

What NHS Benchmarking Data Tells Us About the State of Mental Health Services

Royal College of Psychiatrists International Congress

24th June 2021

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Overview

- **Background**
- **Illustrative data comparisons**
 - Mainly UK (some pre-Covid international comparisons)
 - Inpatient
 - Community
 - Service User demographic profiling
 - Finance
 - Children & Young People
- **Conclusions**



Participants in 2019/20 benchmarking

- Annual projects covering
 - 100% of Mental Health Trusts in England
 - 100% Health Boards in Wales
 - 100% Health and Social Care Trusts in Northern Ireland
 - Scotland, Jersey, Independent Sector
- Monthly Covid reports also available



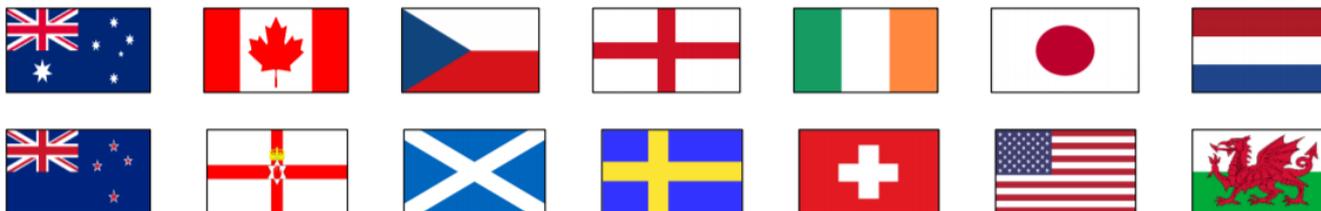
International mental health benchmarking

Collaborative project with the International Initiative for Mental Health Leadership (IIMHL)

www.nhsbenchmarking.nhs.uk/international

International Mental Health Comparisons 2019

Child and Adolescent, Adult, Older Adult Services



31st October 2019

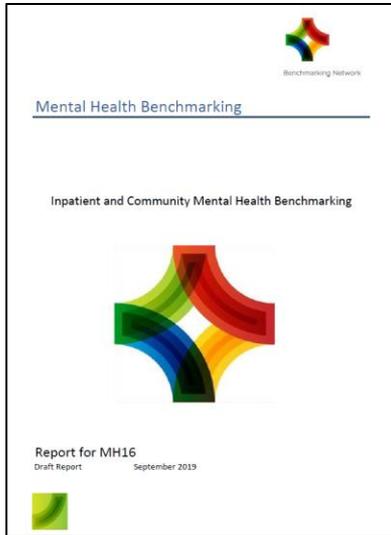
NHS Mental Health Benchmarking Outputs



Benchmarking Network

Mental Health Toolkit 2019/20

Bespoke report



Please select the organisation you wish to view:

MH001

Trust Peer Group

Q99

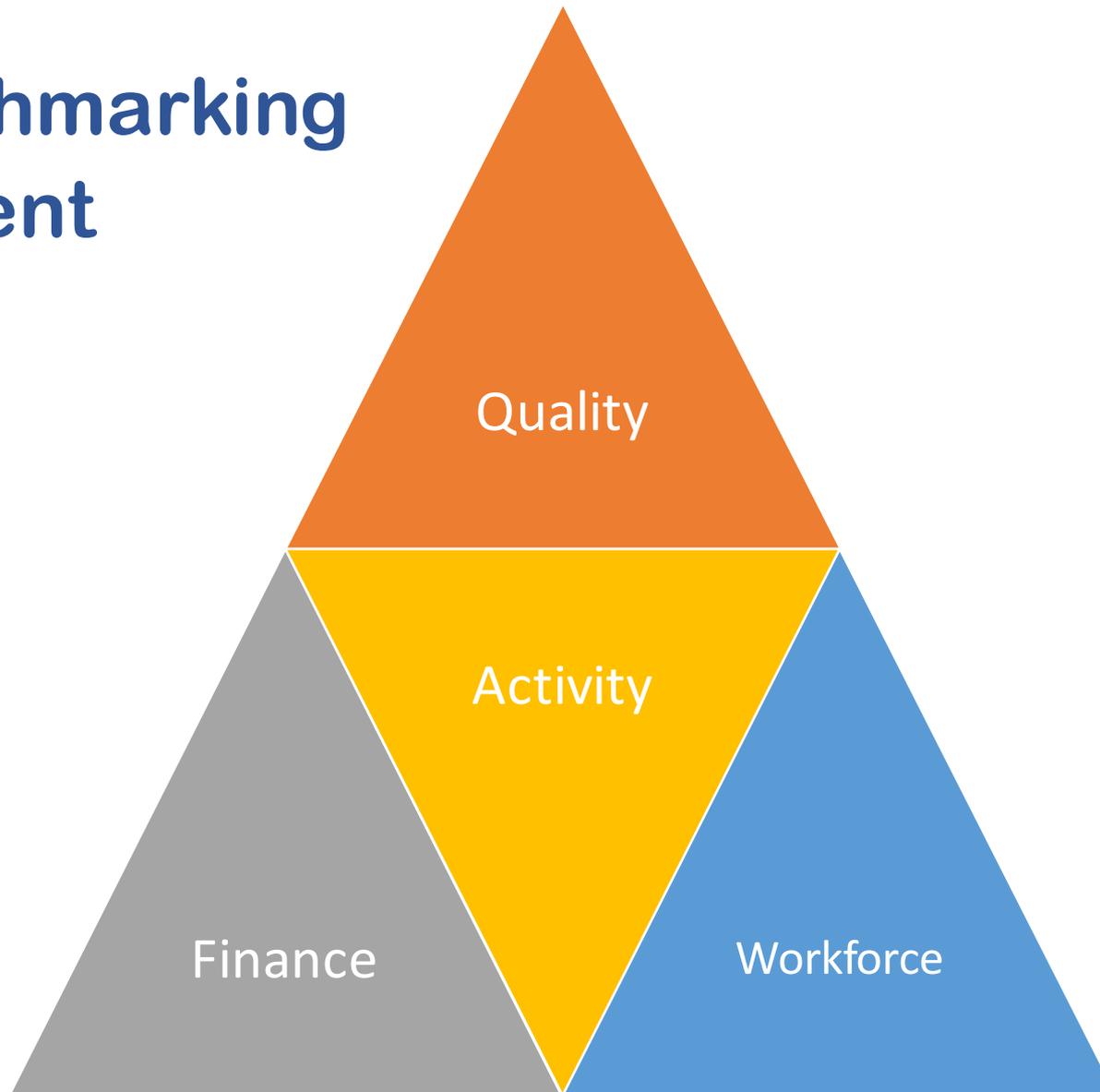
Organisational dashboards

Metric	Low	High	National		
			MH09	Mean	Median
Adult acute beds per 100,000 registered population			28.4	127.6	19.6
Adult acute bed occupancy excluding leave			90%	93%	95%
Adult acute length of stay excluding leave			23	32	33
Adult acute admissions under the Mental Health Act			63%	40%	40%
Adult acute registered nurses per 10 beds			10.6	8.1	8.0
Adult acute WTE vacancies as % of total staffing			...	16%	15%
Adult acute cost per bed			£ 162,781	£ 143,326	£ 143,331
Adult acute restraint per 10,000 occupied bed days			...	103	98
Adult acute prone restraint per 10,000 occupied bed days			...	17	11
Older adult beds per 100,000 registered population			38.7	144.1	38.8
Older adult bed occupancy excluding leave			93%	86%	88%
Older adult length of stay excluding leave			28	70	72
Total community caseload per 100,000 registered population			1372	1702	1472
Total community contacts per 100,000 registered population			59,704	31,249	31,066
Community total WTE per 100,000 registered population (age 16+)			103	84	80
Generic CMHT cost per patient on the caseload			£ 4,518	£ 3,283	£ 3,050

Time series trends

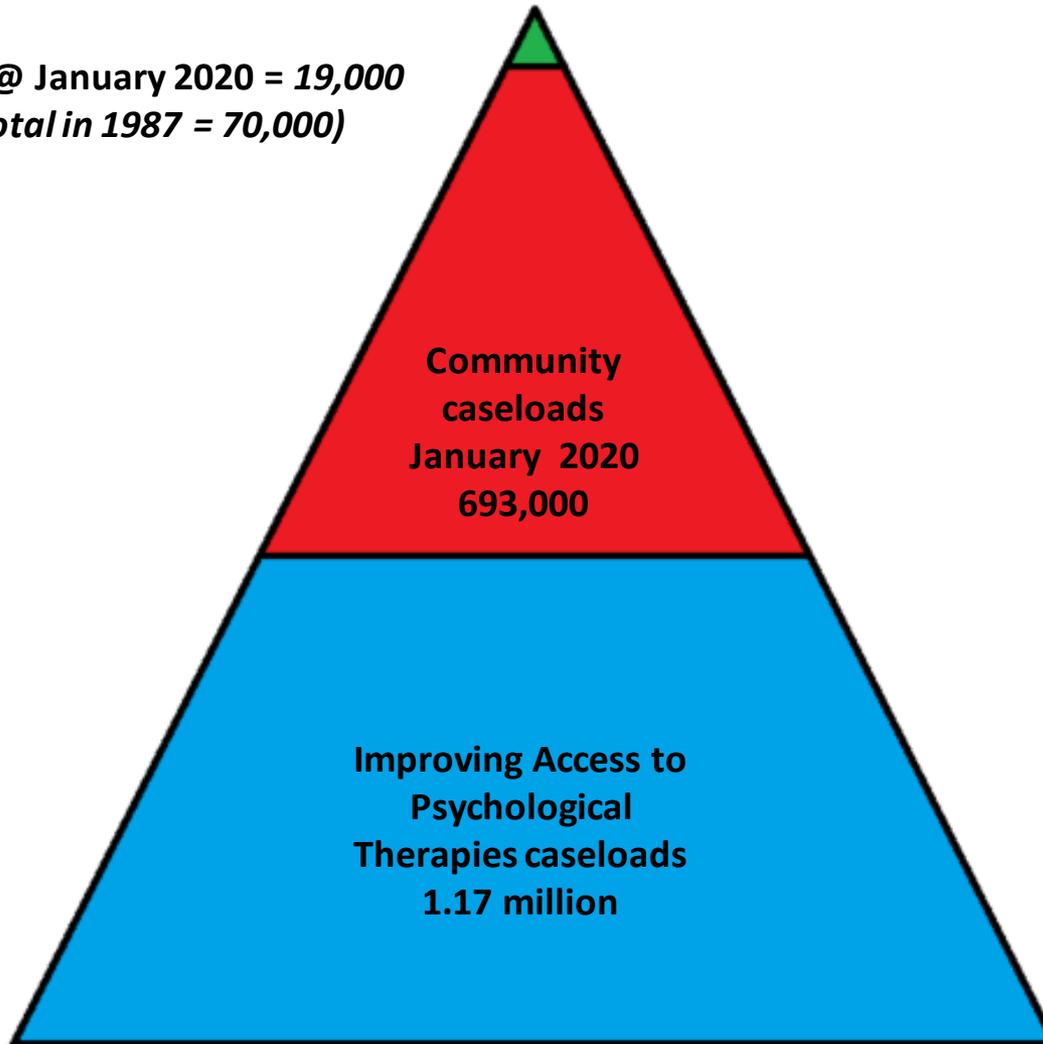
	MH09	Mean	Median	National trend
Adult acute beds per 100,000 registered population	28.4	127.6	19.6	
Adult acute bed occupancy excluding leave	90%	93%	95%	
Adult acute bed occupancy including leave	97%	101%	100%	
Adult acute admissions per 100,000 registered population	229	232	207	
Adult acute admissions - patients not previously known to services	...	16%	14%	
Adult acute admissions - patients of no fixed abode	...	2%	2%	
Adult acute length of stay excluding leave	23.0	31.8	32.8	
Adult acute length of stay including leave	26	34.8	36	
Adult acute admissions under the Mental Health Act	63%	40%	40%	
Adult acute admissions under the Mental Health Act per 100,000 registered population	145.4	84.0	85.4	
Adult acute length of stay for Mental Health Act detentions	26	44.7	45.0	
Adult acute delayed transfers of care	...	5%	4%	
Adult acute emergency readmissions	5%	9%	8%	

Benchmarking Content



Adult Mental Health - National picture for England

Bed Total @ January 2020 = 19,000
(Bed Total in 1987 = 70,000)

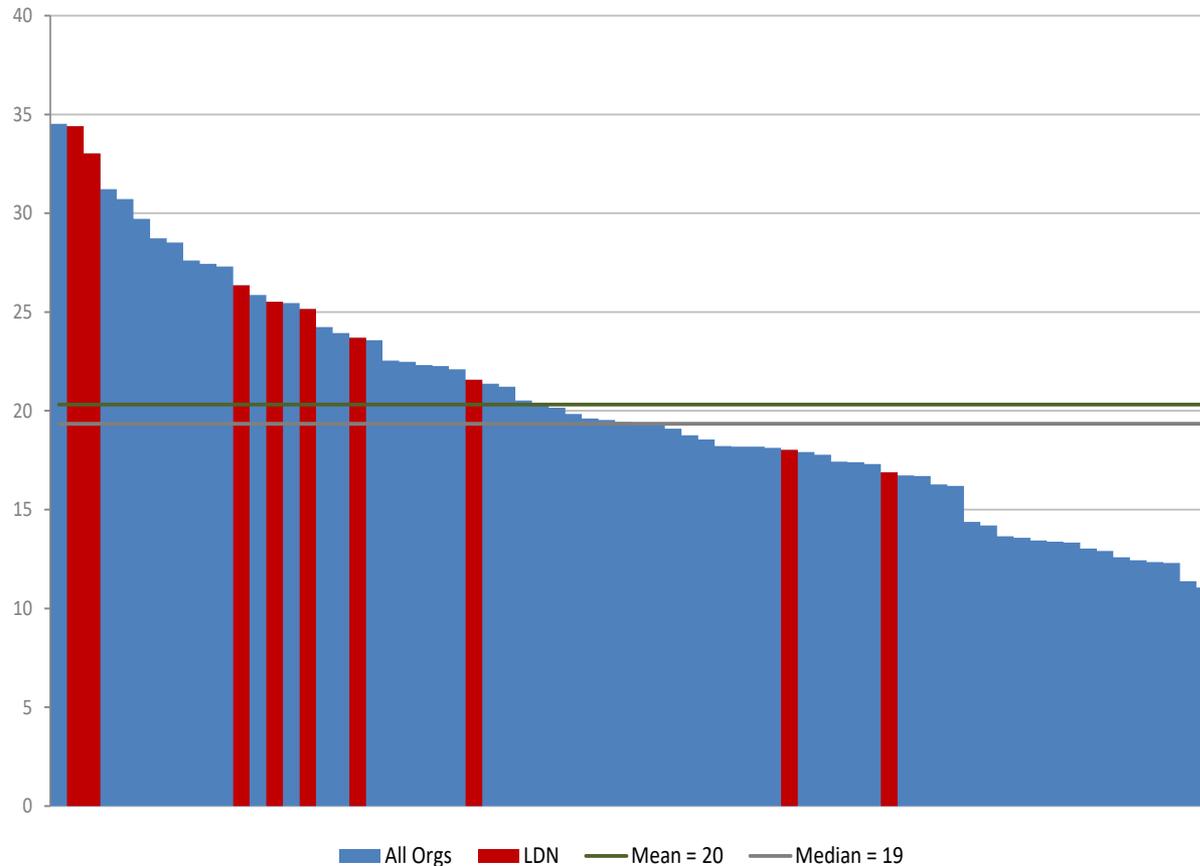


Data source:
Mental Health
benchmarking
project 2019/20



Adult acute beds per 100,000 population

Adult acute beds per 100,000 registered population at 31st January 2020



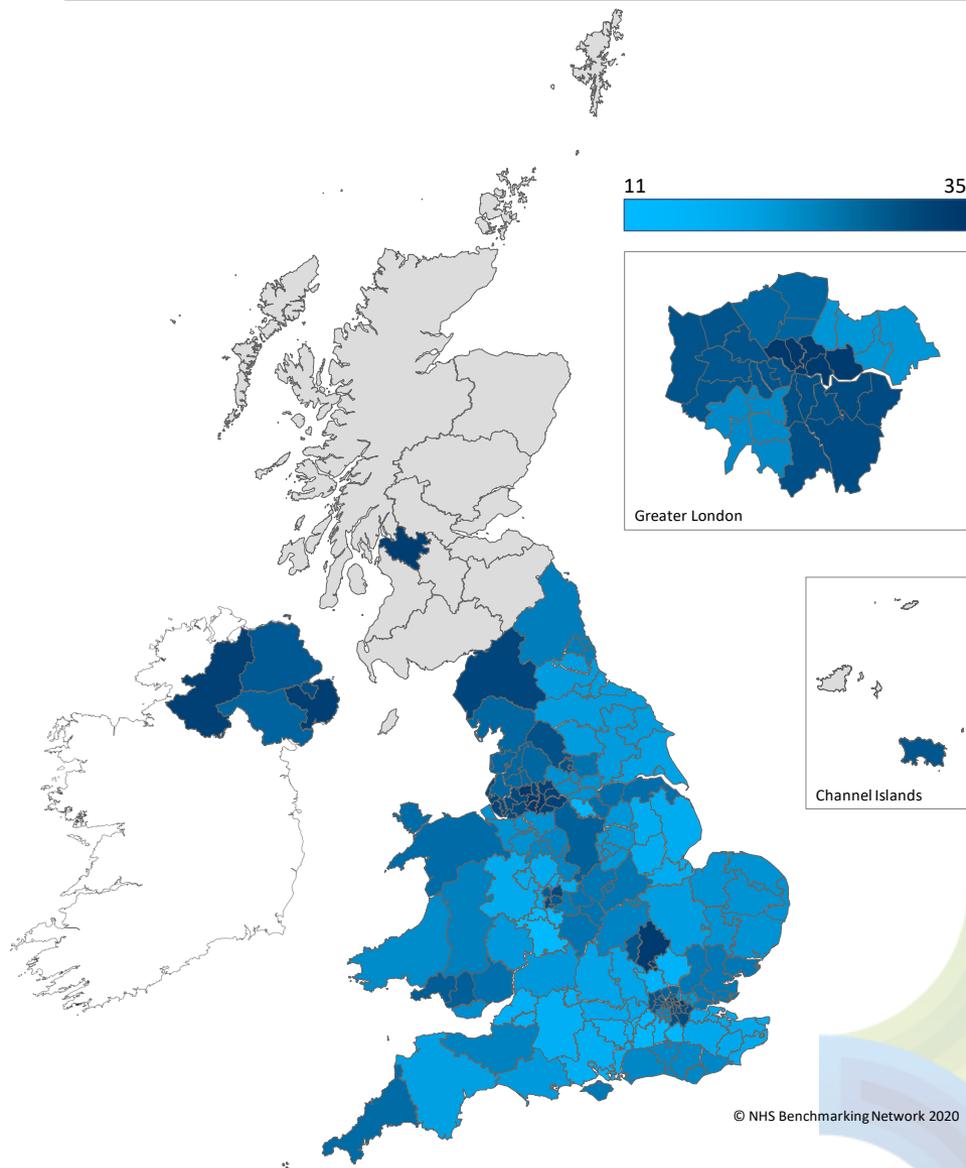
- Variation across the UK
- Mean average 20 beds per 100,000 population
- Median position 19
- London peer group shown
- Beds at 31st January to provide pre-Covid position
- Covid impact saw - 8% acute beds during April 2020

Adult acute beds by region

Concentration in

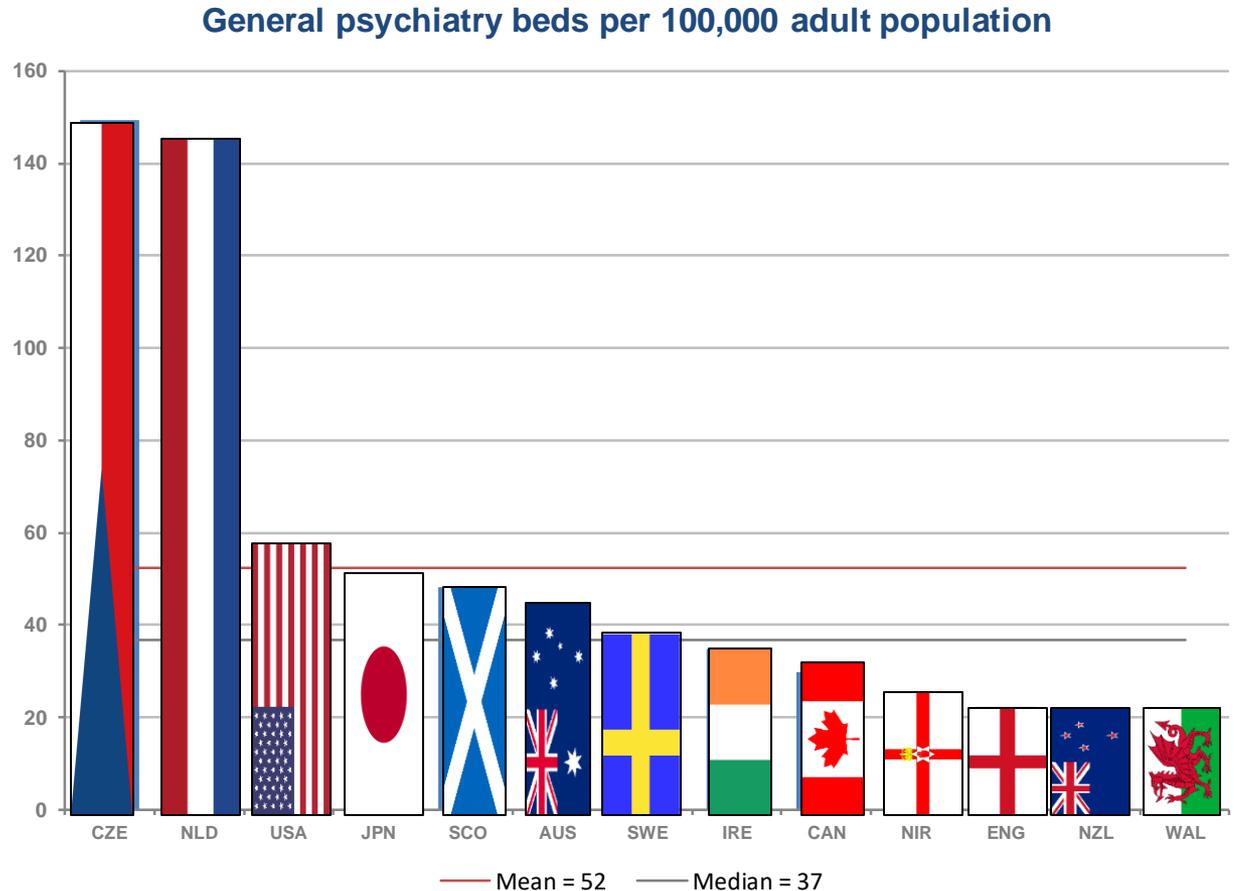
- London
- Northern Ireland
- North West of England

Number of adult acute beds at 31st January 2020 per 100,000 registered population



Beds per 100,000 population

- Mean average of 52 beds (59 in 2017/18) per 100,000 population aged 18-64.
- The median average of 37 (41 in 2017/18) beds per 100,000 population more representative?





Which type of patients occupy beds?

Occupied Bed Days by Diagnosis Group General Psychiatry Beds for ages 18-64

Psychotic Disorders

Affective Disorders

Organic Mental Illness

Substance Misuse

Other Diagnosis inc Personality Disorder & Childhood Behavioural Disorders

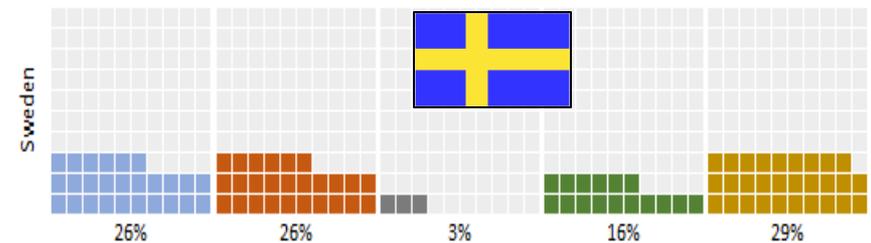
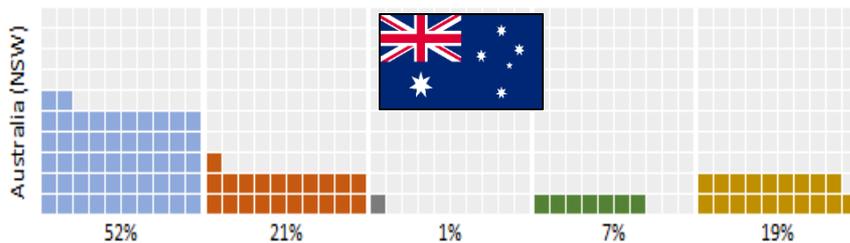
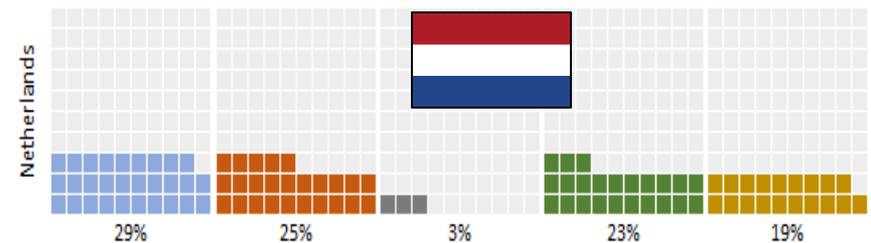
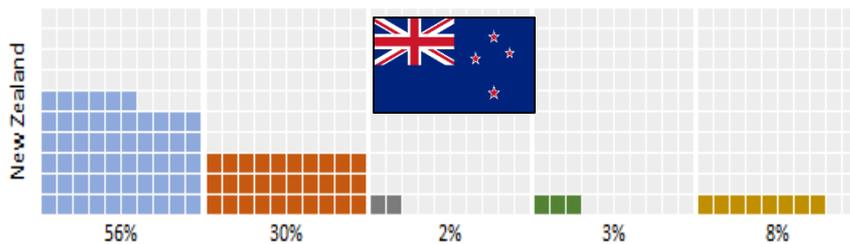
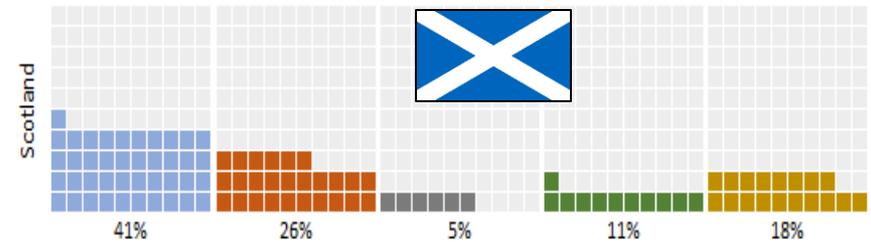
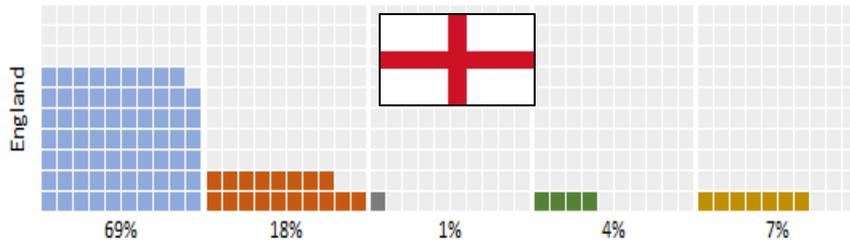
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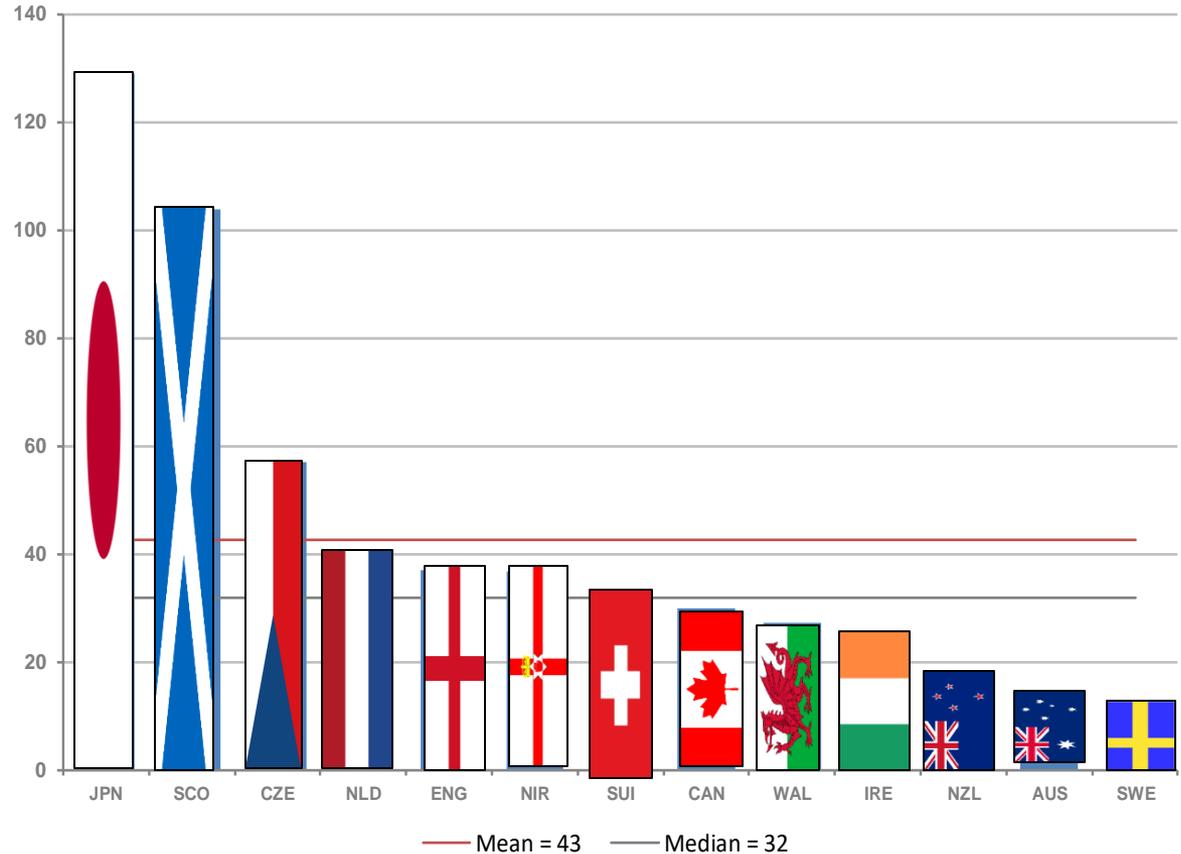




General psychiatry average length of stay

- Where countries can differentiate between general psychiatry bed types, this data relates to Adult Acute beds (rather than intensive care or specialist eating disorder or perinatal provision). There are wide differences between countries, with Japan and Scotland reporting lengths of stay of over 3 months on average, compared to under two weeks for Sweden and Australia.
- Context:
 - Service models
 - Legal arrangements for detention
 - Acuity & service delivery

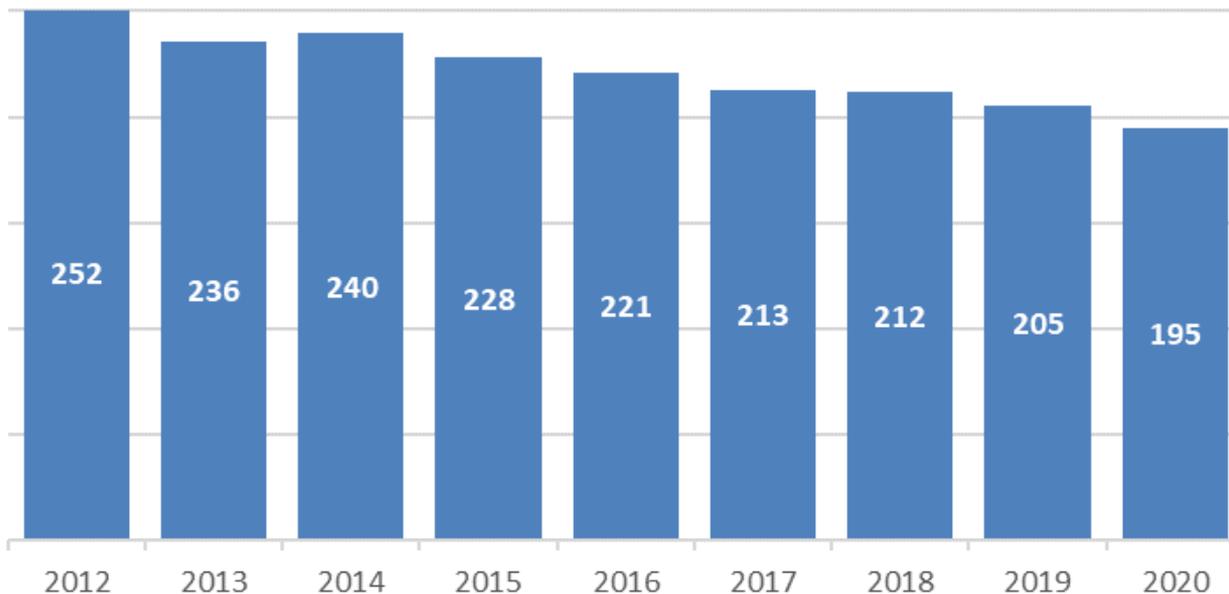
Length of stay in adult acute beds (days, including leave)



Figures for Australia, Sweden and Ireland are excluding leave

UK Acute MH admission trends

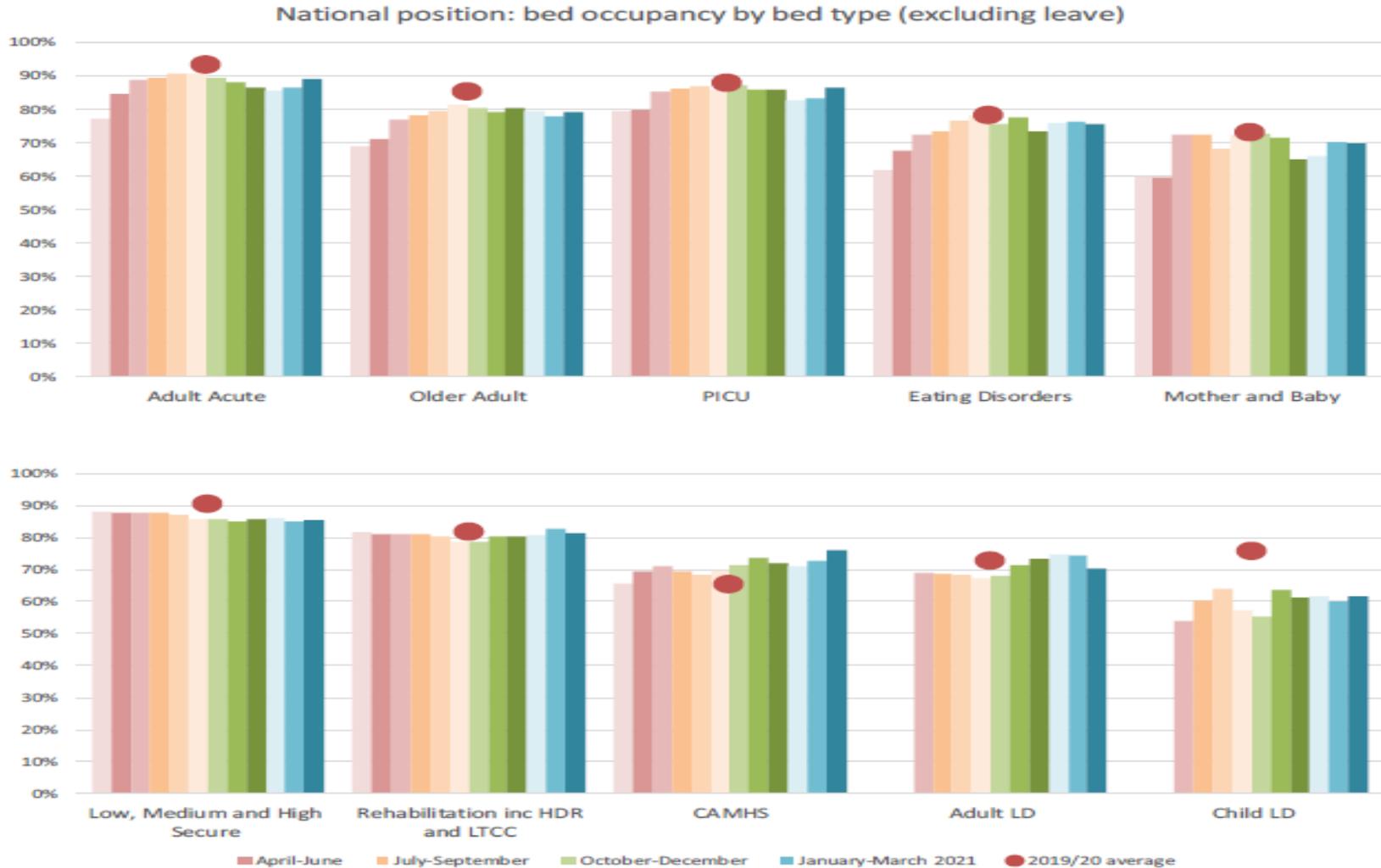
Adult acute admissions
per 100,000 registered population (age 16-64)



- Influenced by changes in bed numbers and lengths of stay
- 23% reduction in 2019/20 compared to 2011/12, admission rates reduce each year...
- Covid enhanced this trend

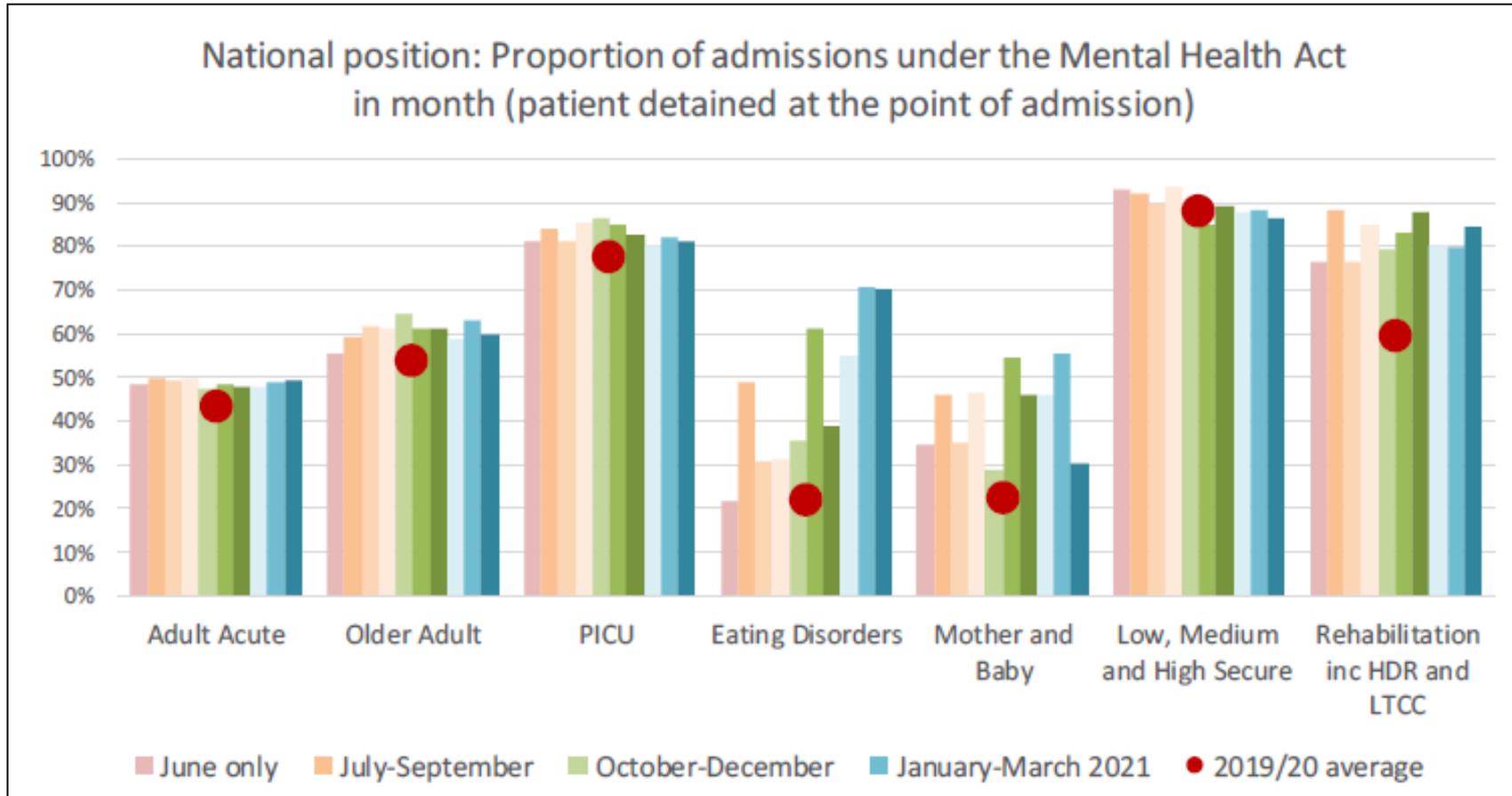
Inpatient care – bed occupancy under Covid

In almost all bed types, the largest declines in bed occupancy rates were seen in April 2020. The majority of specialties have demonstrated a return to previous levels, as shown by the red dots on the chart.



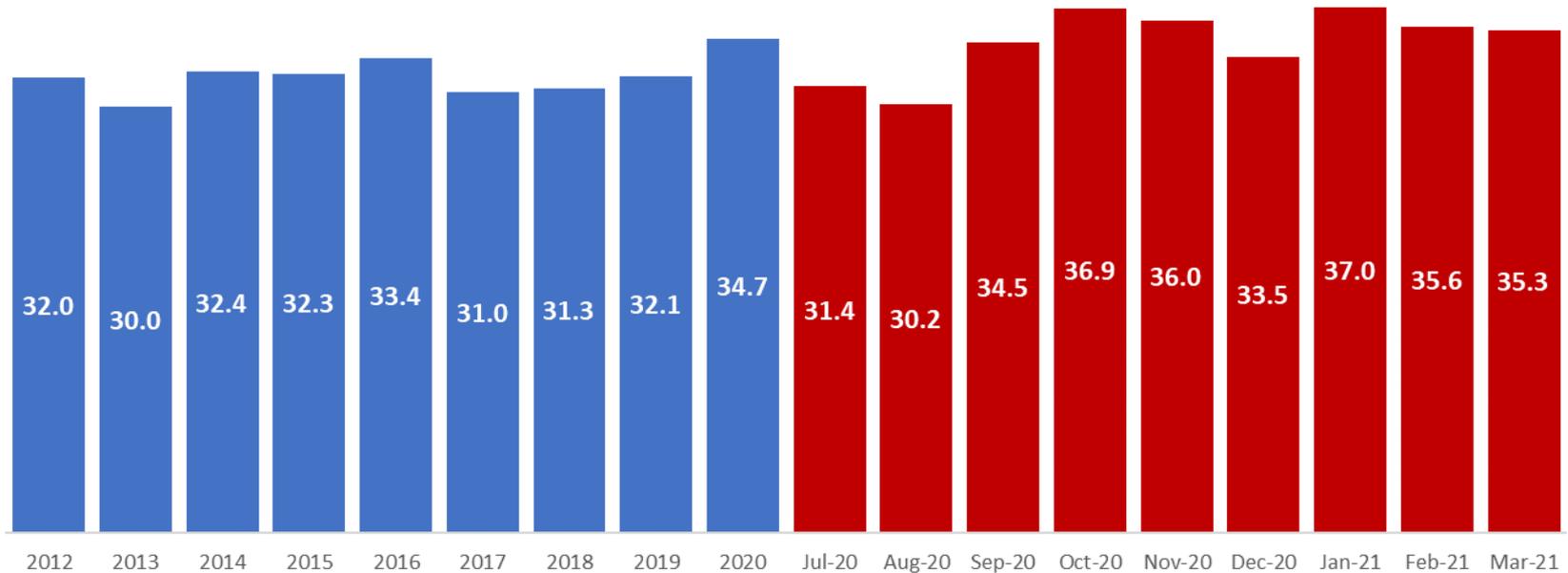
Inpatient care – use of Mental Health Act under Covid

In almost all bed types, use of the Mental Health act increased under Covid over historic rates (shown by the red dots on the chart).



Length of stay – impact of Covid-19

Adult Acute length of stay (days) excluding leave

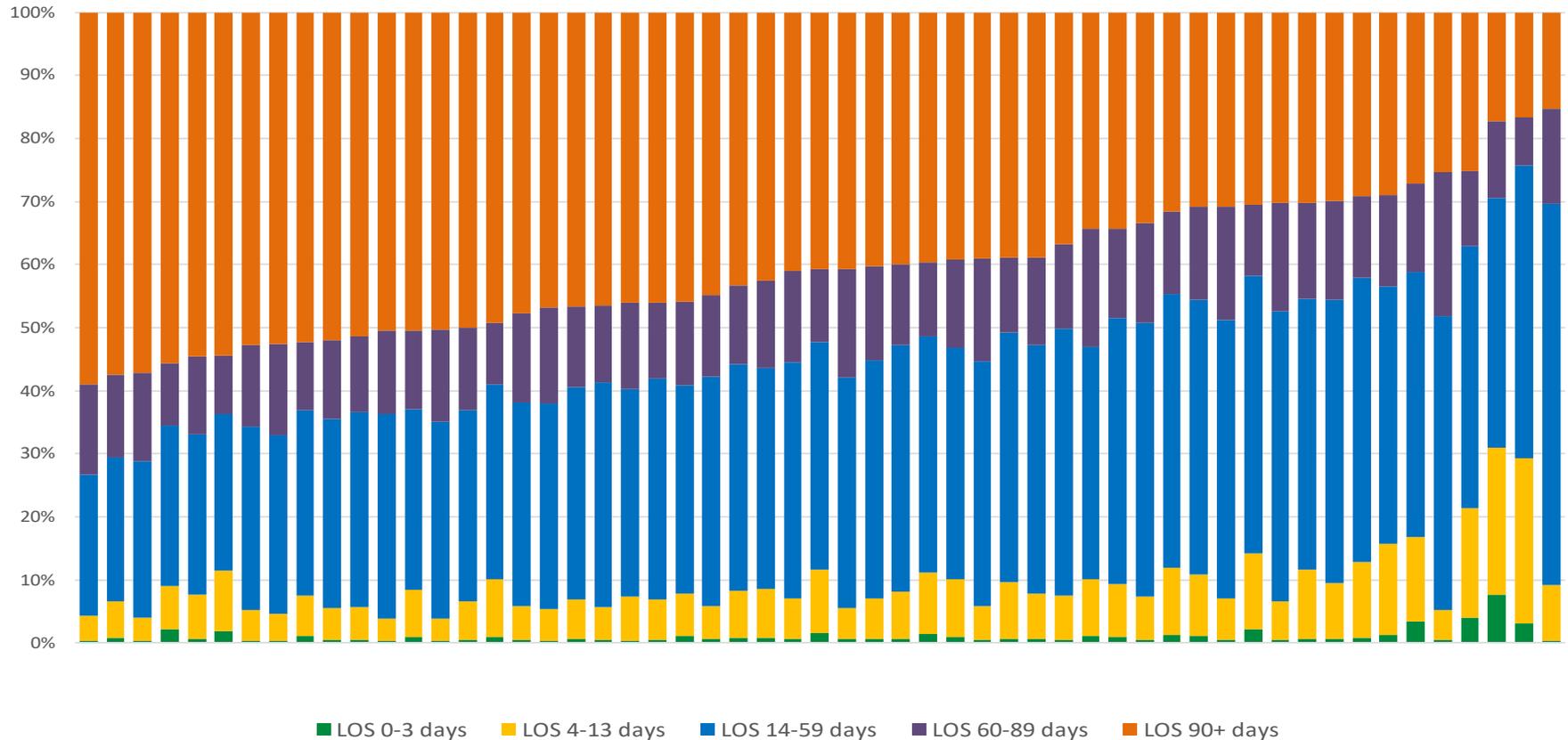


- 2019/20 saw longest adult acute length of stay on record
- Fluctuations seen during Covid due to change in patient profile & less stable monthly positions (small number of discharges per month)



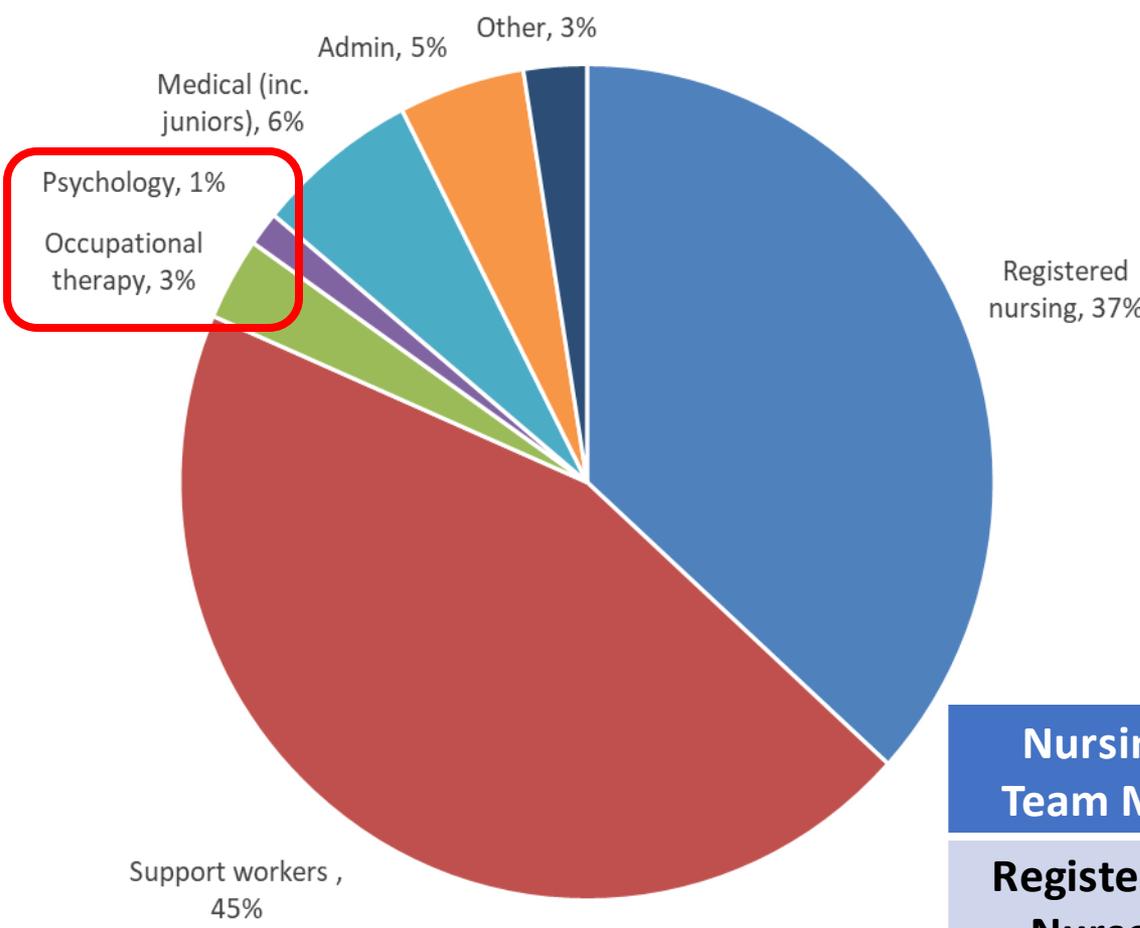
Adult Acute - occupied bed days by ALOS

Adult acute OBDs (excluding leave) - LOS profile



- Need to understand the profile of patient biography, acuity, diagnosis, co-morbidities, MH history, housing & employment status

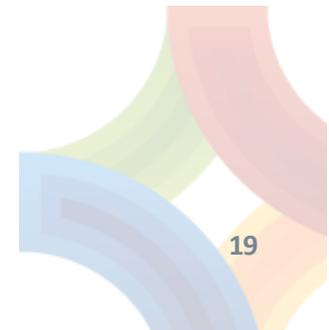
Optimising the workforce - Adult acute skill mix



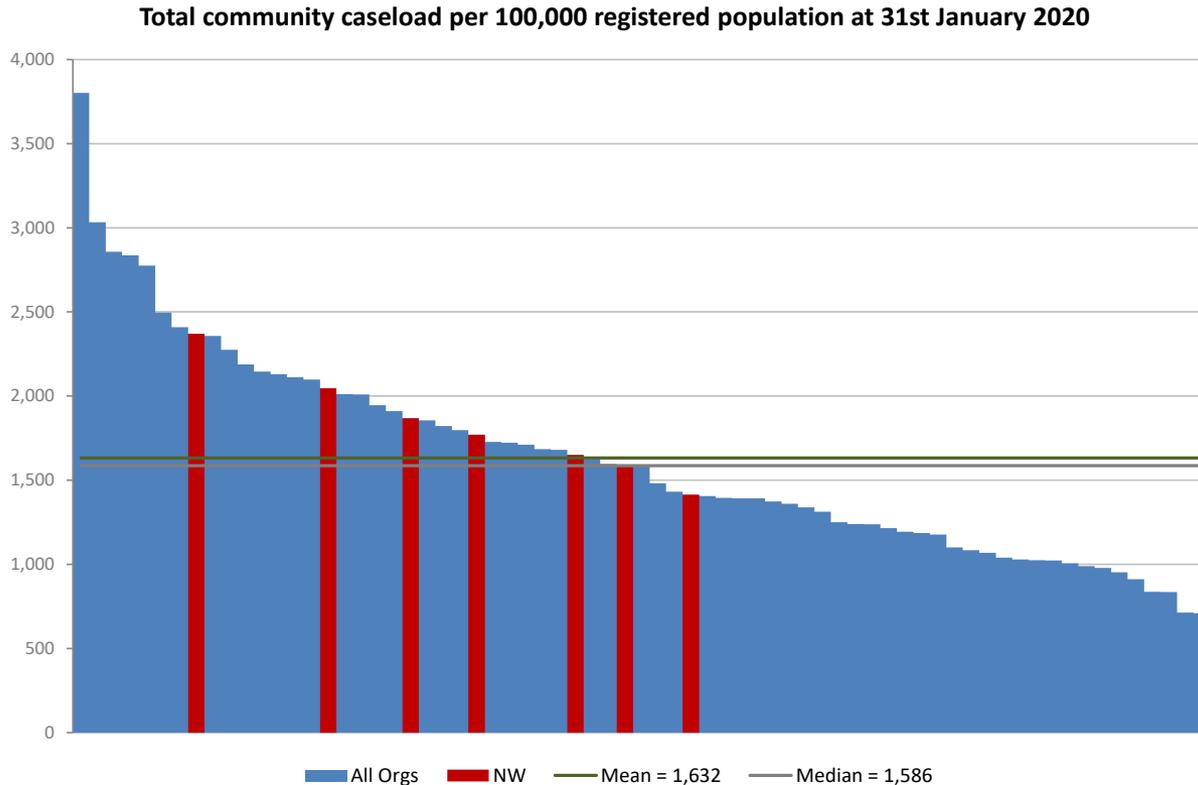
- 82% of ward staff are nurses or support workers
- Ongoing reduction in Nursing Team skill-mix
- Specialist therapy input remains small – higher levels of therapy input = shorter ALOS
- Peer Support <1% of MDT

Nursing Team Mix	2012/13 share	2019/20 share
Registered Nurses	60%	45%
Support Workers	40%	55%

Community Services



Community Mental Health Team Caseloads

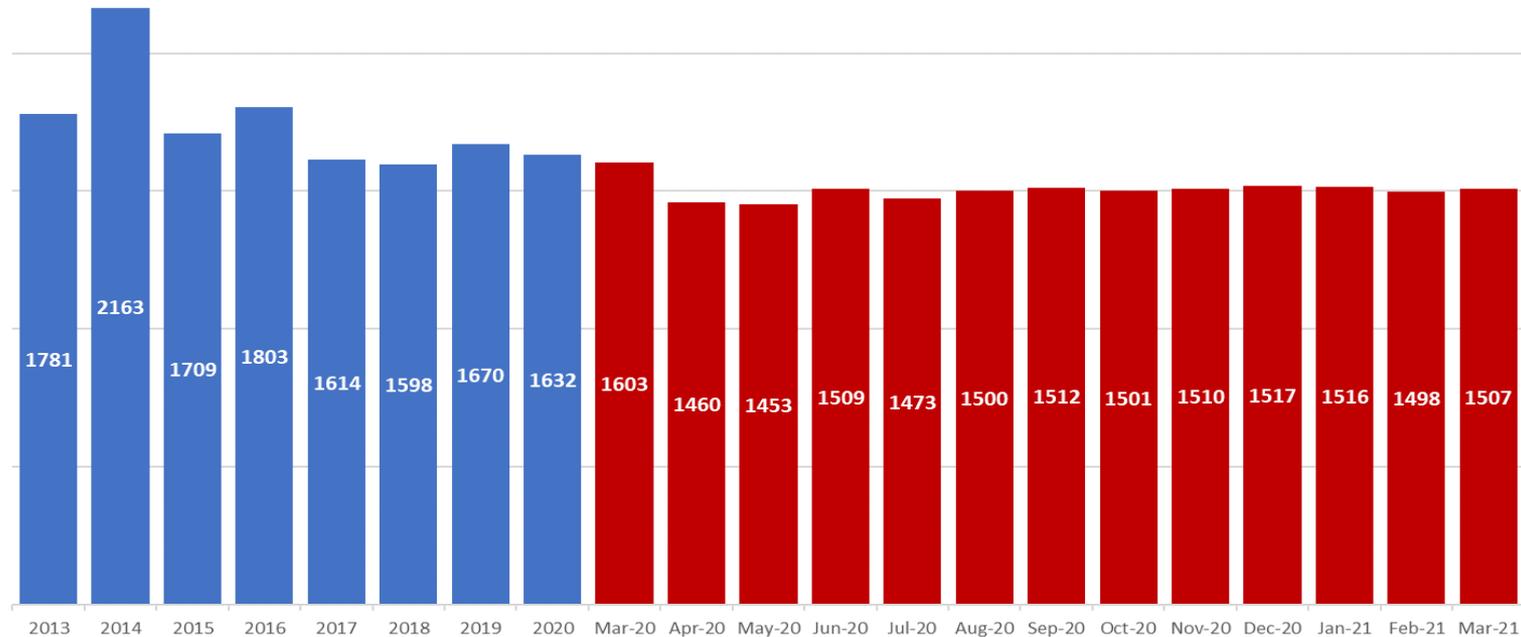


- Average 1,632 people on caseload per 100,000 registered population (age 16+) on 31st January 2020
- Marginal decline from 1,670 on 31/3/2019
- Pre-Covid disruption
- North West peer group shown



Community caseloads – impact of Covid-19

Community caseloads per 100,000 registered population



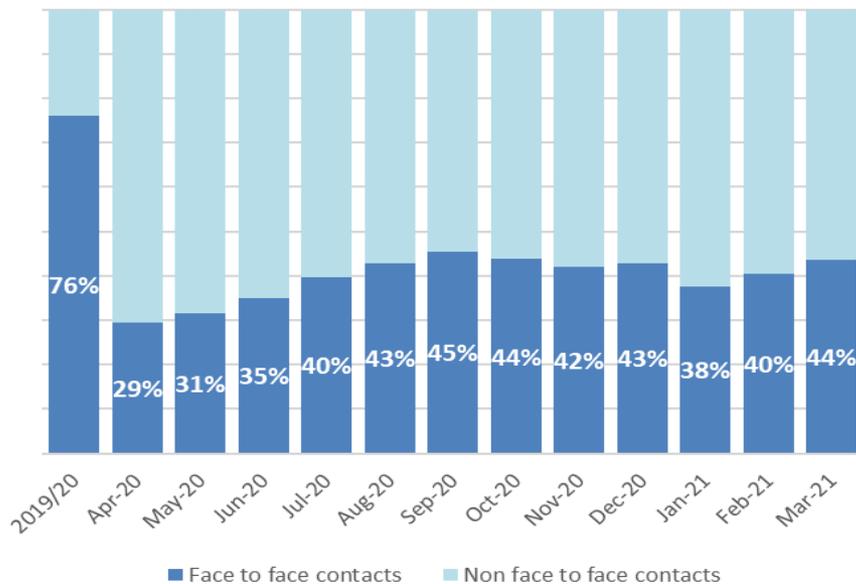
- Caseloads in January 2020 were broadly similar to March 2019
- By March 2020, reductions were starting to show, dropping to lowest point in May 2020 - 10% below January 2020 levels
- NB referrals in March 2021 were +5% historic rates
- 65% of CMHT caseloads had a clinical contact in the last 3 months



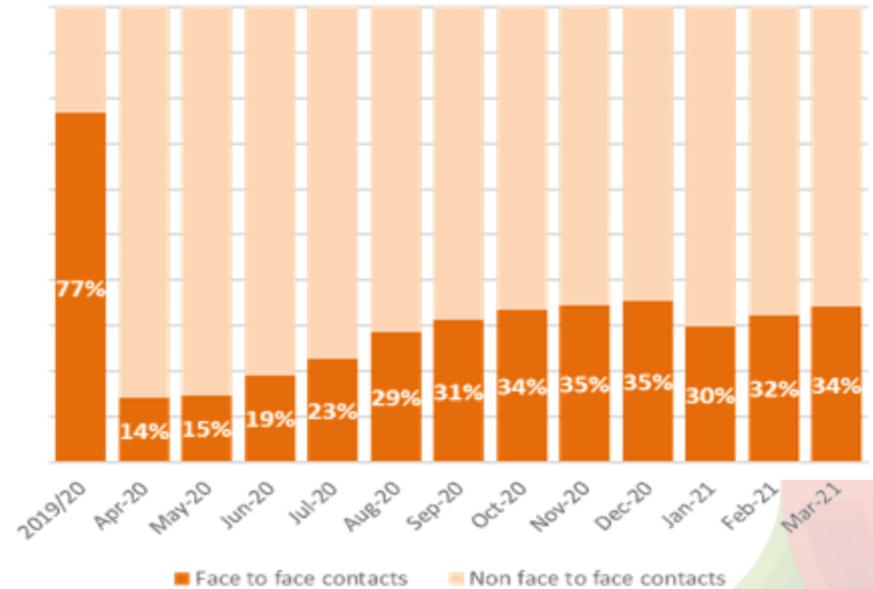
Covid impact on community care method of contact

- 76% in-person activity reported during 2019/20 in adult services
 - 77%: CAMHS
- Shift to non f2f contacts during April 2020 - telephone and digital
- Evident rise in face to face care over summer months

National average: adult and older adult community mental health services

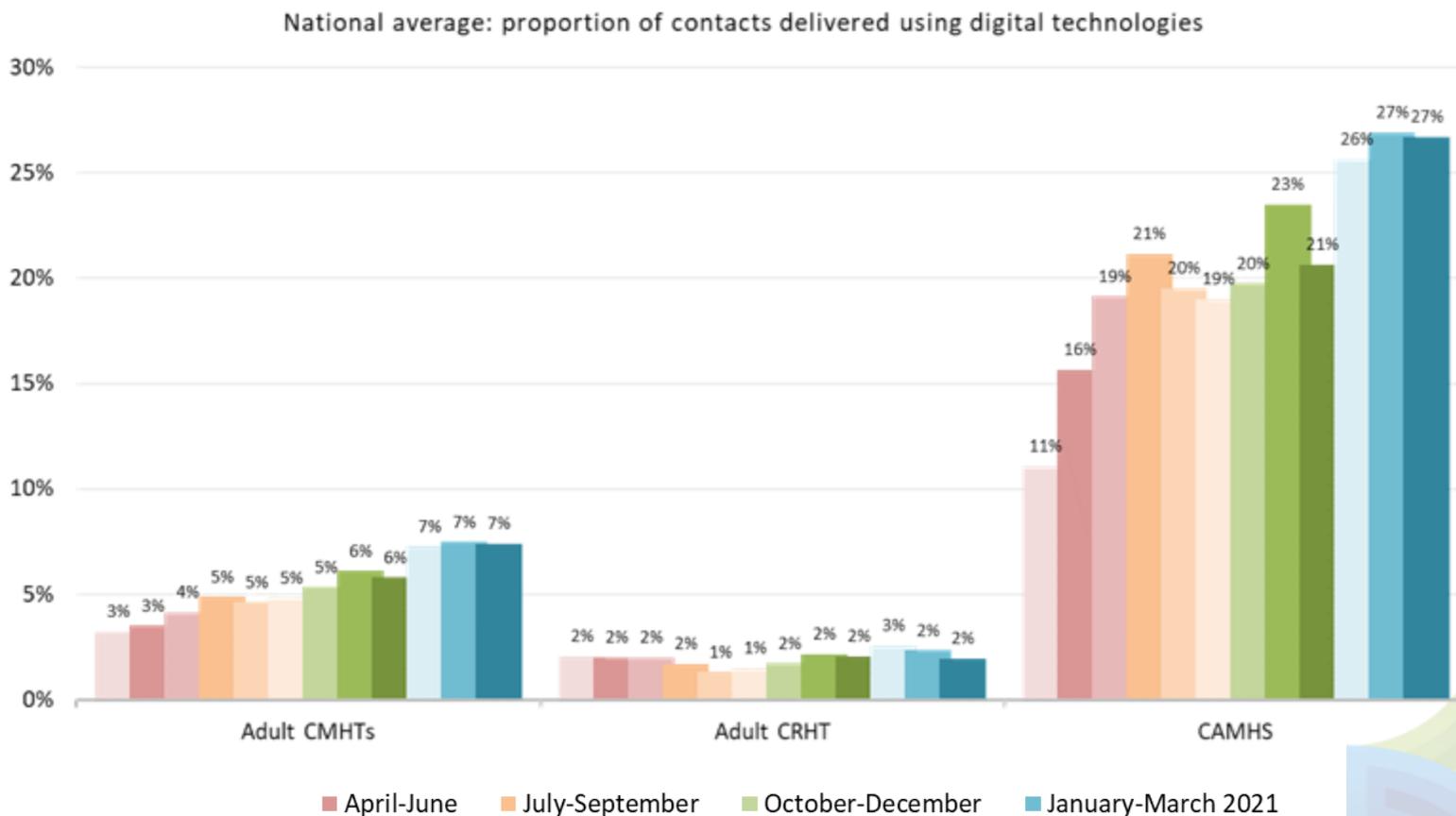


National average: CAMHS



Covid impact on digital activity

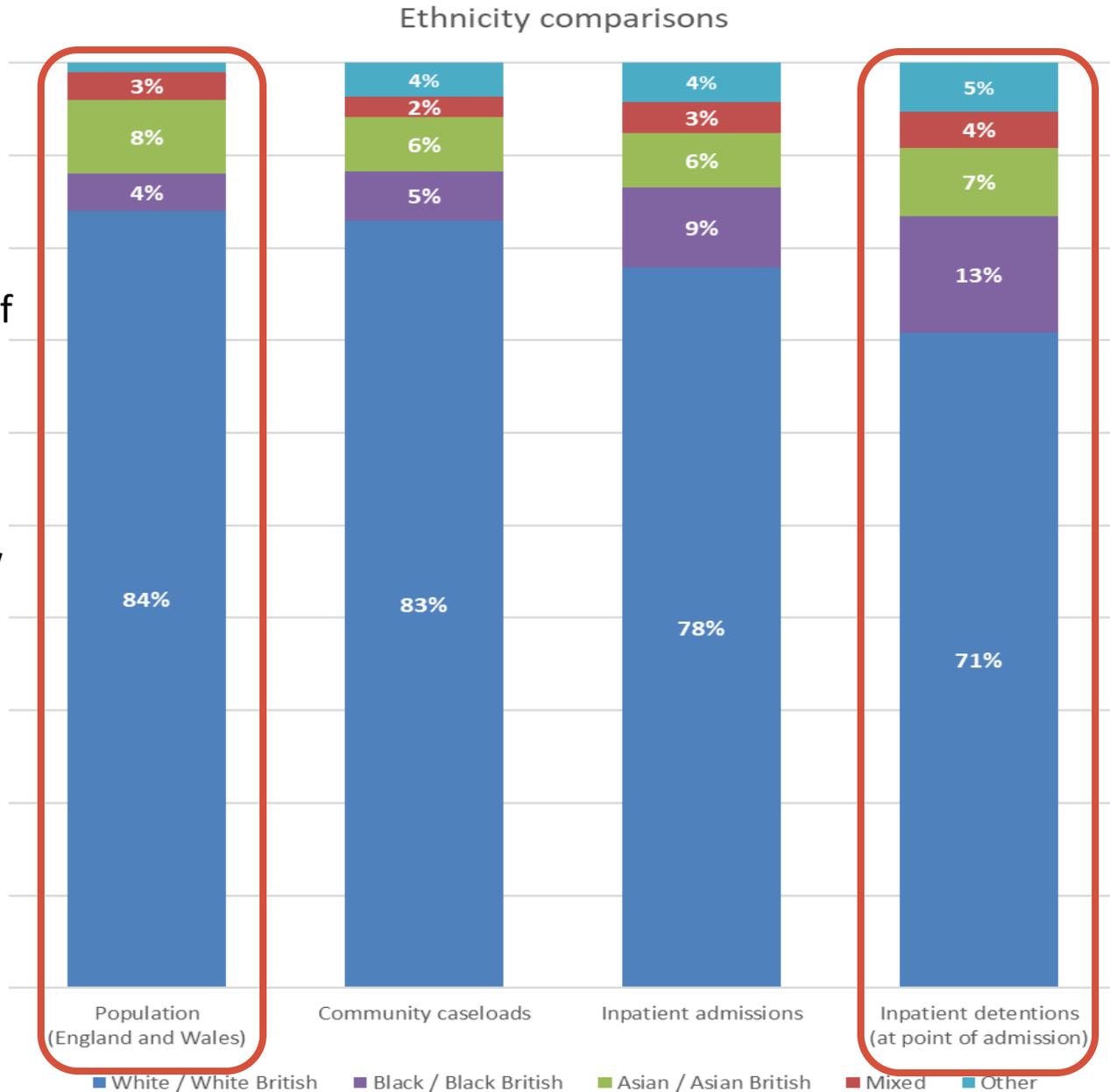
- Growth of video consultations across mental health team types
- Adult CMHTs: 3% in April 2020, 7% during March 2021
- CYPMH: 27% of activity via digital means reported in latest dataset



Ethnicity

Important to understand the gender and ethnicity profile of services

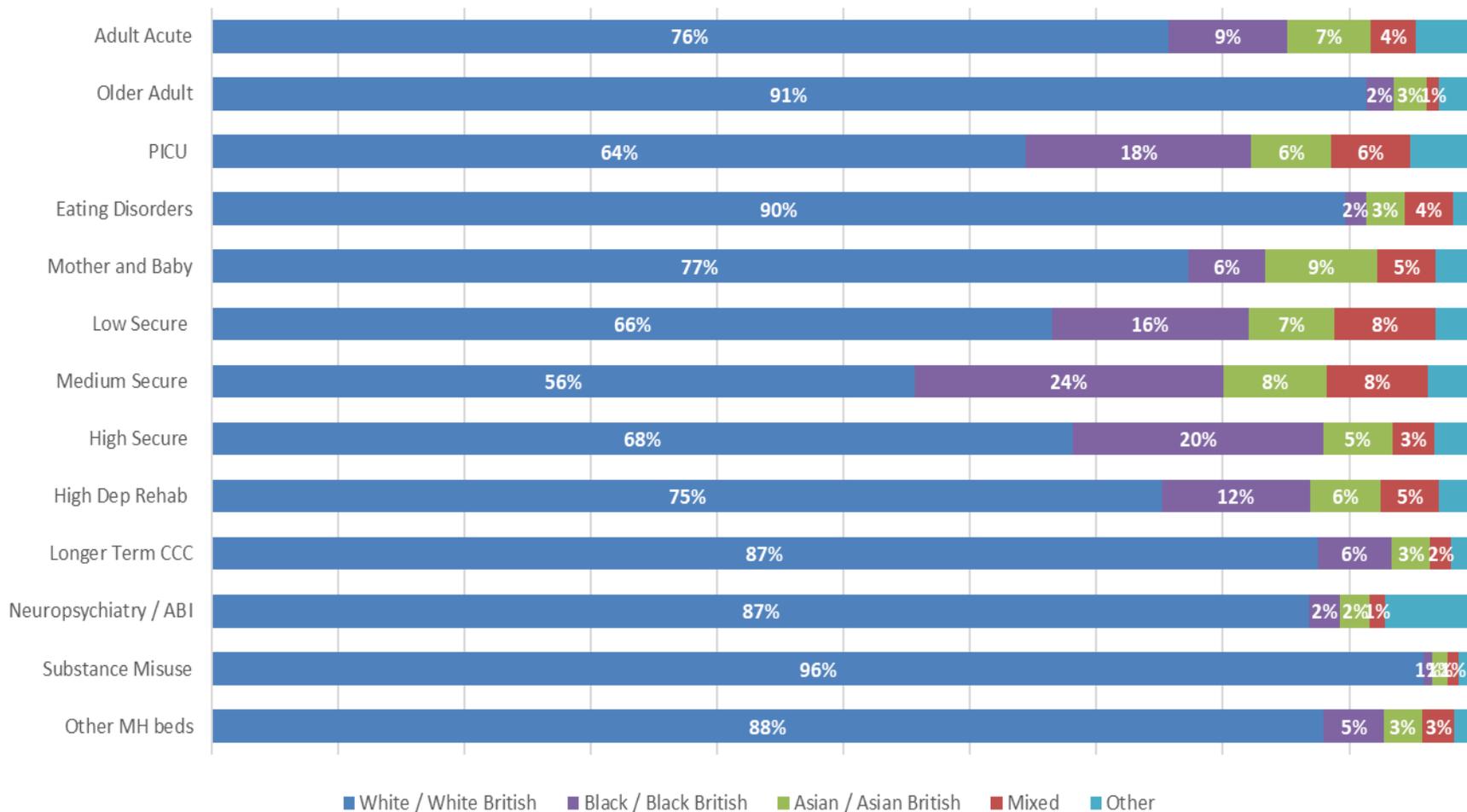
Are we appropriately inclusive and how do we support mental health equalities?



Ethnicity – by bed type

BAME representation increases as acuity and degree of restriction increases

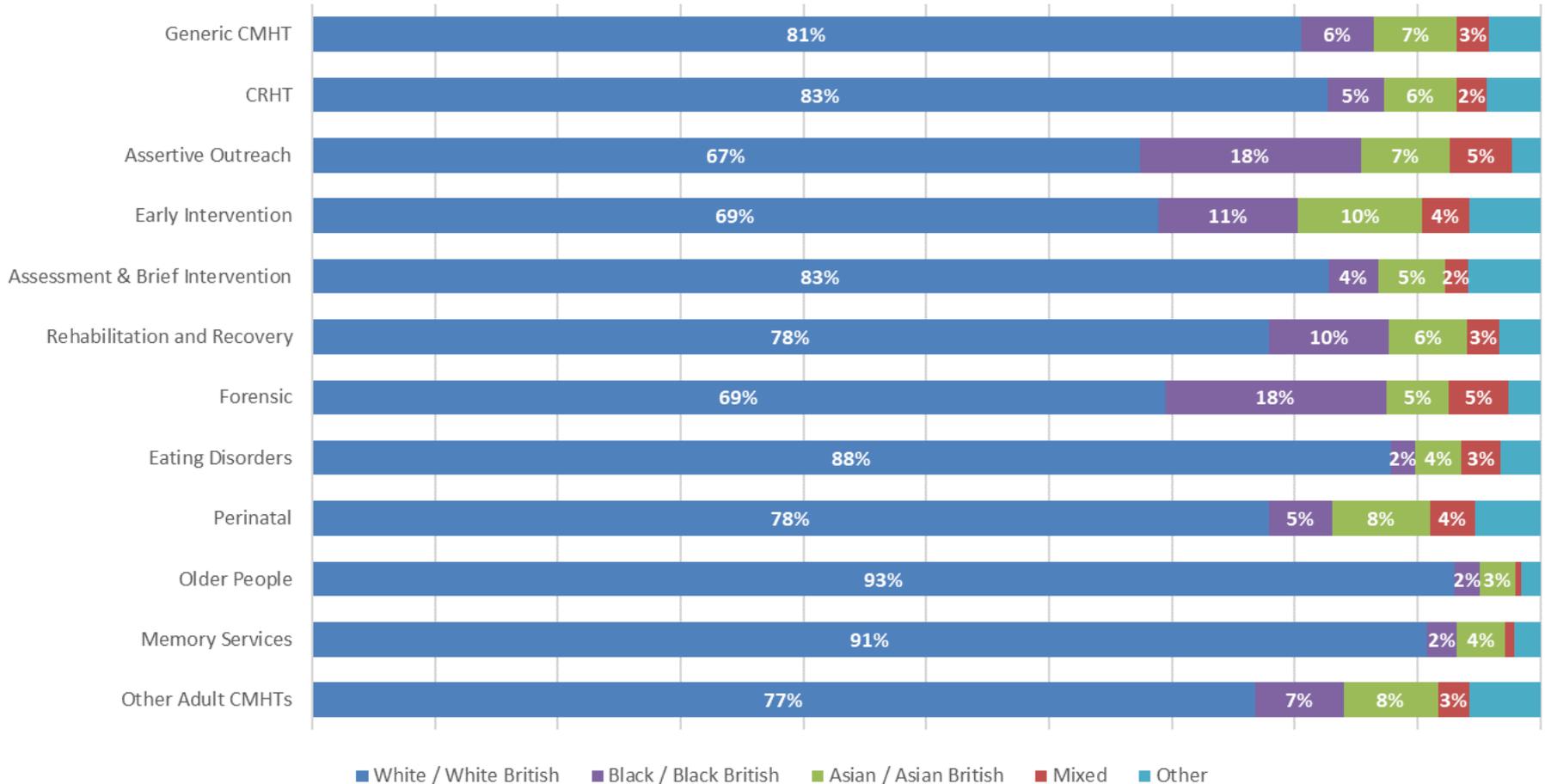
Inpatient admissions - ethnicity of patients (where known)



Ethnicity – by community team type

BAME representation peaks in areas of highest acuity and is lowest in Old Age, Memory & Eating Disorder services

Community caseload - ethnicity of patients (where known)



Finance

Understanding the economics of mental health care

Finance is everyone's business – resource allocation decisions impact on clinical care

Service costs

Ratios:

1 PICU Admission = 3.5 Acute Admissions

1 HD Rehab Admission = 23 Acute Admissions

1 Low Secure Admission = 39 Acute Admissions

	Cost per bed	Cost per admission
Adult Acute	£142,557	£14,291
Older Adult Acute	£158,878	£40,623
PICU	£286,022	£49,742
Eating Disorders	£178,843	£60,436
Mother and Baby	£257,497	£37,799
Low Secure	£164,322	£553,709
Medium Secure	£206,764	£486,389
High Dependency Rehabilitation	£133,344	£327,514
Longer Term Complex / Continuing Care	£270,569	£686,162
Neuropsychiatry / Acquired Brain Injury	£275,766	£176,517
Other Specialist MH Beds	£156,991	£194,055

Average £3,459 per patient on a Generic CMHT caseload (year of care)

Optimising the balance of care

Beds vs Community services



1 adult acute bed = 41 patients on a Generic CMHT caseload



1 older adult bed = 32 patients on an older people's CMHT caseload

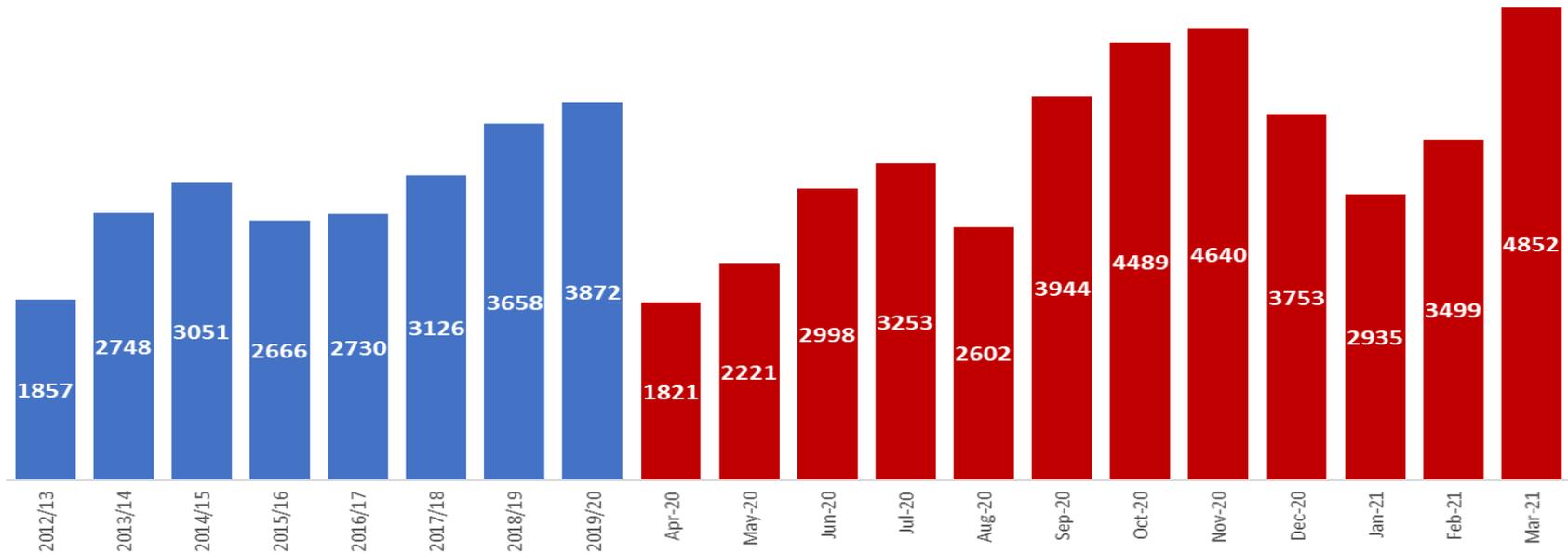


Children & Young People's Mental Health



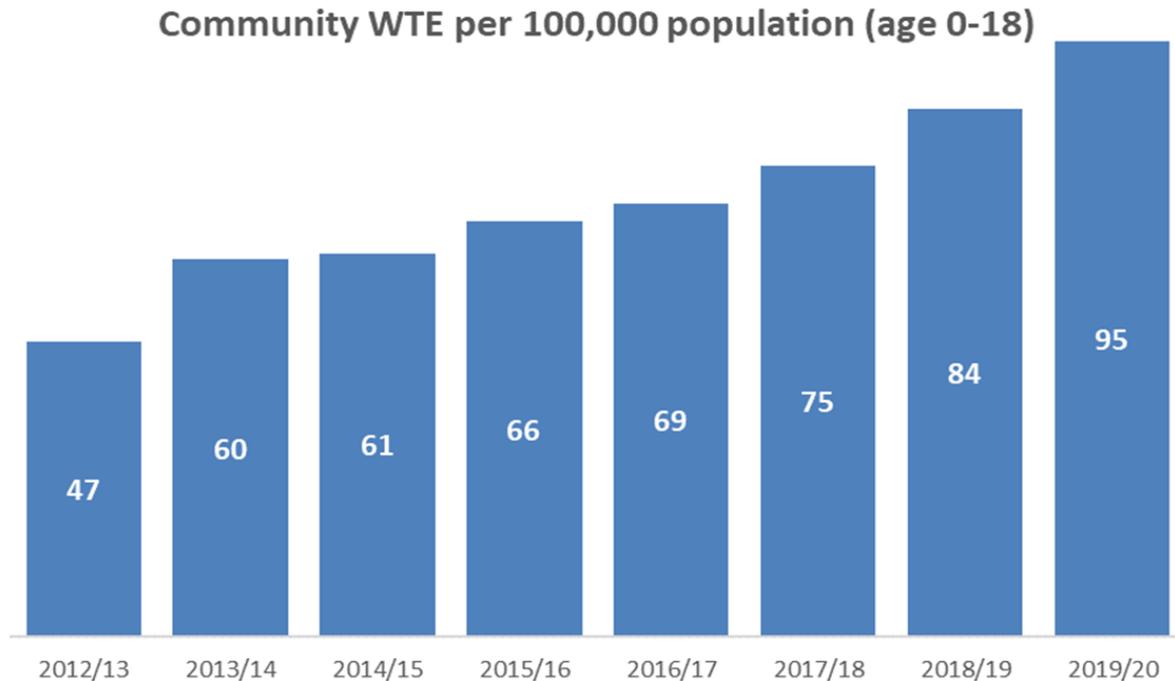
CAMHS referrals & impact of Covid-19

CAMHS referral rate per 100,000 population

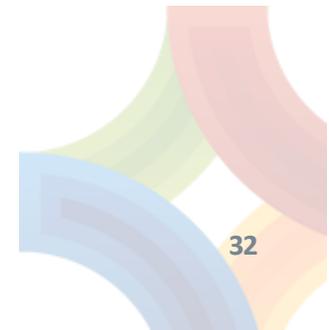


- Referrals to CAMHS doubled over the 8 year period 2012 – 2020
- Referrals dropped by 53% in April 2020 during the first UK national lockdown
- Strong recovery in September following children and young people’s return to educational settings
- March 2021: Referral rates rose 26% above pre-Covid levels

Growth in CAMHS workforce



- Doubled in size since 2012/13 due to national policy and targeted investment
- 13% increase in last 12 months alone
- Service access issues with UK refer to treat waiting time of 15 weeks



Friends & Family Test – how is care valued?

CAMHS



89%

A&E



85%

Adult Mental Health



89%

Ambulance



91%

Inpatient



96%

Maternity



95%

Community Nursing



96%

Dental



96%

Conclusions

What does NHS Benchmarking data tell us about MH care?

- Data and evidence is a key asset in planning and delivering services
- Make sure you are sighted on your organisation's position
- Use evidence to understand and target required changes
 - Ensuring an appropriate balance between inpatient and community services
 - Understanding and optimising long-stay patients that drive use of capacity
 - Optimising the workforce and ensuring a good therapeutic offer
 - Equalities issues evident in services
 - Understanding the growth in demand for young people's mental health services
- Covid introduced extraordinary disruption to services
- Service response reshaped; less face to face care, move to telephone & digital platforms, recovery and transformation evident
- Use NHSBN data to ensure you stay sighted on developments and areas for improvement



Discussion Points

