- We have **committed to eliminating the practice completely by 2021** for those requiring non-specialist acute care.



## Broader impact:

OAPs are a sentinel indicator of a mental health system under pressure, not simply the result of too few acute mental health beds nationally. **System-wide solutions** are therefore required with a focus on alternatives to admission, **community mental health services and interfaces with key partners such as housing and social care.**

# Headline Data Q1 2017/18

	Inappropriate OAPs started in period	Total no. of OAP days over the period	Total recorded costs over the period	No. of OAPs that ended in the period with a length of 31 or more nights (1)	No. of OAPs active during the period with a distance of 100km or greater	Average recorded daily cost over the period (2)
England	1,810	64,896	£24,461,200	371	575	£540
North	445	15,569	£3,166,770	95	90	£515
Mids & East	420	16,665	£6,780,220	75	130	£525
London	400	12,414	£6,565,510	90	40	£530
South	525	18,436	£7,244,240	110	205	£580
Unknown	20	1,812	£704,492	-	10	£540

- The regional data in this table for 'Inappropriate OAPs started in period' is subject to NHS Digital's suppression rules - counts have been rounded to the nearest five.
- (1) Only includes OAPs that ended during June and that started on or after the 17th October 2016.
- (2) Recorded Cost – since January cost has only been recorded where a provider has been charged by a different organisation for making the placement. (There are some scenarios where an OAP may take place within a provider organisation where the provider covers a very large geographical patch). As such the costs reported for 2017 should not be compared with those in 2016.

# Case study: Eliminating OAPs through integrated social care

## Bradford

- **Aims**: Support people at home, prevent admission, support recovery or to discharge when appropriate.
- **Approach**: Integrated social care across wide range of acute and community mental health services including:
  - 24/7 First Response crisis service;
  - The Haven (3<sup>rd</sup> sector service)
  - Approved Mental Health Professional service
  - Police Hub
  - Intensive Home Treatment team
  - Joint MH commissioning (NHS and LA)
  - Community mental health teams, Early Intervention teams, Assertive Outreach teams and community support services
  - Supported accommodation framework
  - Access to social care and health services in discharge planning
- **Outcome**: Alongside redesigned Acute Care Service that concentrates on service user recovery and effective planning for discharge, this approach has led to the provider being able to treat all service users in acute care **locally** for two years.

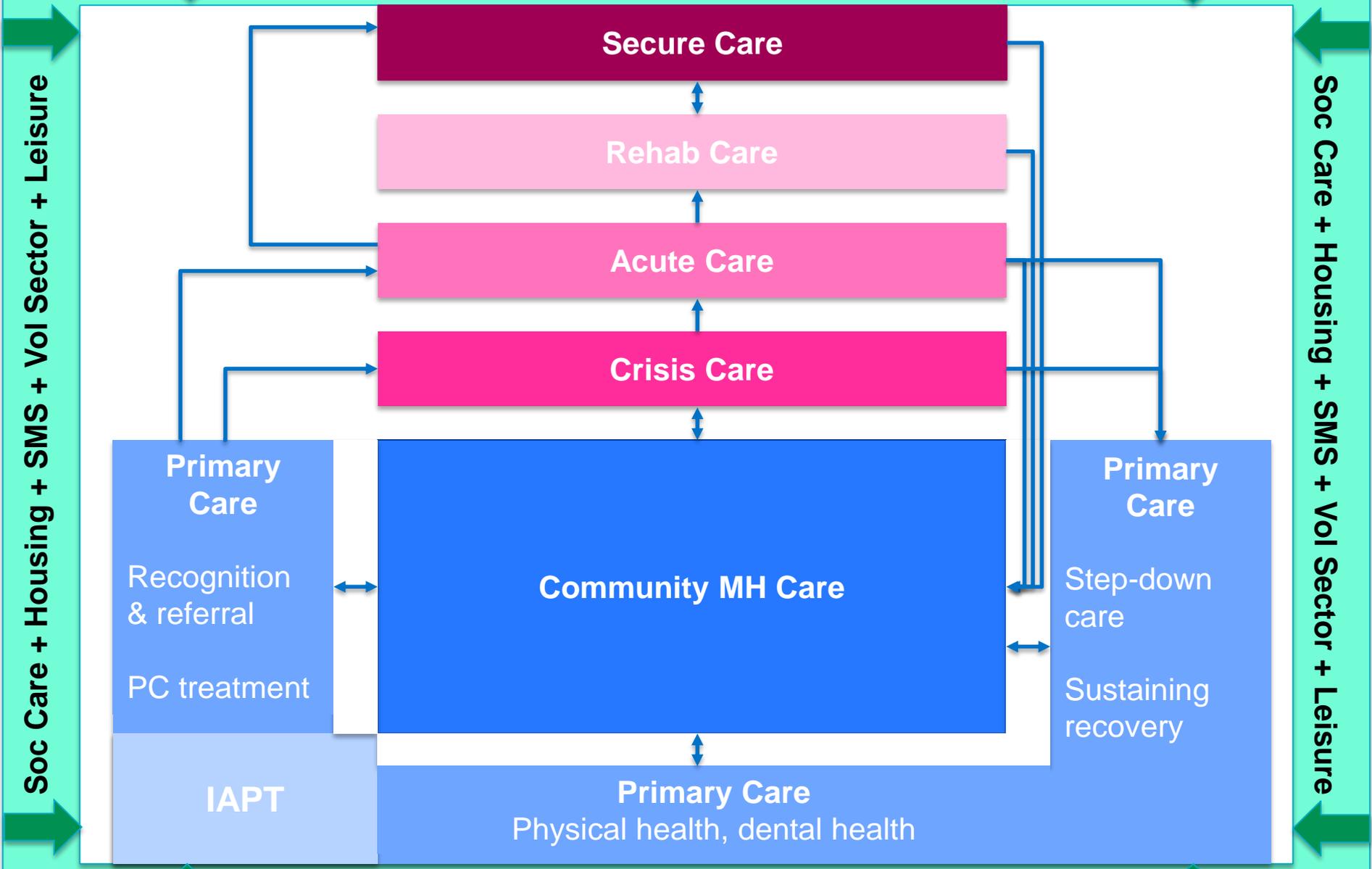
# Working better together - workforce

- Social care core part of MH workforce – the HEE workforce plan was only a starting point and part of the puzzle
- We want to work with DH colleagues and build on the learning and progress from existing programmes such as Think Ahead and Social Work for Better Mental Health
- Multi-agency workforce planning across the NHS and social care at local level (in regions and STPs) will be critical – LA voice needed
- VCS – critical for national and local planning

# Mental Health Act - update

- Independent Review of MH Act led by Professor Sir Simon Wessely
  - Reaction to rising detentions and overrepresentation of BAME people in detained population
  - Expected to report autumn 2018
  - Stakeholder consultation and engagement will include health and social care
- Changes to S135/6 - include:
  - Clarifying where s136 can be used;
  - A requirement on police officers to consult with MH practitioners where practicable before exercising a section 136 power;
  - Reducing the maximum length of detention from 72 to 24 hours; and
  - Prohibiting the use of police cells as places of safety for under 18 year olds and significantly restricting their use in the case of adults.
- We understand that these changes are likely to come into force in December 2017. We need to build on the huge joint efforts by NHS, LA and policing partners in recent years to reduce the use of police custody as a place of safety by 80%

**Social Care + Housing + SMS + Vol Sector + Leisure**



**Social Care + Housing + SMS + Vol Sector + Leisure**