

A lush garden scene featuring a wooden fence in the background. The garden is filled with various plants, including tall yellow flowers, large green leaves, and clusters of red Canna lilies. In the foreground, there is a prominent cluster of white daisies with yellow centers. The overall atmosphere is bright and colorful.

# Old Problems, New Solutions

Design in Mental Health Conference

16<sup>th</sup> May 2017

Nigel Crisp



# The health and care system

The health and care system needs to transition from a hospital and illness based system to a person-centred and health based one - to meet today's needs particularly for the management of long-term chronic conditions.

**Using the wrong model is inefficient and wasteful and leads to sub-optimal care and perverse short-term decision making ...**

# A healthy and health-creating society

- *Modern societies actively market unhealthy lifestyles*

WHO European Region

# A healthy and health-creating society

- *Modern societies actively market unhealthy lifestyles*

WHO European Region

- *Health is made at home, hospitals are for repairs*

Traditional African saying

# Everyone has a role to play

All sectors - employers, educators, manufacturers, architects, designers and businesses as well as communities and individuals have a role to play in building a healthy and health-creating society

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

# 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.

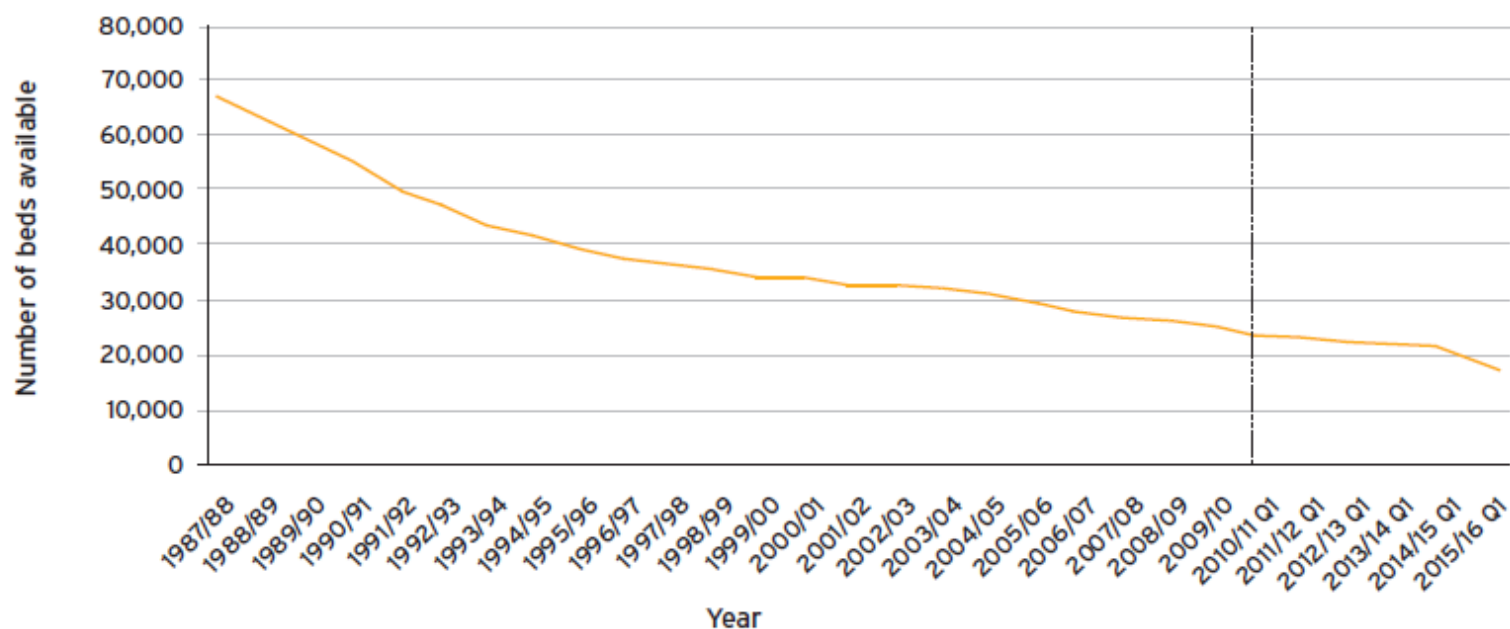
# The Commission's headline finding

- 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.



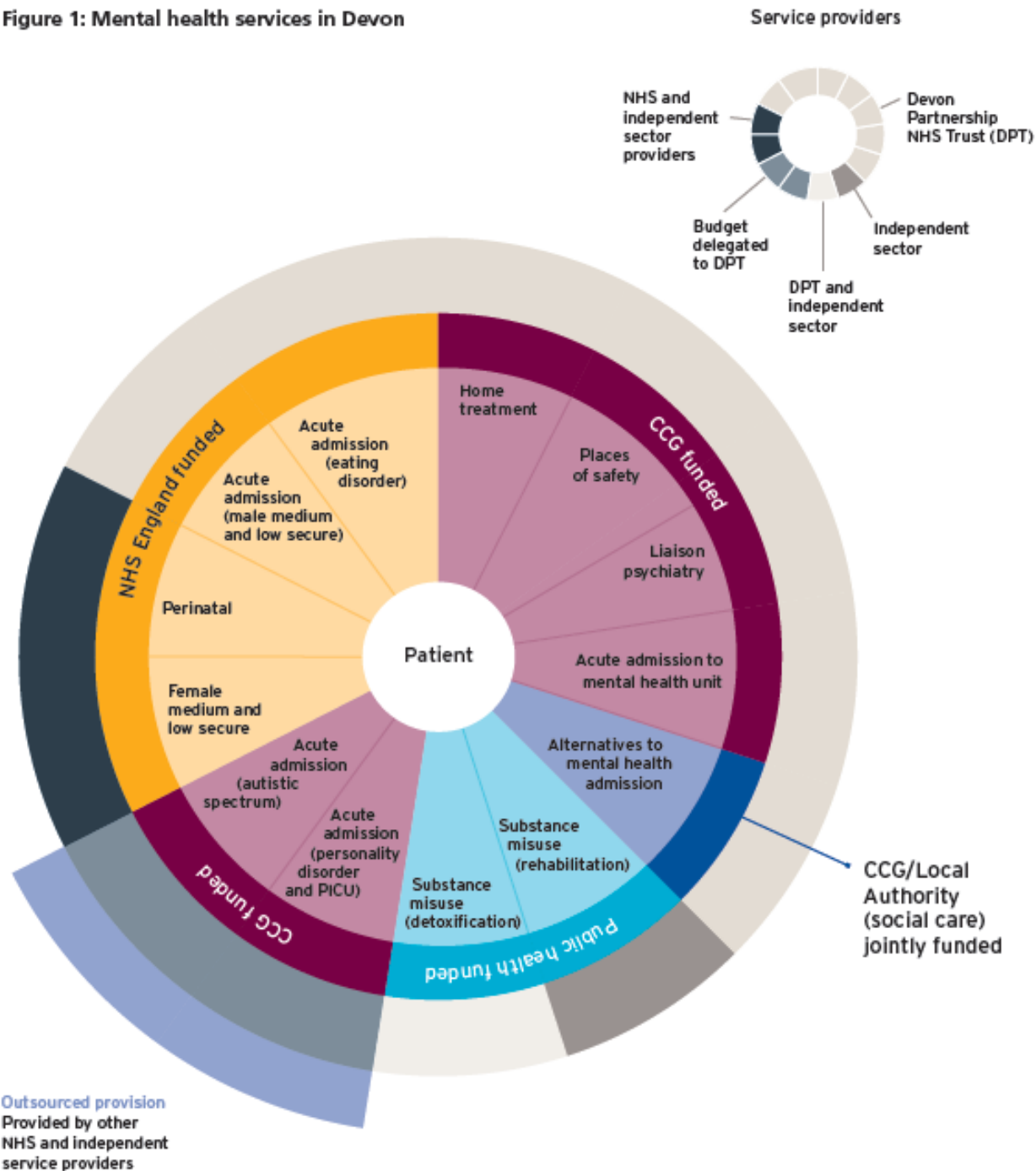
# Numbers of beds

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 survey

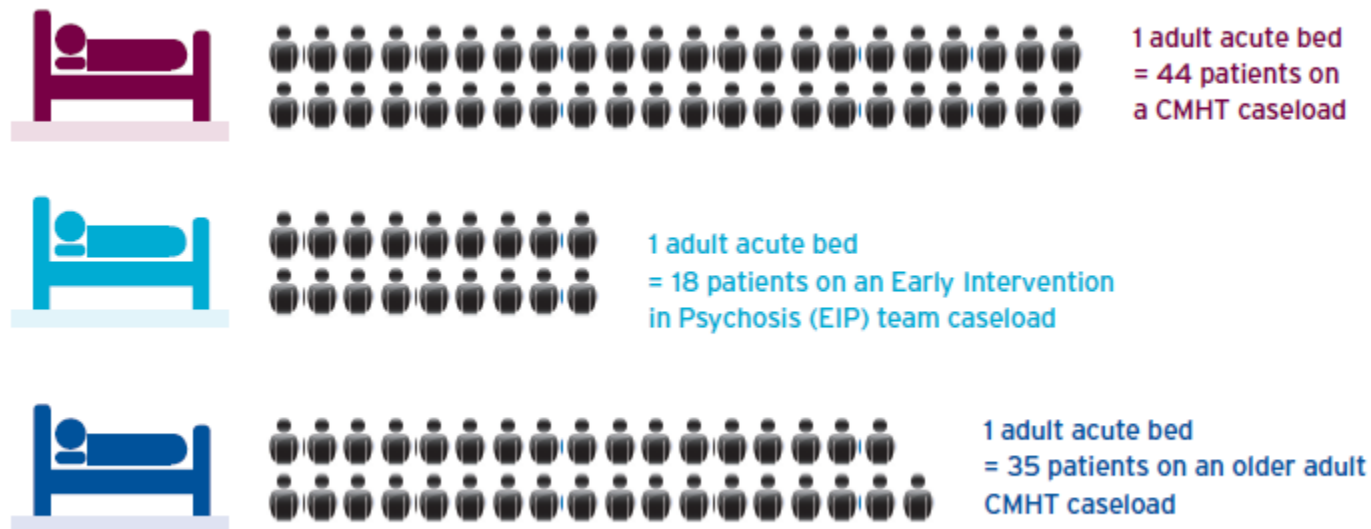
The Commission's survey of acute wards revealed a system that is under strain and not functioning efficiently. There are problems in admitting patients: on average 16% of inpatients could be better treated in a different setting; and 16% are ready for discharge. In addition about 500 patients a month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

# Comparative costs

Figure 2: The relative costs of beds and other services



Data source: Information received by the Commission from NHS Benchmarking

# Headline recommendations

- 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.



# Recommendations

- 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.

# Recommendations

- 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.

# Recommendations

- 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.

# Recommendations

- 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.

# Recommendations

- 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.



# Recommendations

- *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.

# Implementation

- 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.
- Implementation is being incorporated into NHS England's plans for implementing the recommendations of the Mental Health Task Force

# African Health Leaders

- Miriam Were
- Pascoal Mocumbi
- Uche Amazigo



NATIONAL ENDOGENIC CONTROL PROGRAMME

COMMUNITY DIRECTED TREATMENT WITH VERMECTIN

**CDTI**

COMMUNITY REGISTER

STATE

DISTRICT