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Mental health clinically-led review of standards

Models of care and measurement: consultation response

22nd February 2022

Contents

Foreword

In June 2018, the Prime Minister asked for a clinically-led review of NHS access standards to ensure they measure what matters most, both in optimising clinical outcomes and to patients.

Advancing equalities in access, experience and outcomes in mental health services are priorities 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 help address stigma and discrimination where it occurs so we can achieve truly equitable care.

This report sets out the wide-ranging support received through the national consultation on the proposed new standards for mental health care, and highlights some of the key considerations to support their successful implementation.

The mental health proposals were developed with service users, families and clinicians to help improve patient experience and health outcomes. The recommended additional standards for accessing support in the community and in a crisis for people of all ages have been tested and refined further with local healthcare systems.

The suite of new measures will help ensure timely access to age appropriate community-based services for those who need urgent and routine clinical care. These, alongside the existing standards, will offer local systems a powerful tool to understand and drive improvement for their local populations, including those groups faring worse than others.

We, along with the members of the Clinical Oversight Group, are confident that the proposals will stimulate clinical improvements to the way services are delivered and improve the experience for patients.

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Introduction

1. The NHS National Medical Director was asked to review NHS access standards to ensure they measure what matters most to patients and clinically. For mental health, we have developed new standards with service users, their families, staff and key partners for urgent and emergency care and community NHS-funded mental health services. These are additional to the existing standards in mental health covering access to IAPT (Improving Access to Psychological Therapies) services, children and young people's (CYP) eating disorder services and people experiencing a first episode of psychosis services.

2. In July 2021, we published the recommendations from the mental health clinically-led review of standards for consultation. The consultation paper sets out the proposed new standards and how their proposed metrics align with the strategy for expanding and transforming mental health services, draw on learning from experiences through COVID-19, and support delivery of the NHS Long Term Plan ambitions and commitments.

3. This document summarises the responses to the consultation and next steps.

Background

4. The ambition of the clinically-led review of the mental health access standards is to improve the offer for patients and deliver improved access and outcomes, providing an overall better experience of care. The proposals aim to ensure people who need care know when they can expect to receive it, and to support more rapid access to evidence-based care.

5. The standards build on the transformation and growth of mental health services detailed in the NHS Long Term Plan, which sets expectations that those services will meet local needs in a way that offers parity with other parts of the NHS. They would be introduced in the context of that transformation. For example, the proposed mental health standards on help in an emergency build on the progress already seen: all mental health providers have set up all-age 24/7 crisis lines, all

acute hospitals now have adult liaison psychiatry teams available, and CYP 24/7 comprehensive crisis support has grown from 26% to 67% coverage across the country in the last couple of years (rolling out to 100% by 2023/34).

6. We field tested all the proposed standards and recommendations in pilot and early implementer sites from May 2019:

   - Eleven NHS trusts have tested the urgent and emergency mental health care standards, working with their neighbouring acute hospital.
   - Twelve areas have piloted and helped further develop the proposed four-week waiting time standard for CYP's community mental health support team.
   - A further 12 local health and care systems testing new models of integrated and primary and community mental health care for adults and older adults.

7. We embedded the learning from the field testing, alongside the advice and experience of key national stakeholders including patient representatives, clinicians, services users, their families and healthcare leaders, in the recommended measures set out in our consultation paper: Mental health clinically-led review of standards: models of care and measurement. This collaborative and comprehensive approach means the recommendations reflect people's real experience of using the standards.

8. We developed the recommended metrics in the context of continued expansion and transformation of mental health services, as committed to in the NHS Long Term Plan. These metrics support our ambition to improve the offer for patients, enable operational management of access and waiting times, and provide robust measures for system oversight and accountability.

Consultation approach and questions

9. Between 22 July and 1 September 2021 we publicly consulted on the Mental health clinically-led review of standards: models of care and measurement to seek the views of patients, the public and key stakeholders.

10. In this we requested feedback on the introduction of additional mental health standards, the proposed measures themselves and communication route for the new standards. People across the country were asked to submit their views in the following ways:

    - online consultation survey
    - through email and letter correspondence
    - by attending an online focus group event.

11. We as well as stakeholder organisations promoted the consultation across various bulletins and communication channels. In addition, we facilitated group meetings alongside one-to-one discussions, enabling participants to discuss in more detail their views on specific elements of interest. The full breakdown of participants is included in Annex A.

12. Further development and refinement of the standards is ongoing with stakeholders and pilot and early implementor sites. Currently, a key focus is on improving the quality of the data required for the standards and working with systems beyond the early implementors and pilot sites to start embedding the standards as per the current recommendations. We will use the feedback from the public consultation alongside learning from the sites and broader ongoing system engagement to finalise the standards. The setting of thresholds, as with other recommendations from the clinically-led review of standards, is subject to cross-government agreement. The focused effort on improving national reporting and data quality will help inform suggested levels of expectation.

13. This report presents the findings on the questions set out for engagement with the public and wider NHS.

Engagement questions and proposed measures

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)	For a 'very urgent' presentation, a patient should be seen within four hours from referral, across all ages. For an 'urgent' presentation, a patient should be seen within 24 hours from referral, across all ages. See next section for definitions of 'very urgent' and 'urgent' in the context of community-based urgent or crisis mental health services.
For mental health needs in an emergency department (all ages)	Patients referred from an emergency department should have a face-to-face assessment commence within one hour from referral, by mental health liaison, or children and young people's equivalent service. 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.
For non-urgent, community mental health care	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.
	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.

2. 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?

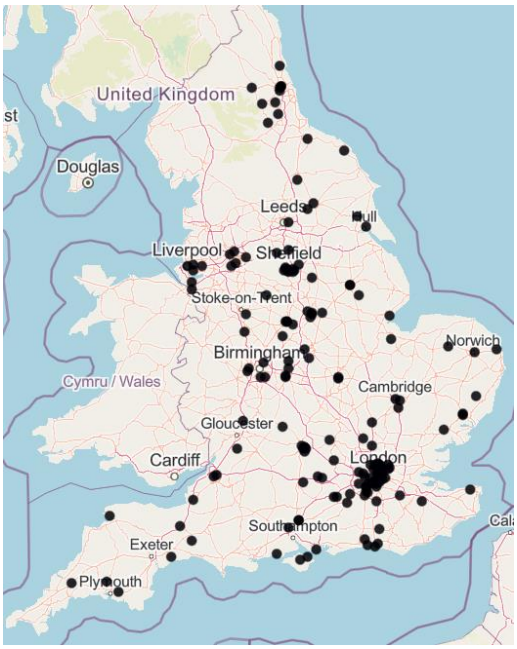
3. What do you think are the best ways to advise and communicate the proposed new mental health care measures to service users and families/carers?

Consultation responses

Respondents

14. We received 206 responses to the online survey, about 250 people participated in focus group events and virtual forums, and 26 individuals or organisations responded via correspondence. We analysed all responses received through these different routes, against the relevant questions.

15. Two respondents did not state if they were responding as an individual or on behalf of an organisation. Participants were not required to answer every question, and some provided personal views on the importance of timely access to appropriate care rather than specific views on the recommendations. Analysis of the respondents postcodes and organisational responses show that we received engagement and views from a range of public, voluntary and independent sector organisations across health, local government and wider social care and across England.



16. In addition to seeking formal responses through the consultation, we held discussions with clinical and operational leaders across the pilot and early implementer sites, regional mental health leads, commissioners of services and experts by experience.

17. 77% (157) of online survey respondents identified themselves as responding as an individual compared to 23% (49) providing a formal organisational response. Of the former, 42 (27%) identified themselves as either a service user, carer or member of the public (see Table 1), and 102 (65%) as an NHS employee (see Table 2 for the type of NHS service they identified themselves as working in).

Table 1: As an individual responding to this questionnaire, which of the following best applies to you?

	Number	%
NHS employee	102	65%
Member of the public	19	12%
Patient	12	8%
From a health-related group, charity or organisation	10	6%
Carer of a child or young person	5	3%
From another public sector organisation	4	3%
Carer of an adult	3	2%
From a non health-related voluntary group, charity or organisation	2	1%
Base	**157**	

Table 2: For NHS employees, which of the following best describes where you work?

	Number	%
Adult mental health services	49	49%
Children's mental health services	25	25%
Other healthcare services	27	27%
Base	**101**	

18. Via correspondence we received 22 organisational responses, eight public or charitable sector employees submitting their professional opinion, and five service users sharing their experiences of the benefit and need to be able to access appropriate and timely support. This breadth of responses – from health professionals, representatives of local government, education professionals, as well as charities and patient representative bodies – provides a consistent message on what is important clinically, operationally and, importantly, to patients and the public.

Views on the recommendations

19. 81% (161) of online survey respondents agreed or strongly agreed with the proposal to introduce additional access and waiting time measures (see Table 3 below).

20. The responses indicate strong support for introducing additional measures for mental health, helping to bring parity between physical and mental health services and improve access to timely mental health support as and where needed by service users. Just over half the responses observed that resourcing changes within services would be needed to realise the improvements.

21. The respondents also felt the introduction of additional mental health standards would bring a welcome increase in both visibility of the challenges faced by mental health services and the range of people receiving support. Their feedback has highlighted the benefit of standards that recognise the need for services to respond appropriately for the individual rather than focusing on organisationally driven targets.

22. The respondents have made clear that providing people with clarity around when they can expect to access support or start treatment would improve the individual's experience. Expanding the range of services to include preventative and early intervention would also help ensure focus and resources are not prioritised solely for specialist services, helping to prevent people reaching a crisis and improving outcomes, in line with government's stated ambition to prevent avoidable detentions under the Mental Health Act, as part of the reforms.

Table 3: To what extent do you agree with the proposals for mental health services to have additional access and waiting time measures?

	Total			Stakeholder type					Formal response		Healthcare employee		
	Survey responses	Correspondence	%	NHS employee	Patient/public/carer	Health-related group, charity or organisation	Non health-related voluntary group, charity or organisation	From another public sector organisation	Organisational response	Individual response	Adult mental health services	Children's mental health services	Other healthcare services
Strongly agree	91	9	48%	40%	56%	70%	100%	25%	42%	46%	32%	38%	59%
Agree	70		33%	32%	28%	20%	-	50%	51%	31%	34%	38%	26%
Neither agree nor disagree	14	1	7%	10%	5%	-	-	25%	2%	8%	15%	4%	7%
Disagree	21		10%	15%	5%	10%	-	-	4%	12%	15%	21%	7%
Disagree strongly	4		2%	2%	5%	-	-	-	-	3%	4%	-	-
Base	**210**			**99**	**39**	**10**	**1**	**4**	**45**	**153**	**47**	**24**	**27**

23. 78% (160) of respondents supported and 14% (28) did not support the proposed standard for community-based urgent mental health services (Table 4). Those supporting the proposal felt it would help standardise expectations, definitions and guidance. Concerns were raised about the impact on other pathways and quality of care; there will be an opportunity to address these concerns during implementation.

Table 4: To what extent do you agree with the proposed standard for community-based urgent mental health services?

	Survey responses	Correspondence	%
Strongly agree	83		41%
Agree	71	6	38%
Neither agree nor disagree	15	1	8%
Disagree	22		11%
Strongly disagree	6		3%
Base	**204**		

24. 73% (147) of respondents agreed with the proposed standard for emergency departments mental health needs; however, 11% (23) disagreed with it (Table 5). There is a strong belief this proposal will improve overall experience and brings the potential to save lives. Some respondents highlighted the need to ensure that the source of the referral should not be the driver to response times and that clinical prioritisation and safety for the individual concerned need to be built into service plans to prevent increased inequalities of access or driving people to an unsafe place to seek rapid support.

Table 5. To what extent do you agree with the proposed standard for emergency departments mental health needs (all ages)?

	Survey responses	Correspondence	%
Strongly agree	77		38%
Agree	65	5	35%
Neither agree nor disagree	29	2	15%
Disagree	16		8%

Strongly disagree	7		3%
Base	**201**		

25. Tables 6 and 7 show a similar level of support for both the proposal to introduce standards for non-urgent community mental health care for CYP, as well as for adults and older adults; 74% and 75% respectively. The respondents highlighted these would improve people's experience and outcomes, but also suggested consideration be given to ensuring that the standards will allow for prioritisation of cases in line with clinical need, where it may be clinically optimal to be seen more quickly than four weeks, or to be seen after a longer time period.

Table 6: To what extent do you agree with the proposed standard for non-urgent community mental health care (children)?

	Survey responses	Correspondence	%
Strongly agree	76		38%
Agree	66	5	36%
Neither agree nor disagree	21	2	12%
Disagree	19		10%
Strongly disagree	9		5%
Base	**198**		

Table 5: To what extent do you agree with the proposed standard for non-urgent community-based mental health care (adults)?

	Survey responses	Correspondence	%
Strongly agree	76		39%
Agree	65	5	36%
Neither agree nor disagree	22	1	12%
Disagree	15		8%
Strongly disagree	11		6%
Base	**195**		

Key issues and barriers

26. Respondents made a number of observations on how best the proposals could be introduced to improve experience. Other common themes included:

- improving the experience across a pathway of care or treatment
- role of partners beyond the traditional NHS bodies in supporting people
- transformation and ongoing resource requirements.

27. The strong support to build on the success of the existing access standards for mental health is clear. So too, is the appetite to introduce these standards in a way that does not lead to an environment where assessment is prioritised over treatment or the threshold to access treatment raised. The introduction of the new standards to improve access and help set clear expectations, while retaining or improving on the quality of care currently offered, will be a significant challenge, but is one that when met will bring real benefits for patients, their families and carers. Respondents highlighted local examples of timely access to treatment, giving confidence that this is achievable.

28. The consultation has highlighted the hope that introducing a broader set of targets will help ensure parity of focus on mental health service provision. It is clear, however, that improved access to being seen by services is only the first step; service development and transformation plans need to go beyond meeting the access and waiting time targets, ensuring high quality and efficacious care and outcomes and without negative consequences for service users on pathways elsewhere.

29. The breadth of the recommended standards has highlighted the range of services outside of the NHS who all come together to help people receive the support they need. There is a strong sense that the benefits of integrated and partnership working across public sector bodies, as well as the voluntary sector need to be encouraged and supported. Respondents are keen to ensure that standards recognise the value of early intervention in preventing escalation of mental health conditions, particularly through embracing multi-agency working and holistic care across social care, education and the voluntary sector.

30. A number of respondents emphasised that resources that would be required to support the transformation of care and models of delivery to enable these standards to not just be introduced but met. Respondents recognised that introduction of standards must facilitate continued access for people already in receipt of care or waiting to access

care. As the pandemic has demonstrated, demand is likely to continue to grow and therefore it is particularly important to continued to monitor service demand. A focus on monitoring waiting times is likely to support systems to focus on managing flow through the mental health system.

31. The importance of clearly defining measures and pathways was highlighted by service providers – to allow them to benchmark, but probably more importantly by service users, their families and carers, too – knowing which service to access and what to expect when they seek support will be empowering and help prevent escalation in some cases.

32. The introduction of additional standards and the service transformation these standards relate to will be a significant shift and the time and resource it would take should not be underestimated; it has the clear potential to improve experience for people seeking support.

Best ways to advise and communicate the new measures

33. There was strong support for ensuring the proposed new measures are clearly communicated to the various audiences: clinical staff, wider public sector professionals, service users, their families and carers. A single communication channel would not be appropriate. Some respondents indicated they would locally like to develop and distribute tailored material.

34. Feedback suggested that distributing material at the point individuals begin to interact with services would help them set their expectations This material needs to be produced in a way that it is easily understood by people irrespective of how they come to be accessing the service, and in deciding what formats need to be available, consideration given to the fact that not all people can access digital information. Table 8 summarises the suggested communication channels.

Table 6: What do you think are the best ways to advise on and communicate the proposed new mental healthcare measures to service users and families/carers?

Option	Total		Stakeholder type				
	No	%	NHS employee	Patient/public/carer	Health-related group, charity or organisation	Non health-related voluntary group, charity or organisation	Other public sector organisation
Social media advertising	150	79%	78%	79%	90%	100%	75%
Posters and leaflets in healthcare settings	117	62%	61%	61%	70%	50%	75%
Communication from your GP practice	117	62%	59%	63%	40%	50%	50%
Television advertising	103	54%	52%	63%	50%	50%	100%
NHS 111	96	51%	50%	53%	50%	50%	25%
Posters and leaflets in public places (eg bus stations, railway stations, etc)	86	45%	40%	58%	40%	50%	25%

Option	Total		Stakeholder type				
	No	%	NHS employee	Patient/public/carer	Health-related group, charity or organisation	Non health-related voluntary group, charity or organisation	Other public sector organisation
Posters and leaflets in places of high footfall (eg libraries, supermarkets, etc)	83	44%	40%	55%	60%	50%	25%
Radio advertising	75	39%	41%	42%	30%	50%	25%
Specific website	64	34%	32%	42%	20%	100%	50%
Letters posted to households	56	29%	25%	42%	30%	50%	50%
Face-to-face promotion (eg roadshows)	47	25%	20%	34%	20%	50%	25%
Other	44	23%	16%	26%	20%	50%	25%
Base	**190**		**92**	**38**	**10**	**2**	**4**

Next steps

35. The feedback we received underlines the importance of introducing change in a structured and supported way. The approaches will need to be aligned across different services but also reflect the very specific needs of the individual services.

36. These recommendations are about the way in which planned service transformation can and should be measured, providing clear expectations for those accessing services and accountability for the public monies being used to make the improvements. The NHS Long Term Plan set out the vision for improving mental health services; the response to this consultation confirms the implementation of the new, additional standards will be beneficial.

37. The responses on how best to advise on and communicate the proposed new measures, as well as the opportunities provided by and challenges to implementation, will be considered as part of an implementation plan, subject to government agreement to implement the proposals. We will continue work to define and embed the new standards, including by improving data quality as implementation plans are developed.

Annex A: Participants in the clinically-led review of NHS access standards

- 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
- Mind
- Cancer Research UK
- Breast Cancer Care
- Macmillan Cancer Support

Mental Health Policy Group

- Royal College of Psychiatrists
- Mind
- Rethink
- Centre for Mental Health
- NHS Confederation
- Mental Health Foundation
- Young Minds (additional for discussion on standards)
- Association of Mental Health Providers (additional for discussion on standards

Annex B: Background and demographics of those responding to the online survey

Ethnicity		
White: British	134	72%
White: Irish	5	3%
White: Gypsy or traveller	-	-
White: Other	16	9%
Mixed: White and Black Caribbean	2	1%
Mixed: White and Black African	-	-
Mixed: White and Asian	3	2%
Mixed: Other	2	1%
Asian/Asian British: Indian	3	2%
Asian/Asian British: Pakistani	-	-
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	1	1%
Black/Black British: African	4	2%
Black/Black British: Caribbean	-	-
Black/Black British: Other	-	-
Other ethnic group: Arab	-	-
Any other ethnic group	3	2
Base	*187*	

Age category		
16 - 19	1	1%
20 - 24	4	2%
25 - 29	12	6%
30 - 34	17	9%
35 - 39	20	11%
40 - 44	20	11%
45 - 49	30	16%
50 - 54	25	13%
55 - 59	16	9%
60 - 64	20	11%
65 - 69	5	3%
70 - 74	2	1%
75 - 79	1	1%
80 and over	1	1%
Prefer not to say	13	7%
Base	*187*	

Religion		
No religion	91	49%
Christian	58	31%
Buddhist	5	3%
Hindu	1	1%
Jewish	2	1%
Muslim	3	2%
Sikh	-	-
Any other religion	2	1%
Prefer not to say	24	13%
Base	*186*	

Sex		
Male	47	25%
Female	118	64%
Intersex	-	
Prefer not to say	20	11%
Other	-	-
Base	*185*	

Armed services		
Yes	4	2%
No	160	88%
Prefer not to say	18	10%
Base	***182***	

Sexual orientation		
Heterosexual	138	74%
Lesbian	2	1%
Gay	4	2%
Bisexual	6	3%
Other	5	3%
Prefer not to say	31	17%
Base	***186***	

Relationship status		
Married	93	50%
Civil partnership	3	2%
Single	31	17%
Divorced	5	3%
Lives with partner	23	12%
Separated	2	1%
Widowed	3	2%
Other	2	1%
Prefer not to say	25	13%
Base	***187***	

Pregnant currently		
Yes	1	1%
No	159	88%
Prefer not to say	21	12%
Base	***181***	

Recently given birth		
Yes	1	1%
No	157	87%
Prefer not to say	23	13%
Base	*181*	

Health problem or disability		
Yes, limited a lot	15	8%
Yes, limited a little	28	15%
No	138	76%
Base	***181***	

Disability		
Physical disability	10	5%
Sensory disability	3	2%
Mental health need	19	10%
Learning disability or difficulty	3	2%
Long-term illness	13	7%
Other	4	2%
Prefer not to say	24	13%
Base	***182***	

Carer		
Yes - young person(s) aged under 24	41	22%
Yes - adult(s) aged 25 to 49	9	5%
Yes - person(s) aged over 50 years	15	8%
No	107	58%
Prefer not to say	19	10%
Base	***184***	

Gender reassignment		
Yes*	6	3%
No	146	83%
Prefer not to say	23	13%
Base	***175***	

*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

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