Right here, right now: a call to action

Event notes

July 2015

Introduction

In June 2015, CQC published its report *Right here, right now*, which looked at the quality, safety and effectiveness of care provided to those experiencing a mental health crisis and what it is like for people experiencing a mental health crisis.

Building on the report, we held roundtable event in July to discuss the findings in the report and examine the recommendations made. We invited national and local Crisis Care Concordat representatives and people with experience of mental health crisis, to tell us about their reactions to the report as well as look at what needs to improve at a national and local level and what CQC can do to drive this improvement through our regulation and monitoring activities.

This report summarises discussions held on the day, and pulls out some of the key themes.

Discussion topic and emerging themes

What are your reactions to the report?

Overall delegates welcomed the publication of *Right here, right now*, and felt that it was reflective of their experiences. While the findings of the report were not felt to be surprising, there were comments that it was still shocking to hear about people's experiences and that the report served as a useful reminder to everyone of what is needed. Others felt that the report highlighted the importance of commissioners getting involved and making key decisions.

There were some areas that people thought were missing from the report, or needed expanding, including:

- Repeat section 136 detentions.
- Gender analysis – how a person's gender can lead to differences in the mental health issues they experience, and how they are treated.
- Mental health crisis in relation to drug and alcohol addiction.
- Children and young people.
- Mother and baby/pre and postnatal mental health.

What action can local partners take to address the issues in the report?

Better collaborative working and sharing of information between local partners – police, ambulance, mental health teams, hospitals, voluntary services etc – came out strongly from the discussions. The local Crisis Care Concordat partners were seen as key in achieving this, but local partners working together require investment in time and resources.

Delegates also felt that there should be more focus on prevention, to stop people getting to the point where need the help of crisis services or police intervention in the first place. Alongside this, it was generally agreed that the commissioning of services needs to be more joined-up, with resources used effectively. It also needs to focus on people and the way they use services from prevention, care and treatment through to recovery.

When people are in crisis, they need to have access to the right services at the time they are needed. People felt that access to help, for example via a telephone helpline, needs to improve. If demand is highest at night, crisis services should be available 24 hours a day, seven days a week to meet this need.

Keeping people engaged and informed of what is happening when they are in crisis was also suggested by one delegate as a basic, practical step that all partners should employ.

What support can national partners provide?

One of the main messages from this discussion was about sharing of good and poor practice across the national partners – sharing what works well and what could improve. One table agreed that there needs to be a national standard of 'what good looks like' as experiences vary between different local areas.

There was also an emphasis on improving data collection to get a better picture of mental health services across the country so that improvements can be made. It was suggested that the national concordat group could produce a template for collecting data/measuring services.

Two-way communication between the national partners and local areas was highlighted as a key area for improvement. It was felt that national partners should feedback on the progress of the concordat to their local areas, while local areas should provide feedback from patients and staff to the national partners so they can get a picture of what is happening on the frontline.

There were specific challenges to the Department of Health to improve/redefine crisis care team models and maintain the momentum of the Crisis Care Concordat.

What can CQC do to drive improvement?

There were number of different thoughts about the actions that CQC could take to drive improvement.

One issue arising was around commissioning, with comments that it is difficult to see who is accountable for commissioning of services and what actions can be taken if providers do not have enough crisis services. It was suggested that CQC could work with NHS England to look at what steps could be taken if commissioning is not effective. CQC could also use its findings to support commissioners to make better choices about care in their areas.

A lot of the comments revolved around CQC inspections, in particular people felt that CQC needs to publish reports more quickly after an inspection. Other areas for improvement included:

- Making sure that inspectors looked at crisis plans as well as care plans.
- Asking more about staff training and competency standards.
- Involving all partners (e.g. police, ambulance etc) in the local area on a comprehensive inspection to get a better picture of care.