

# A view from CQC: National data on AMHP/MHA activity

ADASS Mental Health Week, 14 May 2021



# Our Mental Health Act Focus



**Care Quality Commission (CQC)** was formed in 2009 from three predecessor organisations: Healthcare Commission, Commission for Social Care Inspection, Mental Health Act Commission.

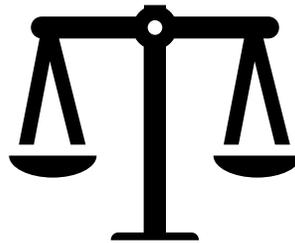
**MHA Activities:** Part of CQC's remit is protecting the interests of people whose rights have been restricted under the Mental Health Act. (MHA s120)



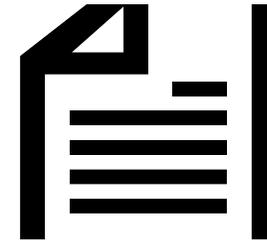
MHA monitoring



Providing the Second Opinion Doctor (SOAD) Service



National Preventive Mechanism (NPM) Responsibilities



Reporting to Parliament

In 2018/19 we:

- carried out 1,190 visits, met with 4,436 detained patients, and required 4,477 actions from providers
- Our Second Opinion Appointed Doctor service carried out 14,354 - 29% of treatment plans were changed

**Inspection:** CQC also assesses how well providers discharge their responsibilities under the MHA when it inspects providers. This will influence our ratings of a provider, including our rating of how well-led the organisation is. We may discuss MHA issues in ongoing provider engagement. Inspectors monitor data.

# Examples where Local Authority AMHP information has been considered in CQC's work



## Themed work - Mental Health Act

- Rise in the use of MHA to detain people in England [CQC 2018 Report](#)
- Approved Mental Health Professional services [AMHP report 2018](#)

## Collaborative review 2017

- A review of data.
- Site visits to 8 NHS trusts, 2 independent mental health service providers and 23 local authorities
- Engagement with service users, advisors and other stakeholders



## Briefing to the National Crisis Care Concordat The effectiveness of the current approach to national monitoring of Approved Mental Health Professional Services:

- A review conducted by the Care Quality Commission and the Department of Health March 2016
- One of the recommendations - establishment of national data set which allows monitoring of AMHP services and outcomes

- CQC's Provider Inspections - Health Based Place of Safety and Crisis services
- MHA monitoring – Admission and Assessment visits

# Where are we now?

**The Independent Review of MHA** recommended government consider how CQC's monitoring role may be extended so that it would consider the effectiveness of local joint working through assessing how the Act and Code is working in local areas, rather than looking at services in isolation.

Supported by **MHA white paper** proposal to extend CQC's monitoring activities. Government intends to publish proposals for consultation, following joint work with stakeholders. Proposals would be subject to future funding decisions.

**White paper** 'Integration and Innovation: working together to improve **health and social care** for all' Feb 2021 exploring ways to enhance the role of CQC in reviewing system working.

- **CQC draft strategy 2021** "The world of health and social care is changing. So are we." sets out our commitment to working beyond individual services and increasing our role to understand and report on quality across health and care systems. Cross-cutting theme of equalities. MHA work central.
- Our **provider collaboration reviews (PCRs)** look at how health and social care providers are working together in local areas. They aim to help providers learn from each other's experience of responding to COVID-19.

## Future Possibilities/Considerations



- CQC are **evolving their overall regulatory (inspection) approach**, this will be informed by outcome of 'Consultation on changes for more flexible and responsive regulation'. (March 2021)
- **Data** is an area identified as a focus in **CQC's draft strategy** to support smarter regulation. (March 2021).
- Data could also support the equalities agenda.
  - Advancing Mental Health Equalities- NHSE strategy focuses on access to and experience of services.
- National AMHP data could provide rich intelligence to support the work on patient experience, and health and social care generally, for example, over delays in admission or gaps in community services.
- Reporting on use of the Act- if national AMHP data is collected and available it supports a broader focus beyond hospital. We would not want to create an additional burden for organisations if it didn't also have an operational use for them.

CQC are happy to work collaboratively and be part of the conversation on national AMHP data.