

Beds Review briefing document for NHOSC

Campaign to Save Mental Health Services in Norfolk and Suffolk

July 2017.

EXECUTIVE SUMMARY

NSFT have been claiming for more than three years that there are, or will be, enough mental health beds in Norfolk. But the beds crisis has simply become deeper and deeper, with increasing human and financial costs.

In this document, we demonstrate that NSFT is ignoring the evidence of what is happening on the ground and the findings of its own regulator, the Care Quality Commission (CQC).

NSFT says there 'should' be enough beds when there clearly are not. There has been too much wishful thinking and not enough action.

The expensive beds review was not independent and its methodology was flawed. Stakeholder input from patients, carers, the voluntary sector and even NSFT's own governors was virtually non-existent.

INTRODUCTION

IN ITS LAST INSPECTION OF NSFT, THE CARE QUALITY COMMISSION STATED THAT LACK OF BEDS WAS DAMAGING PATIENT CARE

“There remained a shortage of beds across the trust and that this had impaired patient safety and treatment at times. Staff worked with other services in the trust to make arrangements to transfer or discharge patients. However, a lack of available beds meant that people may have been moved, discharged early or managed within an inappropriate service.”

Source: http://www.cqc.org.uk/sites/default/files/new_reports/AAAF8329.pdf p. 8.

LOSS OF BEDS CONCENTRATED IN NORFOLK AND WAVENEY

Since 2012, NSFT has closed 139 mental health beds, a drop of 25 per cent.

The decrease nationally was 16 per cent.

We believe most, if not all, of these beds have been closed in Norfolk and Waveney, concentrating these cuts. We believe the cut in Norfolk and Waveney to be at least twice the national average.

Source: <http://www.edp24.co.uk/news/health/how-140-nhs-mental-health-beds-have-been-cut-in-norfolk-and-suffolk-1-4992493>

THE NUMBER OF UNEXPECTED DEATHS HAS MORE THAN DOUBLED BETWEEN 2012-13 AND 2016-17

The number of unexpected deaths of NSFT patients has increased from 88 to 182.

Source: NSFT papers and Annual Reports.

AGE-STANDARDIZED SUICIDE RATES HAVE INCREASED FAR FASTER THAN THE NATIONAL AVERAGE IN SIX OUT OF THE SEVEN DISTRICT COUNCIL AREAS IN NORFOLK BETWEEN 2010-12 AND 2013-15

The national average increase over the period was 6.3 per cent.

In Norfolk, the increase over the period was 24 per cent, 3.8 times the national increase.

The increase in Broadland is more than 26 times the national increase at 164 per cent.

The increase in Great Yarmouth is more 13 times the national increase at 84 per cent.

The increase in King's Lynn and West Norfolk is more than 5 times the national increase at 34 per cent.

The increase in North Norfolk is more 12 times the national increase at 77 per cent.

The increase in Norwich is more than 5 times the national increase at 33 per cent.

The increase in South Norfolk is nearly double the national increase at 12 per cent.

Only Breckland bucks the trend across Norfolk with a decrease in suicides of 23.7 per cent.

Are front line staff, consciously or not, being forced to take greater risks because of a lack of beds and staff at NSFT? What other explanations are there for these dramatic increases in the age-adjusted suicide rate?

Source: Office for National Statistics via reports from Coroner's Courts

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

NSFT'S INCOME IS LOWER NOW THAN FOUR YEARS AGO

This year, NSFT's income is still £3.7m lower than in 2012-13, despite rising demand and costs and promises of 'parity of esteem'. In 2012-13, NSFT's income was £219.4m. This year it will be £215.7m.

Source: NSFT's own figures as reported by the EDP. <http://www.edp24.co.uk/news/health/things-are-moving-in-the-right-direction-at-region-s-mental-health-trust-says-chief-executive-1-5088555>

INCOME OF PHYSICAL HEALTH TRUST (NNUH) INCREASING AT NEARLY TEN TIMES THE RATE OF NSFT

NSFT's income will rise from £216.8m in 2013-14 to £220.1m in 2017/18. Over four years, this is an increase of £3.3m and a year-on-year increase in income of 0.38 per cent.

NNUH's income will rise from £479.3 million in 2013-14 to £554.6m in 2017/18. Over four years, this is an increase of £75.3m and a year on year increase of 3.7 per cent.

Sources: NSFT's own figures as reported by the EDP. <http://www.edp24.co.uk/news/health/things-are-moving-in-the-right-direction-at-region-s-mental-health-trust-says-chief-executive-1-5088555>

NNUH Five Year Plan.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/392916/NORWICH_Publishable_Summary_Strategic_Plan_1415.pdf

BEDS FOR YOUNG PEOPLE REMAIN EMPTY DESPITE BUILDING COSTS OF NEARLY £1M AND SIGNIFICANT SPENDING ON OUT OF AREA BEDS

Five of the twelve new beds for young people built at a cost of nearly £1m at Carlton Court (Dragonfly) remain empty because NHS England refuses to fund them. Yet evidence presented to this committee shows young people being sent miles away from their families at tremendous financial and personal cost because of a lack of beds.

Source: <http://www.bbc.co.uk/news/uk-england-norfolk-37992375>

NSFT AND COMMISSIONERS PROMISED YOUR COMMITTEE THAT OUT OF AREA BEDS WOULD END MORE THAN THREE YEARS AGO

In January 2014, the Chief Executive of NSFT, Andrew Hopkins and the Chief Officer of North Norfolk CCG speaking on behalf of Norfolk commissioners, Mark Taylor, told your Committee that out of area beds placements would cease before the end of April 2014. Since then, NSFT has continued to close beds, commissioners have continued to cut NSFT's funding and the beds crisis has become much, much worse.

The target date for having sufficient beds in Norfolk, when officially acknowledged has moved from April 2014 to October 2017 and is now March 2018. Or is it later?

For more than three years, NSFT and commissioners have been promising improvements and blaming factors like 'bed-blocking'. Yet, despite these promises the bed crisis has become much, much worse.

Every year, NSFT and commissioners set unrealistic budgets for out of trust and out of area beds, then spend millions more.

For how much longer can NHOSC and the public believe NSFT's fanciful claims?

Meanwhile, people are dying or suffering life-changing injuries because of a lack of beds. We have reported instances to the CQC and there have been frequent reports in the press.

Source: NHSOC's minutes.

NSFT CONTINUES TO SEND LARGE NUMBERS OF PATIENTS TO MUNDESELEY HOSPITAL DESPITE IT FAILING TWO CARE QUALITY COMMISSION (CQC) INSPECTIONS AND BEING IN SPECIAL MEASURES
Mundesley Hospital has failed two CQC Inspections, in September 2016 and again in January 2017.

NSFT is spending millions of pounds on inadequate private provision at Mundesley Hospital. Why? Is it just to make the 'out of area' bed figures look lower? NSFT spent £1.7m at Mundesley Hospital in the last seven months of the 2016-17 financial year.

Why are people from Norfolk suffering inadequate care at a very high cost to the taxpayer?

Source: <http://www.edp24.co.uk/news/health/a-staggering-waste-more-than-1-6m-spent-sending-region-s-mental-health-patients-to-private-hospital-1-5063855>

What happens if the CQC closes Mundesley Hospital or it ceases to operate or accept NSFT patients? England appears to have run out of private or NHS capacity. What contingency plans does NSFT have?

Source: NSFT's own figures on out of trust placements as reported to this Committee.

CQC: <http://www.cqc.org.uk/location/1-2051351014>

THE BEDS REVIEW ITSELF

COST

The beds review cost £58,000.

Source: <http://www.nsft.nhs.uk/Pages/New-report-aims-to-reduce-pressure-on-NSFTs-beds.aspx?platform=hootsuite>

INDEPENDENCE AND TERMS OF REFERENCE

The terms of reference were set by the CCGs and NSFT without stakeholder input.

The report was paid for by CCGs and NSFT.

It is therefore not independent.

Source: <http://www.nsft.nhs.uk/Pages/New-report-aims-to-reduce-pressure-on-NSFTs-beds.aspx?platform=hootsuite>

COMPLETE LACK OF PATIENT, CARER OR EVEN GOVERNOR INVOLVEMENT

It is claimed that there was a 'wide range of engagement meetings with local stakeholders'.

The reports lists those interviewed:

- Thirty-nine are senior employees of Norfolk and Suffolk NHS Foundation Trust (NSFT).
- Five are commissioners.
- None are service users.
- None are bereaved relatives.
- None are carers.
- None are from patient or carer organisations.
- None are from the voluntary sector.
- None are service user, carer or public governors.
- None are from the police.
- None are Approved Mental Health Professionals (AMHPs).
- None are from the emergency services.
- None are coroners.
- None are democratically-elected local councillors or Members of Parliament (MPs).

So much for 'No decision about me, without me.'

Source: <http://www.nsft.nhs.uk/About-us/PublishingImages/Pages/What-are-our-priorities-and-how-are-we-doing/Service%20capacity%20assessment%20of%20acute%20mental%20health%20services.pdf> pp. 5-6.

ADDITIONAL RESOURCES RULED OUT FROM THE START

Additional beds cost money. The review itself ruled out additional resources:

“The expected resource context of this project is flat resources – redistribution of resources may be identified / proposed, but the overall spend on the Trust’s mental health services will be expected to remain constant in value terms. There is, however, expected to be a net reduction in the actual amount spent on out of area placements.”

REPORT DECLARES CURRENT CASELOADS SAFE FOR COMMUNITY TEAMS DESPITE CQC INSPECTORS FINDING THEM UNSAFE

The beds review states:

“The safe operating caseload limit for community teams is equivalent to the peak caseload over the six months prior to the census date.”

Source: <http://www.nsft.nhs.uk/About-us/PublishingImages/Pages/What-are-our-priorities-and-how-are-we-doing/Service%20capacity%20assessment%20of%20acute%20mental%20health%20services.pdf> p. 7.

The most recent CQC report states:

“The trust told us that community teams had safe staffing levels and where necessary agency nurses had been employed on a long term basis. However, **we found that staffing levels were not always sufficient in the community teams**, particularly the crisis, CAMHS, and learning disability teams. This meant that **staff were managing very high caseloads and there were some delays in treatment. Caseloads in some instances were above the Royal College of Psychiatrists’ recommended levels.** Of particular concern was the CAMHS caseloads which varied hugely across the service. One lead care professional was allocated 95 patients. In some older peoples and learning disability teams there was delay in allocating a care co-ordinator. At the crisis and home treatment teams based at King’s Lynn and Northgate Hospital limited staff meant there was limited capacity to undertake assessments and people in need of assessment were not always able to access the service they needed in a timely way. Other community teams were better staffed through the use of bank and agency staff.”

Source: http://www.cqc.org.uk/sites/default/files/new_reports/AAAF8329.pdf p. 22.

THE MODEL IGNORES PUBLIC DATA ON RATES OF SERIOUS MENTAL ILLNESS, ASSUMING, SAY, THAT DEMAND WILL BE UNIFORM ACROSS NORFOLK AND SUFFOLK (WHICH IT IS NOT).

The report recommends standardizing the use of beds between CCGs areas but ignores differing rates of Serious Mental Illness. Standardizing in this case means dropping admissions to the lowest common denominator.

Internally, NSFT is claiming that ‘Norwich should be more like Ipswich’ and admit less patients. But Norwich CCG has a 42 per cent higher incidence of serious mental illness (SMI) than Ipswich & East Suffolk CCG, so how can it have the same admission rates as Ipswich?

NSFT is claiming that central Norfolk NHS and Norfolk County Council teams are ‘overadmitting’ patients when the same teams are admitting fewer patients in North Norfolk CCG area than in the

Ipswich and East Suffolk CCG area, despite North Norfolk having a higher incidence of serious mental illness.

It is already very difficult, often impossible, to secure a voluntary psychiatric admission in Norfolk. The Mental Health Act Code of Practice is undermined if the only way to secure admission is to be detained under the Mental Act when the patient is willing to undergo voluntary treatment.

The review also finds a problem that admission rates tend to be higher closer to units. However, the incidence of serious mental illness tends to be much higher in the urban areas where the units are located (Norwich, Great Yarmouth, Ipswich, King's Lynn, Bury St Edmunds).

Source: Spreadsheet containing data available at:

http://fingertips.phe.org.uk/documents/Atlas_2015%20Compendium_Data.xlsx

Columns DG-DI, Percentage of people who are recorded in GP registers of severe mental illness (SMI) by CCG

Ipswich and East Suffolk 0.805%

Norwich 1.148%

Hence

$(1.148/0.805 - 1) \times 100 = 42.6\%$ higher incidence in Norwich than Ipswich and East Suffolk.

Q.E.D.

North Norfolk CCG SMI incidence = 0.843%

Incidence of SMI is 4.7% higher than Ipswich and East Suffolk

Calculation:

$(0.843/0.805 - 1) \times 100 = 4.7\%$

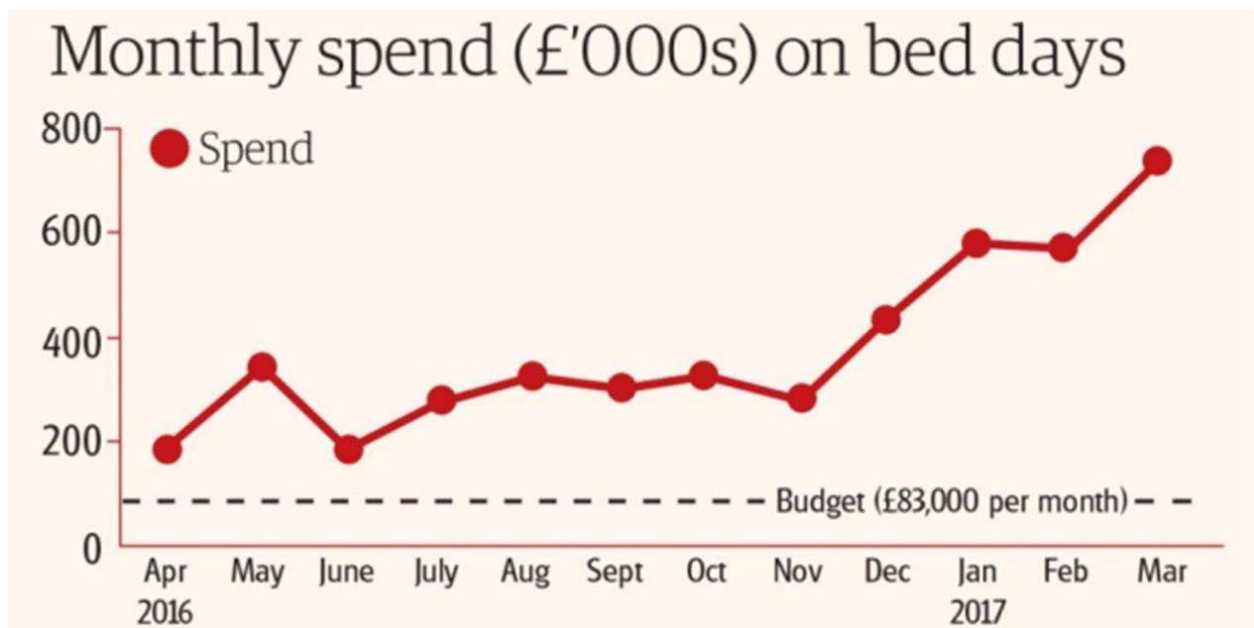
Q.E.D.

**SINCE THE DATA WAS EXTRACTED FOR THE MODEL, OUT OF TRUST BED USAGE HAS INCREASED
DRAMATICALLY**

The data was extracted until September 2016.

The subsequent dramatic increase in out of area beds is not predicted by the model and casts its validity into doubt.

This graph was produced by the EDP:



THE REPORT CLAIMS THE AVAILABILITY OF 'OVERSPILL' BEDS IS UNLIMITED BUT IT IS SOMETIMES ZERO.

The beds review states in its assumptions:

"Capacity of overspill beds is unlimited."

Source: Source: <http://www.nsft.nhs.uk/About-us/PublishingImages/Pages/What-are-our-priorities-and-how-are-we-doing/Service%20capacity%20assessment%20of%20acute%20mental%20health%20services.pdf> p. 7.

Yet it is clear that England has run out of private and NHS psychiatric beds, as acknowledged even by NSFT's Medical Director, Bohdan Solomka:

Sources:

<http://www.bbc.co.uk/news/uk-england-norfolk-34170904>

<http://www.dailymail.co.uk/wires/pa/article-3224834/No-mental-health-beds-available-England-trust-chief-told.html>

This lack of national capacity is confirmed by the delays in finding beds and the repeated detention of patients from Norfolk in need of a bed in police cells.

THE BEDS REVIEW PROPOSES A POLICY OF PLACING PEOPLE INTO AGE-INAPPROPRIATE CARE

It states:

"A bed for the "wrong" age group will always be used in preference to overspill. The age cut-off for older people's functional services is 70."

In our view, an adult psychiatric ward is a completely inappropriate place to send an incontinent, frail person suffering from dementia, for instance. Similarly, it would be equally inappropriate to send a young adult suffering from psychosis to a dementia ward.

We know this is happening now.

Source: <http://www.nsft.nhs.uk/About-us/PublishingImages/Pages/What-are-our-priorities-and-how-are-we-doing/Service%20capacity%20assessment%20of%20acute%20mental%20health%20services.pdf> p. 8.

THE BEDS REVIEW CONTAINS A PROPOSAL TO REDUCE THE NUMBER OF BEDS FOR ADULTS

It states:

“Increase the capacity for caring for individuals in later life by revising the balance of adult and later life beds.”

Source: <http://www.nsft.nhs.uk/About-us/PublishingImages/Pages/What-are-our-priorities-and-how-are-we-doing/Service%20capacity%20assessment%20of%20acute%20mental%20health%20services.pdf> p. 9.

THE BEDS REVIEW CONTAINS A PROPOSAL TO INCREASE THE USE OF BED & BREAKFAST ACCOMMODATION

It states:

“Block purchase B & B beds. Establish links between CRHTTs and B & Bs. Manage those admitted to a B & B as an alternative to admission via CRHTTs”

Source: <http://www.nsft.nhs.uk/About-us/PublishingImages/Pages/What-are-our-priorities-and-how-are-we-doing/Service%20capacity%20assessment%20of%20acute%20mental%20health%20services.pdf> p. 10.

Yet NSFT cannot even commission local hospitals or care homes to deliver safe care, never mind B&Bs.

The SAR into the death of Norwich man Neil Jewell found:

“9.20 The examples given of poorly informed and communicated decisions including: Neil’s discharge to a bed and breakfast; Discharge from the Care Programme Approach; Admission to Hamilton House (a Care Home) for treatment the next day rather than to an in-patient ward; Not to carry out a MHA assessment when the request was first made by Hamilton House; GP not communicating to the mental health trust that Neil had not collected his prescription.”

Source: <https://www.norfolksafeguardingadultsboard.info/assets/SAR-REPORTS/MR-AA/SAR-Mr-AA-FINAL-REPORT-30-09-2015.pdf> p. 36.

The use of bed and breakfast inappropriately also leaves the trust and commissioners at risk of criminal prosecution.

Source: Mills and Reeve reported at <http://norfolksuffolkmentalhealthcrisis.org.uk/legal-nhs-trusts-face-criminal-prosecution-and-unlimited-fines-for-inappropriate-discharges-and-placements-individual-staff-face-up-to-two-years-imprisonment/>

BED REVIEW FINDS NSFT IS SHORT OF 36.5 BEDS IN NORFOLK

Even with its assumptions that people in crisis should be placed on age inappropriate wards.

Source: : <http://www.nsft.nhs.uk/About-us/PublishingImages/Pages/What-are-our-priorities-and-how-are-we->

[doing/Service%20capacity%20assessment%20of%20acute%20mental%20health%20services.pdf](http://www.nsft.nhs.uk/About-us/PublishingImages/Pages/What-are-our-priorities-and-how-are-we-doing/Service%20capacity%20assessment%20of%20acute%20mental%20health%20services.pdf) p.

15.