

Summary briefing

Berkshire East mental health inpatient bed provision

January 2012

How and where mental healthcare is provided

- One in four people will experience mental illness (such as depression or anxiety) at some point in their lifetime.
- Most are treated via their GP – increasingly through referral to ‘talking’ therapies (also known as psychological therapies).
- People who need more specialist treatment receive support from community services provided by the NHS and local authorities, enabling them to maintain a stable life, continue to work and keep up relationships.
- The continued development of effective mental health treatments mean that more and more people can get the help they need without setting foot inside a hospital. Figures for 2011 show that 97-98% of people receiving mental health treatment in east Berkshire fell into this category.
- Only in very few cases is hospital admission needed. In east Berkshire this equates to about 20 people in each local authority area at any one time (approximately one resident in every 7,000), compared to the hundreds under the care of community mental health teams.
- On average each mental health inpatient spends between a few weeks and few months in hospital – depending on individual circumstances and support available.
- Dementia is a growing problem as we live longer. But admission to a hospital ward remains a rare occurrence as community-based options are appropriate for most people.

Current provision in east Berkshire

Berkshire Healthcare NHS Foundation Trust (BHFT) is the local provider of mental healthcare – both community and inpatient services.

Slough: Ward 10, Wexham Park Hospital – 20 general adult beds

Ascot: Ward 12, Heatherwood Hospital – 25 general adult beds

Maidenhead: Charles Ward, St Mark’s Hospital – 26 older adult beds (over-75)

These wards do not meet 21st century standards for mental healthcare provision. For example, Charles Ward cannot be adapted to meet the national standards set by the Royal College of Psychiatrists, in particular the need for single rooms and separate living spaces for people suffering from dementia and those with depression and anxiety. Small, isolated units also have less staff flexibility and offer a smaller range of treatments.

Prospect Park Hospital in Reading is a purpose-built facility for mental health inpatient services.

Principles for future provision

- Best outcomes for patients are achieved by providing treatment at home or as close to home as possible as far as possible.
- The best environment for inpatient services is single bedrooms with en-suite facilities – poor environment can harm recovery.
- Services should be evidence-based and provided by well-trained specialist staff.
- Service provision should meet current needs as well as reflecting forecast population changes.
- Travel time for visitors is an important factor.

Change supported by clinicians including GPs

- Mental health professionals employed by BHFT strongly support consolidation of inpatient services on a single site for best patient outcomes
- GP-led clinical commissioning groups (CCGs) (which will take on the commissioning role from PCTs in 2013) support consolidation of inpatient services on a single site for best patient outcomes
- Additional investment in community mental health services with a focus on early intervention and long-term recovery

Transport solutions

The NHS recognises that relocating inpatient services to a single site, while the best solution clinically, would have a significant impact on the ability of relatives and carers to visit. A number of options to address this have been carefully considered. A community transport 'dial-a-ride' type model is seen as offering the most flexible support. This would need to:

- Be easy to use
- Available at short notice seven days a week
- Fit around visiting times
- Geared up for relatively low numbers (reflecting relatively low numbers of inpatients)
- Take account of high turnover (reflecting average length of stay of about a month – so used by the same people for a short period of time).

This work will be developed if the board approves the recommendation.

Timeframe

Discussions around the timeframe for making the transition will be made following the Board decision on 24 January 2012. Given that mental health inpatients rarely stay in hospital for more than six weeks, no current inpatients will be relocated as a result of the proposed changes.

How does this relate to other service reviews?

This decision is purely about mental health services and is unrelated to the ongoing 'Shaping the Future' programme which is looking at how best to provide community and hospital services to meet the needs of local people across east Berkshire.