

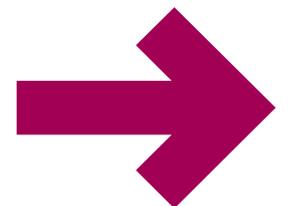
# Therapy versus restraint, how can we get the balance right?

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Restraint Reduction Network



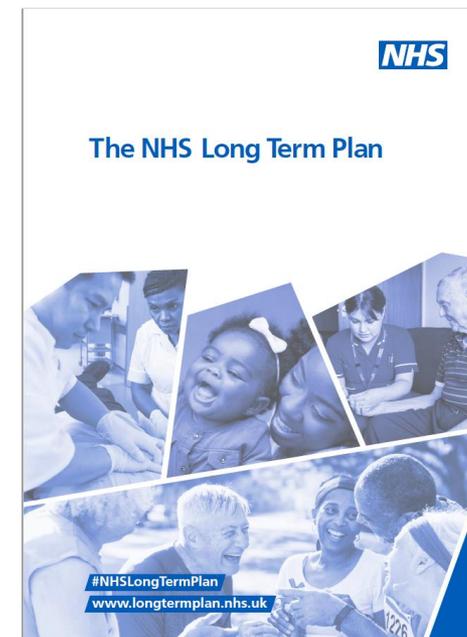
# Mental health in the Long Term Plan

## – an overview

Our headline ambition is to deliver ‘world-class’ mental health care, when and where children, adults and older people need it.

The NHS Long Term Plan published on 7 January 2019 commits to grow investment in mental health services faster than the overall NHS budget. This creates **a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24**. Further, the NHS made **a new commitment that funding for children and young people’s mental health services will grow faster than both overall NHS funding and total mental health spending**. This will support, among other things:

- Significantly **more children and young people** to access timely and appropriate mental health care. NHS-funded school and college-based Mental Health Support Teams will also be available in at least one fifth of the country by 2023.
- Those with **moderate to severe mental illness** will access better quality care across primary and community teams, have **greater choice and control** over the care they receive, and be supported to lead fulfilling lives.
- We will **expand perinatal mental health care** for women who need specialist mental health care during and following pregnancy.
- The NHS will provide a single-point of access and timely, age-appropriate, **universal mental health crisis care** for everyone, accessible via NHS 111.



## Key ambitions at a glance (by 2023/24)

345,000 more CYP will access help via NHS funded mental health services and school or college-based Mental Health Support Teams

Provide better community mental health support to 370,000 people with SMI via new and integrated models of primary and community care

24,000 additional women will access specialist perinatal mental health services. The period of care will be extended from 12 months to 24 months post-birth

Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need

380,000 more people will access NICE-approved IAPT services each year

Reduced length of stay in units with a long length of stay to the national average of 32 days

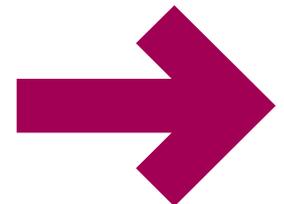
Ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support

Expand geographical coverage of NHS services for people with serious gambling problems

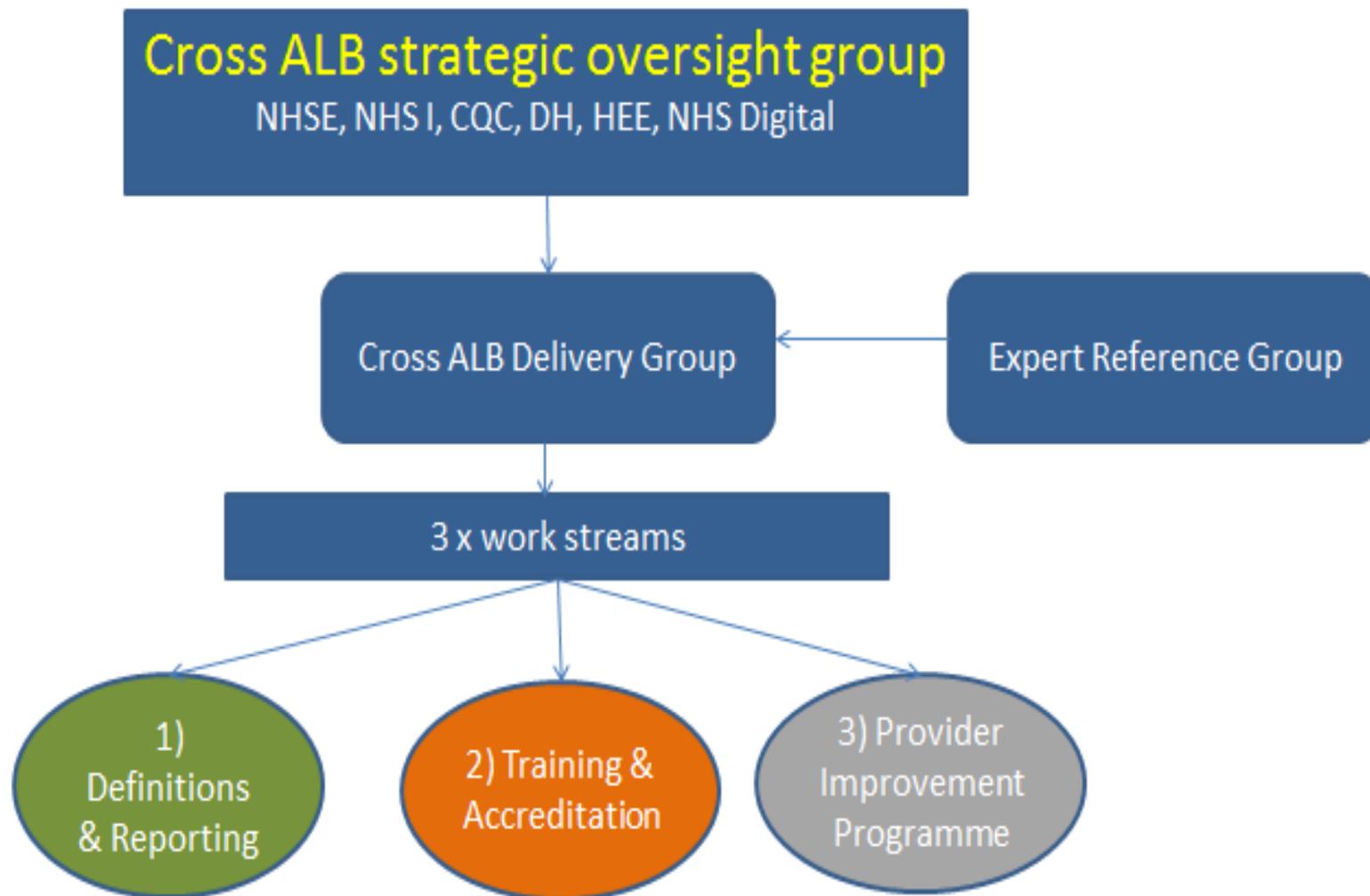
Expand the existing suicide reduction programme to all STPs in the country

# Reducing Restrictive Interventions Programme – the background

- Oct 2017: former Secretary of State (Sof), **Jeremy Hunt** asked NHS I and CQC to:
  - deliver **Mental Health Safety Improvement Programme**
  - compile **Mental Health Safety Support List** (11 MH Trusts having greatest difficulty with safety)
  - accompany SoS on a national programme of visits to MH trusts, to raise awareness of safety in mental health
- Cross Arms Length Bodies programme: Reducing Restrictive Practice
  - response to concerns raised by CQC
  - co-ordinated by NHS England
- Dec 2018: SofS **Matt Hancock** commissioned CQC to review the use of restraint, prolonged seclusion and segregation for people with mental health problems, learning disability and/or autism.



# Strategic Oversight Group



# 1. Definitions and Reporting Workstream

**Aim to ensure shared definitions and improving reporting on, and use of, data on restraint**

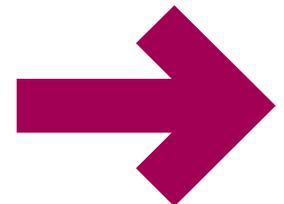
- NHS England is **making changes to the Mental Health Services Data Set (MHSDS)** to gather consistent and comparable data about the frequency and duration of restraint and other restrictive interventions.
- Ensure data on use of restrictive practice is analysed and presented in such a way as to enable benchmarking, and conversations about opportunities for improvement.
- The **new data items** will be included in MHSDS version 4 from April 2019 and subject to review through 2019 to amend as required, in April 2020.
- **Commissioning and regulatory levers** will be used to ensure comprehensive high quality data is submitted.



## 2. Training Standards and Accreditation Workstream

**Aims to embed accredited training of staff into regulatory, contracting and performance frameworks for providers to ensure full coverage**

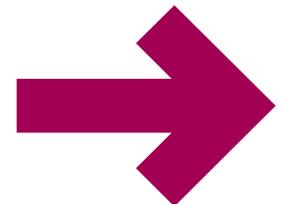
- Strategic Oversight Group have signed off standards for implementation with NHS commissioned services, which will begin in April 2020
- Standards will be applicable across a range of sectors, initial use is targeted at MH and LD health services.
- Focus of standards includes human rights, trauma-informed care, legal frameworks and de-escalation, not just physical skills.
- Ambition is for all providers of NHS funded mental health and learning disability services to be using approved training providers



### 3. Provider Improvement Programme Workstream

**Aims to develop a national improvement collaborative to support NHS mental health providers to reduce restrictive interventions using quality improvement methodology**

- The National Collaborating Centre for Mental Health (NCCMH) commissioned to develop a quality improvement (QI) programme for providers
- Overall aim to reduce seclusion, rapid tranquilisation and restraint by 1/3, based on evidence of what is known to work, through genuine coproduction in the wards.
- Dedicated QI coaches to support teams with the development of individual QI plans,



# Leadership, Organisational Culture and Governance

- Organisations doing well with restraint are where there is good leadership and clear governance arrangements in place
- ' **Board to bed**' embedding into normal practice, using Quality Improvement
- NHS England Specialised Commissioning developing Local Quality Requirements for 2019 which will include specific requirements to focus regional commissioners on restrictive practices and sexual safety during quality and contracting discussion
- Proxy indicators for organisation culture included in Specialised Services Quality Dashboards (SSQD)
  - Number of patients subject to prone restraint, as a proportion of total restraints
  - Rate of inclusion of patient, in incident debrief
  - Focus on seated restraint for purposes of naso-gastric feeding
  - Rate of staff training with MHA Code of Practice (chapter 26)
  - Identification of Board level lead and provider restraint reduction strategy

