



**Welcome** to our February newsletter. Mental health has been in the headlines this month—with the publication of two national documents—the Commission report on improving adult psychiatric care for adults in England and the Mental Health Taskforce report; and the BBC's 'in the mind' mental health season.

In this month's newsletter, we focus on these two national documents—with the Commission report starting on page 2 featuring the key points and recommendations from the report, along with an overview of some of the related work we have done at NEMH DU. Our Taskforce report feature begins on page 5 and gives an introduction to the report and its recommendations. The report reinforces the need for commissioners and providers to adopt one of two given payment models and for there to be no more unaccountable block contracts for mental health. There is also a call that by 2020/21, CCGs should be required to publish a range of benchmarking data to provide transparency about mental health spending and performance.

Taken alongside the priorities in the NHS planning guidance 2016/17-2020/21, these documents present a real opportunity for change and improvement in service provision for people with mental health problems. We hope you find this month's newsletter an interesting read.

*Dave and Paul*

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# Old Problems, New Solutions: Improving Acute Psychiatric Care for Adults in England; The Report of the Commission on Acute Adult Psychiatric Care's work in England.

## About the Commission

The independent Commission on Acute Adult Psychiatric Care was set up by the Royal College of Psychiatrists in January 2015 in response to widespread concerns about the provision of acute inpatient psychiatric beds in many parts of England and Northern Ireland.

It is chaired by Lord Nigel Crisp, former Chief Executive of the NHS in England with support from 14 Commissioners, with a diverse range of expertise in mental health and related sectors. The Commission is independent of the Royal College of Psychiatrists and of other outside interests. The Commission published its final report *Old Problems, New Solutions*, in February 2016, setting out its findings and recommendations for England.

## Key points

Access to acute care for severely ill adult mental health patients is inadequate nationally and, in some cases, potentially dangerous. There are major problems both in admissions to psychiatric wards and in providing alternative care and treatment in the community. These two sets of problems are intimately connected and need to be tackled together.

There are, nevertheless, many good services around the country and enormous scope for dramatically improving others. These are old problems but there is a great deal to build on and new opportunities for innovation.

The Commission's starting point is that patients with mental health problems should have the same rapid access to high quality care as patients with physical health problems. It proposes the introduction of firm targets for improvement combined with new approaches to quality, data management, innovation and investment.

## The Commission recommends that:

1. A new waiting time pledge is included in the NHS Constitution from October 2017 of a maximum four-hour wait for admission to an acute psychiatric ward for adults or acceptance for home-based treatment following assessment.
2. The practice of sending acutely ill patients long distances for non-specialist treatment is phased out nationally by October 2017.
3. Commissioners, providers and Strategic Clinical Networks in each area together undertake a service capacity assessment and improvement programme to ensure that they have an appropriate number of beds as well as sufficient resources in their Crisis Resolution and Home Treatment teams to meet the need for rapid access to high quality care by October 2017.
4. Service providers, commissioners and Health and Wellbeing Boards work together to improve the way the mental health system works locally – sharing information, simplifying structures where appropriate, and finding innovative ways to share resources and deliver services.
5. There is better access to a mix of types of housing – and greater flexibility in its use – to provide for short-term use in crises, reduce delayed discharges from inpatient services and offer long-term accommodation.
6. A single set of easy to understand and measurable quality standards for acute psychiatric wards is developed nationally with the involvement of patients and carers and widely promoted and communicated.

Continued...

## Old Problems, New Solutions - continued...

7. The growing awareness and use of quality improvement methodologies in mental health is nurtured and accelerated.
8. Patients and carers are enabled to play an even greater role in their own care as well as in service design, provision, monitoring and governance.
9. A *Patients and Carers Race Equality Standard* is piloted in mental health alongside other efforts to improve the experience of care for people from Black and Minority Ethnic communities.
10. The collection, quality and use of data is radically improved so it can be used to improve services and efficiency, ensure evidence-based care is delivered and improve accountability.
11. All mental health organisations promote leadership development and an open and compassionate culture with particular reference to better ward management, values-based recruitment, and staff training and development.
12. Greater financial transparency, removal of perverse incentives and the reduction of waste is coupled with investment in the priority areas identified here – acute care capacity, housing, information systems and staff – and guarantees are made about financial parity with physical health.

This report paints a picture of an acute mental health system under pressure, with difficulties in access to care compounded by – in some instances – poor quality of care, inadequate staffing and low morale. Too often inadequate data and information are available but it is clear that the whole system has suffered from a steady attrition in funding from both NHS and local government sources in recent years.

National and local government need to act to redress the balance and ensure that mental health receives equal priority and funding with physical health. Commissioners and providers, too, have a responsibility to lead change, focus on quality and improve the way their organisations and the whole system works.

Most of what is needed is already being done somewhere in the country with committed and innovative people – patients and carers as well as professionals – working hard to improve services. This report's recommendations are designed to get behind their efforts and help them to share their learning and achieve their ambitions.

Download the full report at: <http://www.caapc.info/>

### NEMHDU's approach

As the report states, most of what is needed is already being done somewhere in the country and below we give a quick summary of some the projects we are currently, or have previously been, involved in.

#### Out of Area Placements

Over the past two years we have been working with Northumberland, Tyne and Wear NHS Foundation Trust to review out of area placements for people with complex mental health needs, with a significant number of service users successfully moved to receive care closer to home. This work is continuing and the scope of the work is likely to be broadened to include additional client groups. A case study of this work was submitted as good practice to the Taskforce and can be viewed at: [www.nemhdu.org.uk/news](http://www.nemhdu.org.uk/news).

#### Standards for Clinical Interventions in Crisis Resolution and Home Treatment Teams

A fantastic piece of work by one of our Associates, Jim Sowter, in order to establish clinical standards across 3 mental health trusts and their crisis teams. View the document at: [www.nemhdu.org.uk/publications](http://www.nemhdu.org.uk/publications)  
Is there an opportunity to do a similar piece of work for acute psychiatric wards as suggested in the Commission's report and take a lead role nationally?

## Old Problems, New Solutions : NEMHDU's approach - continued...

### Values Based Recruitment

We worked with the North East Dementia Alliance, people with dementia and their carers and mental health service providers, to develop a toolkit to help employers assess for attitude when recruiting staff to work with people with dementia, especially in terms of 'values based recruitment'. Whilst focused on dementia, the principles of this work and the toolkit could easily be applied to other areas. The toolkit can be downloaded at: [www.nemhdu.org.uk/publications](http://www.nemhdu.org.uk/publications)

### Involvement and Leadership

Over the last ten years NEMHDU (and its predecessor organisations) has been involved in the development and delivery of participation, involvement and leadership programmes across a diverse range of community groups, including third sector leaders, adults who experience mental health problems, young people experiencing mental health problems, and more recently a bespoke programme aimed at developing skills, knowledge and confidence in participation amongst those experiencing dementia and their carers'. These programmes significantly improve people's skills and confidence to be involved not only in their own care but also, for some, involvement in service planning and monitoring.

We are currently working with Tees, Esk and Wear Valleys NHS Foundation Trust to review service user and carer involvement in adult mental health services in the Durham and Tees valley localities. This review has been carried out in partnership with North East together and findings are due to be presented to the Trust at the end of this month.

### Data

We have worked with a number of Clinical Commissioning groups to develop a detailed understanding of the mental health needs of their communities and mental health service provision. This has included detailed analysis and interpretation of all available data sources, which has led to the development of new mental health strategies and work plans.

### Innovation and multi-agency working

We began working with the Tees-wide crisis concordat group last year to provide support to review the CQC thematic review of crisis services and identify priorities for the locality; review the conveyance system for people in crisis; and to review those vulnerable people who are frequent service users. Work is now underway to look at re-providing mental health conveyancing across the region, looking at how to provide a proactive service to frequent service users, and looking at developing a business case for a stepped care approach for complex cases. This is an excellent example of multiple agencies working together to share information and find innovative ways of delivering better care for local people.

Multi-agency working is also a key feature of NEMHDU's annual autumn conferences, focusing on a 'hot topic' each year and bringing together interested parties from all sectors to look at practical ways we can work together to bring about change and improvement.

These are just some examples of the work taking place across our region to improve services – and our Letters of Possibility book published last September (copies available from [maureen.johnson@nemhdu.org.uk](mailto:maureen.johnson@nemhdu.org.uk)) reinforces a real desire from people in all sectors to work together to break down barriers and provide seamless, timely, good quality services. Now is the time for us all to turn those wishes into reality.

# The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England

## Foreword

For far too long, people of all ages with mental health problems have been stigmatised and marginalised, all too often experiencing an NHS that treats their minds and bodies separately. Mental health services have been underfunded for decades, and too many people have received no help at all, leading to hundreds of thousands of lives put on hold or ruined, and thousands of tragic and unnecessary deaths.

But in recent years, the picture has started to change. Public attitudes towards mental health are improving, and there is a growing commitment among communities, workplaces, schools and within government to change the way we think about it. There is now a cross-party, cross-society consensus on what needs to change and a real desire to shift towards prevention and transform NHS care.

This independent report of the Mental Health Taskforce sets out the start of a ten year journey for that transformation, commissioned by Simon Stevens on behalf of the NHS.

We have placed the experience of people with mental health problems at the heart of it. Over 20,000 people told us of the changes they wanted to see so that they could fulfil their life ambitions and take their places as equal citizens in our society. They told us that their priorities were prevention, access, integration, quality and a positive experience of care. Their voices are quoted in this report and their views are reflected in our recommendations.

First, we have made a set of recommendations for the six NHS arm's length bodies to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people.

Second, we set out recommendations where wider action is needed. Many people told us that, as well as access to good quality mental health care wherever they are seen in the NHS, their main ambition was to have a decent place to live, a job or good quality relationships in their local communities. Making this happen will require a cross government approach.

Finally, we have placed a particular focus on tackling inequalities. Mental health problems disproportionately affect people living in poverty, those who are unemployed and who already face discrimination. For too many, especially black, Asian and minority ethnic people, their first experience of mental health care comes when they are detained under the Mental Health Act, often with police involvement, followed by a long stay in hospital.

To truly address this, we have to tackle inequalities at local and national level.

The report sets out 3 Priority Actions for the NHS by 2020/21:

1. A 7 day NHS – right care, right time, right quality
2. An integrated mental and physical health approach
3. Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens

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## The Five Year Forward View for Mental Health—continued...

The Taskforce recommend eight principles to underpin reform:

1. Decisions must be locally led
2. Care must be based on the best available evidence
3. Services must be designed in partnership with people who have mental health problems and with carers
4. Inequalities must be reduced to ensure all needs are met, across all ages
5. Care must be integrated – spanning people’s physical, mental and social needs
6. Prevention and early intervention must be prioritised
7. Care must be safe, effective and personal, and delivered in the least restrictive setting
8. The right data must be collected and used to drive and evaluate progress

“...the critical element of success will be to put the individual with their own lived experience of mental health at the heart of each and every decision which is made. We have much to be proud of in the progress that has been made in empowering people to make their own decisions, and for services to be co-designed. We now have to go a step further and truly produce services which are led by the needs of the individual, not the system.”

Download the full report from: <https://www.england.nhs.uk/mentalhealth/taskforce/>

## Policy News

Below is a round-up of recent national announcements and publications, with links to the relevant pages on the Department of Health, NHS England and partner organisation websites:

### **At the heart of health: Realising the value of people and communities**

Nesta; 16 February 2016

*NHS England: The NHS Five Year Forward View makes a specific commitment to do more to support people to manage their own health and care and signals the need to “invest significantly in evidence-based approaches such as group-based education for people with specific conditions and self-management educational courses, as well as encouraging independent peer-to-peer communities to emerge”. This commitment is being taken forward through the Realising the Value (RTV) programme. Realising the Value is designed to identify and scale key person and community centred approaches, by building the evidence base at the same time as developing tools, resources and networks to support their spread. This week marks the culmination of the first phase of the programme, with the publication of: “At the heart of health: Realising the Value of People and Communities”. <https://www.england.nhs.uk/2016/02/anu-singh-pritti-mehta/>*

This report explores the value of people and communities at the heart of health, in support of the NHS Five Year Forward View vision to develop a new relationship with people and communities. Person and community-centred approaches for health and wellbeing have significant potential to improve outcomes for individuals, support the development of strong and resilient communities and, over time, help reduce demand on formal health and social care services. There is evidence from both research and practice to demonstrate the benefits of person- and community-centred approaches, across three dimensions of value:

- Mental and physical health and wellbeing
- NHS sustainability
- Wider social outcomes

## Policy News—continued...

### **At the heart of health: Realising the value of people and communities—continued...**

We intend the report to be a practical resource to support the work of commissioners, providers, communities and others seeking to find ways to empower individuals and communities in their health and care. In addition, we hope that it will help commissioners, policymakers and practitioners to understand the range of approaches available, some of the key components and their potential to improve health and wellbeing outcomes, NHS sustainability and social value.

<http://www.nesta.org.uk/publications/heart-health-realising-value-people-and-communities>

### **The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England**

Mental Health Taskforce: 15 February 2016

See Feature article, page 5.

<https://www.england.nhs.uk/mentalhealth/taskforce/>

### **Old Problems, New Solutions: Improving Acute Psychiatric Care for Adults in England**

9 February 2016; The Commission to review the provision of acute inpatient psychiatric care for adults.

See Feature article, page 2.

<http://www.caapc.info/>

### **Arts for health and wellbeing: an evaluation framework**

Public Health England; 4 February 2016

This document provides effective ways to document and evaluate arts projects and programmes that seek to improve health and wellbeing. The arts, including music, dance, theatre, visual arts and writing, are increasingly recognised as having the potential to support health and wellbeing. However, in order for arts to be included in commissioning of health and social care services, there needs to be robust evidence of their effectiveness, impacts and costs.

<https://www.gov.uk/government/publications/arts-for-health-and-wellbeing-an-evaluation-framework>

### **Antenatal and postnatal mental health**

NICE quality standard [QS115]; February 2016

This quality standard covers the recognition, assessment, care and treatment of mental health problems in women during pregnancy and the postnatal period (up to 1 year after childbirth). It also includes providing pre-conception support and advice for women with an existing mental health problem who might become pregnant, and the organisation of mental health services needed in pregnancy and the postnatal period.

<http://www.nice.org.uk/guidance/qs115>

### **Bipolar disorder: assessment and management**

NICE guidelines [CG185]; Updated February 2016

This guideline updates and replaces bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care (CG38).

<http://www.nice.org.uk/guidance/cg185>

### **Social work: improving adult mental health**

DH; 28 January 2016

Resources to improve, develop and sustain social work across the mental health sector.

These documents are part of the 'Social Work for Better Mental Health' initiative. They will help to improve social work across the mental health sector and to make sure the value of social work in improving mental wellbeing is recognised.

<https://www.gov.uk/government/publications/social-work-improving-adult-mental-health>