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# Mental health clinically-led review of standards

## Models of care and measurement

Version 1 July 2021

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# Foreword

In June 2018 the Prime Minister asked for a review of NHS access standards. The review has focused on measuring what is meaningful to patients and clinically relevant. We have worked with service users, families and clinicians to understand how accessing services more quickly benefits the experience, and outcomes of care received. These proposed new mental health standards for accessing support in the community and in a crisis for people of all ages were then tested and refined further with local systems.

The NHS Long Term Plan for mental health offers a compelling transformation opportunity and as we embed new and expanded mental health services into our communities, there is a chance to set expectations that those services will meet local needs in a way that offers parity with other parts of the NHS. On the standards for people needing urgent mental health care, we have also built on the learning from the consultation on proposed new urgent and emergency care standards which received public support in May 2021.

Advancing equalities in access, experience and outcomes in mental health services is a fundamental priority for new integrated care systems (ICSs) as they develop. The actions underway to deliver the NHS Advancing Mental Health Equalities Strategy will support systems to better understand and address disparities in provision, and we must continue to fight stigma and discrimination where we see it so we can achieve truly equitable care. A suite of new mental health measures will offer local systems a powerful tool to understand and drive improvement for their local populations, including groups faring worse than others.

These standards provide people needing support from mental health services with a similar level of information, on how long they will wait to access treatment whether they are in a crisis or seeking routine support, as is provided for physical health services.

The NHS introduced the first waiting time standards for mental health in 2015 with the introduction of waiting time standards for early intervention in psychosis and Improving Access to Psychological Therapies (IAPT) services. These were welcomed by the sector and have ensured patients benefit from evidence-based care more rapidly. The new standards set out here could mark the next step in the

journey to deliver transformed mental health services as we strive to deliver world leading mental health care for our population.



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# 1. Executive summary

This report sets out the final recommendations on the mental health standards from the Clinically-led Review of NHS Standards (CRS) and gives patients, clinicians and the public an opportunity to respond to these findings in a consultation (see Chapter 7 for details of how to respond). It also sets out how the proposed measures align with the strategy for expanding and transforming mental health services, drawing on the learning from experience through COVID-19 and building on our NHS Long Term Plan ambitions and commitments.

The CRS recommendations are set out in the context of continued expansion and development of mental health services. Our ambition is to improve the offer for patients, enable operational management of access and waiting times and provide robust measures for system oversight and accountability.

The Interim Report<sup>1</sup> of the CRS (March 2019) proposed testing of additional metrics across urgent and emergency care and community NHS-funded mental health services. The metrics are now defined as:

- **For a ‘very urgent’ presentation to a community-based mental health crisis service**, a patient should be **seen within 4 hours** from referral, across all ages.
- **For an ‘urgent’ presentation to a community-based mental health crisis service**, a patient should be **seen within 24 hours** from referral, across all ages.
- **For a referral from an emergency department**, patients should have a face-to-face assessment by mental health liaison, or children and young people equivalent service **commence within 1 hour**.<sup>2</sup>
- **Children, young people and their families/carers presenting to community-based mental health services, should start to receive help within four weeks from request for service (referral)**. This may involve

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<sup>1</sup> [NHS Interim Report of the Clinically-led Review of NHS Access](#)

<sup>2</sup> All emergency department standards as set out in the *Transformation of urgent and emergency care: models of care and measurement* consultation paper (December 2020) will be applicable to patients presenting with mental health needs. Supported by equivalent for referral from acute hospital wards, where a patient should have a face-to-face assessment by mental health liaison, or children and young people equivalent service commence within 24 hours (not a standard).

immediate advice, support or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment that may take longer.

- **Adults and older adults presenting to community-based mental health services should start to receive help within four weeks from request for service (referral).** This may involve the start of a therapeutic or social intervention, or agreement about a patient care plan.

These are in addition to existing standards in mental health covering access:

- 75% of people referred to the **IAPT programme** should begin treatment within six weeks of referral; and 95% of people referred to the IAPT programme should begin treatment within 18 weeks of referral.
- More than 60% of people **experiencing a first episode of psychosis** will start treatment within a NICE-recommended package of care with a specialist early intervention in psychosis service within two weeks of referral.
- 95% of **children and young people referred for assessment or treatment for an eating disorder** should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case.

These CRS recommendations aim to support transformation of mental health services by addressing the importance of timely access to meaningful care in the community and in urgent and emergency settings. The review proposes that these standards will ensure people who need care know when they can expect to receive it and support more rapid access to evidence based care. These standards have been through extensive field testing with mental health trusts, in collaboration with acute NHS Trusts for emergency measures and through consultation with clinical and patient representative stakeholders.

Not only has testing shown that the proposed standards are able to be measured, it has also enabled some systems to understand more clearly and to improve pathway and flow issues for mental health services. These proposed standards for

mental health care fully align with the urgent and emergency care standards which received support through public consultation in May 2021.

We want to get these measures right, and it is crucial that we seek input from a wide array of clinical stakeholders and patients before implementation. This consultation seeks views on the metrics recommended by the CRS, including whether they capture the important elements of accessing mental health care, and if they will complement the existing access standards. Feedback from the consultation will help to inform the development of the standards, the thresholds appropriate for monitoring performance in the future as well as informing support that health systems may need. See Chapter 7 for more details of the consultation process.

## 2. Introduction

The NHS Long Term Plan outlines a programme of service expansion and improvement for mental health, building on foundations set out in the Five Year Forward View for Mental Health, and striving to deliver parity of esteem between mental and physical illness.

While there remains a long way to go, the NHS has already begun to turn the tide in mental health for a range of conditions and at every stage of life. Thousands of women benefited from specialist perinatal mental health care last year and improvements to our children and young people's services mean more children and young people are accessing treatment than ever before, including timely, evidence-based care for eating disorders. A world-leading programme of talking therapies for adults with common mental illnesses that sees more than 1 million patients per year, with more than half of those finishing treatment recovering, and there are 24/7 liaison services in 80% of general hospitals, up from only 39% in 2016.

However, as we continue to expand these services and accelerate the integration of physical and mental healthcare, the NHS has an opportunity to introduce a set of standards that not only support high quality patient care but address the need to join up targets across settings and conditions. People who have experienced a mental health crisis know the importance of being able to depend on a fast response; while families and carers whose children require specialist care rightly want to know that support will not just be timely and appropriate, but close to home and joined up with every part of their lives, including their school or college.

Health systems need standards that align to their transformation objectives. The ambition remains to improve the offer for patients, delivering improved access and outcomes with a better experience of care, whether that is at Accident and Emergency (A&E) receiving a response from a 24/7 mental health liaison team (or children and young people equivalent services), accessing 24/7 community-based mental health crisis response, or non-urgent community-based mental health care.

In June 2018, the NHS National Medical Director, Professor Stephen Powis, was asked by the Prime Minister to review the NHS access standards to ensure they measure what matters most to patients and clinically; and to recommend any required updates and improvements, so as to ensure that NHS standards:



- promote safety and outcomes
- drive improvements in patients experience
- are clinically meaningful, accurate and practically achievable
- ensure the sickest and most urgent patients are given priority
- ensure patients get the right service in the right place
- are simple and easy to understand for patients and the public
- not worsen inequalities.

The review is being undertaken in three phases:

- consider what is already known about how current targets operate and influence behaviour
- map the current standards against the NHS Long Term Plan to examine how performance measures can help transform the health service and deliver better care and treatment
- test and evaluate proposals to ensure that they deliver the expected change in behaviour and experience for patients prior to making final recommendations for wider implementation.

To support this, a clinical oversight group was established along with individual advisory groups for each workstream to help guide the programme. These groups are made up of patient, clinical and healthcare provider representatives and national charities. This engagement, and the expertise that people have contributed throughout, has been an important part of developing the recommendations and proposals set out in this consultation.

The current access standards in mental health are detailed in the Handbook to the NHS Constitution<sup>3</sup> and in the published Five Year Forward View Implementation Plan<sup>4</sup> and are:

- 75% of people referred to the IAPT programme should begin treatment within six weeks of referral and 95% of people referred to the IAPT programme should begin treatment within 18 weeks of referral.

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<sup>3</sup> [Handbook to the NHS Constitution for England](http://www.gov.uk) – GOV.UK (www.gov.uk)

<sup>4</sup> [Implementing The Five Year Forward View for Mental Health](http://england.nhs.uk) (england.nhs.uk)

- More than 60% of people experiencing a first episode of psychosis will start treatment within a NICE-recommended package of care with a specialist early intervention in psychosis service within two weeks of referral.
- 95% of children and young people referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case.

The pandemic has impacted on the NHS's ability to deliver against these standards, notably for children and young people's eating disorders, where there has been a significant increase in cases coming forward for treatment during the pandemic. While services were on track to meet the target and significantly increased the numbers of children and young people treated in 2020/21, the pandemic has meant services have needed more support to keep pace with the additional pressures. Additional funding has been made available in 2021/22 to support recovery.

The opportunity to review access standards in mental health has allowed the CRS to identify additional standards to cover a wider range of pathways and needs, and that are relevant to transformed models of care set out in the NHS Long Term Plan. The proposed new standards seek to drive the next step change in improvements in patient care and experience while support services focussing on recovering from the impact of the COVID-19 pandemic.

All proposed standards and recommendations have been field-tested with pilot and early implementer sites since May 2019. The learning from this field testing is embedded in the measures and detailed in Chapters 4-6. The report also sets out an approach to measuring what is clinically relevant; the indicators that are critical to understanding, and driving improvements in access and waiting times, and therefore outcomes for users of services.

This report covers:

- Context, responding to COVID-19, and design principles.
- Summary of recommendations for measuring timely access for mental health.
- Urgent or emergency mental healthcare.
- Non-urgent, community mental health care for children and young people.
- Non-urgent, community mental health care for adults and older adults.

- Your views for public consultation.

## Context

While the NHS has made significant progress over the past five years in tackling long standing gaps in access to mental health treatment, we have further to go. Over the next few years to 2023/24, the NHS Long Term Plan will deliver high quality, evidence-based mental health services to an additional 2 million people each year, adapting and reprioritising deliverables as needed to address the additional demands and pressures arising as a result of COVID-19.

The mental health commitments in the NHS Long Term Plan are backed by ringfenced investment of at least £2.3 billion a year in real terms by 2023/24, which means investment in mental health is growing faster than the NHS budget overall. Our commitment to deliver mental health NHS Long Term Plan ambitions by 2023/24 remains strong.

The NHS Long Term Plan has a strong focus on expanding access to high quality community-based services for all ages, to help people stay well and avoid needs escalating to the point where a crisis or inpatient service is required. Current pressures, demonstrated by ongoing numbers of out of area placements, and long waits for people with mental health needs in A&E underline the importance of this investment in community provision to deliver a fundamental rebalancing of mental health services and provide earlier and more timely intervention. Long waits for mental health services are not only a poor experience for patients but also are associated with higher rates of presentation in an emergency, and poor outcomes; waiting time standards across urgent and community pathways will help to address this.

The COVID-19 pandemic has had a profound effect upon the delivery of NHS services and the ways in which people access healthcare services. We have seen rapid changes and developments to operational delivery within the NHS, to ensure patients who are COVID-19 positive receive the treatment they need and at the same time protect those who are most at risk. In the wake of COVID-19 it is important that the public has clear expectations on what care they should receive, and important that people can receive care in the right place, and at the right time.

Mental health services have undergone rapid transition in consultation medium, moving to phone, telehealth and video consultation, in response to lockdown and

social distancing measures. While services have remained open and accessible to the public throughout the pandemic response, the drop in access and referrals is reflective of the public sentiment, patient caution and focus on vaccination priorities. Increased and delayed demand, driven by the broader pandemic experience including economic and social factors, coupled with an increase in severity of patients presenting in mental health services mean services are under pressure and more in demand than ever before.

It is therefore critical to now focus on timely access for existing and new patients, across all ages, and support services to meet and manage any additional demand in the shorter term, and be positioned to continue driving expansion and transformation throughout the recovery period and remainder of the NHS Long Term Plan.

## Principles of mental health standards design

The CRS has considered not only the current models of care but also the transformation underway in all areas of mental health involved in the programme. To ensure that any resulting new standards meet these needs, the test sites carried out within mental health settings had an intentional focus on understanding what clinicians and patients want out of their standards.

Consistent messages from test sites, across both adult and children and young people's mental health was that these standards should be:

- **Patient-centred and meaningful** in shaping standards around events which are important to patients and based on patient experience. There was consensus in all settings in scope of these new standards, that patients considered the time they 'started' waiting for treatment as the first time they requested a mental health service and that the end point is when the service starts to deliver what they need.
- **Transformational and drive improvement** in setting ambitious standards, this may mean we need to allow time for services to refocus their efforts to meeting these expectations and accept that it may take time to embed reliable reporting of achievement.
- **Appropriate for the majority of people**, recognising the diversity of conditions and models of care across urgent and emergency, and across

community based mental health care, for all ages. Standards need to be sufficiently simple to capture the requirements of people with a range of needs.

- **Focused on clinical change, not data collection**, ensuring that we are making best use of the data we are already collecting and considering carefully the additional burden on health care staff of introducing new reporting requirements.
- **Straightforward and easy to understand** so that the purpose of the standard is clear within its definition.
- **Viewed within the context of other measures of quality and outcomes** to ensure that we are widening, and not restricting, the lens through which we are assessing the quality of mental health services and how they are delivering what our service users want and need. Standards should be used to inform and encourage improvement, rather than making absolute judgements about whether services are thriving or failing.
- **Supported by NHS staff** – not just those working in mental health services, but also in integrated care teams, acute settings and provider and system leadership.

### 3. Measuring timely access across mental health

The recommended approach is to introduce a range of patient-centred standards that will support timely access to care across urgent and non-urgent mental health pathways, for all ages. These recommendations build on the proposals set out in the interim report in March 2019 and the experiences of test sites. The recommendations are of the CRS, supported by the National Medical Director, the clinical oversight group and the supporting mental health advisory groups are:

Pathway	Proposed standard
For community-based mental health crisis services (all ages)	<p><b>For a ‘very urgent’ presentation</b>, a patient should be <b>seen within 4 hours</b> from referral, across all ages.</p> <p><b>For an ‘urgent’ presentation</b>, a patient should be <b>seen within 24 hours</b> from referral, across all ages.</p> <p>See next section for definitions of ‘very urgent’ and ‘urgent’ in the context of community-based urgent or crisis mental health services.</p>
For mental health needs in an emergency department (all ages)	<p><b>For a referral from an emergency department</b>, patients should have a face-to-face assessment by mental health liaison, or children and young people equivalent service <b>commence within 1 hour</b>.</p> <p>All emergency department standards as set out in the <i>Transformation of urgent and emergency care: models of care and measurement</i> consultation paper (December 2020) will be applicable to patients presenting with mental health needs.</p>
For non-urgent, community mental health care	<p><b>Children, young people and their families/carers presenting to community-based mental health services, should start to receive help within four weeks from request for service (referral).</b></p> <p>This may involve immediate advice, support or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment that may take longer.</p> <hr/> <p><b>Adults and older adults presenting to community-based mental health services should start to receive help within four weeks from request for service (referral).</b></p> <p>This may involve the start of a therapeutic or social intervention, or agreement about a patient care plan.</p>

These are in addition to existing standards in mental health, and broader urgent and emergency services standards recommended in the *Transformation of urgent and emergency care: models of care and measurement* consultation paper (December 2020), will be applicable to all patients, including those presenting with mental health needs.<sup>5</sup>

Standards are applicable to **NHS-funded secondary mental health services**, and where relevant, NHS A&E departments and acute urgent and emergency care. Initially data will be available to systems and services, while focused efforts on increasing the volume and accuracy of data flowed to national data sets is undertaken.

Standards will be measured via the national datasets for mental health (Mental Health Services Data Set), and the Emergency Care Data set, using existing fields. SNOMED CT codes<sup>6</sup> and clinical outcome measurement data will be used to ensure help received is clinically meaningful.

## Setting thresholds for the new measures

This consultation details the proposed measures and alignment to transformation; further work is needed to assess the appropriate level of expectation for each measure, before they could be implemented. This will depend on the outcome of this consultation, feedback from services when embedding the measures, and focused effort to improve the quality of the data required to measure the standard.

The COVID-19 outbreak and response has had significant and broad ranging impacts on ways of operating and service delivery. We need to ensure setting of thresholds acknowledges the focus on recovery from the pandemic and on continued expansion and transformation of mental health services.

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<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/05/B0546-clinically-led-review-of-urgent-and-emergency-care-standards.pdf>

<sup>6</sup> Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) are systematically organised computer processable collection of medical terms providing codes, terms, synonyms and definitions used in clinical documentation and reporting: <https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct>

## 4. Urgent and emergency mental health care

The NHS Long Term Plan sets ambitious goals to improve mental health crisis services for people of all ages. It has ensured investment in 24-hour, 7-day (24/7) NHS crisis and home treatment teams for all ages, and a range of complementary 'crisis alternatives' such as crisis cafes, havens and crisis houses in all areas, to meet a range of needs and preferences. There is investment to continue the rapid expansion of liaison mental health services in A&E and general hospital wards, so when people do attend A&E, they receive safe, expert care for their mental health needs.

The NHS Long Term Plan also includes the first national investment programme in dedicated mental health capacity to improve ambulance service response. Most recently, in response to the pandemic, all areas implemented open access 24/7 NHS urgent mental health helplines for people of all ages, the numbers for which can now be found on [NHS.UK/urgentmentalhealth](https://www.nhs.uk/urgentmentalhealth). The plan is to ensure that these more accessible crisis services can be accessed via NHS 111 in all areas by 2024, providing a single, universal, national 3-digit number for access to specialist NHS urgent mental health support.

The ambitious plans set out above are all on track. All adult crisis teams are now operating 24/7, with 24/7 liaison services in 80% of general hospitals, up from only 39% in 2016. New NHS-funded voluntary sector led crisis houses, crisis cafes and sanctuaries have been opening across the country. For children and young people experiencing a mental health crisis, comprehensive crisis services are being developed nationwide. The sector is rising to the challenge on mental health crisis services; coverage for crisis lines went from fewer than 50% of areas having a 24/7 open access crisis services in April 2020, to all parts of the country being covered in just one month in response to the COVID-19 pandemic. These lines are now taking around 250,000 calls each month, with only 1-2% of calls being directed to emergency departments or to call 999.

While these ambitions focus on expanding access for a wide range of needs, the NHS has also committed to improving the responsiveness and safety of urgent mental health services, particularly for the people with the most urgent needs who require a rapid face-to-face response from a specialist NHS crisis practitioner. The



CRS process has generated consensus on improving the way NHS crisis services organise and prioritise response to those who need it most quickly: urgent and very urgent mental health care in the community, and presentations to emergency departments.

The term ‘urgent mental health care’ can be used interchangeably with the commonly used term ‘mental health crisis care’. A person requiring urgent mental health care, whether seen by a community crisis team or mental health liaison service in a hospital, can expect to be:

- Listened to and have personalised discussions about their unique circumstances
- Have a biopsychosocial assessment
- Co-produce a care plan or discuss safety planning.

When describing waiting times using the terms ‘response’ or ‘seen within’, this is the time between the specialist mental health crisis or liaison service receiving a referral, and the commencement of the face-to-face assessment by the mental health crisis or liaison service.

#### **Measuring what is clinically relevant**

Data on key measures for performance of urgent and emergency mental health care is already collected and published. These existing measures support reporting against NHS commitments that, from the year 2024:

- anyone experiencing mental health crisis can access 24/7, age appropriate mental health community support via NHS 111
- all general hospitals will have a mental health liaison service in A&E departments and inpatient wards, with 70% meeting the ‘core 24’ quality service standard.

Ensuring access to timely referral, assessment and care is especially important for people in need of urgent and emergency health services. The proposed standard for urgent and emergency care will ensure that people can rightly have the same expectations of our urgent mental health services as they do for physical health services.

The proposed standards have been tested in, and developed in partnership with staff across, 11 mental health urgent and emergency mental health care test sites.

The standards also built on consensus from a stakeholder group of over 100 people including patient and carer reps, clinicians, managers, local authority representatives, police, ambulance representatives, academics, policy experts and national bodies in 2017 set out in published guidance.<sup>7</sup> National crisis care webinars were also held between 2019-2021 to capture the views of people working in and commissioning mental health crisis care.

## New standards for community-based urgent and emergency mental health care

### **For people presenting to community-based mental health crisis services (all ages):**

**For a 'very urgent' presentation, a patient should be seen within 4 hours from referral, across all ages.**

**For an 'urgent' presentation, a patient should be seen within 24 hours from referral, across all ages.**

'Emergency' referrals should have a response as soon as possible from a 'blue light' (999) service or be directed to A&E (in line with 999 response categories).

All open access crisis services receiving referrals triage and prioritise response to incoming referrals based on the presenting need and level of urgency. Many are already doing so in line with the definitions and categories set out in the [UK mental health triage scale](#). For the significant majority (likely 75-85%) of incoming presentations to open access urgent mental health lines or single points of access, the offer of support and advice over the phone may be sufficient to address people's distress and presenting concerns.

The split of those service users where telephone advice and support are not enough is set out below, indicating the approximate proportion of referrals that the proposed standards would apply to for an 'urgent' and 'very urgent' need.

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<sup>7</sup> [Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance](#) (england.nhs.uk)

Clinical response priority	Description of typical presentations, to be determined by the specialist urgent mental health crisis service at triage point	Indicative percentage of referrals
<b>'Emergency' – immediate blue light 999/ A&amp;E</b>	<b>Immediate response</b> - denotes emergency situations in which there is imminent risk to life or serious harm to themselves or others, and will require a '999' response, potentially within minutes.	<b>1-2%</b>
<b>Very urgent: within 4 hours</b>	For those who present a risk of harm to themselves or others, acute suicidal ideation with clear plan and intent, who have a rapidly worsening mental state, who do not require immediate physical health medical intervention, are not threatening violence to others.  <b>These referrals require a very urgent face-to-face assessment with a specialist mental health crisis practitioner within four hours.</b>	<b>2-5%</b>
<b>Urgent: within 24 hours</b>	The types of typical presentations in this category include, high risk behaviour due to mental health symptoms, new or increasing psychiatric symptoms that require timely intervention to prevent full relapse and/or significantly impaired ability for completing activities of daily living or vulnerability due to mental illness, expressing suicidal ideation but no plan or clear intent.  <b>These referrals require an urgent face-to-face assessment with a specialist mental health crisis practitioner within 24 hours.</b>	<b>5-10%</b>
<b>Non-urgent</b>	Non-urgent, in the context of crisis care, is to be used for <b>all responses that do not require an urgent face-to-face intervention from a specialist NHS mental health crisis service.</b>  There is a wide range of responses that could fall into this category, from telephone advice and support from NHS or VCS services, less urgent face-to-face appointments with a community team which could mean an appointment scheduled within 72-hours or up to four weeks, referral to GP or other primary care services, help with medications and prescriptions over the phone, booking in to a local sanctuary/haven, signposting to local authority services such as benefits advice.	<b>65-85%</b>

Services delivering the response time standards will record the type and timing of response required. This will allow national reporting to highlight variation between providers on the proportion of referrals that are being triaged into each category. Services involved in testing the standards confirmed that this reporting will provide a balancing measure to indicate whether incoming referrals are being triaged and responded to correctly and safely, keeping focus on delivery appropriate care, not only appearing to meet the standard.

## New standards for emergency departments

**For people with mental health needs presenting to an emergency department (all ages):**

**For a referral from an emergency department, patients should have a face-to-face assessment by mental health liaison, or children and young people equivalent service commence within 1 hour.**

All emergency department standards as set out in the *Transformation of urgent and emergency care: models of care and measurement* consultation paper (December 2020) will be applicable to patients presenting with mental health needs.

Additionally, services will be encouraged to focus on accurately recording and reducing the steps following the face-to-face consultation, particularly where a decision to admit the patient has been made and reducing the time to admission.

Supporting this standard is the equivalent for referral from acute hospital wards, where a patient should have a face-to-face assessment by mental health liaison, or children and young people equivalent service commence within 24 hours (not a standard for consultation).

Measuring these waiting times is critical for ensuring those with significant and urgent mental health needs are seen quickly, and by specially trained and prepared medical teams. To support these measures, additional contextual indicators will be used to understand operational pressures and improvement points including the urgent and emergency care bundle of measures applied to all emergency department presentations, and specific mental health metrics included in other published reports.

## 5. Non-urgent, community-based mental healthcare for children and young people

Mental health problems often develop early and, between the ages of 5-15, one in every six children has a probable mental disorder.<sup>8</sup> Half of all mental health problems are established by the age of 14, with three quarters established by 24 years of age. Prompt access to appropriate support enables children and young people experiencing difficulties to maximise their prospects for a healthy and happy life.

Children and young people's mental health is an absolute priority for the NHS. Building on Future in Mind, the Five Year Forward View for Mental Health and Transforming children and young people's mental health: a Green Paper, the NHS Long Term Plan commits to delivering comprehensive mental health support for children and young people. The NHS continues to work in collaboration with education settings, children's social care, physical health services, the voluntary sector, and with children, young people and their families to deliver more integrated and upstream preventative support.

The NHS is making good progress and in 2020/21 more children and young people than ever before received treatment from NHS funded community mental health services, exceeding the Five Year Forward View target of 35%, and up from 25% of CYP with a diagnosable mental health need getting treatment only four years ago.

However, there is much more to do and our focus on mental health is even more urgent due to COVID-19. Rates of access to and waiting times for children and young people's mental health services continue to vary significantly across the country, and while many children have shown remarkable resilience in difficult circumstances, some have found the pandemic period especially difficult for their mental health and wellbeing. Long waits can impact both clinically and on the individual waiting for treatment. Children and young people's mental health services have made a valiant effort to maintain care during the COVID-19 outbreak. However, the full weight of the pandemic and associated restrictions on lives, and

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<sup>8</sup> Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey, ONS/NHS Digital, October 2020

how these might impact on children and young people's mental health is yet to be realised, and it is likely that we will see more people coming forward for help.

### Measuring what is clinically relevant

Data on key measures for performance of children and young people's non-urgent mental health care is already collected and published. These measures support reporting against our national commitments that, by 2024:

- At least an additional 354,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based mental health support teams.
- Funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- All children and young people will be offered an age-appropriate inpatient service.
- Children and young people with an eating disorder will be seen within one week for an urgent referral and four weeks for a routine referral.

The new proposed standard will support services to meet our national commitment, ingrained since the NHS's first plan to improve children and young people's mental health *Future in Mind*, to earlier intervention and whole system working.

The Government Response to *Transforming children and young people's mental health: a Green Paper* outlined a commitment to fund pilots in the Trailblazer sites for mental health support teams (MHSTs) in education settings. This included work to establish a definition for measuring access and waiting time standards for services, and to develop a recommendation setting out a feasible and sustainable access and waiting time standard.

Twelve pilot sites were identified from the original 25 Trailblazers, to help build consensus on the definition and measurement approach for a potential access and waiting time standard. Rather than testing a specific waiting time, these pilot sites were asked to focus on reporting the initiatives they were using to tackle long waiting times, and exploring what we might measure to support a clinically meaningful response to children and young people in need of mental healthcare.

## New standards for non-urgent children and young people's mental healthcare

Given the range of needs that children and young people present with to mental health services, the new standard for non-urgent care focuses on 'referral to help'. This will help to ensure all patients and all services in children and young people's mental health are covered by the same standard and a new standard does not disadvantage people, or their services, where those referred need a specialist assessment or a longer period of engagement prior to starting treatment. It is inclusive of those people using services where the need is for support or advice and does not disincentivise services offering effective and efficient single session interventions, where appropriate.

### **For children and young people presenting to non-urgent, community-based mental health services:**

**Children, young people and their families/carers presenting to community-based mental health services should start to receive help within four weeks from request for service (referral).**

This may involve immediate advice, support or a brief intervention, help to access another, more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment that may take longer.

Measuring waiting times provides information about how long a child, young person, parent or carer waited for an assessment or intervention, but not if the service user felt they were helped by the service. Measurement of patient and clinician reported clinical outcomes will therefore sit alongside the new standard, to support the move to monitoring measurable improvement in local and national performance.

Piloting has now been extended to the end of 2021/22, with the addition of two new pilot sites, supported by the recent government pledge of £79m for children and young people's mental health services. This will allow continued focus on testing, refining and embedding the proposed new standard, and development of a robust trajectory for implementation and setting of future performance thresholds. Pilot sites will also help inform the package of measures required alongside a waiting time standard to develop a well-rounded and robust view of the impact of this programme.

## 6. Non-urgent community mental health care for adults and older adults

Community mental health services play a crucial role in delivering mental healthcare for adults and older adults with severe mental health needs as close to home as possible. The NHS Long-Term Plan has promised an ambitious transformation for community mental health, supported by an extra £975 million per year by 2023/24. The aim is for 370,000 patients with severe mental illness to have access to a new, integrated model of primary and community mental health care, designed to improve patients' experience and outcomes.

The expansion and transformation, set out within the [Community mental Health Framework for Adults and Older Adults](#), aims to create a care model that is more flexible and responsive to the needs of people with severe mental illnesses, and can be stepped up or down depending on an individual's needs. It aims to move away from siloed, hard-to-reach services, towards joined up care; and in particular through greater integration between primary and secondary care for people with severe mental health needs. Through this expansion and transformation of services, we also want to improve access to NICE recommended interventions, and particularly to psychological therapies for people with severe mental health needs, to give them the best chance to get better and to stay well – as service users have so often told us they would like.

The expansion and transformation will deliver improved access, experience and outcomes for people with a range of needs and diagnoses, including but not limited to; psychosis, bipolar disorder, 'personality disorder' diagnosis, eating disorders, severe depression and mental health rehabilitation needs. This work underpins the government's ambition to fundamentally reform the way in which the Mental Health Act is used in this country as the more responsive, therapeutic and personalised offer is critical to keeping people well.

The expansion and transformation were trialled by 12 'early implementer' sites across England for two years, and is now being rolled out in all sustainability and transformation plans (STPs)/ICSs across England from April 2021.



### Measuring what is clinically relevant

We already collect and publish data to support our ambitions to deliver integrated community mental health services, in line with the commitments that, by 2024:

- A total of 390,000 people with serious mental illness (SMI) will receive a physical health check
- A total of 55,000 people a year will have access to individual placement and support services
- The 60% Early Intervention in Psychosis (EIP) access standard will be maintained, and 95% of services will achieve Level 3 NICE concordance.

The early implementer sites have also been crucial in the development of the non-urgent waiting time standard. Sites were asked to pilot a range of definitions, undertake deep dives, and share learning, and have managed to do so despite the challenges of transforming mental health pathways during the pandemic. Combined with input from clinicians and lived experience advisors the standard has been developed to ensure that all individuals are seen within a clinically appropriate time, incorporated into the design of new integrated primary and community mental health services.

### For adults and older adults presenting to community-based mental health services:

**Adults and older adults presenting to community-based mental health services should start to receive help within four weeks from request for service (referral).**

This may involve the start of a therapeutic or social intervention, or agreement about a patient care plan.

Feedback from the test sites was that clinically meaningful contact in this standard, should be used to reflect the need for a holistic assessment which will inform subsequent care plans and interventions. Adult community mental health services support people with complex and severe mental health needs; thus stakeholders felt that 'immediate advice' or 'help to access support services' would not be an appropriate response for most adult or older adult community mental health service users compared to service users in children and young people's services, unless it was in addition to a co-produced personalised care plan, or clinical or social intervention.

The introduction of an access and waiting time standard in community mental health services for adults and older adults will be a powerful lever to address key challenges in delivery of our NHS Long Term Plan ambition for adults with severe mental illnesses, including addressing historical underinvestment, disruption to delivery as a result of the pandemic and increasing concern about long waits in some pathways. The standard will be part of a range of metrics monitored to ensure both access and quality of care is improving.

## 7. Public consultation: your views

These proposals have the support of leading clinical groups, including the Royal College of Psychiatry, patient groups including MIND, and sector leaders. We are now launching a consultation to capture views from the public and wider stakeholders and other interested organisations, on the approach recommended by the CRS across mental health services, as well as the refinement of the measures.

This consultation on new, additional waiting time standards for mental health does not impact on existing measures as set out in the Introduction chapter. We are seeking your view on the newly proposed standards for mental health set out in this document. Responses are welcome to all or some of the questions.

### Engagement questions

1. To what extent do you agree or disagree with the proposals for mental health services to have additional access and waiting time measures? (1-5 scale from 1 strongly disagree, to 5 strongly agree)
2. Please tell us why you agree or disagree with the proposals for mental health services to have additional access and waiting time measures

Pathway	Proposed standard
For community-based mental health crisis services (all ages)	<p>For a <b>‘very urgent’ presentation</b>, a patient should be seen <b>within 4 hours</b> from referral, across all ages.</p> <p>For an <b>‘urgent’ presentation</b>, a patient should be seen <b>within 24 hours</b> from referral, across all ages.</p> <p>See next section for definitions of ‘very urgent’ and ‘urgent’ in the context of community-based urgent or crisis mental health services.</p>
For mental health needs in an emergency department (all ages)	<p><b>Patients referred from an emergency department</b> should have a face-to-face assessment commence <b>within 1 hour from referral</b>, by mental health liaison, or children and young people’s equivalent service.</p> <p>All emergency department standards as set out in the <i>Transformation of urgent and emergency care: models of care and measurement</i> consultation paper (December 2020) will be applicable to patients presenting with mental health needs.</p>

<b>For non-urgent, community mental health care</b>	<b>Children, young people and their families/carers presenting to community-based mental health services, should start to receive help within four weeks from request for service (referral).</b>
	This may involve immediate advice, support or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment that may take longer.
	<b>Adults and older adults presenting to community-based mental health services should start to receive help within four weeks from request for service (referral).</b>
	This may involve the start of a therapeutic or social intervention, or agreement about a patient care plan.

3. What are the key issues/barriers that should be taken into account for implementation of the new measures and what additional support might be needed?
4. What do you think are the best ways to advise and communicate the proposed new mental health care measures to service users and families/carers?

## How to respond

Responses can be submitted through the consultation form on the NHS England website at <https://nhs.researchfeedback.net/s.asp?k=162679152026>, or by email to [England.reviewofstandards@nhs.net](mailto:England.reviewofstandards@nhs.net). The consultation period will run from 22 July to 1 September 2021.

## Next steps for Clinically-led Review of Standards workstreams outside of this report

As part of the Clinically-led Review of NHS Access Standards for Urgent and Emergency Care, new measures were identified that, through testing and refinement with clinicians were shown to better track activity across the whole pathway of urgent or emergency care. Engagement with wider NHS system stakeholders and patient groups and a public consultation has shown support for the introduction of these measures. The responses to the consultation including how best to advise and communicate the proposed new measures to patients and visitors, as well as the opportunities or challenges to implementation, will be

considered as part of an implementation plan, subject to government agreement to implement the proposals.

The proposed introduction for the Faster Diagnosis Standard for cancer was confirmed in the NHS Standard Contract for 2020/21. The approach and suite of cancer measures will be confirmed as part of the wider restoration and recovery programme to ensure people with suspected cancer come forwards for diagnosis, and that treatment plans are implemented for those with cancer.

For elective care, more time is needed to reflect the length of the pathway but also understand the restoration and recovery work that is underway.

## Appendix A: Oversight and Advisory Group Membership

Clinical Oversight Group	
Academy of Medical Royal Colleges	Royal College of Surgeons
Royal College of Physicians	Royal College of Nursing
Royal College of General Practitioners	Royal College of Emergency Medicine
Royal College of Psychiatrists	NHS Providers
NHS England and NHS Improvement	NHS Clinical Commissioners
NICE UK	HealthWatch England
Patients Association	Cancer Research UK
Breast Cancer Care	Macmillan Cancer Support
Mind	