

OLD PROBLEMS, NEW SOLUTIONS: IMPROVING ACUTE PSYCHIATRIC CARE FOR ADULTS IN ENGLAND

Final report of the commission to review the provision of acute inpatient psychiatric care for adults

This briefing provides a summary of the findings and recommendations of *Old Problems, New Solutions: Improving Acute Psychiatric Care For Adults In England*, the final report of the commission to review the provision of acute adult inpatient psychiatric care for adults. The NHS Providers view and our media statement in response today are also included. If you wish to discuss this briefing or the report, please contact Cassandra.Cameron@nhsproviders.org.

SUMMARY OF THE FINAL REPORT

The final report presents the findings and conclusions of the independent commission, established in January 2015 by the Royal College of Psychiatrists and led by Lord Nigel Crisp, 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; and
- make recommendations for improvements and propose an implementation plan.

The commission's work has been undertaken in close cooperation with the NHS England Mental Health Taskforce – the recommendations are intended to align with the taskforce's whole-system focus and not duplicate work performed as part of its analysis of mental health funding and expenditure. Key points to take from the report:

- Patients with mental health problems should have the same rapid access to high quality care as patients with physical health problems.
- Access to acute care for severely mentally ill adults is inadequate nationally and, in some cases, potentially dangerous.
- Major problems both in admissions to psychiatric wards and in providing alternative care and treatment in the community are intimately connected and need to be tackled together.
- There are many good services around the country and enormous scope for dramatically improving others, a great deal of good practice to build on and new opportunities for innovation.
- New, firm targets for improvement must be combined with new approaches to quality improvement, data management, innovation and investment.

There are 12 recommendations that touch on all parts of the mental health system and aspects also of broader health and social care for people with serious mental illness. Most build on existing good practice cases within the NHS and these are featured throughout the report as exemplars for replication across the system or as models to be adapted locally with partners as needed and appropriate. Most also emphasise greater collaboration with local partners and in particular between providers and local commissioners, and improving the quality and availability of

national and local data is a consistent theme. To incentivise whole-systems collaboration across government, commissioners, providers and health and social care, the commission recommends:

1. 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. This will involve:
 - NHS England and NHS Improvement establishing the definitions and arrangements needed for measurement and data collection and adding this pledge to planning and monitoring processes and performance announcements
 - trusts and other providers working with their commissioners to establish local arrangements for data collection and local publication of results.
2. The practice of sending acutely ill patients long distances for non-specialist treatment is phased out nationally by October 2017. This will involve:
 - NHS England and NHS Improvement introducing a target for halving current levels of out of area treatments for acute adult inpatient care by April 2017 and their total elimination by October 2017
 - NHS England and NHS Improvement holding both commissioners and providers to account for achieving this target
 - NHS England and NHS Improvement establishing a national reporting system for monitoring the number, nature and causes of out of area treatments by July 2016, publishing a complete national baseline picture by September 2016
 - commissioners and providers working together with patients' and carers' groups locally to agree what constitutes an out of area transfer in their locality within the national framework and definitions provided by NHS England and NHS Improvement
 - the Care Quality Commission changing its inspection framework in response to both this and Recommendation 1 so that unacceptable distance travelled is measured along with unacceptable waiting times in judging whether a service is responsive to local needs.

The remaining recommendations are set out in thematic chapters as follows:

Chapter 2: The purpose and capacity of acute adult inpatient care: explores the role of inpatient care as part of the wider system, and focuses on link between inpatient care and in-community care capacity, especially crisis resolution and home treatment teams, and methodological approaches to developing a better understanding of demand and capacity at local level.

3. Commissioners, providers and strategic 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. This will involve:
 - trusts, with the support of their commissioners, using a systematic method, such as the service capacity assessment and improvement programme described in this report, to ensure that by October 2017 the acute care service can meet capacity demands in their area.
 - mental health strategic clinical networks establishing a process by October 2016 for the sharing of learning and good practice between organisations in their area
 - trusts and commissioners providing a quarterly report beginning from October 2016 for Commissioning and Trust Boards and wider public dissemination – and ensuring that remedial action is taken to improve progress where necessary.

Chapter 3: The mental health system: explores challenges of the current approach to service provision; the fragmentation of care pathways and resources wastage due to inefficiencies in commissioning; growing demand and consequent pressure on services; quality improvement, professionalism, specialisation in mental health and

collaboration needed in commissioning; managing increased demand from LD and need for better access to housing; more information sharing; greater use of care coordination and care programme approach.

4. Service providers, commissioners and health and wellbeing boards work together to improve the way the mental health system works locally – sharing information, simplifying structures where appropriate, and finding innovative ways to share resources and deliver services. This will involve:
 - joining up processes and systems wherever possible. This will build on existing shared mechanisms such as care plans and care pathways but should also involve better real time sharing of information and the engagement of all relevant bodies, including the private sector, in planning and communication.
 - mapping the whole system and analysing patient flows so as to identify how well the current system is being used and whether patients are being cared for in the right services
 - simplifying the system wherever possible: reducing boundaries and hand-offs between organisations and services perhaps through using lead commissioners, lead providers and bringing together different types of services
 - NHS England working with commissioners to improve the whole way the commissioning process works.
5. 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. This will involve:
 - commissioners, local authorities and housing providers working together to ensure that there is an adequate supply of appropriate housing to enable patients to be discharged from hospital when they no longer need inpatient treatment. This will require the local authority and CCG(s) to establish a decision-making processes that can occur within 24 hours of a referral being made and also to provide sufficient:
 - crisis housing
 - short-term temporary accommodation for patients ready for discharge
 - supported accommodation for patients with mental health problems
 - accommodation for patients with complex problems who may be difficult to house.

Chapter 4: Improvement, quality and safety. Identifies variations in quality of inpatient care, with no clear correlation between quality and resourcing and pressures - some examples of best-quality care provided in trusts under greatest and resourcing capacity pressures. Explores and clarifies what 'good' acute inpatient mental health care looks like (defined by how well care attends to patient need and experience, not regulatory assessment); driving and embedding systematic quality improvement (QI) in care and establishing single unified standards to accelerate the uptake and spread of skills in QI methodology in mental health.

6. A single set of easy to understand and measurable quality standards is developed nationally with the involvement of patients and carers and widely promoted and communicated. This will involve the Royal College of Psychiatrists together with NHS England, NHS Improvement, the Care Quality Commission and NHS Providers reviewing the current range of published quality standards in order to:
 - produce a short user-friendly statement of measurable best-practice standards agreed by all relevant bodies
 - promote this statement amongst staff, patients and carers providing opportunities for it be understood and, where appropriate, tailored to local services
 - seek to align this statement and with the Mental Health Minimum Data Set so that performance against the standards can be monitored and reported on through the existing arrangements. This recommendation should be addressed alongside Recommendation 10 in Chapter 6.
7. The growing awareness and use of quality improvement methodologies in mental health is nurtured and accelerated. This will involve:
 - providers adopting a systematic approach to quality improvement and setting up training and development programmes for their staff

- providers and commissioners working with Strategic Clinical Networks to share good practice
- providers and commissioners nationally considering with NHS England what arrangements can be put in place to enable the active sharing and implementation of good practice nationally
- the Royal College of Psychiatrists (RCPsych) and the Royal College of Nursing (RCN) actively supporting the development of quality improvement knowledge and skills amongst their fellows, members and trainees.

Chapter 5: Patients and carers: advocates for greater patient and carer engagement in service design and communication about assessment and treatment, how to address and encourage improvement in staff attitudes to mental ill-health, and explores the experiences of and impact of inequalities for black and minority ethnic staff and service users.

8. 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. This will involve providers, with support from commissioners and other partners:
 - working with patients and carers to further develop their involvement in all aspects of the organisation
 - ensuring that patients and carers involved in these activities receive the training, development and support they need
 - evaluating programmes and sharing good practice and learning both within their organisation and more widely.
9. A Patients and Carers Race Equality Standard is piloted in mental health alongside other efforts to improve the experience of care for people from black and minority ethnic communities. This will involve NHS England and NHS Improvement working with patients and carers groups, NHS Providers, the NHS Confederation Mental Health Network and the Royal Colleges of Psychiatrists and Nursing to:
 - identify a clear and measurable set of Race Equality Standards for acute mental health services by October 2016 and pilot them in a selection of trusts from April 2017
 - set up monitoring and public reporting processes for all trusts from April 2018.

Chapter 6: Information, outcomes and accountability: reviews the current challenges for comprehensive data on mental health services at local and national level and improvements that could support the generation of timely information on services which functions as the central enabling and organising feature of the system.

10. The collection, quality and use of data are radically improved so they can be used to improve services and efficiency, ensure evidence-based care is delivered and improve accountability. This will involve:
 - the Department of Health and NHS England bringing nationally available information together into a single resource adding to it as necessary to support operational management locally
 - the Department of Health, with NHS England and NHS Improvement leading a review of the Mental Health Minimum Data Set to ensure its fitness for purpose for monitoring and evaluating acute care pathways and converting this into a publicly available set of performance measures that enable local and national analysis of the state of acute mental healthcare and the outcomes being achieved. This work must include a review of the current delayed transfer of care definition and data collection system which are not fit for purpose
 - commissioners and providers collaborating to develop local operational systems which will allow for sharing of critical information and help the whole system work more effectively
 - providers developing their internal systems to provide open real time information to their staff and, in the longer term, ensuring that evidence as well as care pathways and protocols are available to all relevant staff where and when they need them.

Chapter 7: Leadership, culture and staffing: challenges in staff recruitment are exacerbated by poor morale among general acute inpatient ward staff and in particular among BME staff. Evidence suggests a strong link between BME staff wellbeing and patient satisfaction; trusts need to review staff/skill mix on wards, ensure NICE concordant care and ensure appropriate staffing to deliver it. System must support leadership development, training and appropriate

pay for ward managers; values-based recruitment and need for organisational systems and processes to support compassionate workplaces.

11. All mental health organisations promote leadership development and an open and compassionate culture with particular reference to better ward management, values-based recruitment, and staff training and development. This will involve providers, with the support of commissioners, working to improve the skills and status of people working in inpatient care specifically through:
- a focus on developing ward managers and other inpatient staff
 - running programmes to develop skills in quality improvement, working with people from other backgrounds and cultures, and working in partnerships with other organisations
 - introducing values-based recruitment where this is not already in place
 - reviewing career pathways to ensure a good supply of high quality ward managers and other inpatient staff.

Chapter 8: Finance and resources shows with available data how mental health funding has been disproportionately low compared with physical health, with consequently greater pressures on mental health providers; perverse incentives in the system are created through fractured commissioning along care pathways; “enormous unexplained variation” both in spend by commissioners and in trust’s costs. Acknowledges recent investment but argues for further funding given continuing financial pressures, growing demand and the impact of social care and local government funding cuts. Expanding quality improvement strategies such as LEAN can help reduce wastage.

12. Greater financial transparency, removal of perverse incentives and the reduction of waste is coupled with investment in the priority areas identified here – acute care capacity, housing, information systems and staff – and that guarantees are made about financial parity with physical health. This will involve:
- NHS England, providers and commissioners improving financial analysis and transparency of data so that the public has access to information about costs and investment
 - NHS England developing commissioning and payment systems to remove or reduce the effect of perverse incentives in the system
 - NHS England, commissioners and providers giving priority for new investment to strengthening CRHTs, developing information systems, upgrading inpatient services with improved levels of activity on wards, staffing, staff training, better environments and providing greater access to suitable housing where and when it is needed
 - NHS England and commissioners ensuring that savings from the reduction of out of area treatments and other initiatives are re-invested in mental health
 - NHS England and commissioners ensuring that mental health receives the same level of financial uplift and investment as physical health.

NHS PROVIDERS RESPONSE

The commission’s report today offers a balanced and well-informed perspective on acute adult inpatient care in mental health. It recognises the necessary place of inpatient care within mental health, highlights examples of good practice by providers as models for expansion or replication as appropriate to local need and circumstance, and reflects well the issues that impede the timely provision of high quality mental health inpatient care close to home as advised to us by our members in our response to the call for evidence in March 2015.

The commission rightly conceives of bed shortages in inpatient care as a symptom of broader challenges across sector - in particular linked to capacity and resourcing of community-based care and critical social support including housing. The problem of delayed discharges is discussed, with reference to findings of the [*NHS Providers Right place right time commission*](#); both bed capacity pressures and lack of appropriate community-based care are contributing factors. The recommendations to address the challenges are presented as readily implementable with little cost to

the sector to commence, however it also recognises there will be significant staffing and resource implications for providers to meet them, reflected in the call for government commitment to appropriate funding. It is essential that the government considers the recommendations of this report in line with those of the NHS England Mental Health Taskforce if desired changes are realistically to be achieved, as this will require action and commitment beyond providers across health and social care and local government.

We welcome the recognition that the report gives to the role of NHS Providers in supporting the implementation of a number of the recommendations.

We thank our members for their assistance with providing evidence in support of our response to the commission's initial call in March 2015 and will work with you and sector partners to determine how best to support the implementation of these recommendations in conjunction with the recommendations of the forthcoming final report of NHS England's Mental Health Taskforce.

The NHS Providers' initial submission and evidence can be accessed [on our website](#).

Media statement

Independent Commission report recognises urgent need for further investment in adult mental health inpatient services

Commenting on the [report](#) from the Independent commission, led by Lord Nigel Crisp and supported by the Royal College of Psychiatrists, to review the provision of acute inpatient psychiatric care for adults in England, Saffron Cordery, director of policy and strategy, NHS Providers, said:

"We welcome today's report. The independent commission has consulted extensively with mental health providers and recognised the excellent care across NHS mental health services, identifying many examples that offer best practice for expansion across the system. We also welcome the commission's recognition that NHS Providers has a key role to play in supporting our members in making the recommended improvements to help ensure access to acute mental healthcare becomes as timely as it is for physical healthcare.

"Our members have long been telling us about the crisis in beds and the need to ensure that people are not treated many miles from home. Improving quality in the provision of acute inpatient psychiatric care is not just about being able to access the right services, it's also about being able to leave the care of services in a timely and supported fashion. The report's focus on delayed transfers of care points to an area where quality and experience can be improved for individuals, and also demonstrates the extent to which mental health services are part of the whole health and care ecosystem. This was central to our independent [Right place, right time commission](#) on delayed transfers of care which also majored on mental health and complements much of today's report.

"The report's findings also clearly demonstrate that acute adult inpatient care must be considered as essential mental health services. This reflects what our members have consistently told us. Recommended targets for improving timely access go hand in hand with appropriate investment. For a sector that has had sustained underinvestment over a number of years, existing and additional funding is just the starting point to fill this gap, to support the implementation of standards and, crucially, to ensure that it actually reaches the frontline. Further investment is critical to delivering these recommendations whilst meeting increased demand particularly for access and waiting times. The report rightly calls for clear commitment from the government to adequate resourcing.

"Receiving appropriate, high quality mental health care is the right of all patients and service users. We look forward to working with colleagues at every level - government, community, commissioner and provider - to ensure this ambition is achieved and we gain true parity of esteem between physical and mental health care."

Read our [guest blog](#) by Lord Nigel Crisp.