

The Commission
to review the
provision of acute
inpatient psychiatric
care for adults

*Design for improving quality,
access and compassion in
mental health services*

28th June 2016

Nigel Crisp

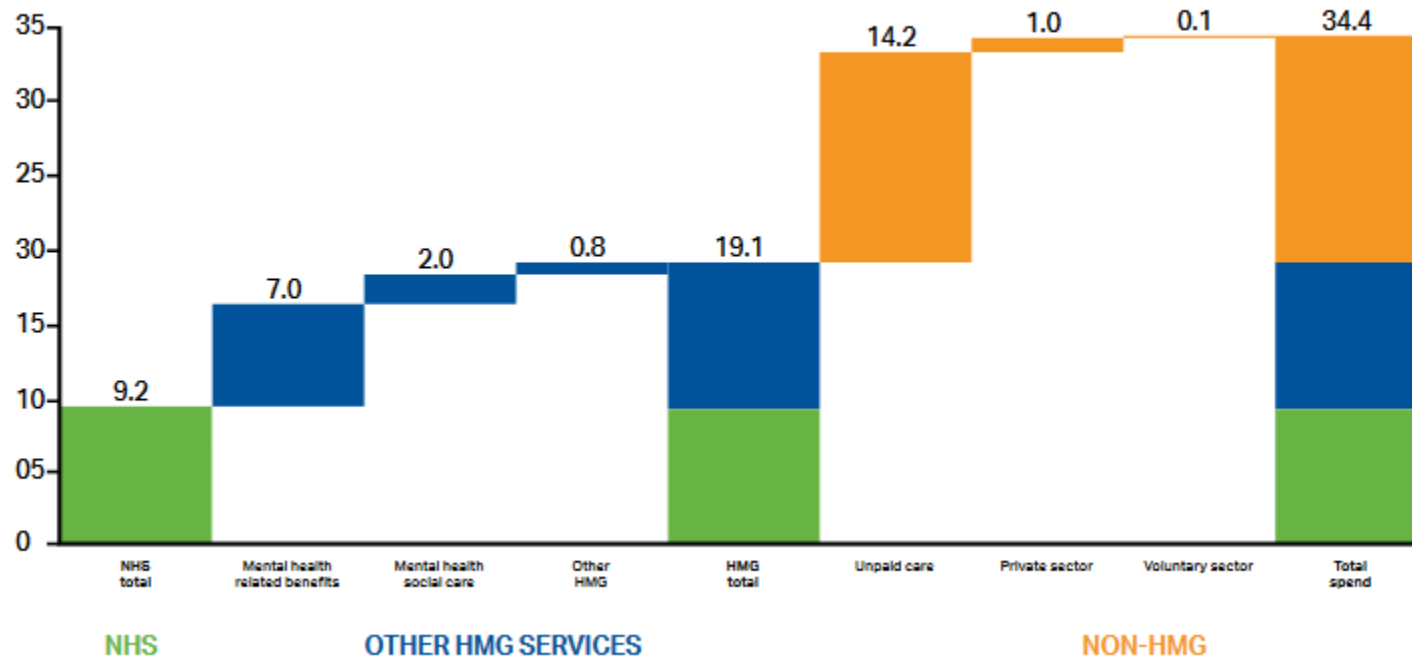
Mental Health Taskforce

“The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services

February 2016

Expenditure on mental health

Total cost of mental health support and services in England 2013/14 (£bn)



Mental Health Taskforce

58 recommendations:

- Prevention
- Crisis resolution
- Research
- Use of evidence
- Engaging everyone

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OLD PROBLEMS, NEW SOLUTIONS:

Improving acute psychiatric care for adults in England
and Northern Ireland

Commission on acute adult inpatient care

Terms of reference were to:

- Describe the purpose and value of inpatient services as part of the wider system.
- Propose how to identify the size and scope of safe and therapeutic inpatient services.
- Make recommendations for improvements and propose an implementation plan.

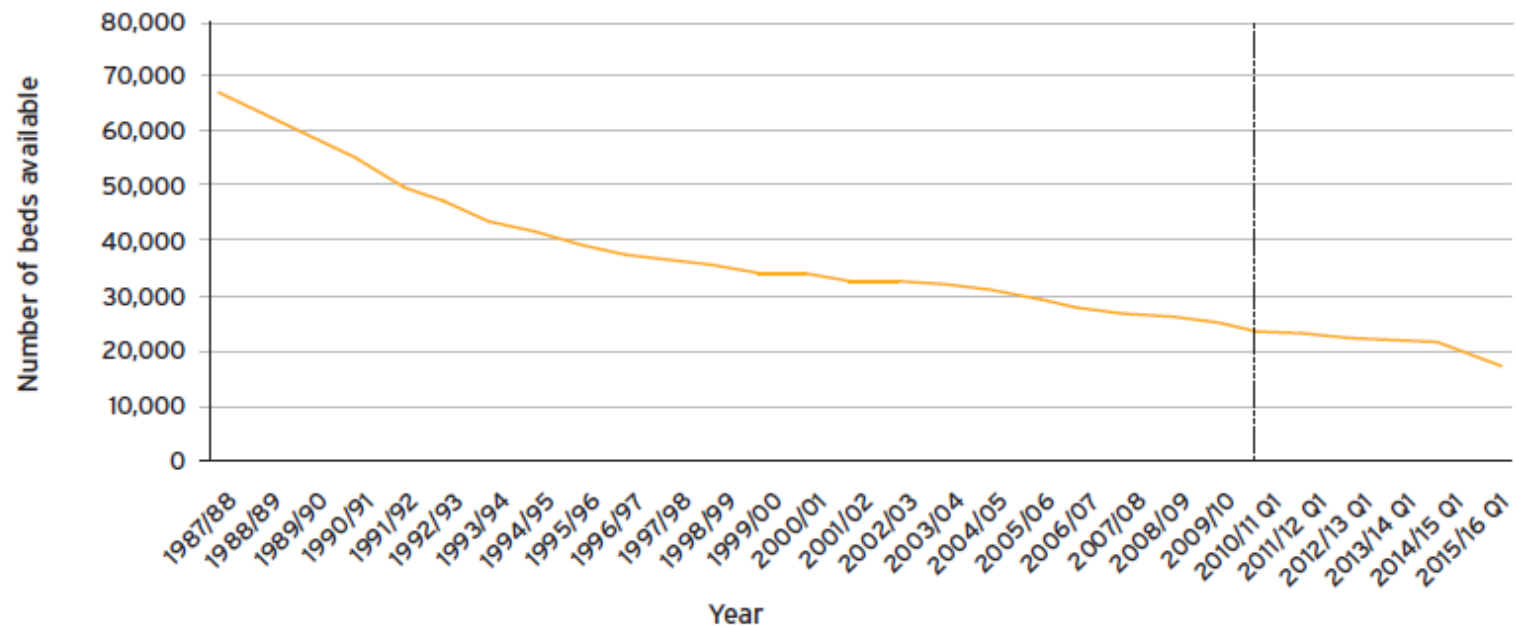
The Commission was asked to address acute care for adults only and has not therefore did not look at specialist services or those for children and adolescents – except where they impact on acute adult services.

Parity of Esteem

- The Commission's starting point was that patients with mental health problems should have the same rapid access to high quality care as patients with physical health problems.

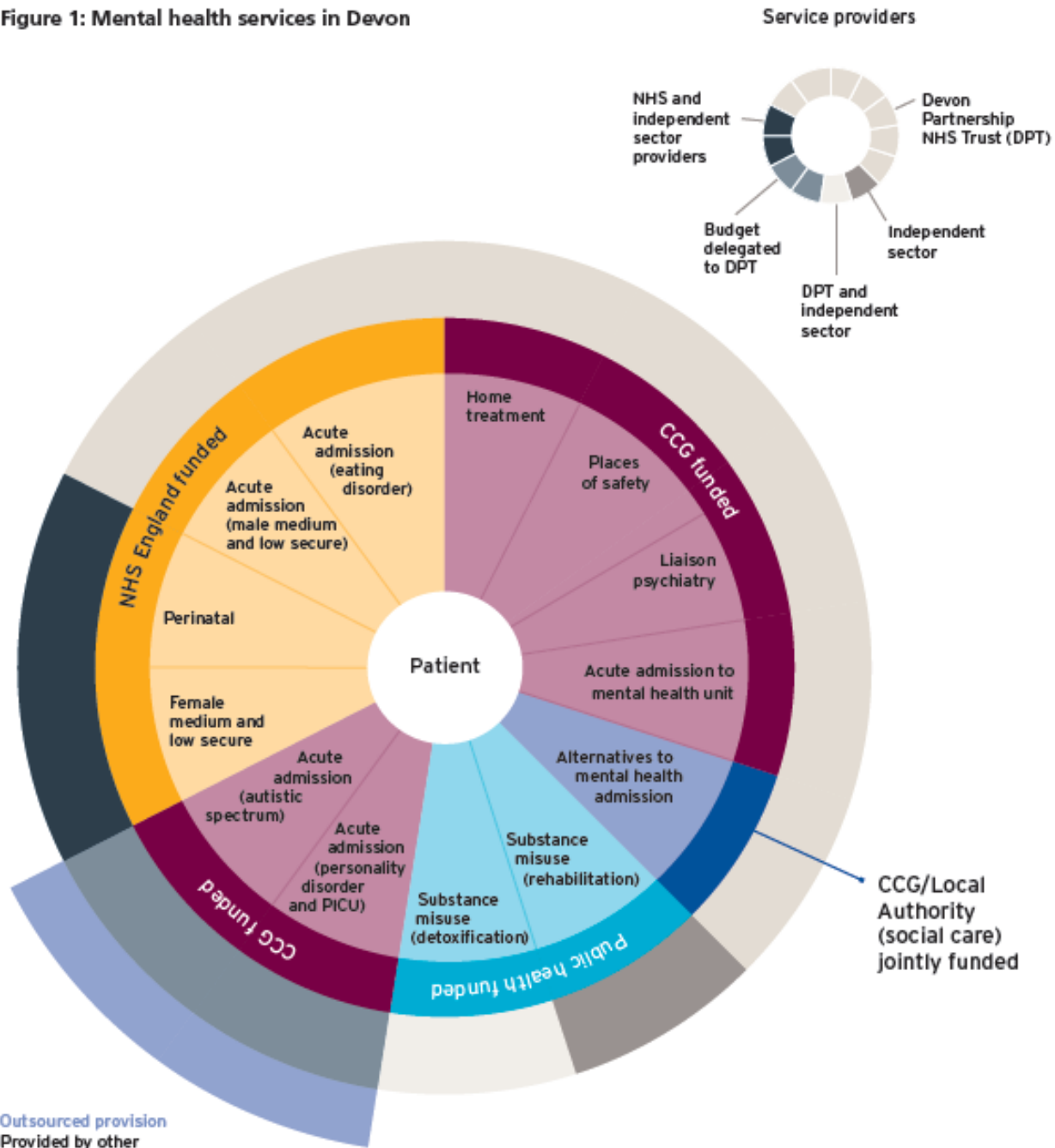
Numbers of beds

Figure 1: Number of beds available across the mental health sector between 1987/88 and Q1 2015/16



Data source: NHS England bed availability and occupancy data - overnight.
The dataset changed between 2009/10 and 2010/11 and moved to a quarterly collection period.
This means data may not be directly comparable with previous years.

Figure 1: Mental health services in Devon



The Commission to review the provision of acute inpatient psychiatric care for adults

Outsourced provision Provided by other NHS and independent service providers

The Commission's headline finding: England

- Access to acute care for severely ill adult mental health patients is inadequate nationally and, in some cases, potentially dangerous.
- There are major problems both in admissions to psychiatric wards and in providing alternative care and treatment in the community.

The Commission's Headline Finding: Northern Ireland

- Northern Ireland spends less than other parts of the UK on mental health – and severely mentally ill patients can't be certain that they will receive the same rapid access to good quality care and treatment as they would get if they were severely physically ill.
- There have been big improvements in recent years and the Commission found many good services. It was very impressed, in particular, by the engagement of patients and carers.

The survey - England

The Commission's survey of acute wards revealed a system that is under strain and not functioning efficiently. There are problems in admitting patients: on average 16% of inpatients could be better treated in a different setting; and 16% are ready for discharge. In addition about 500 patients a month travel more than 30 miles to be admitted.

There are a number of system wide issues which contribute to these problems:

- Too few community and specialist services
- A shortage of supported housing
- Too many *hand-offs* between parts of a very complex system
- Weak commissioning and planning arrangements
- Patient and carer engagement
- Poor data and systems

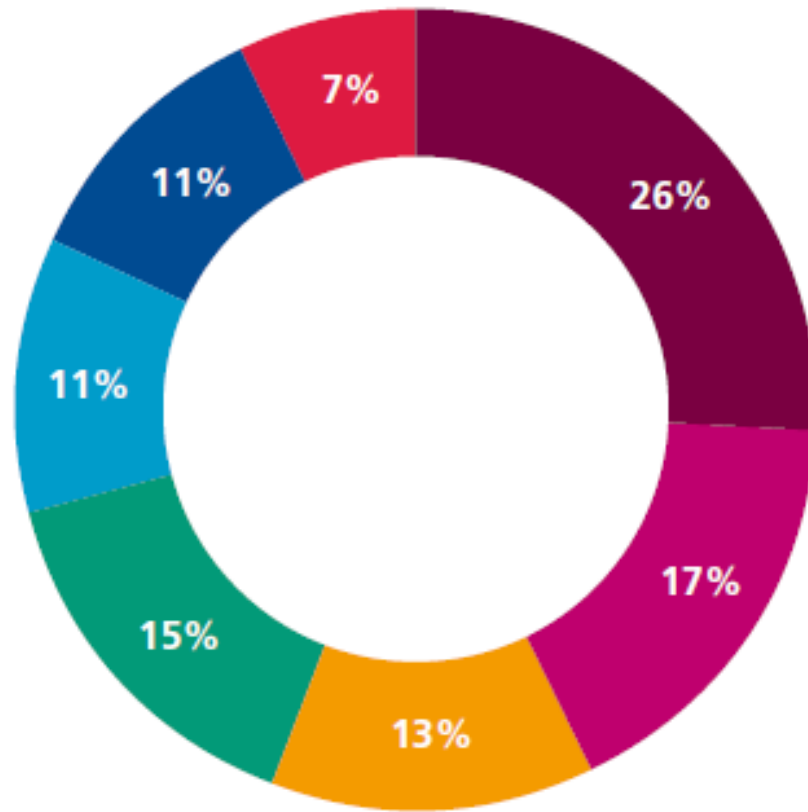
The survey – Northern Ireland

The Commission's survey of acute wards revealed a system that is under strain and not functioning efficiently. There are problems in admitting patients: about 1 in 4 inpatients could be better treated in a different setting; and 1 in 5 are ready for discharge.

There are a number of system wide issues which contribute to these problems:

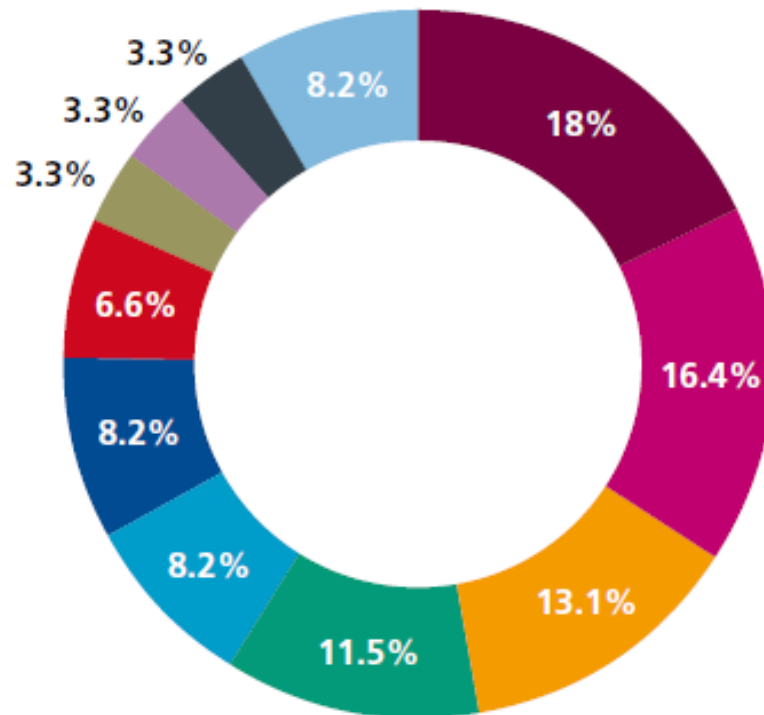
- Too few community and specialist services
- A shortage of supported housing
- Weak commissioning arrangements
- Organisational boundaries that get in the way of improving quality and efficiency
- There is poor data available on which to base decisions
- Mental health funding is proportionately less than in other parts of the UK

Figure 2.4: Reasons for delayed dischargeⁱⁱ



- Housing
- A service that could better treat their needs does not have the capacity to take them on as a patient at present
- A suitable service/care package is not available
- Dispute with carer/family member
- Other
- Dispute with patient
- Awaiting funding

Figure 2.3: Where patients might have been more appropriately treated



- Old age psychiatry ward/service
- Supported housing
- Crisis Resolution and Home Treatment team
- Residential housing/care home (may not apply in NI)
- PD service
- Rehabilitation psychiatry service
- Crisis house
- Forensic mental health service
- Neurological/organic condition service
- Non-specialist Community Mental Health/Primary Care and Recovery Team
- Other: Home

Table 2.1: Service developments required along the acute care pathway

Service development	% of responses that mentioned this service development
Access to personality disorder services	33%
Access to rehabilitation services	33%
Access to supported accommodation	33%
Access to ward psychology	33%
Increased availability/ capacity in CRHT	17%
Access to dual diagnosis services	17%
Increased psycho/social support in the community	17%
Access to housing	17%
Access to a day hospital	8%
Increased CMHT in-reach	8%
Increased number of acute beds	8%
Access to pre-senile dementia service	8%
Improved care management	8%
Increased reflective group practice for MDT	8%
Access to hostels	8%
Improved information sharing	8%

Quality and the environment

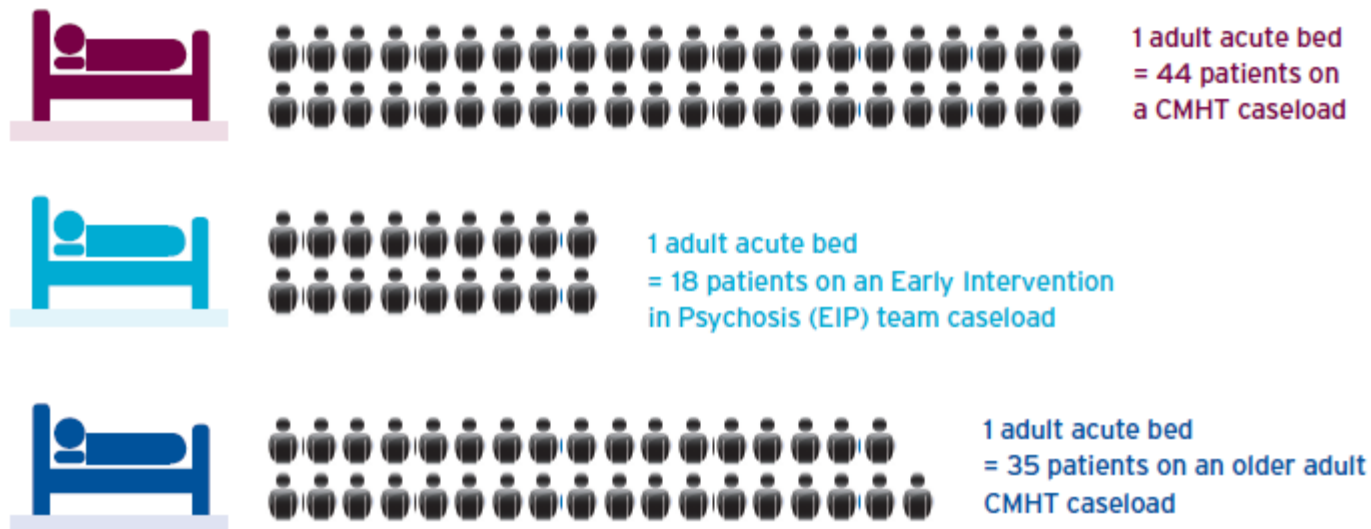
- *Trapped or liberated*
- Housing
- Patient and carer involvement
- Quality improvement
- Inpatients *and* community based care

Key Points – The Commission recommends in England that:

- A new waiting time pledge is included in the NHS Constitution from October 2017 of a maximum four-hour wait for admission to an acute psychiatric ward for adults or acceptance for home-based treatment following assessment.
- The practice of sending acutely ill patients long distances for non-specialist treatment is phased out by October 2017.

Comparative costs

Figure 2: The relative costs of beds and other services



Data source: Information received by the Commission from NHS Benchmarking

Key Points – The Commission recommends in England that:

- Commissioners, providers and clinical networks in each area together undertake a *service capacity assessment and improvement programme* to ensure that they have an appropriate number of beds as well as sufficient resources in their Crisis Resolution and Home Treatment teams to meet the need for rapid access to high quality care by October 2017.

Key Points – The Commission recommends in England that:

- There is better access to a mix of types of housing – and greater flexibility in its use – to provide for short-term use in crises, reduce delayed discharges from inpatient services and offer long-term accommodation.

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Key Points – The Commission recommends in England that:

- Patients and carers are enabled to play an even greater role in their own care as well as in service design, provision, monitoring and governance.

Design considerations

- Improvements in acute wards
- Re-design of whole service
- Housing
- Patients and carers