

Progress on implementation of the report from the Commission on Acute Adult Psychiatric Care in England, one year after publication

February 2017

Background

In 2015, the Royal College of Psychiatrists set up an independent Commission in response to widespread concerns about the provision of acute inpatient psychiatric beds and alternatives to admission available for patients. The Commission was chaired by Lord Nigel Crisp, former Chief Executive of the NHS in England and Permanent Secretary of the UK Department of Health between 2000 and 2006.

The Commission found that too many people do not have swift access to high-quality acute care when they need it most - a symptom of 'whole system' failure requiring new, system-wide solutions.

What the report concluded

The [report](#) made 12 recommendations, including the need to:

- Introduce waiting time targets for admission to an acute psychiatric ward or acceptance for home-based treatment
- Eliminate the practice of sending people out of area for acute inpatient care due to local acute bed pressures
- Ensure Crisis Resolution and Home Treatment Teams (CRHTTs) are adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission
- Undertake local service capacity assessment and improvement programmes
- Ensure there is an adequate supply of housing and strong interfaces with social care to enable timely discharge from hospital
- Improve the collection and availability of data
- Achieve financial parity with physical health.

Key achievements

- **The Government has set a national ambition to eliminate inappropriate Out-of-Area Placement (OAPs) in acute adult care services by no later than 2020/21.**

The first national definition of an acute OAP was published following an extensive consultation process; and data is now being collected nationally. The definition recognises that both distance travelled and continuity of care should be taken into account. A new data collection opened in October 2016 in order to monitor the reduction of OAPs and the progress being made.

- **Further dataset changes have been approved for implementation from April 2017.**

The objective is to provide more comprehensive information on acute care activities, including the use of different types of bed and delayed transfers of care, which directly impact on bed pressures and OAPs.

As recommended by the CAAPC, the Mental Health Services Data Set (MHSDS) is being reviewed and will be updated annually to ensure that it captures all relevant data items to accurately measure performance and delivery.

Collaborative work is guided by the Mental Health Data and Information Programme Board to ensure the right information is being shared with providers and commissioners in a useful manner, and that local systems are able to make the data flow effectively.

- **More than £400m for crisis resolution and home treatment teams (CRHTTs) will be introduced over 4 years from April 2017.**

This new money will be available through CCG baselines. Local expenditure on mental health will be visible via the Mental Health Dashboard, designed to help monitor progress against the delivery of the national mental health strategy, the [Five Year Forward View for Mental Health](#).

- **A range of organisations has used the CAAPC report as a lever to undertake further work aiming to improving people's experiences of acute care.**

Following the Commission's call for patients and carers to be further involved in service design and provision, Rethink Mental Illness examined how CCGs involve people with experience of mental illness in the commissioning of mental health services. Their report, *Progress through Partnership*, will be published in March 2017.

A full joint response to the CAAPC report will be published by NHS England and the NHS Arms-Length Bodies (ALBs) in England (publication planned for April 2017). It will set out the details of the work carried out by NHS England, NHS Improvement, NHS Digital, Health Education England, Public Health England and the Care Quality Commission (CQC) to implement the recommendations of the CAAPC report.

The role of the Royal College of Psychiatrists

For the past twelve months, we have worked with a wide range of stakeholders, including NHS England, the Cabinet Office, other Royal Colleges and voluntary sector organisations. We have engaged with the Councillors who have signed up as Mental Health Champions; the clinical and managerial leads from all the Mental Health Clinical Networks, as well as commissioners and providers.

As well as engaging stakeholders, the College has worked to directly implement some of the CAAPC recommendations, as follows:

- **We have played an active role on the Acute Mental Health Care Expert Reference Group, set up by the National Collaborating Centre for Mental Health (NCCMH) to develop an evidence-based treatment pathway (EBTP) for acute mental health care for NHS England and NICE.**

Due to be published in April, this pathway will play a key role in ensuring timely and equal access to acute mental health services. As advocated by the CAAPC, it will recommend a four-hour response time from the point of referral to accessing acute care.

It will also include quality standards and a step-by-step process to help local areas undertake a service capacity assessment and improvement programme, in partnership with organisations working in the housing, social care, rehabilitation and voluntary sector.

The pathway also aims at reducing the systemic health inequalities prevalent across acute mental health services. A multi-disciplinary approach was taken and a Race Equality Reference Group, comprising experts-by-experience from BAME backgrounds, actively contributed to this work, which is part of a suite of packages to improve mental health at every stage of patients' lives.

- **The College Centre for Quality Improvement (CCQI) is currently developing a national quality assessment and improvement scheme to support and assess early implementation of the acute mental health care EBTP.**

From Autumn 2017 this will allow local areas to self-assess against the key access and quality guidelines and benchmarks. NHS England will then undertake a baseline audit and gap analysis of the system's current performance against the new guidelines and benchmarks.

- **Meanwhile, we are actively promoting Quality Improvement (QI) methods to support local healthcare improvement.**

We established a QI Experience Reference Group in order to support the development of QI knowledge and skills amongst members, map learning needs, set up a network and ensure QI is embedded in the education curriculum of those yet to become psychiatrists. We are also appointing a College's Lead for QI, who will have first-hand experience of using QI methods in mental health services.

- **We are working hand-in-hand with the Royal College of Nursing (RCN) to embed a culture of medical leadership and management through services for the benefit of patients.**

Our Leadership and Management Committee (LMC) has been developing and supporting systems, structures and processes to equip psychiatrists for roles as leaders and managers. Simultaneously, the RCN has designed bespoke products for clinicians to develop their leadership skills as well as their ability to create a culture of innovation in the workplace. The RCN is now engaging with mental health & learning disability directors and commissioners throughout the UK to discuss the leadership development support they can offer.

What will happen next

The College will continue its work to ensure that:

1. Information is robustly monitored and used transparently

The data collected so far confirms that a large number of people continue to be sent out of area treatment inappropriately. The latest report shows that 506 patients were receiving out of area placements on 31 December 2016 due to the unavailability of local beds.

As the data around acute mental health care becomes more robust, we will need to ensure that commissioners and providers are held to account to eliminate OAPs and implement the guidelines and benchmarks mentioned above.

In order to improve transparency and availability of information, we will continue to analyse the data included in the Mental Health Dashboard to ensure spending pledges reach the front line. We will update the CAAPC website regularly in order to share our findings as well as best practice and innovation occurring across the country.

2. All the recommendations get implemented

The CAAPC highlighted 'whole system' failure, requiring solutions involving stakeholders from a wide range of sectors. We will continue to encourage everyone to take action and make changes.

We will also continue to work closely with RCPsych in Northern Ireland to make sure that the implementation of the Commission's companion report for Northern Ireland, [Building on Progress](#) (published in June 2016) is high on the agenda of the new Government being elected on 2 March.

Although much more needs to be done, many of the building blocks are now in place for achieving a genuine shift in the quality of and access to acute adult psychiatric care in England.

If you would like further information or if you have any queries, please contact Zoé Mulliez, Policy Analyst on zoe.mulliez@rcpsych.ac.uk.

Please contact us if you would like this briefing in another language or format.