Mental health services in the UK are heading towards a crisis.

This situation is particularly prevalent within care homes. On 31 March 2019 there were 31223 long stay residents in care homes for older people in the UK, a decrease of 4% compared to the 32482 residents on 31 March 2007. However, the need for care among individuals with mental health issues has dramatically increased. During the same period, the number of short stay and respite residents in care homes for patients with mental health issues has risen from 750 to 1468, representing a 96% increase. Meanwhile, the percentage of long-stay residents in care homes for older people who are diagnosed (either medically or non-medically) with dementia has increased from 54% to 62% since 31 March 2007. The facts are striking:

■ There were 1142 adult care homes on 31 March 2019, representing a decrease of 21%

compared to the 1451 homes which existed on 31 March 2007

■ There were 40 926 registered care home places available on 31 March 2017, which is

4% fewer than the 42653 available in 2007

■ As of 31 March 2017, there were 35989 adults living in care homes, which is 5% lower

than in 2007 (37702)

■ As of 31 March 2017, 91% (32 691 out of 35 989) of all care home residents (i.e. long

stay, short stay and respite residents) lived in homes for older people.

The medical and nursing demand on adult care homes is perilous. All are run by either local authorities, the NHS, the private sector and/or the voluntary sector. Individuals living in care homes can be classified as long stay, short stay or respite residents. When long stay residents are admitted to an adult care home their length of stay is proposed to be no longer than 6 weeks, yet many of these residents stay for longer periods. This generates considerable demand for nursing and medical provision, as such patients often present with multiple conditions (McIntosh and Smith, 2013). This is turn puts strain on an already depleted resource: most of the increase in nurses since 2010 has been in the adult acute sector, while many other sectors have experienced significant reductions. For example, the number of nursing staff within the adult and elderly patient group has decreased by 7% in the past decade, while the total number of nurses working in the NHS fell by around 1000 in 2017 alone (Care Inspectorate, 2019).

There is thus a clear lack of provision which impacts patient care, resulting in a significant decrease in patient satisfaction. Adverse patient outcomes (including medication errors, urinary tract infections, patient falls, pressure ulcers and critical incidents) lower quality of care and patient readmissions have all increased. Meanwhile, a worrying link has been found between missed care and mortality (Recio-Saucedo et al, 2017). There are several facets of care which are currently at breaking point, including the primacy of patient care and service quality. With the current lack of medical and nursing provision, this creates a negative impact on the wider community, such as putting pressure on family members to look after their frail parents or relatives. Meanwhile, the resources available to managers to secure sufficient staff with the right skills, in the right place and at the right time are limited.

Although the issue is complex, it is important to ensure that there is proactive and appropriate dialogue between relevant partnerships. Potential changes in the deployment and composition of the nursing workforce, including the emergence of enhanced roles for healthcare assistants, raise

significant questions regarding the most efficient use of this scarce human resource (McIntosh and Smith, 2013).

The concept of project/change management provides a potential method of helping services to create a way forward. The end goal would be to improve patient care within mental health services, as well as providing processes which could help staff in their day-to-day work. One aspect of this could be the facilitation of workshops in which relevant stakeholders can discuss proposed changes. These workshops should address questions surrounding both how staff currently work and how their work could be carried out differently. This would allow providers from local authorities, the NHS, the private sector and the voluntary sector to partake in a joined-up approach, discussing how each area works independently and how they could all work together. Experts in the field of change management should facilitate this process in order to give focus to the end result and allow the various sectors to coordinate in a more unified manner.

There are some essential elements of this process which should be considered statutory requirements, such as management of risk and control of quality, resources and finances. While this is not a comprehensive list, it does reflect the importance of establishing criteria to ensure the improvement of patient care within care homes and to address the best interests of staff.

This method will not solve the situation in its entirety. Instead, it should be used as an aide to bring a sense of ownership to the situation, allowing local authorities, the NHS, the private sector and the voluntary sector to work together towards a common goal. If this happens, it will facilitate a refocus back to the most important factor: patient care. When the issue of patient care is seen as the central element of improvement, secondary benefits will also come to light, such as improved working environments for staff. Providing adequate resources in care centres and ensuring that staff have the correct training to provide excellent care would also enhance this process. It is essential that a coordinated effort is made to allow different mental health services to work together. This would require all the various agencies to join up their respective approaches to improving the system. To secure the physical and intellectual resources needed for the planning and provision of this solution, these challenges must be addressed by the Government.

References

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