CONVENZIS
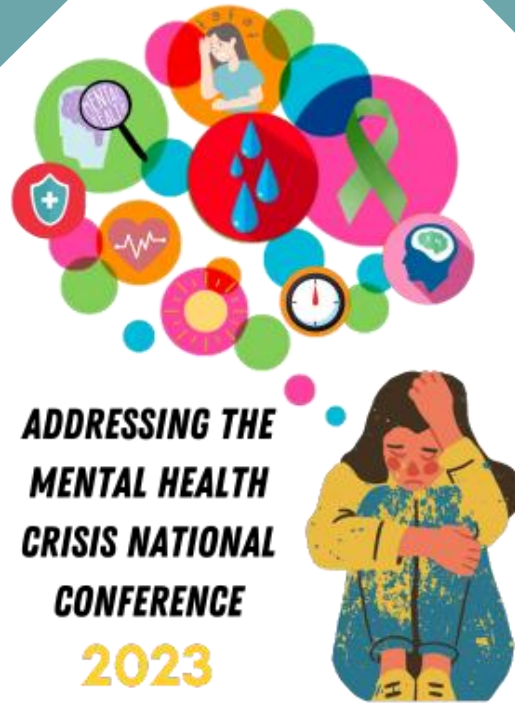
Welcome to Addressing The Mental Health Crisis Conference!

ADDRESSING THE MENTAL HEALTH CRISIS NATIONAL CONFERENCE 2023

22nd November 2023
10:45am – 2pm
Virtual Event

The NHS Maternity Conference

Click on **one** of the multiple choice options, then press 'Submit'

Once **Submitted** your screen will look like this
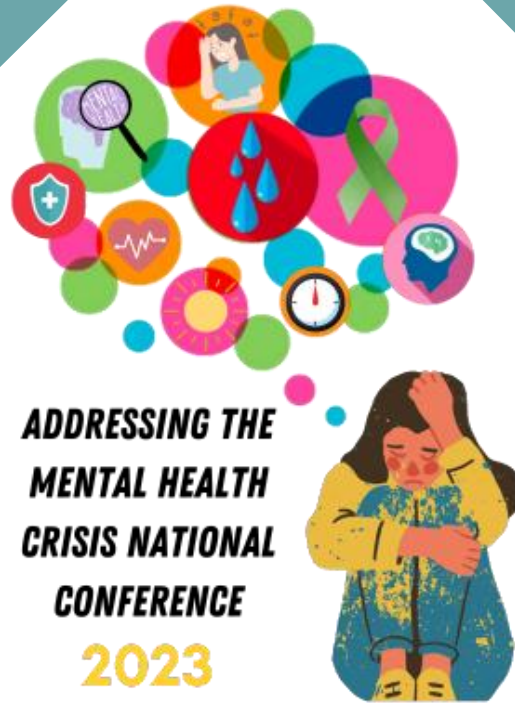
Crisis support – alternative pathways.
A response from the VCFSE sector.

Sarah Wileman, Director of Development, Mental Health Matters
Emma Tomkinson, Area Manager North West, Mental Health Matters

Hello and welcome

National drivers

The Hewitt Review was led by former Secretary of State for Health and current chair of the Norfolk and Waveney Integrated Care Board, Patricia Hewitt. It took consultati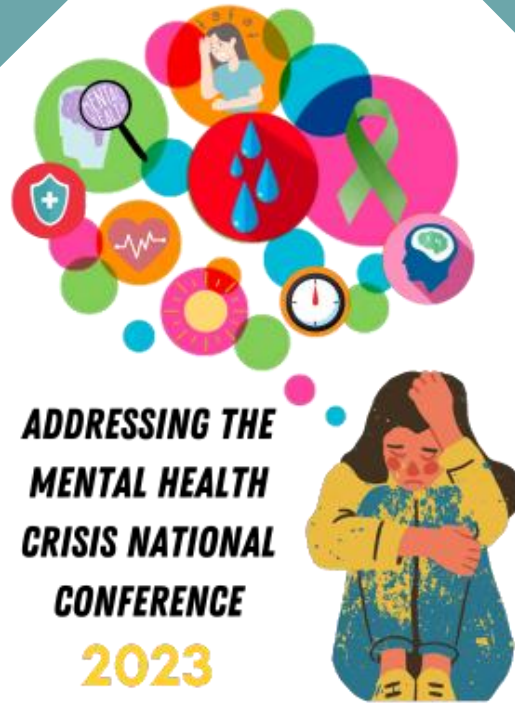on responses, including from Mental Health Matters, it laid out earlier this year its recommendations to improve the integration of care and the ICS/ICB system:

It laid out several relevant focuses:

- The share of total NHS budgets at ICS level going towards prevention should be increased by at least 1% over the next 5 years.
- Breaking down these boundaries will be fundamental to unlocking the potential of system working and reinvigorating the much-needed focus on prevention and early intervention.

Major Conditions Strategy: Strategic Framework

- 'Actively identifying frailer people and supporting them before they experience a crisis'

- 'We then come to early diagnosis, early intervention and quality treatment. If we can identify a major condition early, outcomes are far better and the impact on a person's life is much reduced.'

- 'Throughout this work, we need to look at people as individuals with needs that do not fit neatly into condition specific pathways'

What does this mean for VCFSE sector?

The Hewitt Review states:

'We all recognise that 'prevention' involves a range of activity including primary, secondary and tertiary prevention, much of it carried out by local government and **VCFSE partners** as well as within the NHS itself'

The VCSE sector has the **skills and experience** to deliver **safe, effective services** that provide **value for money.**

Mental Health Matters

Our Purpose

To provide innovative, life-changing mental health support for individuals and communities.

Our Vision

That everyone can access support for their mental health to live a meaningful life, in a society free from stigma.

Our Values

We are compassionate

We are compassionate to the needs of the people who access our services, their experiences and their aspirations.

We are collaborative

We believe that by working together, we achieve the best outcomes for individuals, communities and society.

We are accountable

We are transparent and hold ourselves to the highest standards in every interaction.

We are proud

We are proud of what we stand for - those who access our services, our people and changing lives.

Who we are

- National mental health charity, experienced in delivering high-quality mental health and social care services since 1984.

- We provide a range of services across England, led by a highly motivated and enthusiastic workforce who are committed to delivering the best quality services

- We have more than **10,000 client contacts every month** supporting people to access treatment and achieve their recovery goals.

- Our support services range from helplines and NHS Talking Therapies, to employment support and crisis support, all based on the principle of supporting every person, as an individual, towards their own goals and aspirations.

Crisis support

In 2017, we secured our first Safe Haven (York), the fruition of a "dream service" created by experts-by-experience.

Through working with key stakeholders, we developed a model which is person-centred, safe, effective in reducing crisis and achieves significant positive outcomes.

Our model has been extended nationally to 19 sites, plus two virtual services.

8,647
People supported during crisis in 2022/23

![mhm mentalhealthmatters logo]

Our support

- **Community sites**
  - In accessible community buildings
  - On high-streets in Barnsley, Sheffield and East Berkshire
  - On 3 University campuses as well as 5 community based hubs across Leicestershire.

- **3 sites co-located support on hospital grounds**
  - Exeter (Devon)
  - Medway (Kent)
  - Thanet (Kent) – coming soon

- **Virtual models**
  - North West
  - Sunderland & South Tyneside

Crisis support – our key principles

- **Flexible** to local need - delivered to align to hours of highest need in the community, including out-of-hours and bank holidays

- Location-based to ensure **accessibility**

- Delivered through a tried-and-tested **blended model**

- Offering a **safe, supportive, comfortable, non-judgmental and non-clinical environment**.

Right Care, Right Person Partnership

- The partnership announced earlier this year changed the police response to mental health calls and shifted responsibility onto mental health services

- This will dramatically change pathways, expand the scope of crisis services as well as increasing demand

- The partnership being rolled out police force by police force which doesn't always align ICB area or local authorities

- VCFSE sector are providers of crisis support models but not always fully engaged

Aaron's story

Names have been changed to ensure client confidentiality.

mhm mentalhealthmatters®

"Crisis are very helpful and it is good to have someone to listen to who are not family"

"You are the only people that listen to me. I honestly feel that if it wasn't for you all then I would not be alive today."

"I would have been lost at times without this service."

"You are a great service, the first time I've contacted and I actually feel listened too. don't be frightened to pick up the phone the support is there."

"Just a thank you to the team. I pop in have a chat about something that is on my mind, get a really good perspective and support and leave feeling lighter. I acknowledge I am mentally poorly and it is a long road but I feel this service is one of the only services I have accessed where I feel I am making solid progress."

"I felt a great weight lifted off my shoulders as my contact with you was initially to support someone else."

"I would really recommend it if you need emotional support or help with your mental health"

"A service like this is important to me as it stops me getting to crisis point if I can explain how I'm feeling & have someone hear me. "

Kate's story

Names have been changed to ensure client confidentiality.

Crisis support in the future

- **Major Conditions Strategy** stated that it 'will explore the potential here for using new technology such as AI, developing new patient pathways of care to enable earlier diagnosis and the opportunities for earlier diagnoses created by screening programmes'

- **Autumn Statement** could potentially see the funding gap of the Right Care, Right Person Partnership filled and hopefully see new targeted funding to support crisis support models

- **Hewitt Review** is awaiting response and implementation which could have substantial impact on the field

- **Integrated Care Boards** could explore this model on a wider basis, seeking to implement crisis support best practice

Any questions?

Learn more:

Swileman@mhm.org.uk
Etomkinson@mhm.org.uk
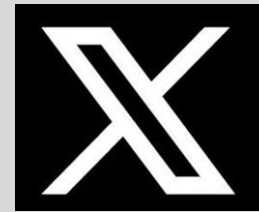
@MHM_Info

@mental_health_matters_uk

mhm
mentalhealthmatters®

Our purpose: To provide innovative, life-changing mental health support for individuals and communities.

Comfort Break

CONVENZIS

ADDRESSING THE MENTAL HEALTH CRISIS NATIONAL CONFERENCE 2023

Speaking Now...
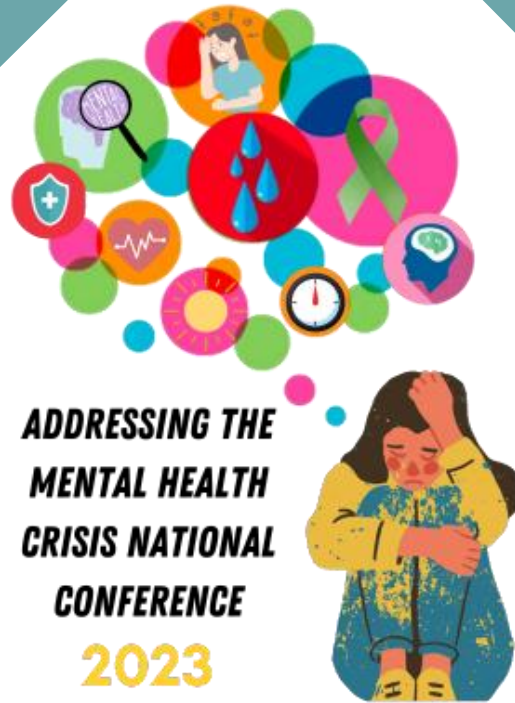
Andy Bleaden
Community Director
ECHAlliance

ECHAlliance
The Global Health Connector

GLOBAL HEALTH CONNECTOR PARTNERSHIP
The global arm of ECHAlliance Group

the digital health society
The data arm of ECHAlliance Group

Using an int

Andy Bleaden

Communities Director at ECHAlliance

🌐 www.echalliance.com   @ECHAlliance

✉ andy@echalliance.com   @Andy Bleaden

ECHAlliance The Global Health Connector

is the Global Connector for Digital Health connecting 78 Countries and 4.4 billion people

As a member organisation we bring our global community together in a network of ecosystems that match need and solution, break down silos, transform healthcare and create economic opportunities. Join us as a member and promote your organisation, grow your networks, connect with innovators and collaborate globally.

75+
Ecosystems across the globe

13
Thematic Innovation Ecosystems

22,000
Experts

1,000+
Member Organisations

CONNECT
Use the power of our global network to make the connections you need.

CONVENE
Use our ability as a neutral party to bring together and reach the right audience.

AMPLIFY
Harness the capacity of our global network to amplify your message.

ACCELERATE
Engage across our network to speed up adoption and awareness.

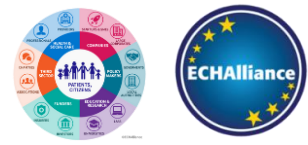**JOIN US!**   ECHAlliance.com   andy@echalliance.com   @ECHAlliance   #ConnectingTheDots

ECHAlliance International Network of Digital Health Ecosystems

Argentina

Australia
Melbourne

Austria

Belgium
Brussels
Flanders

Bulgaria

Canada
Canada Age Well
Quebec

Chile

Czech Republic

Croatia

Denmark
Copenhagen
Scandinavia Nordic
Health 2030
Southern Denmark

England
London
Manchester
North West Coast
Yorks/Humber
South West Coast

Estonia

Finland
Central Finland
Helsinki
Kuopio
Oulu
Ostrobothnia
South Ostrobothnia

France
Bretagne
Hauts-de-France
Lille
Nice
Normandy
Nouvelle-Aquitaine
Paris

Germany
Nuremberg
Rheinland
Stuttgart & Neckar-Alb

Greece
Athens

Hungary
West Hungary

India

Israel

Italy
Treviso

Lithuania

Luxembourg

Malta

Mexico

Moldova

Netherlands
Health Valley
Friesland

Northern Ireland

Norway
Health Tech Cluster
Smart Care Cluster

Poland

Portugal
Digital Health Portugal
Health Cluster Portugal
SHAFE Portugal

Republic of Ireland

Romania
North East
Transylvania
South West Oltenia

Serbia

Scotland
Highlands & Islands
Scottish Digital
Health & Care

Slovenia

Spain
Aragon
Basque Country
Castilla y León
Catalonia
Extremadura
Galicia
Com. Valenciana
Madrid

Sri Lanka

Sweden
Health & Welfare
Technology
North Sweden
Life Science

Turkey

Ukraine

Uruguay

USA
Central Florida
Massachusetts

Wales

Zimbabwe

Thematic Innovation Ecosystems (TIE)
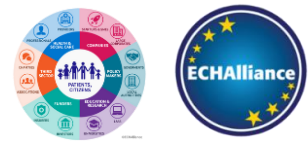
We have developed a brand new set of ECHAlliance Group Thematic Innovation Ecosystems that target cross-border themes led by our ecosystems and members to match need and solution and foster collaboration.

- Housing & Health
- Medicines Optimisation
- Mental Health
- Telemedicine & Health Inequalities

- Skills for Health
- Continence
- Digital Health & Wellbeing
- Green Health

- Digital Health Data
- Integrated Care
- Women's Health
- Healthy Ageing

- Life Sciences
- Health Procurement
- Cancer

Thank you!

Andy Bleaden

Communities Director

🌐 www.echalliance.com

✉ andy@echalliance.com

@ECHAlliance

#ConnectingTheDots

MENTAL HEALTH EQUALITY

HOW TO BUILD A MENTALLY HEALTHIER NATION

CENTRE FOR MENTAL HEALTH

Andy Bell

andy.bell@centreformentalhealth.org.uk
@CentreforMH @Andy__Bell__

22 November 2023

WHO WE ARE

Centre for Mental Health is an independent charity.

We take the lead in challenging injustices in policies, systems and society, so that everyone can have better mental health.

By building research evidence to create fairer mental health policy, we are pursuing equality, social justice and good mental health for all.

CENTRE FOR
MENTAL
HEALTH

MENTAL HEALTH INEQUALITIES

- Social and economic inequality and injustice drive poor mental health
- Access, experience and outcome inequalities in mental health support
- Unequal outcomes for people living with mental health difficulties – including physical health and life expectancy
- Absence of mental health support for people with physical health needs

MENTAL HEALTH SPECTRUM

◎ About 1 in 4 have a current mental health difficulty

◎ Lifetime risk approx. 3/4

◎ Risk and protective factors determine our positions on the spectrum during our lives
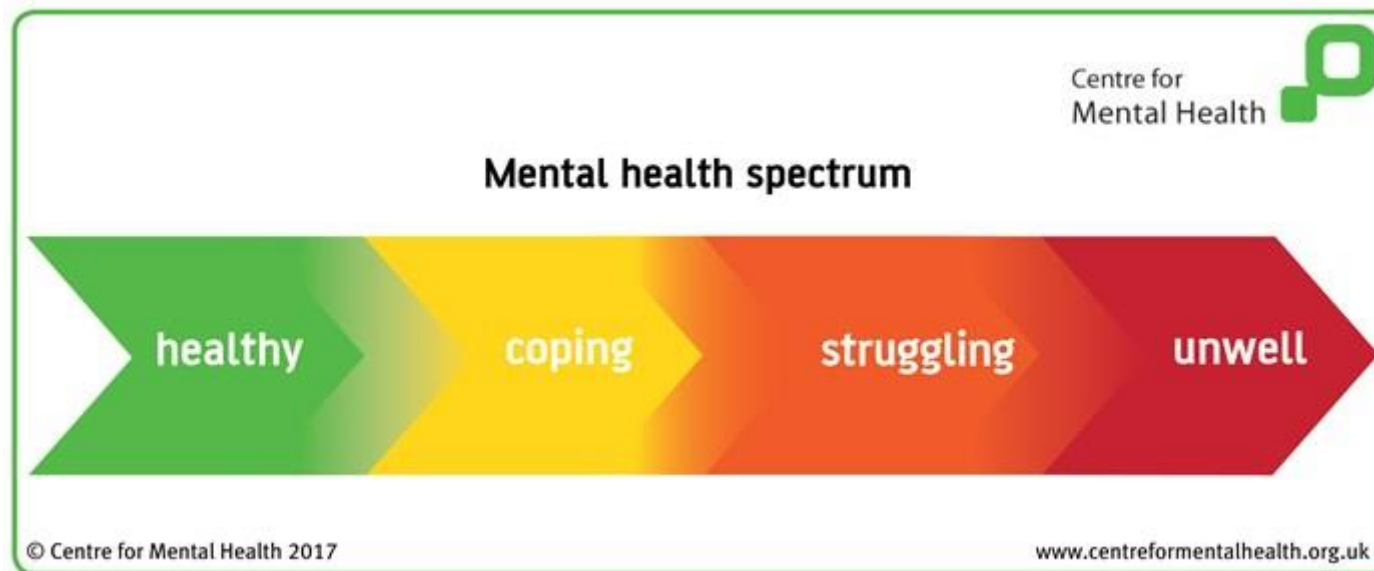
GROUPS FACING HIGHER RISKS

People on low incomes
Racialised communities
Disabled people
LGBTQ+
Long-term illness
Neurodiverse
Looked After Children
Criminal justice system
Residential care

Children from the **poorest 20% of households** are **four times** as likely to have serious mental health difficulties by the age of 11 as those from the **wealthiest 20%**

(Morrison Gutman *et al.*, 2015)

JOIN US IN DEMANDING A FAIRER AND HEALTHIER FUTURE FOR US ALL

CENTRE FOR MENTAL HEALTH

PROTECTIVE FACTORS

Secure attachment in infancy
Positive parenting
Safe, warm housing
Economic security
Positive school experience
Procedural justice, eg at work
Access to green spaces and nature

RISK FACTORS

Traumatic events and experiences

Abuse and neglect

Isolation and loneliness

Bullying

Poverty and financial precarity

Insecure housing and homelessness

(Fear of) crime

Discrimination

Racism
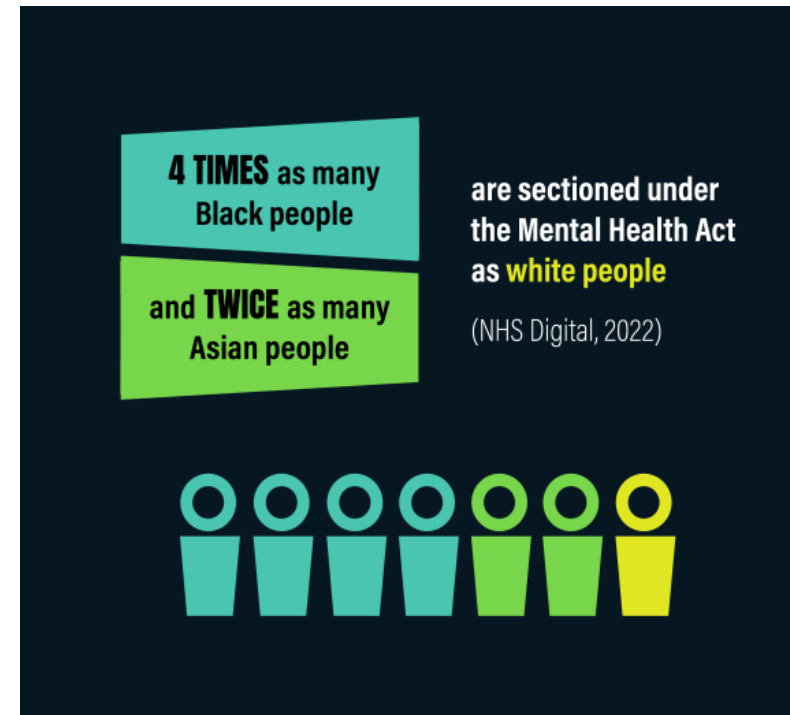
DEPRESSION AND DEPRIVATION

Figure 4: Map of County & UA (pre 4/19)s in England for Estimated prevalence of common mental disorders: % population aged 16 & over (Percentage point - per 100 2017)

Figure 5: Map of County & UA (pre 4/19)s in England for Deprivation score (IMD 2015) (Score - 2015)

Figure 2: Map of County & UA (pre 4/19)s in England for Estimated prevalence of emotional disorders: % population aged 5-16 (Proportion - % 2015)

Figure 3: Map of County & UA (pre 4/19)s in England for Children in low income families (under 16s) (Proportion - % 2016)
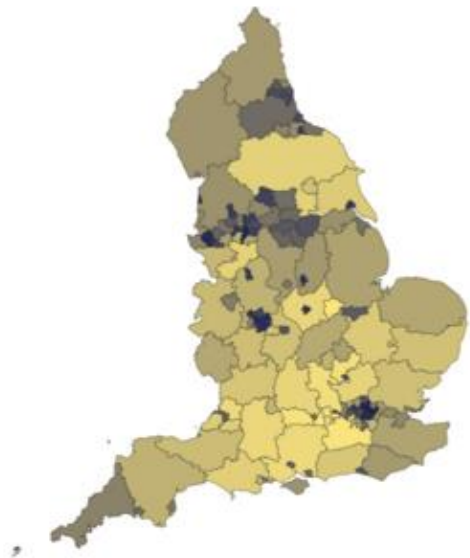
Continuous: Lowest Highest
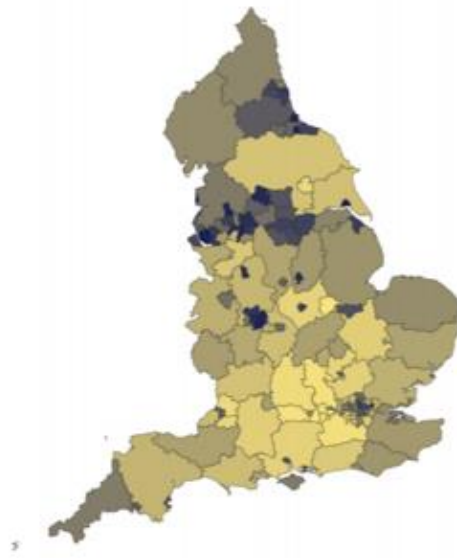
Continuous: Lowest Highest

Used with permission from Public Health England

A SYSTEM DESIGNED FOR EQUALITY

- Mental health is made in communities
- Supported by public services…
- …local systems…
- and national policies

CENTRE FOR MENTAL HEALTH

CHAMPION MENTAL HEALTH

REDUCE POVERTY
- Improve your council tax support scheme
- Expand free school meals, equipment & after school clubs
- Buy more goods & services locally
- Commission money advice services
- Pay the Living Wage

IMPROVE THE ENVIRONMENT
- Create community spaces & events
- Provide genuinely affordable housing
- Reduce access to cheap alcohol
- Promote active travel & access to green space

SUPPORT THE BEST START IN LIFE
- Support schools to boost mental health
- Refresh your child poverty strategy
- Fund early support hubs
- Tackle racism & discrimination
- Invest in early years services

ENSURE ACCESS TO QUALITY SERVICES
- Invest in substance misuse services
- Commit to 'parity of esteem'
- Take vital steps to prevent suicide deaths
- Boost social care for mental health

COMMUNITIES & CIVIL SOCIETY

◎ Communities can create good mental health through:
Sense of belonging & being valued
Mutual aid and peer support
Empowerment & challenging unjust systems: collective impact model
Safe, trustworthy sources of support

◎ Challenges:
Insecure, short-term statutory sector funding
'Class system' in charitable activity and philanthropy

NATIONAL POLICIES

- A national mental health plan
- Mental health in all policies
- Social security
- Education
- Justice
- Race equality

PREVENTION

EQUALITY   SUPPORT

Address the causes of mental ill health

Eradicate mental health inequalities

Ensure timely access to local services

MENTAL HEALTH SUPPORT

◎ **What** is on offer: types of intervention & support, eg more holistic & non-Eurocentric approaches

◎ **Where** it's available: schools, youth clubs, GP surgeries, village halls

◎ **Who** provides it: more diverse & culturally competent workforce, skill-sharing, peer-led & voluntary/community sector services

◎ **How** it works: trauma-informed, anti-oppressive, gender aware, adapted to specific needs, etc

CENTRE FOR
MENTAL
HEALTH

IN TEN YEARS' TIME...

CENTRE FOR MENTAL HEALTH

◎ 1. More will be done to prevent mental health difficulties
◎ 2. Early intervention will be the norm
◎ 3. No wrong door to get quality, compassionate care
◎ 4. Services will see the bigger picture in people's lives
◎ 5. Services treat you as a whole person
◎ 6. Services proactively tackle structural inequities and injustices
◎ 7. Coproduction in service design, development and delivery
◎ 8. Autonomy and human rights boost for community support
◎ 9. A thriving, well-supported and diverse workforce
◎ 10. Services measure & are accountable for outcomes that matter

MENTAL AND PHYSICAL HEALTH

- 1/3 have long-term physical condition
- 1/5 have mental health difficulty
- 1/10 have both

Long term conditions:
30% of population of England
(approx. 15.4m people)

Mental health problems:
20% of the population of England
(approx. 10.2m people)

30% of people with a
long-term condition have a
mental health problem
(approx. 4.6m people)

46% of people with a
mental health problem have a
long-term condition
(approx. 4.6m people)

CENTRE FOR MENTAL HEALTH
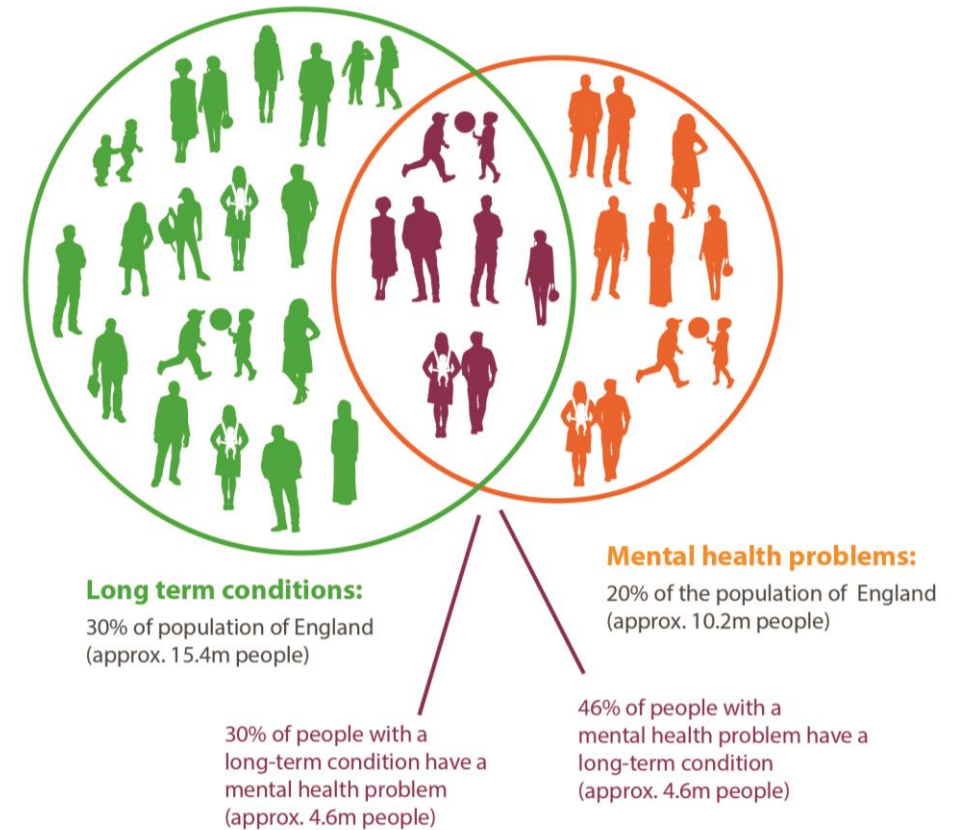
THE 'STOLEN YEARS'

- Life expectancy for someone with long-term mental illness 15-20 years shorter
- High rates of physical ill health (diabetes, liver, respiratory and heart disease)
- Three times rate of smoking + higher consumption & dependency
- Greater risk of dying from cancer
- Higher hospitalisation and death rates from infectious disease, including Covid
- Strong links to poverty and exclusion

CENTRE FOR MENTAL HEALTH

MIND THE GAP

- **Primary care data shows:**
- Higher prevalence of diabetes, heart disease, COPD, asthma & stroke
- Greatest inequalities in 15-34 age group
- Higher rates of having more than one long-term condition
- Prevalence higher in more deprived areas
- https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing

SOME KEY AREAS FOR ACTION

- ◎ Medication management & decision-making
- ◎ Access to health checks & interventions
- ◎ Screening and preventive health care
- ◎ Smoking cessation services
- ◎ Tailored help with physical activity and healthy weight management
- ◎ Addressing poverty & access to food
- ◎ Vaccinations, including flu

CENTRE FOR
MENTAL
HEALTH

EQUALLY WELL UK

- Collaborative to spur concerted collective action on physical health
- Charter for Equal Health
- Three principles:
  1. We all have a *right* to good health
  2. Achieving equal health is a whole system task in which *every* part has a responsibility
  3. The answers lie in collaboration and *coproduction*

Resources and information at www.equallywell.co.uk @EquallyWellUK

'ASK HOW I AM'

Centre for Mental Health

◎ **Long term conditions and mental health**

◎ Coming to terms with it: not just at the start

◎ Living with it: day to day, without end

◎ Burden of repeated appointments and interventions

◎ Impact on relationships

◎ Ongoing impact of the pandemic

◎ Financial challenges

WHOLE PERSON CARE: KIDNEY DISEASE

- Stepped care model
- No exclusions
- Proactive offers of support
- Mental health worker in kidney care team
- Adaptations eg for children
- Holistic support offer
- Routine monitoring/reviews of services

Whole person kidney care

- Regular monitoring of effectiveness of support
- Routine holistic needs assessments
- Promote wellbeing and prevent distress
- Psychologically informed kidney care services
- Specialist psychosocial interventions
- Peer support and practical help
- Reliable & accessible information about available support
- Equitable provision for all groups of patients

REPORTS AND RESOURCES

◉ 'A Mentally Healthier Nation' https://www.centreformentalhealth.org.uk/publications/mentally-healthier-nation

◉ 'No Wrong Door' https://www.centreformentalhealth.org.uk/publications/no-wrong-door

◉ 'Ask How I Am' https://www.centreformentalhealth.org.uk/publications/ask-how-i-am

◉ Equally Well UK https://equallywell.co.uk/

THANK YOU

Andy Bell

andy.bell@centreformentalhealth.org.uk
@CentreforMH @Andy__Bell__ @EquallyWellUK
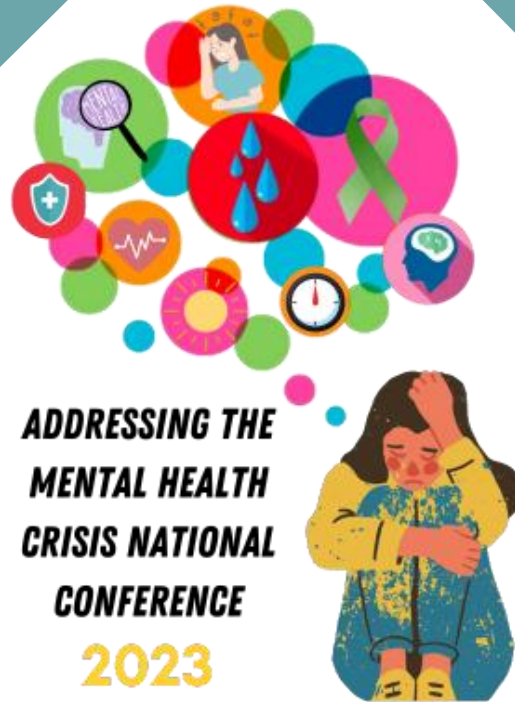
Kirsten Windfuhr
Associate Director - Mental Health, Learning
Disability and Autism Services (MHLDA) - NHS
Benchmarking Network

A national view of mental health services: Key findings from the 2022/23 NHS Benchmarking project

NHS Benchmarking Network (UK)
Kirsten Windfuhr, Assoc. Dir. for Mental Health, Learning Disability and Autism Services (MHLDA)

Addressing the Mental Health Crisis National Conference

Convenzis

22 November 2023

Raising standards through sharing excellence

NHS
Benchmarking Network

Overview

- Understand challenges and identify opportunities for mental health services
- Using benchmarking data for quality improvement

About the NHSBN

What are the challenges?

What are the questions?

What does the data show?

Quality improvement opportunities

NHS
Benchmarking Network
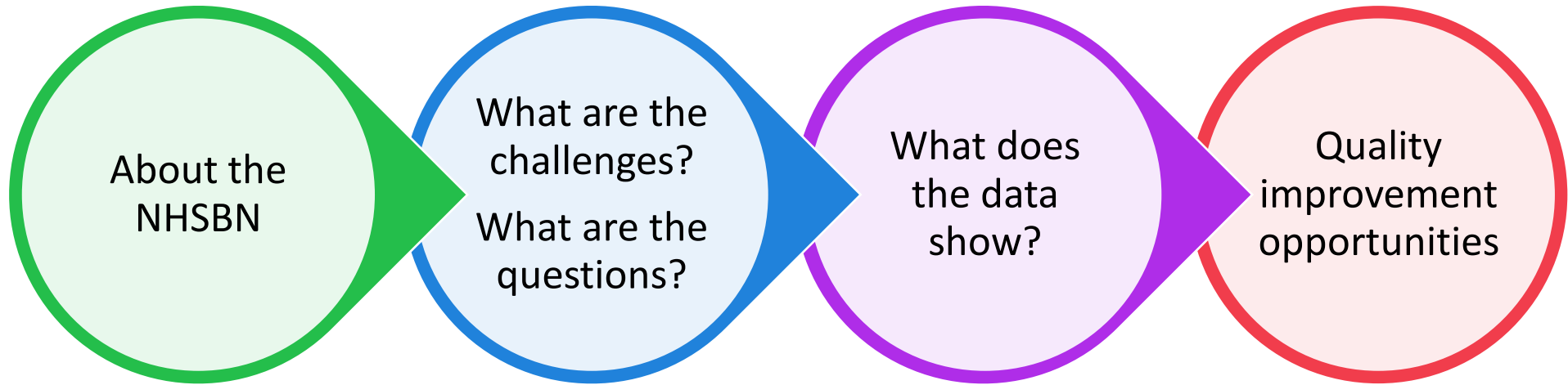
Network membership

Vibrant member community covering all 4 UK nations, all NHS sectors National Bodies, Professional Bodies and Independent Providers

Coverage in England:
- Acute NHS Trusts: 69%
- NHS Community Trusts + 10 SEs**: 82%
- NHS Mental Health Trusts: 100%
- ICBs: 28%

100% coverage:
- Northern Ireland HSCTs
- Scottish Health Boards
- Wales Health Boards

Membership as of 31st August 2023
*** Social enterprises*

Membership Projects

Local Authority, 2, 1%
GP Federation, 1, 0%
National Body, 5, 2%
Professional body / Charity, 12, 5%
Independent Provider, 1, 0%
CSU, 4, 2%
Channel Islands, 1, 0%
Scottish Health Board, 14, 6%
Northern Ireland HSCT, 5, 2%
Wales University Health Board, 7, 3%
Social Enterprise, 10, 4%
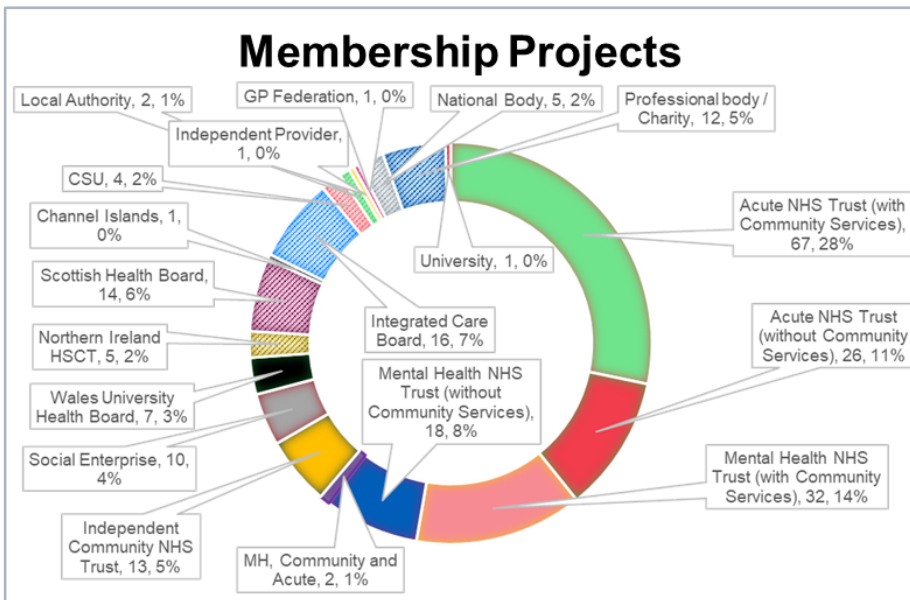Independent Community NHS Trust, 13, 5%
MH, Community and Acute, 2, 1%
Mental Health NHS Trust (without Community Services), 18, 8%
Integrated Care Board, 16, 7%
University, 1, 0%
Acute NHS Trust (with Community Services), 67, 28%
Acute NHS Trust (without Community Services), 26, 11%
Mental Health NHS Trust (with Community Services), 32, 14%

Membership Projects

Acute Sector

Community Sector

**Acute & Community Sector**

Mental Health, Learning disability, and Autism Sector

ICBs

- Adults & older adults mental health services
- Children & young people's mental health services
- Learning disabilities & ASD services
- MHLDA indicators (quarterly)

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*International benchmarking collaboration with the IIMHL

NHS
Benchmarking Network

Data for quality improvement: Where are the opportunities?
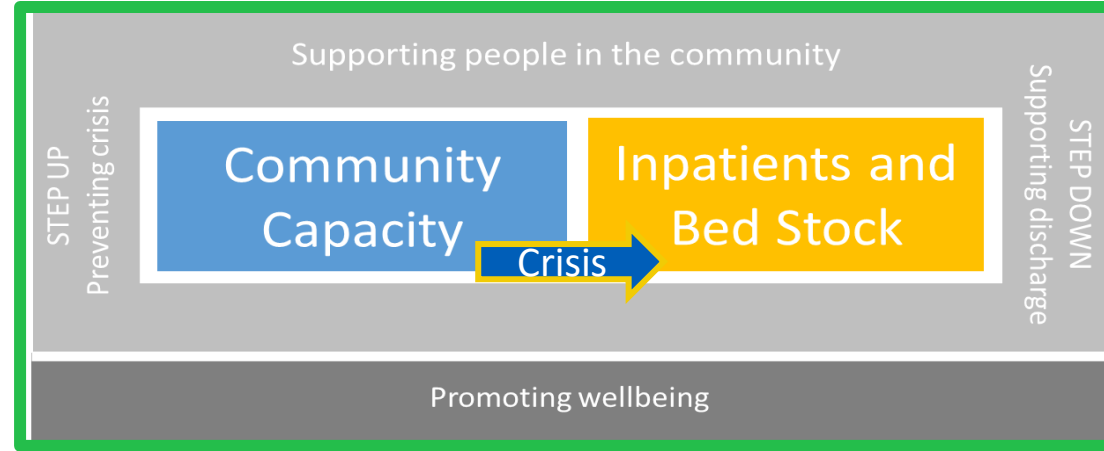
- What is the current state of services?
  - Demand
  - Who is accessing services
  - Are community and crisis services optimised? e.g. access, contacts, coverage
  - What is the inpatient capacity?
  - Is inpatient care optimised, from point of admission to discharge?
  - Is the balance of care right?
  - What is the impact on patient safety?
  - What does the workforce look like?

NHS Benchmarking Network:
Patient pathways and key metrics
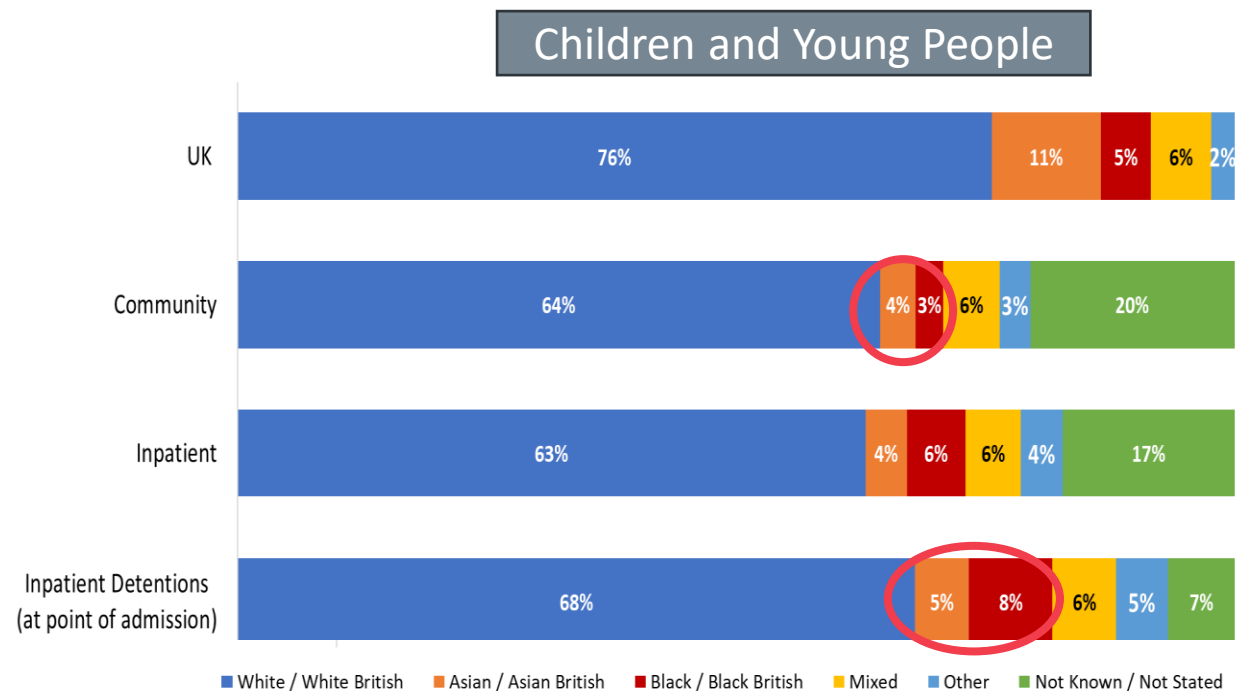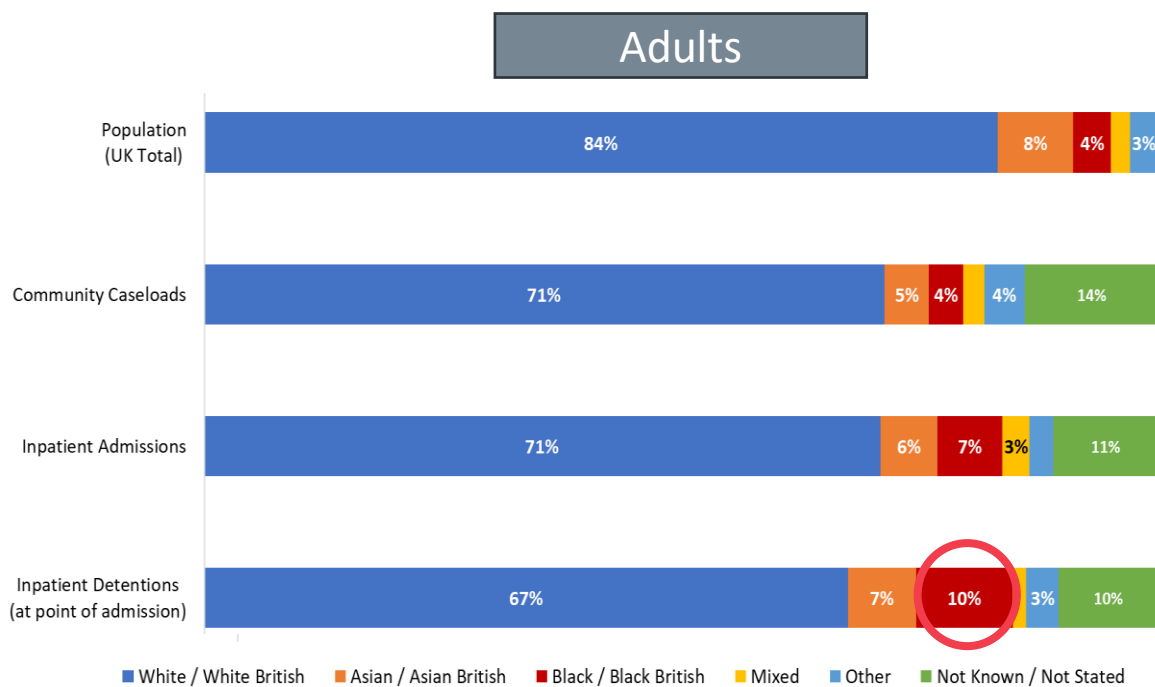
NHS
Benchmarking Network

Patient demography

Ethnicity

- Missing data: quality and completeness a focus nationally
- Over- and under representation in services compared to national and local population profiles

GUIDANCE: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/submit-data/data-quality-of-protected-characteristics-and-other-vulnerable-groups?key=

Data quality of protected characteristics and other vulnerable groups

Guidance for improving data quality in the Mental Health Services Data Set (MHSDS) and Improving Access to Psychological Therapies (IAPT) Data Set.

Date Published: 22 April 2022

Adults

	White / White British	Asian / Asian British	Black / Black British	Mixed	Other	Not Known / Not Stated
Population (UK Total)	84%	8%	4%		3%	
Community Caseloads	71%	5%	4%		4%	14%
Inpatient Admissions	71%	6%	7%		3%	11%
Inpatient Detentions (at point of admission)	67%	7%	10%		3%	10%

Legend: ■ White / White British ■ Asian / Asian British ■ Black / Black British ■ Mixed ■ Other ■ Not Known / Not Stated

Children and Young People

	White / White British	Asian / Asian British	Black / Black British	Mixed	Other	Not Known / Not Stated
UK	76%	11%	5%	6%	2%	
Community	64%	4%	3%	6%	3%	20%
Inpatient	63%	4%	6%	6%	4%	17%
Inpatient Detentions (at point of admission)	68%	5%	8%	6%	5%	7%

Legend: ■ White / White British ■ Asian / Asian British ■ Black / Black British ■ Mixed ■ Other ■ Not Known / Not Stated

NHS Benchmarking Network

Referrals and contacts (UK Generic adult CMHTs)

Total referrals received into Generic CMHTs - per 100K ONS resident population

Mean	1,755
Median	1,559
UQ	2,283
LQ	873
N	77
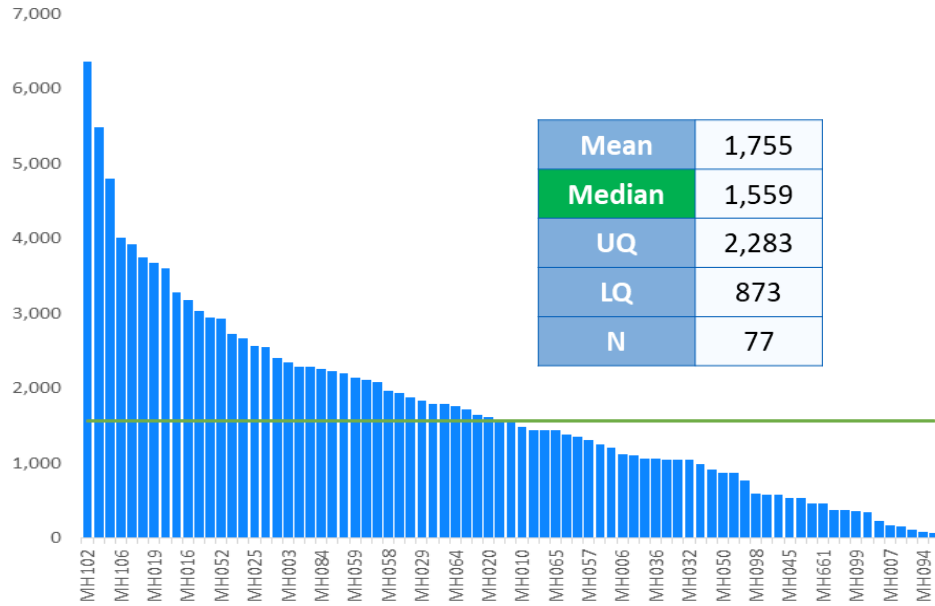
- Circa 625,000 people referred into adult CMHTS

- Increase in referrals (11%)

  [14% increase for older adult services]

- Avg waiting times stable 8 weeks

- % within <4 week wait decreased this year

Caseload at 31.3.23 - Generic CMHT - per 100K ONS resident population

Mean	1,064
Median	911
UQ	1,242
LQ	598
N	76

Caseload - Generic CMHTS per 100,000 population
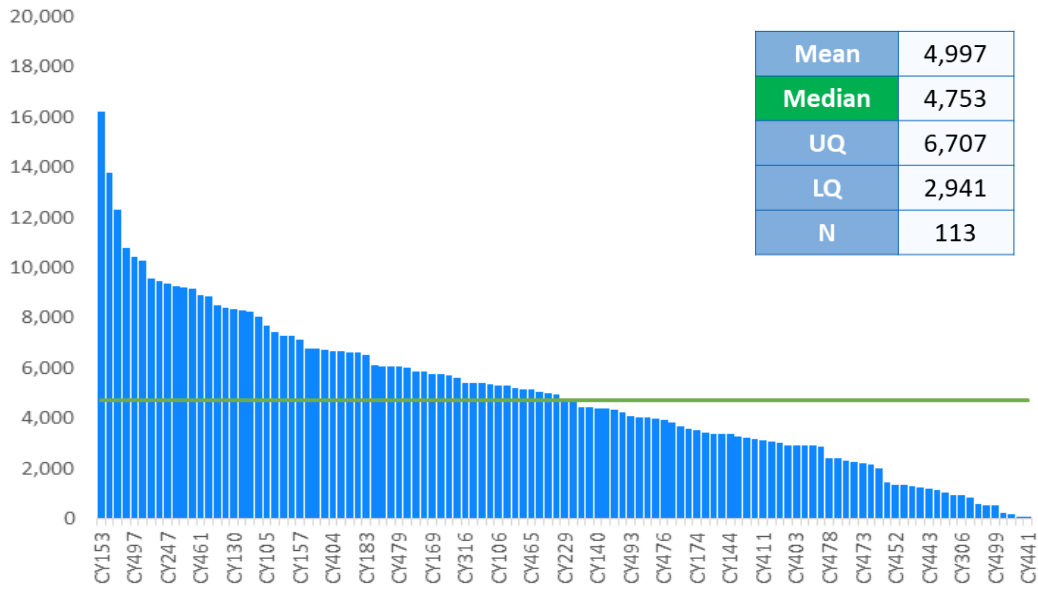
894   886   824   911
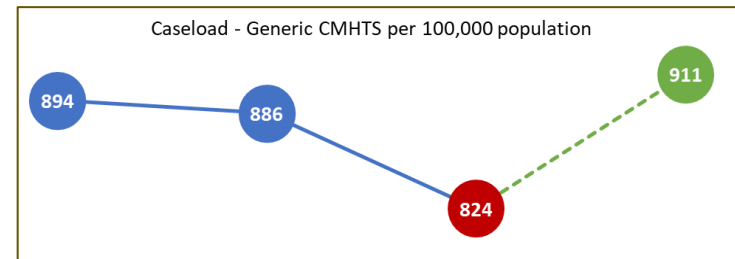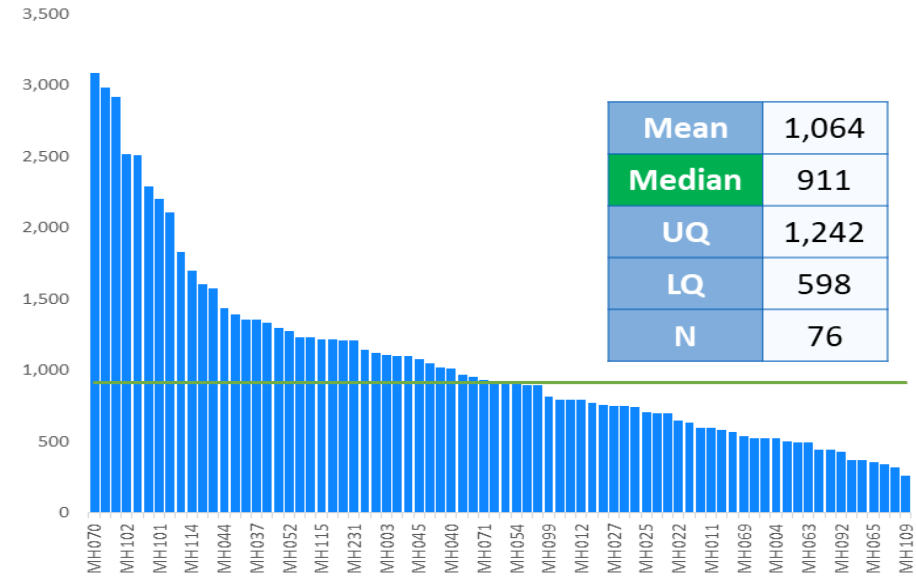
- Increase in caseloads (11%)

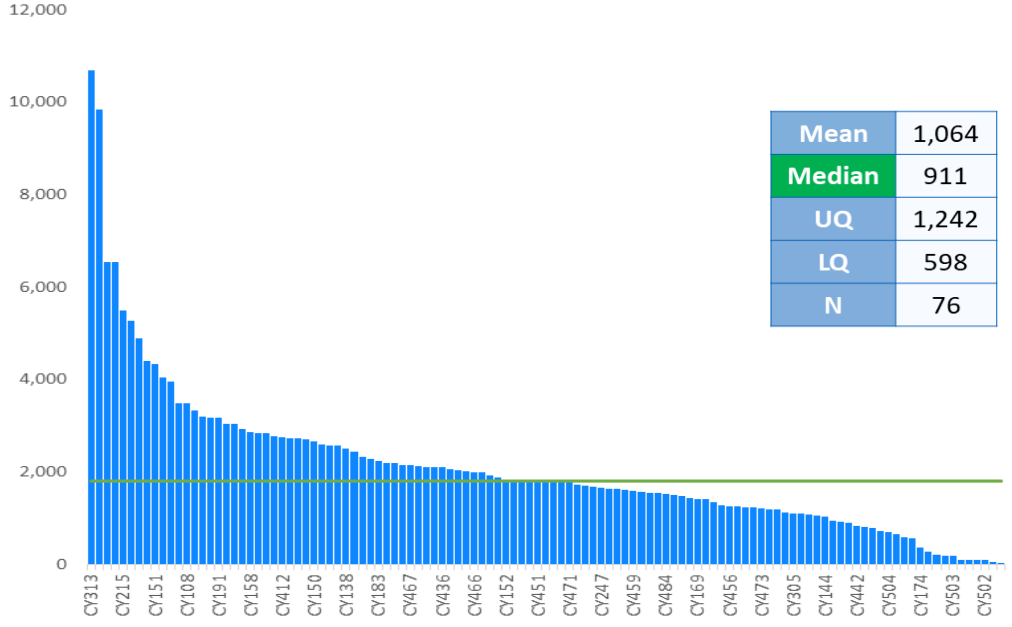- 6% of adult service users not seen by services in previous year [8% of older adults]

Referrals and caseload (CYPMH)

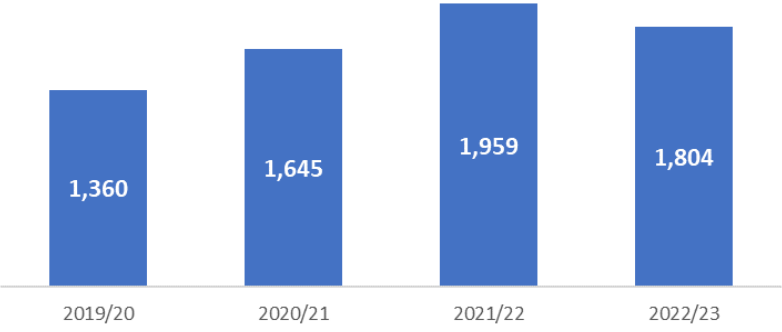**Total referrals for CYP aged 0-17 received by CYPMHS 2023 Total CYPMHS - Per 100,000 population**

Mean	4,997
Median	4,753
UQ	6,707
LQ	2,941
N	113

Total number of patients on the caseload as of 31st March 23 Total CYPMHS - Per 100,000 population

Mean	1,064
Median	911
UQ	1,242
LQ	598
N	76

Caseload per 100,000 population (Total CYPMHS)

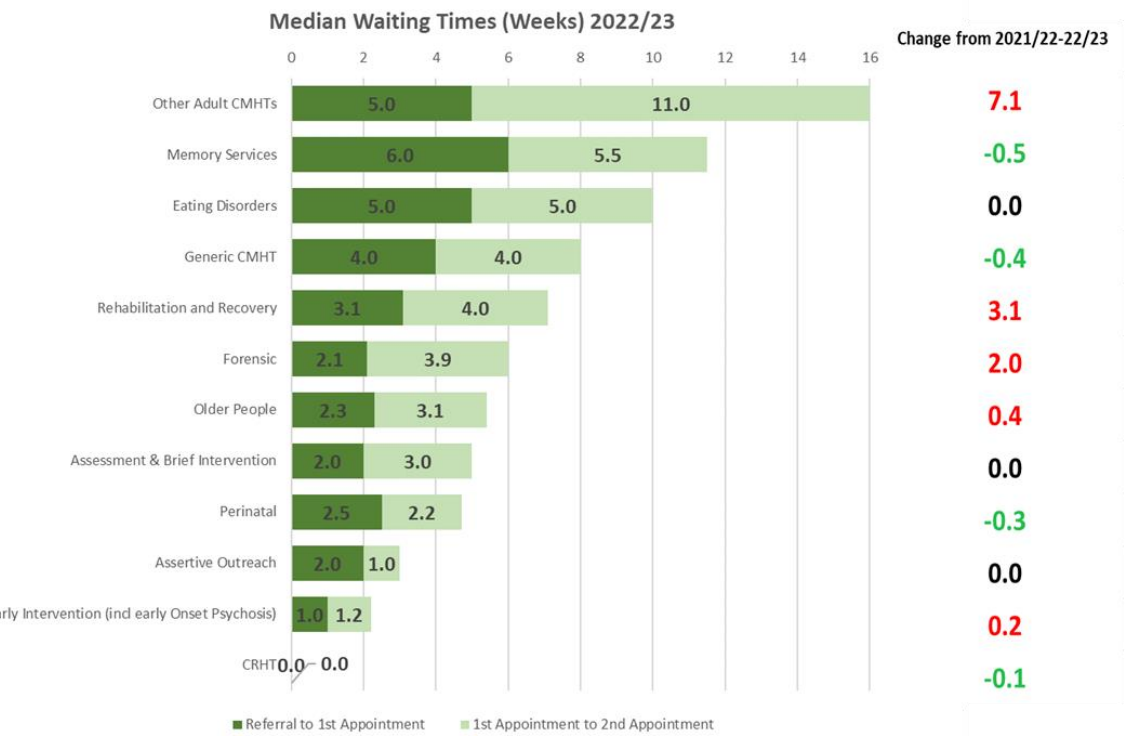| 2019/20	2020/21	2021/22	2022/23
1,360	1,645	1,959	1,804

- 4,753 - 7% increase compared to 2021/22

- Referral acceptance rate stable – 78%

- Increase in caseload from 2019/20

67

Waiting times - access into services

Median Waiting Times (Weeks) 2022/23

	Referral to 1st Appointment	1st Appointment to 2nd Appointment	Change from 2021/22-22/23
Other Adult CMHTs	5.0	11.0	7.1
Memory Services	6.0	5.5	-0.5
Eating Disorders	5.0	5.0	0.0
Generic CMHT	4.0	4.0	-0.4
Rehabilitation and Recovery	3.1	4.0	3.1
Forensic	2.1	3.9	2.0
Older People	2.3	3.1	0.4
Assessment & Brief Intervention	2.0	3.0	0.0
Perinatal	2.5	2.2	-0.3
Assertive Outreach	2.0	1.0	0.0
Early Intervention (incl early Onset Psychosis)	1.0	1.2	0.2
CRHT	0.0	0.0	-0.1

	General	MHST	Eating Disorder		Crisis	Forensic
			2022/23	2021/22		
Waiting times – 1st appt (weeks)	5	2	2	5	0	4
Waiting times – 2nd appt (weeks) Median RTT	12 (RTT 21% <4wks)	5 (RTT 34% <4wks)	3 (RTT 59% <4wks)	3 (RTT 55% <4wks)	0 (RTT 98% <4wks)	4 (RTT 19% <4wks)

	ASD	ADHD	ASD/ADHD combined	Other neurodiversity
Waiting times – 1st appt (weeks)	14	11	23	6
Waiting times – 2nd appt (weeks) Median RTT	20 (RTT 13% <4wks)	19 (RTT 19% <4wks)	43 (RTT 16% <4wks)	13 (RTT 5% <4wks)

Adults

- Eating disorders increased to 25% (18% 2021/22) <4 week waits
- % <4 weeks for referral stable in generic CMHT (26% this year; 28% 2021/22)
- Perinatal <4 week waits 33% 2022/23 v 41% in 2021/22

Children and young people

- Improvement for eating disorders; within target
- Variation between services and % within 4 weeks
  - ❖ CYP in neurodiversity services among highest waits and lowest % seen within 4 weeks

NHS Benchmarking Network

Productivity

(median; based on 220 working days)

All CMHTs (total)	2020/21	2022/23
Contacts/clinical WTE	321	304
Contacts/clinical WTE/day	1.46	1.38

Crisis services	2021/22	2022/23
Contacts/clinical WTE	230	202
Contacts/clinical WTE/day	1.05	0.92

Eating disorders	2021/22	2022/23
Contacts/clinical WTE	325	324
Contacts/clinical WTE/day	1.48	1.47

MHSTs		2022/23
Contacts/clinical WTE		280
Contacts/clinical WTE/day		1.3

Children and young people

- Productivity a key lever to managing demand, timely access
- Guidance: London regional productivity project and guidance

Treatment intensity

Eating disorders	2022/23
Mean length of time on caseload	40
Mean number of contacts before discharge	20
Approx contacts per week	1 per 2 weeks

MHST	2022/23
Mean length of time on caseload	16
Mean number of contacts before discharge	8
Approx contacts per week	1 per 2 weeks

Crisis	2022/23
Mean length of time on caseload	5
Mean number of contacts before discharge	5
Approx contacts per week	1 per week

ADHD	2022/23
Mean length of time on caseload	72
Mean number of contacts before discharge	8
Approx contacts per week	1 per 9 weeks

ASD	2022/23
Mean length of time on caseload	75
Mean number of contacts before discharge	5
Approx contacts per week	1 per 15 weeks

Children and young people

- Appropriate levels of treatment intensity?
  Point of reflection on variation
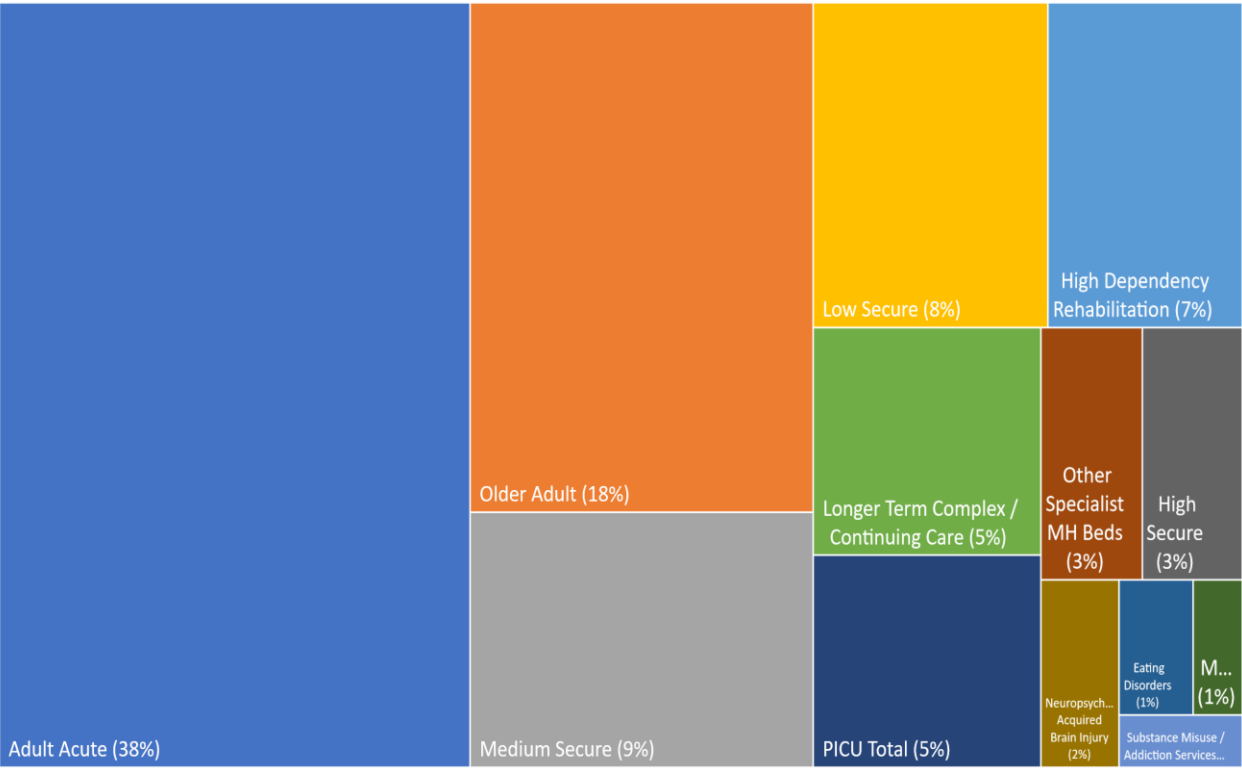
NHS
Benchmarking Network

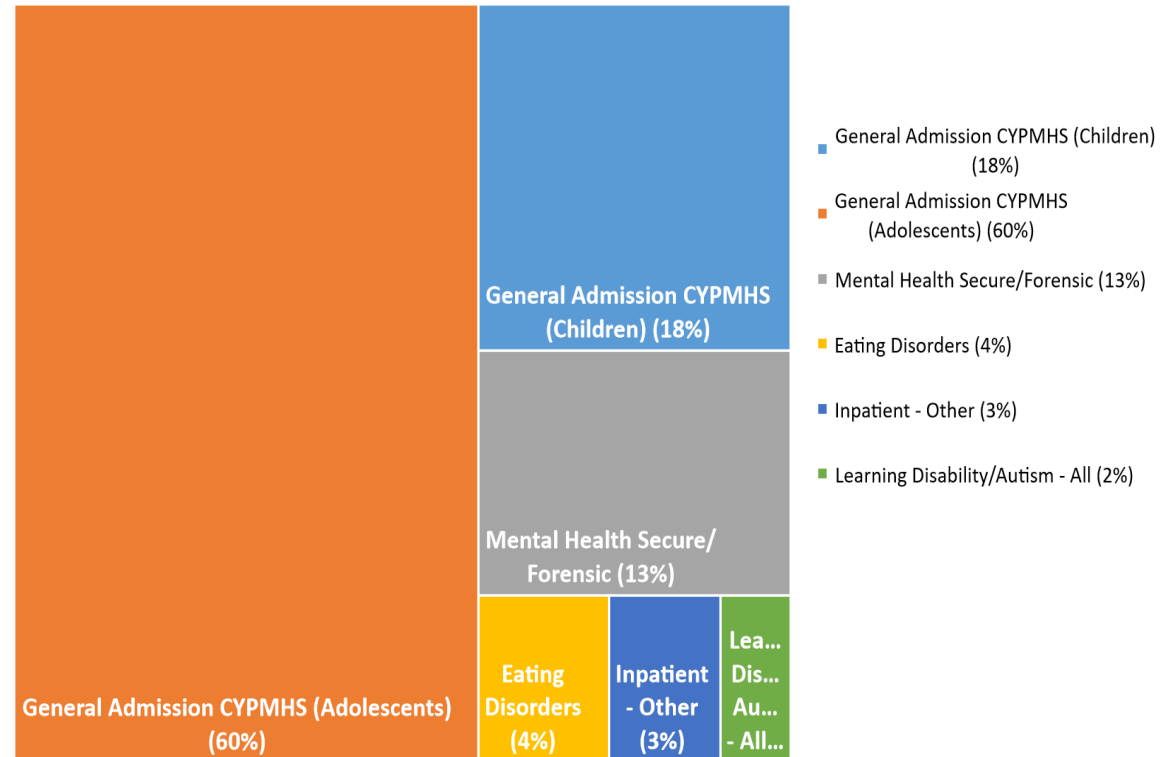# UK bed profile and occupancy rates

- Acute (adult and older adult) accounted for 56% of total bed stock

- 20% secure services

- Eating disorder services, mother and baby units among smallest services at 1%

- Majority of admissions are general admissions for adolescents and children (78%)

- Adult Acute (38%)
- Older Adult (18%)
- Medium Secure (9%)
- Low Secure (8%)
- High Dependency Rehabilitation (7%)
- Longer Term Complex / Continuing Care (5%)
- PICU Total (5%)
- Other Specialist MH Beds (3%)
- High Secure (3%)
- Neuropsychiatry / Acquired Brain Injury (2%)
- Eating Disorders (1%)
- M&B (1%)
- Substance Misuse / Addiction Services (1%)

General Admission CYPMHS (Children) (18%)

General Admission CYPMHS (Adolescents) (60%)

Mental Health Secure/Forensic (13%)

Eating Disorders (4%)

Inpatient - Other (3%)

Learning Disability/Autism - All (2%)

Bed occupancy by bed type (excluding leave)

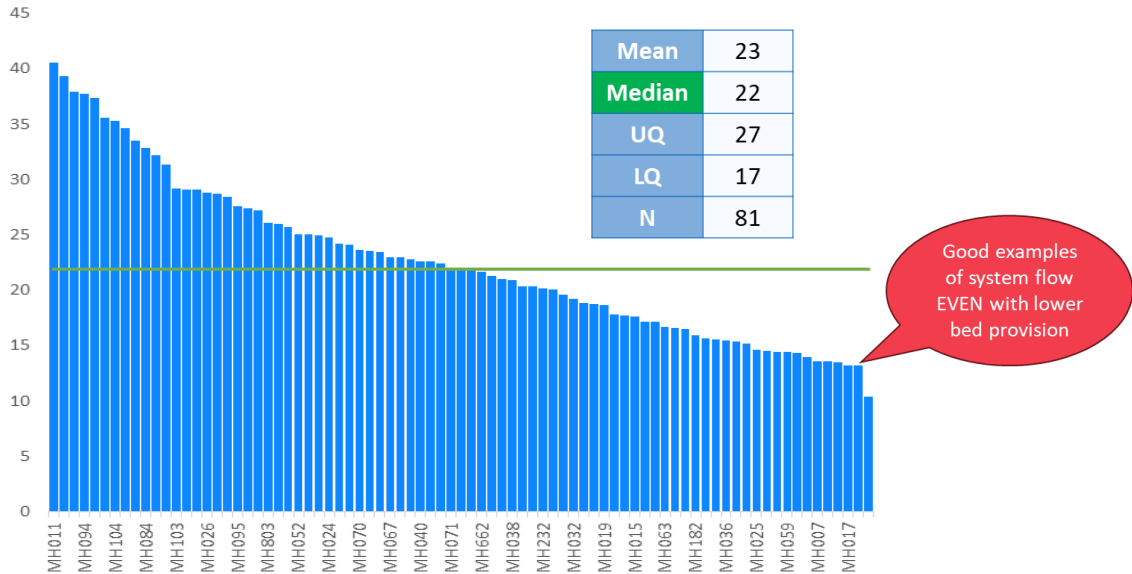- Majority of adult services above recommended 85% occupancy rate
- Occupancy rates lower in CYP services
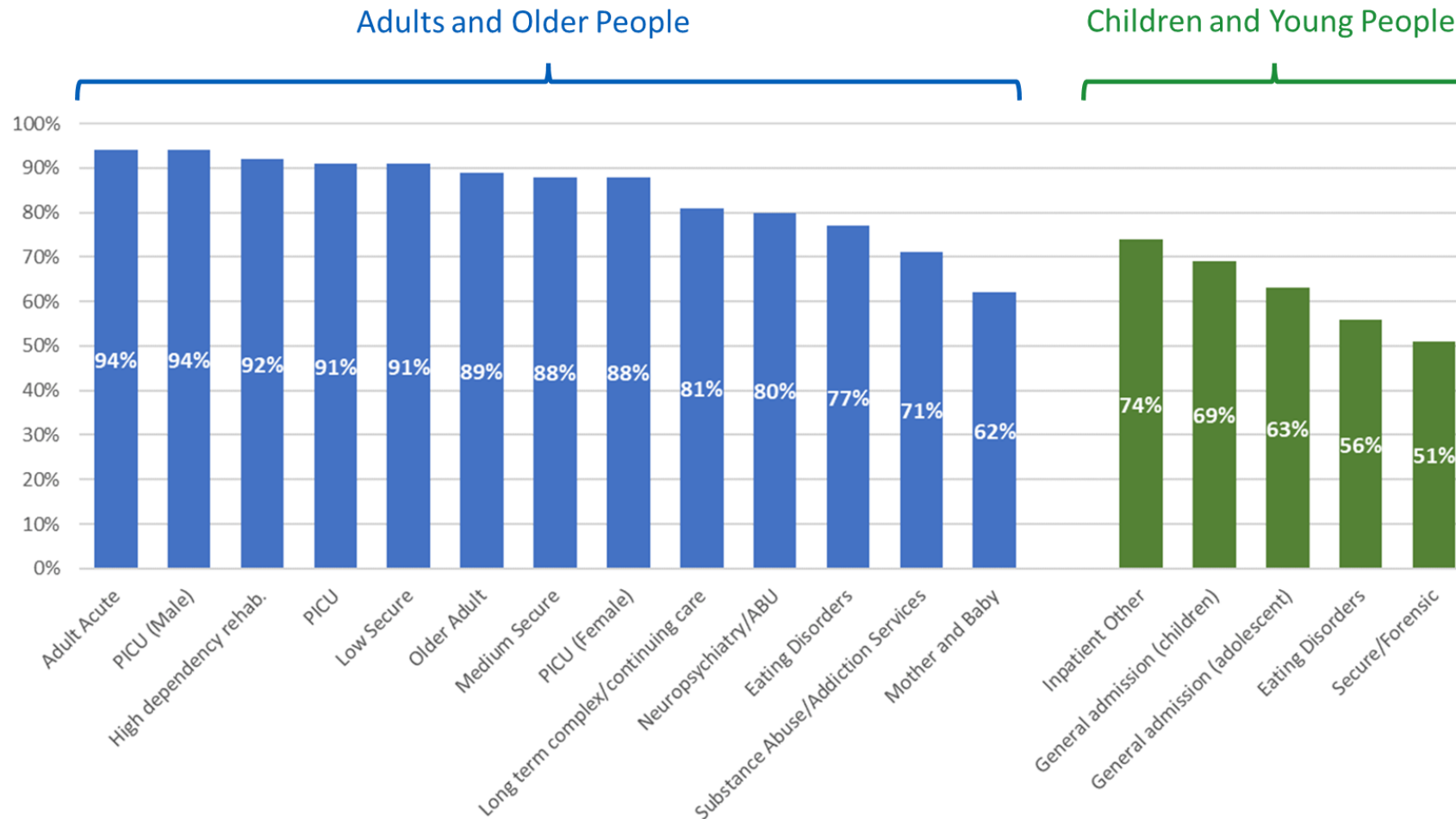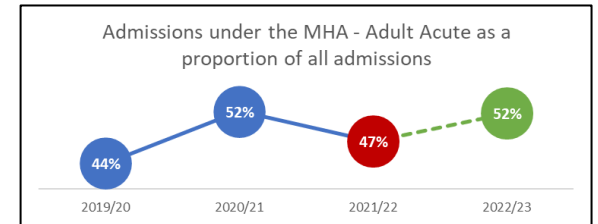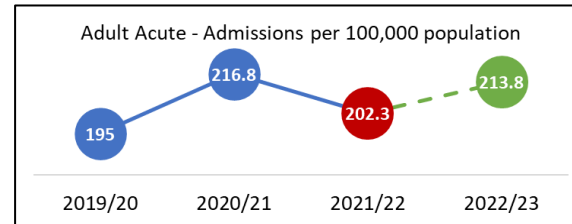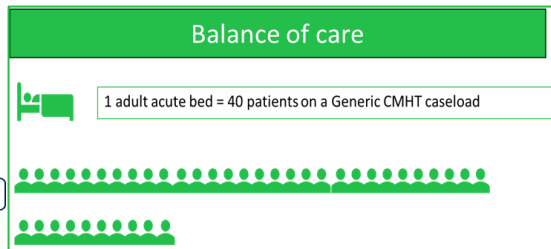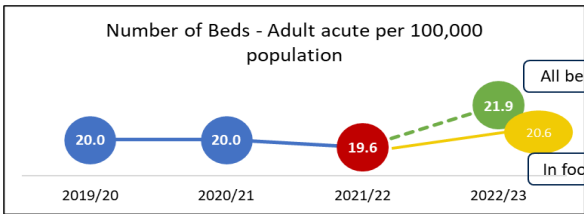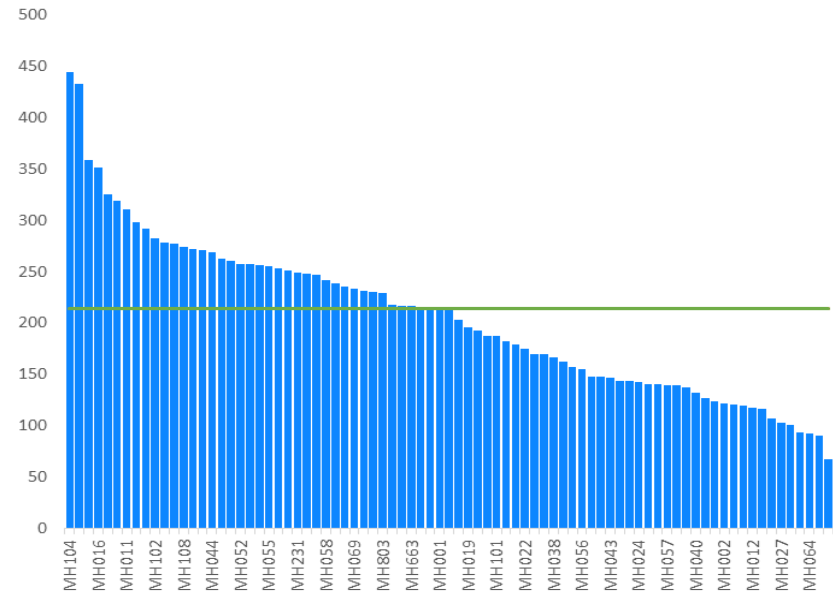
Beds and admissions (adults)

Bed stock/ occupancy   Admissions

Total number of beds at 31/03/23 - Adult Acute - per 100K ONS resident population

Mean	23
Median	22
UQ	27
LQ	17
N	81

Good examples of system flow EVEN with lower bed provision

Number of Beds - Adult acute per 100,000 population

20.0 (2019/20) — 20.0 (2020/21) — 19.6 (2021/22) — 21.9 / 20.6 (2022/23)

All beds
In footprint

Balance of care

1 adult acute bed = 40 patients on a Generic CMHT caseload

Number of admissions to inpatient care in 2023 - Adult Acute - per 100K ONS resident population

Adult Acute - Admissions per 100,000 population

195 (2019/20) — 216.8 (2020/21) — 202.3 (2021/22) — 213.8 (2022/23)

Admissions under the MHA - Adult Acute as a proportion of all admissions

44% (2019/20) — 52% (2020/21) — 47% (2021/22) — 52% (2022/23)

NHS Benchmarking Network

Average length of stay (adult)

Average length of stay (excluding leave) in 2023 - in days - Adult Acute

Mean	38
Median	39
UQ	44
LQ	31
N	77

Number of patients discharged and associated OBDs by LoS profile

- Percentage of patients
- Percentage of OBDs
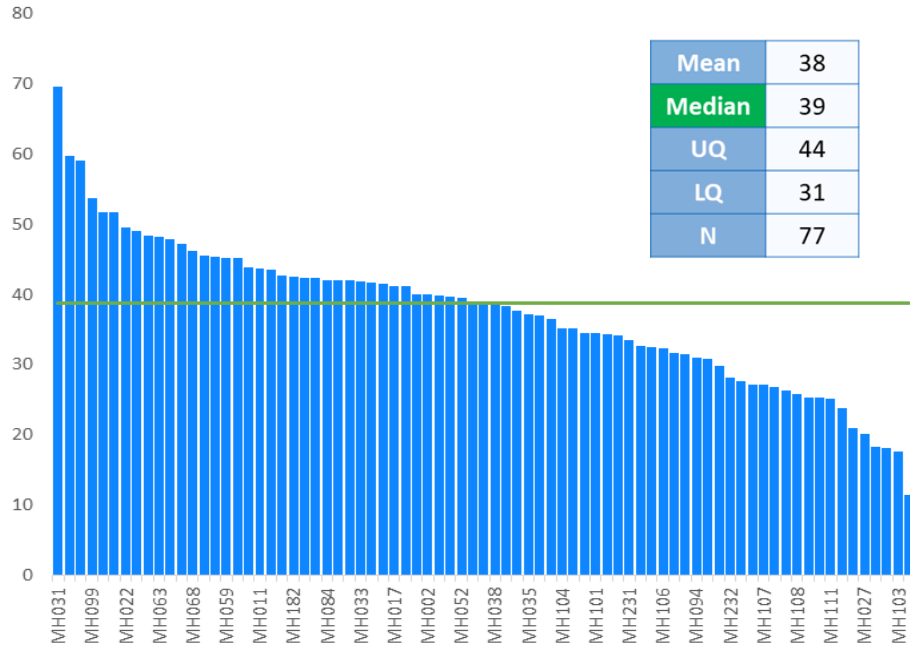
- 39 days median average length of stay excluding leave – increase from 34 days

  [88 days for older adults, increase from 2021/22]

- Delayed discharges 6%

  [11% for older adults]

Length of Stay - Adult Acute

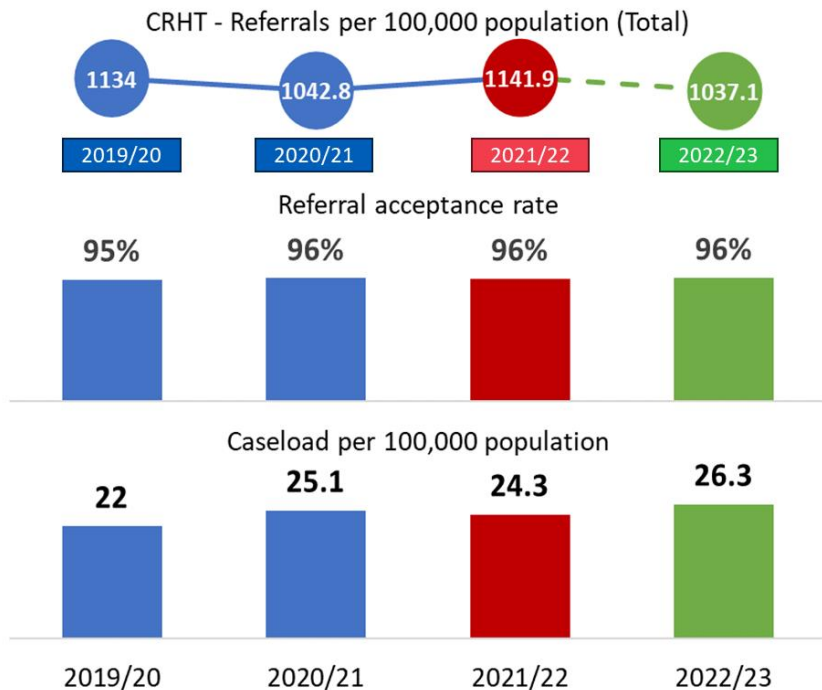34.0 2019/20
32.1 2020/21
33.7 2021/22
38.8 2022/23
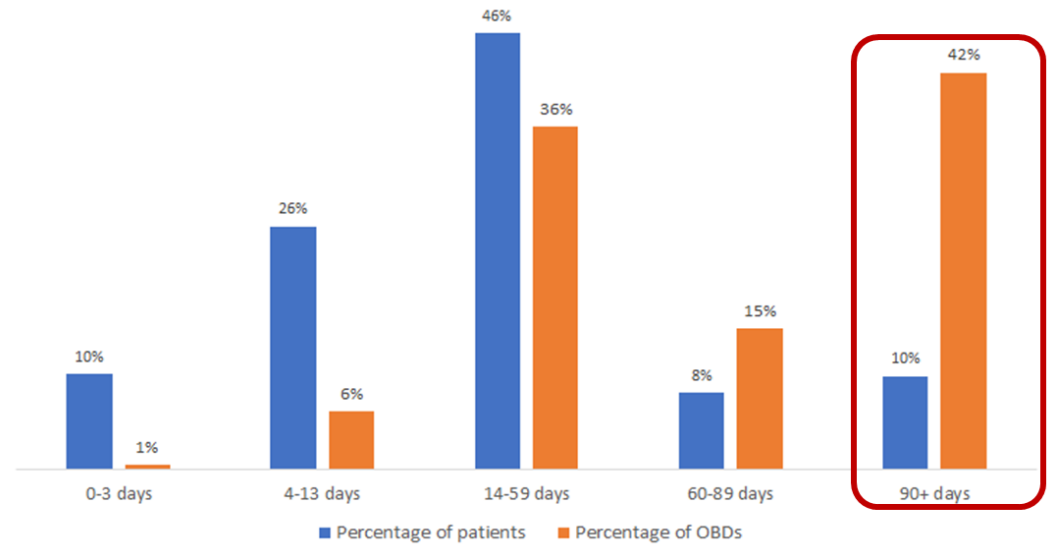
- Small percentage of patients account for a large proportion of OBDs

- Increase in 90+ day patients compared to 2021/22 (39%)

Indicator of system functioning

- Impact on out of area placements

- How are community/crisis services engaging with patients, e.g. support in the community, admission avoidance?

- How is integrated system working between health and social care to support discharge? (working with LAs/social care)

NHS Benchmarking Network

Specialist Community Services: (adult) Crisis resolution and home treatment

CRHT - Referrals per 100,000 population (Total)

1134	1042.8	1141.9	1037.1
2019/20	2020/21	2021/22	2022/23

Referral acceptance rate

95%	96%	96%	96%

Caseload per 100,000 population

22	25.1	24.3	26.3
2019/20	2020/21	2021/22	2022/23

- Decrease in referrals (9%) compared to 2021/22
- National variation in referrals ranging from 31 to 5,286
- National variation in acceptance rates from 31% to 100%
- Coverage (*of those who responded*)
  - CR 24/7: 91% (in England 96%)
  - HT 24/7: 78% (82% in 2021/22) (in England 83%)

STEP UP Preventing crisis

Supporting people in the community

Community Capacity

Crisis →

Inpatients and Bed Stock

STEP DOWN Supporting discharge

Promoting wellbeing

How are community/crisis services engaging with patients, e.g. support in the community, admission avoidance?

NHS Benchmarking Network

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Length of stay and restraint (CYP)

Admissions

Mean LOS (days) (excluding leave) 2023 General Admission CYPMHS (Adolescents)

Mean	83
Median	82
UQ	103
LQ	59
N	28
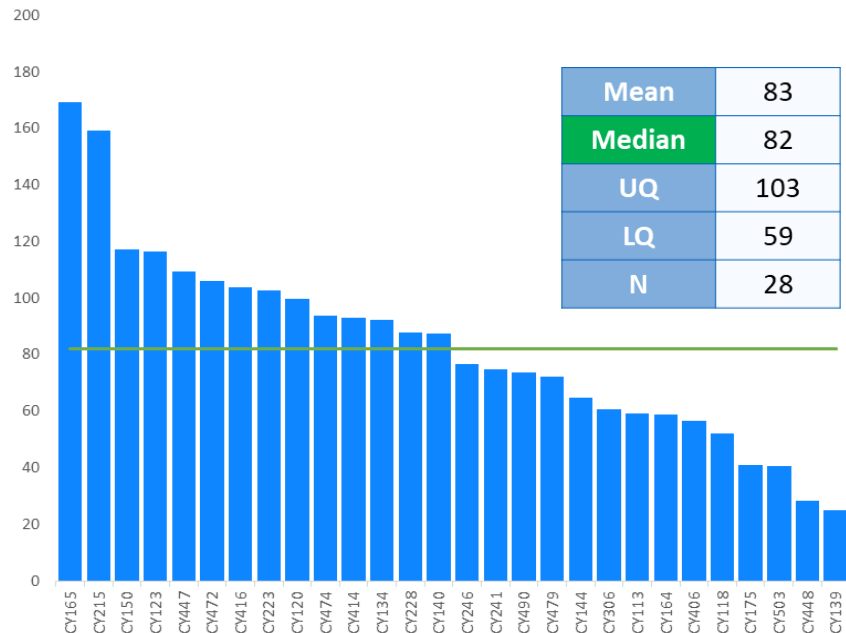
- Adolescent services = 82 days
- Children's services= 96 days
- Combined CYP LOS = 89 days
- 2021/22 average LoS for GA beds = 84 days

Number of incidences of use of restraint in 2023 General Admission CYPMHS (Adolescents) - Per 10,000 OBDs
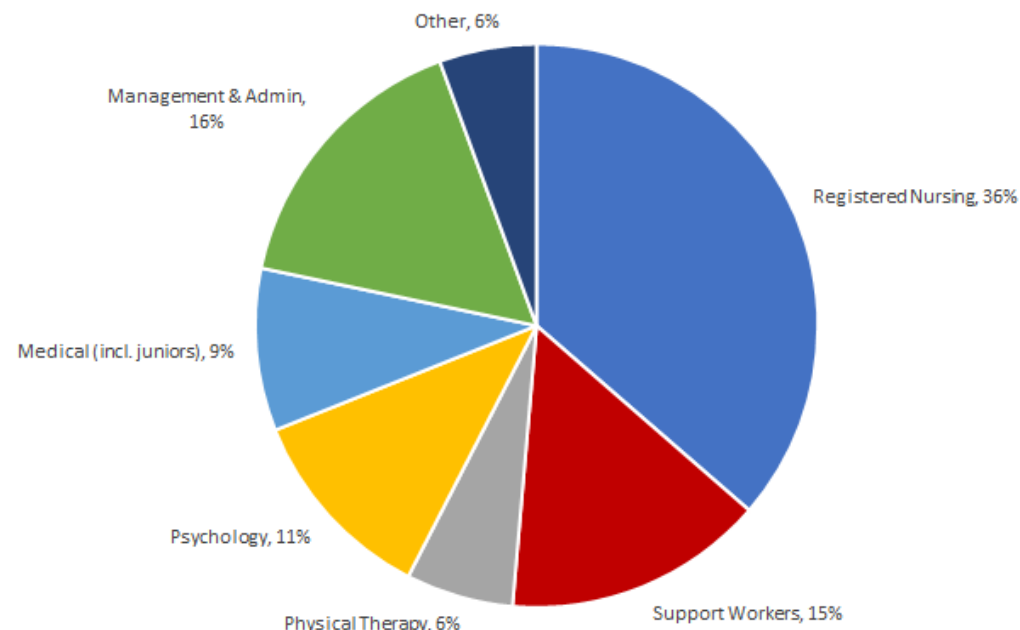
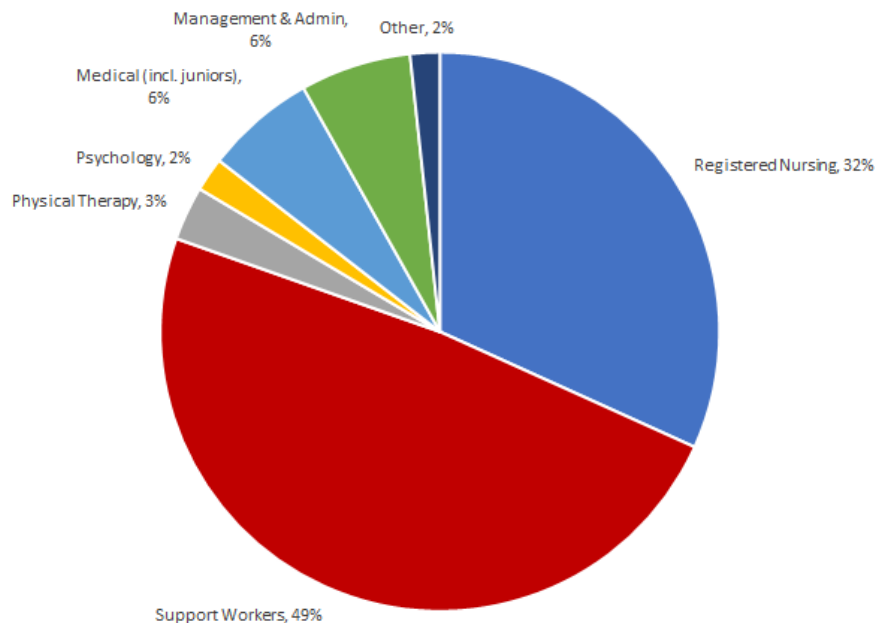| Mean	1,236
Median	784
UQ	1,245
LQ	340
N	25
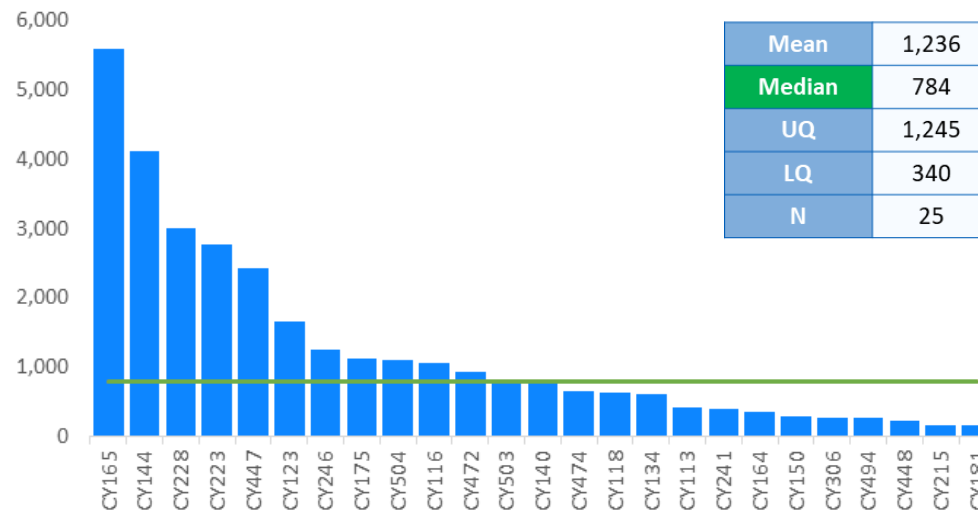
- Adolescent services: 784 per 10,000 (excl leave)
- Children's services: 1,247 per 10,000 OBDs (excl leave) 2
- Increase since 2021/22

NHS
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Staff: WTE, staff mix, HR metrics (adults)

- 21.6 WTE staff (median) staff per 10 bed (adult acute services) (similar to 2021/22)
- HR metrics:
  - 16% vacancy rate
  - 7% sickness absences
  - 16% turnover rate

- 47.0 WTE staff per 100,000 population (median) in generic CMHTs
- Marginal increase on 46 WTE staff per 100,000 reported in 2021/22
- HR metrics:
  - 12% vacancy rate
  - 5% sickness/absences
  - 14% turnover rate

Left pie chart: Registered Nursing, 32%; Support Workers, 49%; Physical Therapy, 3%; Psychology, 2%; Medical (incl. juniors), 6%; Management & Admin, 6%; Other, 2%

Right pie chart: Registered Nursing, 36%; Support Workers, 15%; Physical Therapy, 6%; Psychology, 11%; Medical (incl. juniors), 9%; Management & Admin, 16%; Other, 6%

Nursing Team Mix	2012/13	2020/21	2021/22	2022/23
Registered Nurses	60%	41%	41%	40%
Support Workers	40%	59%	59%	60%

- Vacancy rates of medical professionals (2017-2023) rise from 12%→15% (but range is from 10% →22% regionally
- Nursing vacancy rates higher at avg 21% (higher than in 2020) (Mental health pressures in England, British Medical Association, November 2023)
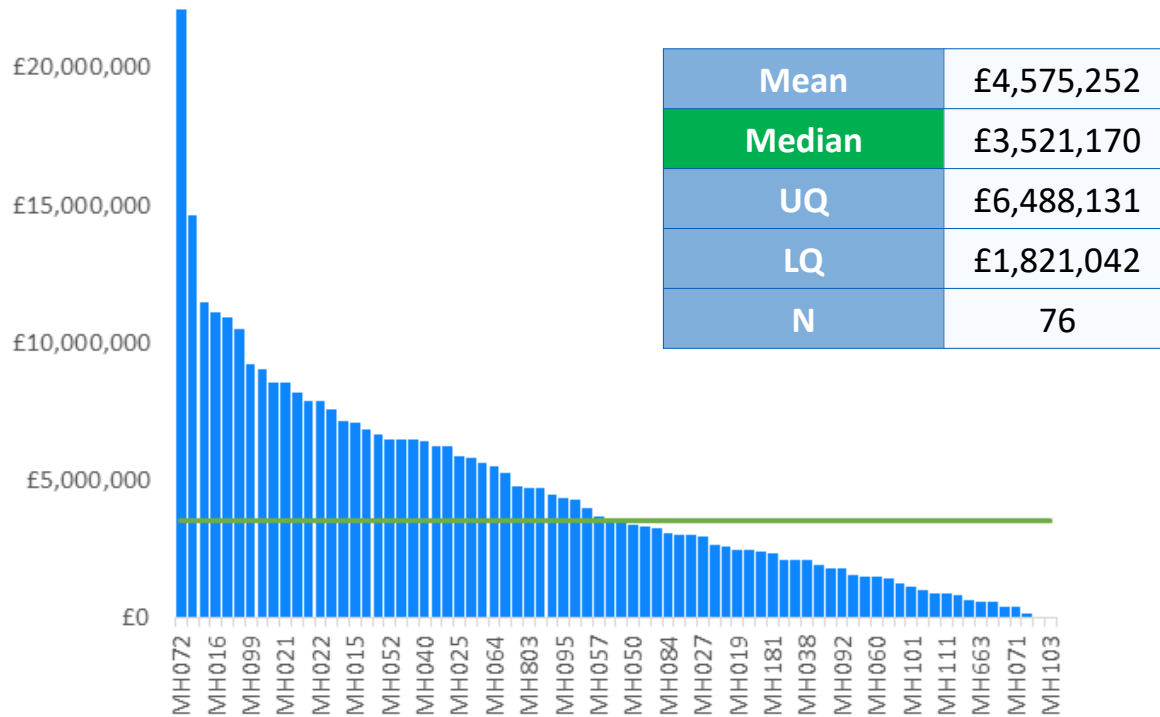
Bank and agency spend (adults)

- Median £3.5M spend in adult inpatient services, increase from £3.3M in 2021/22
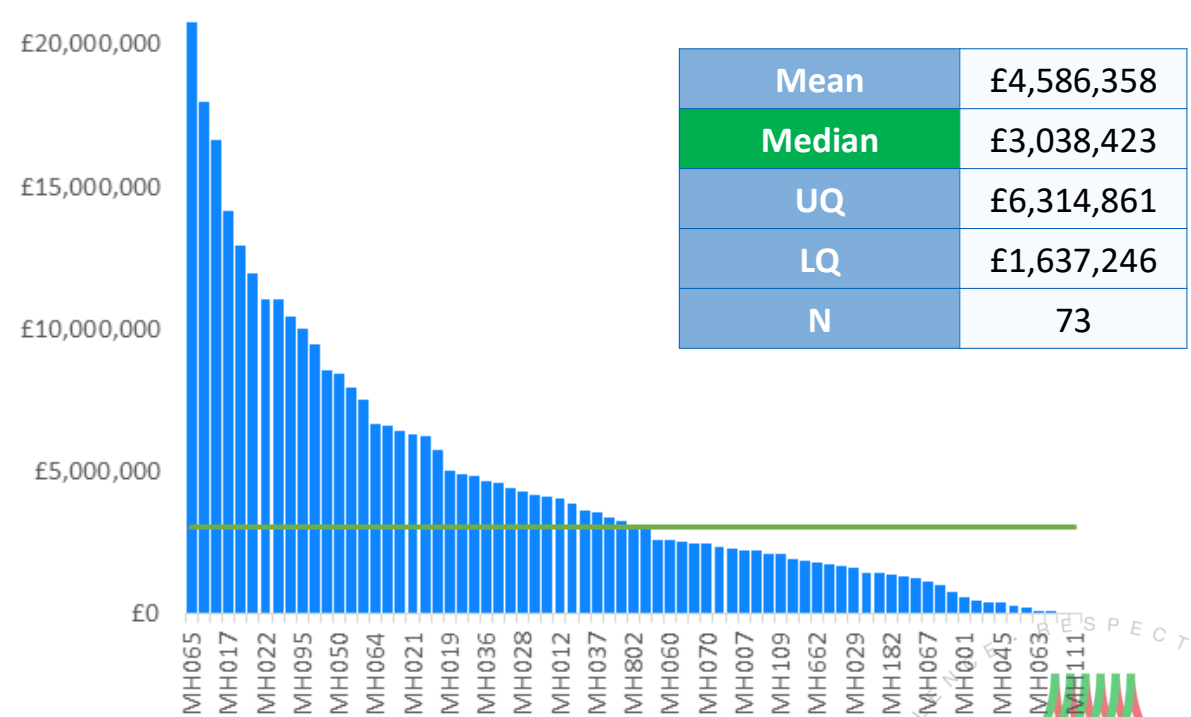- Median £3.0M spend in community services, increase from £2.5M in 20212/22

**Total (combined) spend on bank and agency staff in 2022/23 – Adult Acute**

Mean	£4,575,252
Median	£3,521,170
UQ	£6,488,131
LQ	£1,821,042
N	76

Total (combined) spend on bank and agency staff in 2022/23 – All CMHTs

Mean	£4,586,358
Median	£3,038,423
UQ	£6,314,861
LQ	£1,637,246
N	73

	2019/20	2020/21	2021/22	2022/23
Adult inpatient services	£2.5M	£2.6M	£3.3M	£3.5M
Community services	£2.0M	£2.4M	£2.5M	£3.0M

Workforce/finance
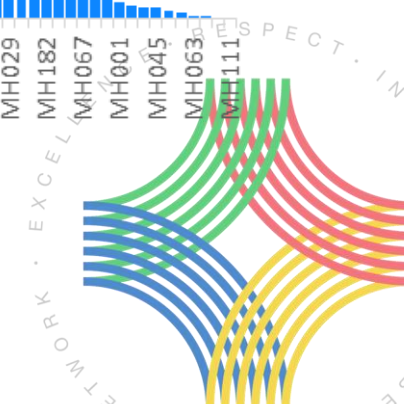
Identifying opportunities for system improvement
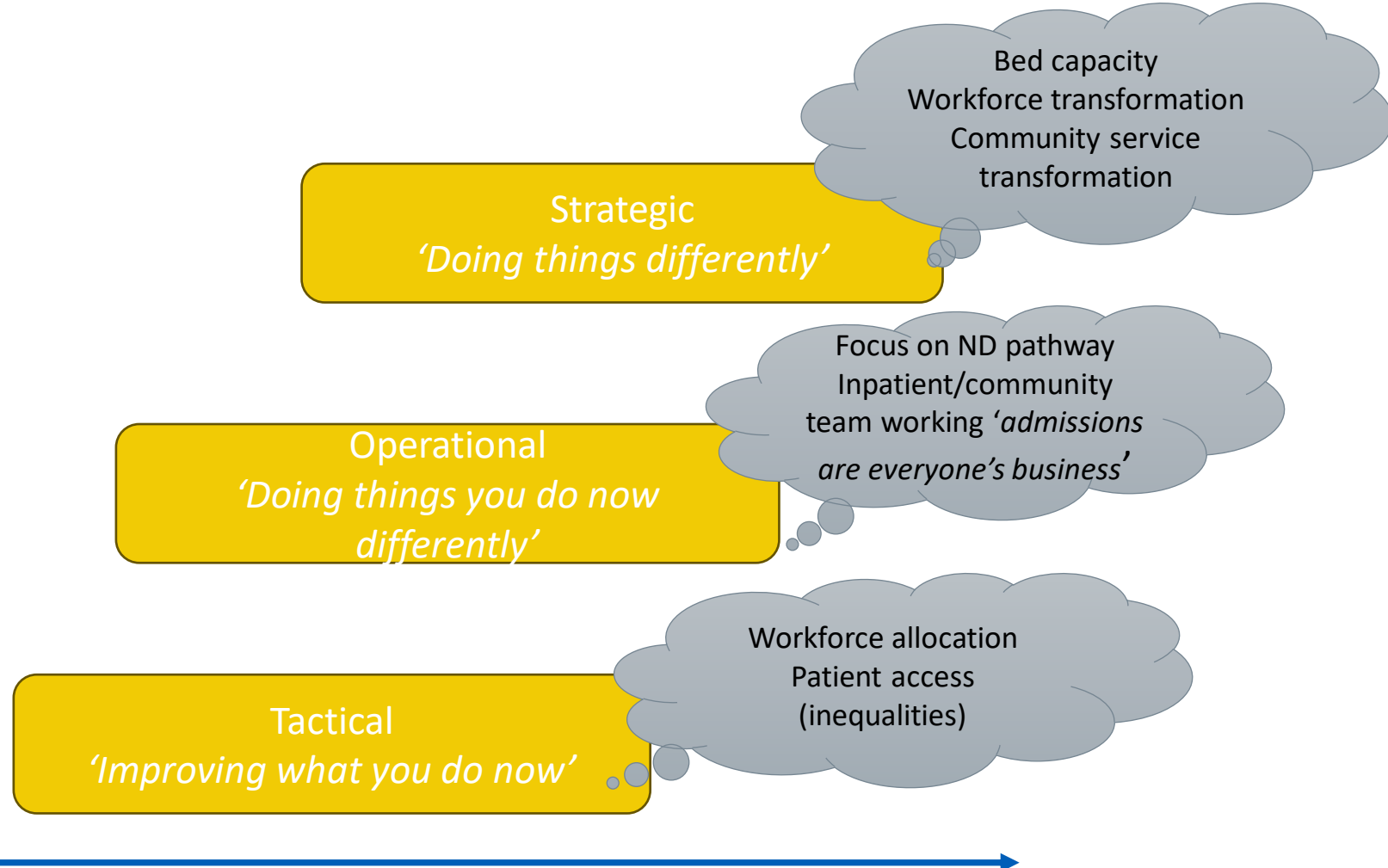
How can we use NHSBN data?

Data to inform:
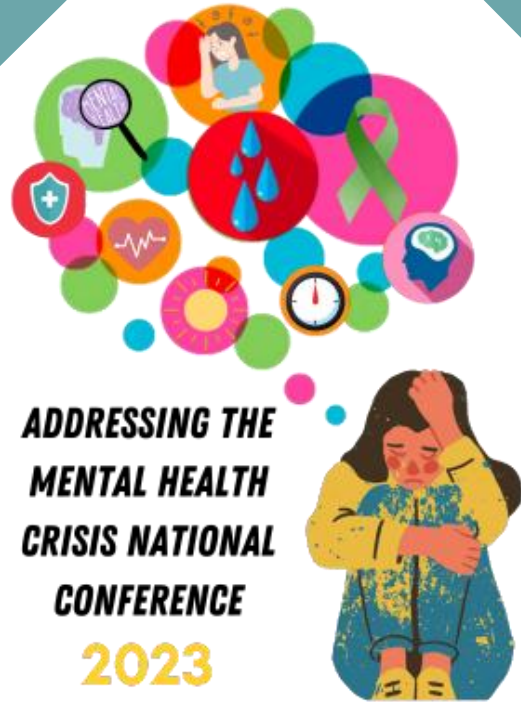- tactical actions
- operational changes
- strategic initiatives

Workforce/finance

Admissions

Patient characteristics

Adults & older people' mental health services

Bed stock/occupancy

Community services

Crisis services

Impact of change

Strategic
'Doing things differently'

Bed capacity
Workforce transformation
Community service transformation

Operational
'Doing things you do now differently'

Focus on ND pathway
Inpatient/community team working *'admissions are everyone's business'*

Tactical
'Improving what you do now'

Workforce allocation
Patient access (inequalities)

Scale of change

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Thank you

k.windfuhr @nhs.net

NHSBN ENQUIRIES: enquiries@nhsbenchmarking.nhs.uk