

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

## **Old Problems, New Solutions:** Improving Acute Psychiatric Care for Adults in England

The Report of the Commission on Acute Adult Psychiatric Care's work in England.

### **About the Commission**

The independent Commission on Acute Adult Psychiatric Care was set up by the Royal College of Psychiatrists in January 2015 in response to widespread concerns about the provision of acute inpatient psychiatric beds in many parts of England and Northern Ireland.

It is chaired by Lord Nigel Crisp, former Chief Executive of the NHS in England with support from 14 Commissioners, with a diverse range of expertise in mental health and related sectors. The Commission is independent of the Royal College of Psychiatrists and of other outside interests.

The Commission published its final report *Old Problems, New Solutions*, in February 2016, setting out its findings and recommendations for England. The Commission's findings for Northern Ireland will be published separately.

### **Key points**

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. These two sets of problems are intimately connected and need to be tackled together.

There are, nevertheless, many good services around the country and enormous scope for dramatically improving others. These are old problems but there is a great deal to build on and new opportunities for innovation.

The Commission's starting point is that patients with mental health problems should have the same rapid access to high quality care as patients with physical health problems. It proposes the introduction of firm targets for improvement combined with new approaches to quality, data management, innovation and investment.

## The Commission recommends that:

- 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.
- 2** The practice of sending acutely ill patients long distances for non-specialist treatment is phased out nationally by October 2017.
- 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.
- 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.
- 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.
- 6** A single set of easy to understand and measurable quality standards for acute psychiatric wards is developed nationally with the involvement of patients and carers and widely promoted and communicated.
- 7** The growing awareness and use of quality improvement methodologies in mental health is nurtured and accelerated.
- 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.
- 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.
- 10** The collection, quality and use of data is radically improved so it can be used to improve services and efficiency, ensure evidence-based care is delivered and improve accountability.
- 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.
- 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 guarantees are made about financial parity with physical health.

This report paints a picture of an acute mental health system under pressure, with difficulties in access to care compounded by – in some instances – poor quality of care, inadequate staffing and low morale. Too often inadequate data and information are available but it is clear that the whole system has suffered from a steady attrition in funding from both NHS and local government sources in recent years.

National and local government need to act to redress the balance and ensure that mental health receives equal priority and funding with physical health. Commissioners and providers, too, have a responsibility to lead change, focus on quality and improve the way their organisations and the whole system works.

Most of what is needed is already being done somewhere in the country with committed and innovative people – patients and carers as well as professionals – working hard to improve services. This report's recommendations are designed to get behind their efforts and help them to share their learning and achieve their ambitions.