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The future of mental health in England – NHSE and NHSI programmes

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Better Together conference
Kent and Medway March 13th 2018



Progress highlight: more children and young people are accessing evidence based interventions

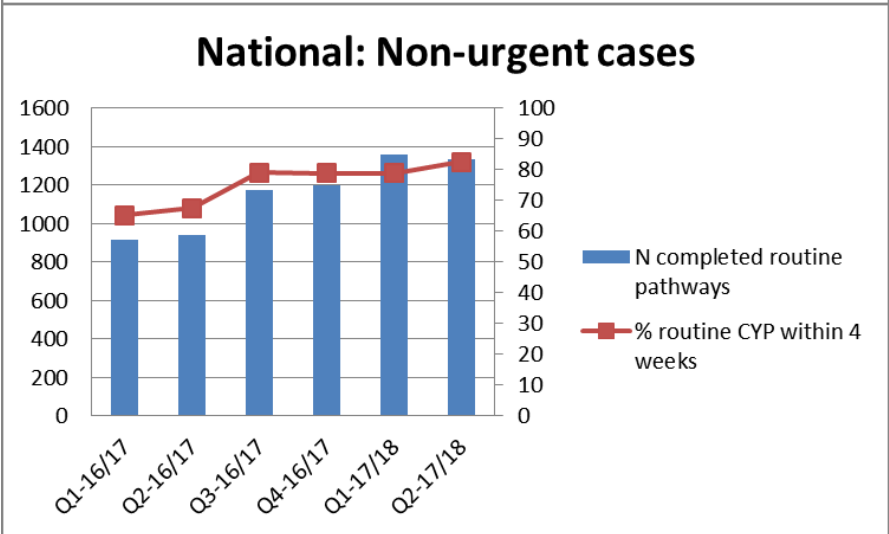
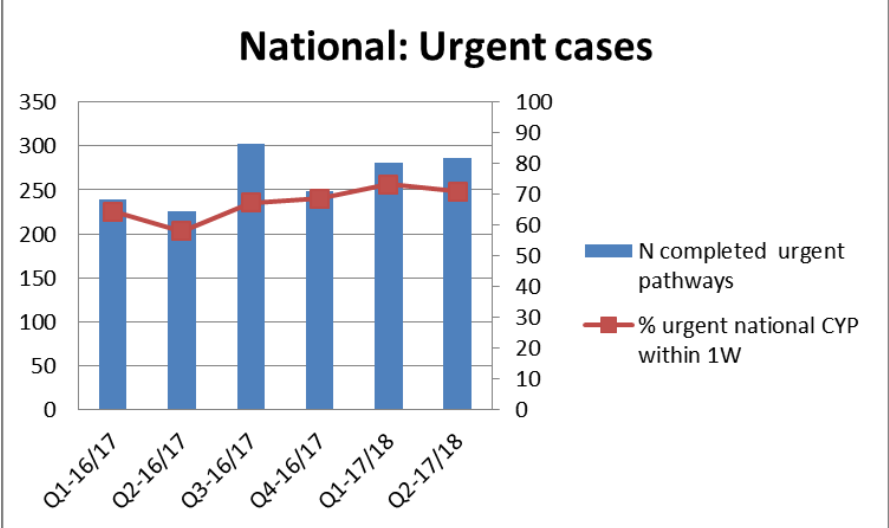
- An extra 35,000 children and young people are expected to be treated through community services this year.
- 70 new or expanded community eating disorder teams now established, 95% waiting time standard of 1 week for urgent cases and 4 weeks for routine cases on track to be delivered by 2020/21.
- The Accelerated Bed Plans are in place to boost CAMHS beds by 150-180 across the country.



By 20-21, 95% of CYP with an eating disorder should start NICE recommended intervention within 1 week if urgent, and 4 weeks if routine

Progress Q1 16/17 to Q2 17/18

- **70 new or expanded teams** covering England in place, trained in 2017 /18 to ensure standardisation in line with NICE
- UNIFY2 data – **clear progress towards the eating disorder standard**



Transforming Children and Young People's Mental Health Provision: a Green Paper

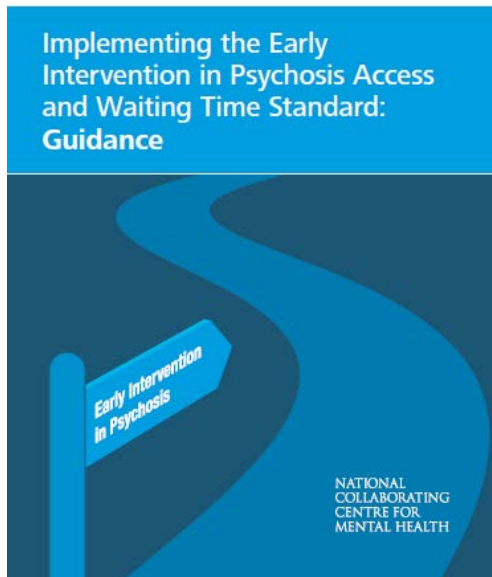


Published 4 December 2017. Consultation ended 2 March 2018.

Core proposals:

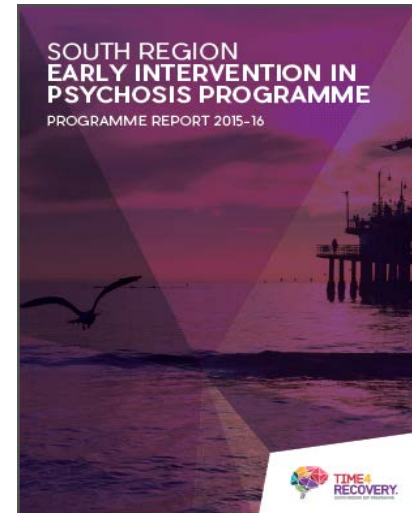
1. Designated Senior Leads for Mental Health in schools and colleges
 2. New Mental Health Support Teams covering clusters of schools, to provide specific extra capacity for early intervention and ongoing help
 3. A limited number of pilots to assess impact on NHS waiting times, with ambition of achieving a four week waiting time for access to specialist NHS children and young people's mental health services.
- “Trailblazer sites” will lead the roll out
 - Ambitions are in addition to delivery of the FYFVMH
 - Waiting time pilots will be selected from areas which have elements one and two in place

This year, more than 10,000 people with a first episode psychosis started treatment with a specialist team



- National access and waiting time standard was introduced for mental health, for Early Intervention in Psychosis (EIP) services
- More than 10,000 people experiencing a first episode psychosis started treatment with a specialist team, with more than 76.6% starting treatment within two weeks. (March 2017).

- NHS Benchmarking Network data shows:
 - - 12% increase in referrals
 - - matched by 9% increase in staff
 - - increased coverage of services,

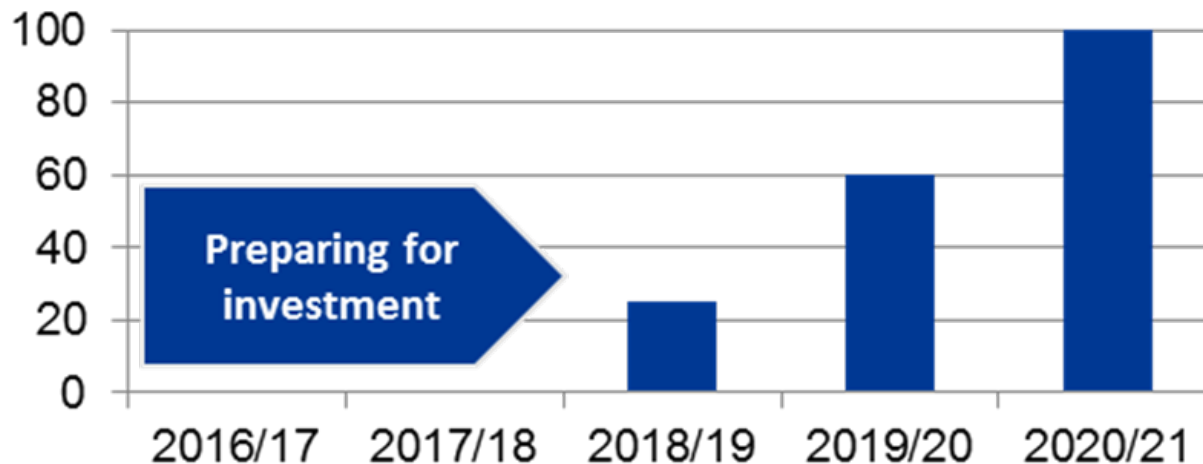


NHS England has committed to doubling access of Individual Placement and Support (IPS) by 2020/21 enabling people with SMI to find and retain employment



- For **2018/19**, a total envelop of £5.5m will be allocated to a total of 16 to 18 STPs for **Wave 1** of a three year expansion. Wave 1 (2018/19 and 2019/20) will focus on **expansion at pace within STP areas that already have high performing IPS or employment support services.**
- From **2019/20**, **Wave 2** (2019/20 and 2020/21) will focus on increasing provision in STP areas that do not have any/ provision is limited.

IPS: % increase in access to IPS employment support (from baseline)



2016/17	2017/18	2018/19	2019/20	2020/21
Baseline audit of IPS provision undertaken	STP areas selected for targeted funding	25% increase in access to IPS	60% increase in access to IPS	100% increase in access to IPS



Improvement

National Mental Health Safety Improvement Programme (NHSI)

Secretary of State for Health and Social Care

National MH Safety Improvement Programme

Led by: Secretary of State for Health and Social Care (Jeremy Hunt)

- National Clinical Director for Mental Health (**NHSI and NHSE**) (Tim Kendall)
- Deputy Chief Inspector for Hospitals (Mental Health; **CQC**) (Paul Lelliott)

SofS deep dives

- Monday afternoon weekly MH safety deep dives exploring a particular issue or the issues at a particular trust in detail
- SofS: focused support should be offered to trusts with the greatest challenges in relation to the CQC safety and well led domains and there should be a universal offer of support to address key safety challenges (e.g. use of restraint)
- The latter should form part of a broader aim to embed sustainable approaches to QI from board to front line across the MH provider sector.

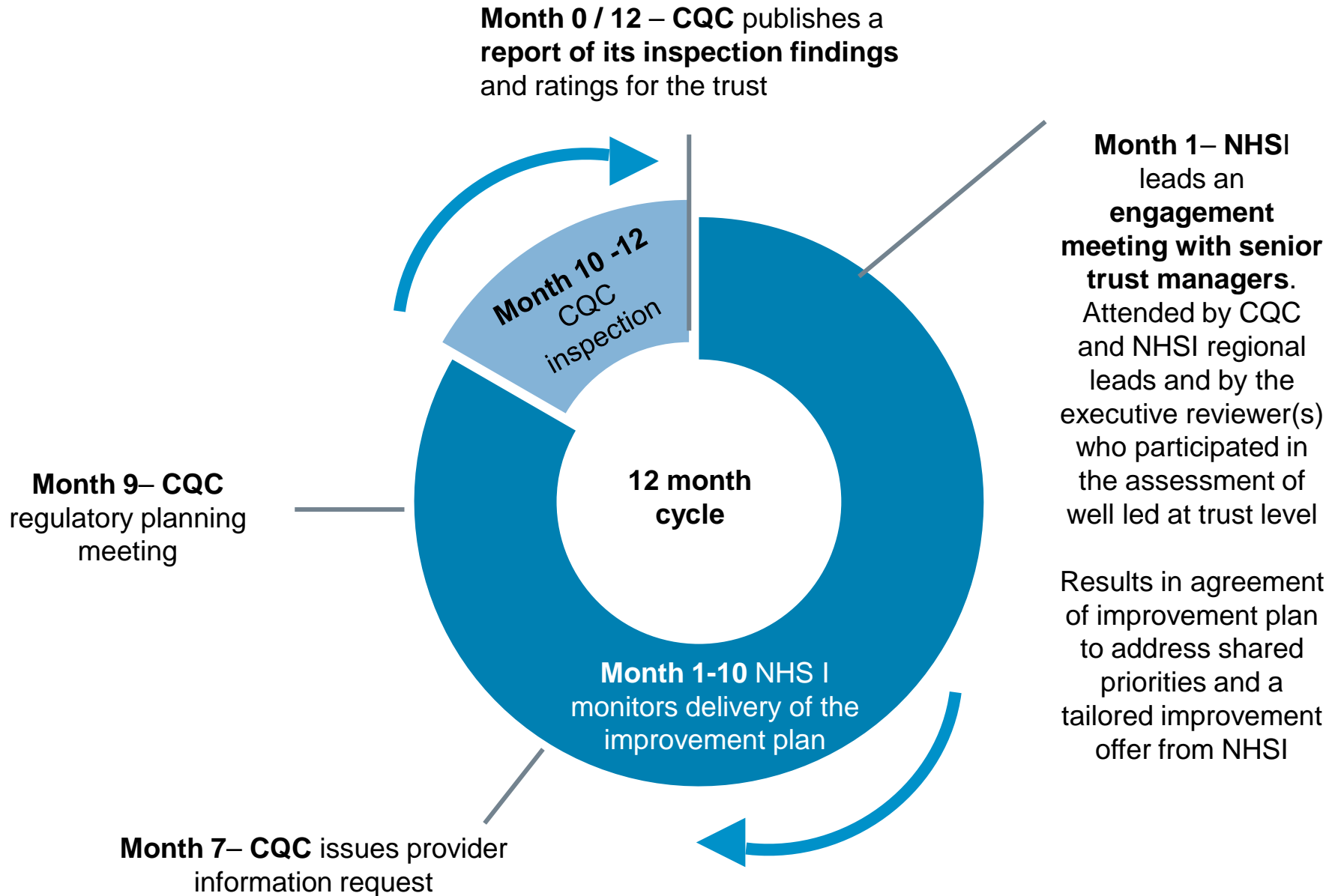
SofS visits to MH trusts

- SofS visits – 1 trust per week

National MH Safety Improvement Programme (Tim Kendall and Paul Lelliott)

- Trusts with the greatest challenges will be offered focused support by NHSI
- All trusts and all services included – all good and outstanding services will be asked to help others

Mental Health Safety Improvement Programme – Annual CQC / NHSI Cycle



Joint NHSE / NHSI support on out-of-area placements (OAPs)

	Inappropriate OAPs started in period	Total no. of OAP days over the period	Estimated cost over ONE YEAR	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	£100, 000,000	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.

Whole system change required

Lack of focus on prevention/pre-determinants of poor Mental Health
Resulting in increased need



Inadequate housing provision



High levels of delayed discharge

Average of 16% delayed discharges from acute MH wards, some areas as high as 38%

Increasing pressures in community care

caseload up 20% over last 2 years



1 adult acute bed = 44 patients on a CMHT caseload



1 adult acute bed = 18 patients on an Early Intervention in Psychosis (EIP) team caseload



1 adult acute bed = 35 patients on an older adult CMHT caseload

Lack of 24/7 crisis response



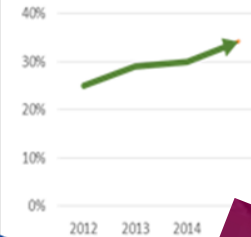
Lack of genuine alternatives to admission

Most care is community-based but resource does not reflect this



98% of service users treated within specialist mental health community teams, but almost half of MH spend is on in-patient care

Mental Health Act use is rising



There has been a steady increase in admissions under the Mental Health Act for the last 4 years.



Increased pressure on bed capacity
Reliance on Out of Area Placements

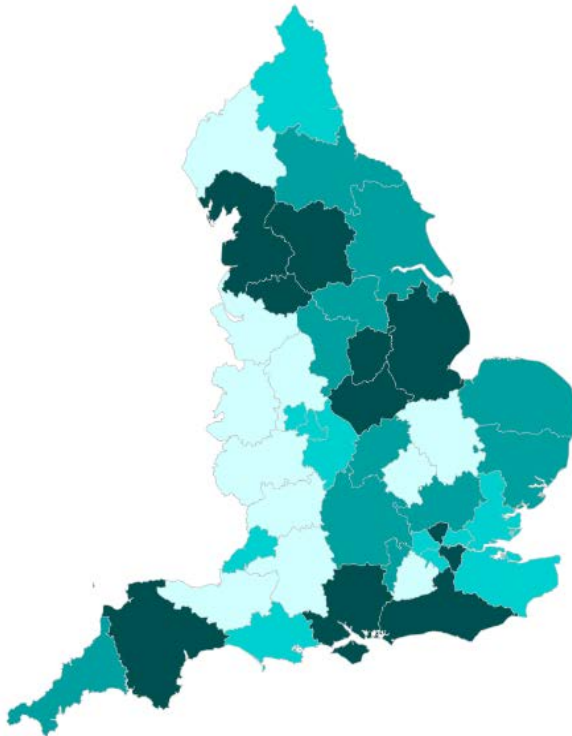


We have committed to eliminating the practice completely by 2021 for those requiring non-specialist acute care.

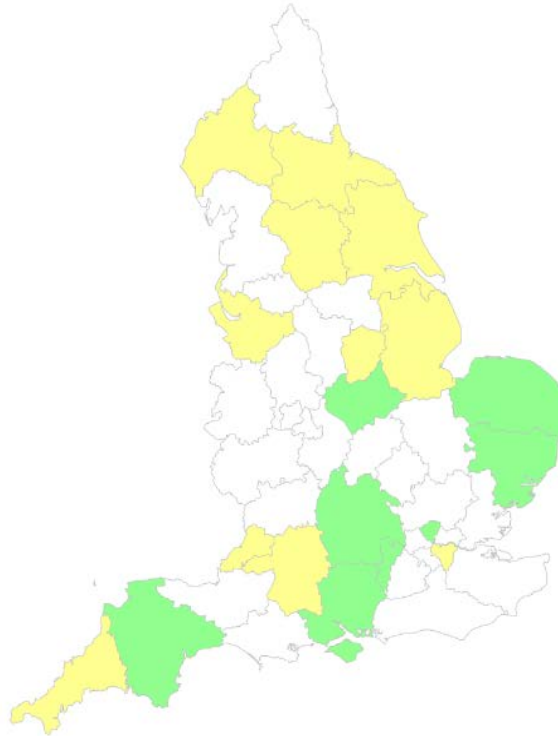


OAPs are a sentinel indicator of a mental health system under pressure, **system-wide solutions** are therefore required

1. Heat map of latest OAPs activity by STP



2. Map of areas receiving support this quarter – green completed/ yellow confirmed (see annex for full list)



Visits to date:

- Leicester & Rutland
- Lincolnshire
- Norfolk and Waveney
- Suffolk and NE Essex
- Berkshire, Oxfordshire and Buckinghamshire
- Devon
- Frimley
- Hampshire & IoW
- North Central London

Upcoming:

- Cheshire and Merseyside
- West, North and East Cumbria
- Durham, Darlington, Teesside, Hambleton, Richmondshire & Whitby
- Coast, Humber and Vale
- West Yorkshire
- Bath, Swindon & Wiltshire
- Cornwall & IoS
- Bristol, North Somerset and South Gloucestershire
- South East London

GIRFT – Getting It Right First Time

Three GIRFT programmes in mental health:

- The acute and crisis care pathway for adults – and acute/PICU OAPs
- The acute and crisis pathway for CYP – and CAMHS T4 OAPs
- The complex care/locked rehabilitation pathway – and complex care / rehab OAPs

Potential savings: £200-400 million

- From April: 3 clinical leads leading major GIRFT MH programme supported by the GIRFT delivery infrastructure
- Exploring how we can make links across to RightCare

Suicide Reduction 10% by 2021 – MH5YFVMH target

- Top slice of funding for national quality improvement
- Year1 - £600K ; Year 2 = £600K and Year 3 = £600K
- Collaboration with NCISH
- Will include support for delivery of SofS zero suicide ambition for MH inpatient services