



**Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive**

**The Efficiency and Effectiveness of Long-Stay Residential
Care for Adults within the Mental Health Services**

**Evaluation report prepared under the Value for Money and
Policy Review Initiative**

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Abbreviations

(the) Department	Department of Health and Children
EU	European Union
HSE	Health Service Executive
PCCC	Primary Community Continuing Care
UK	United Kingdom
USA	United States of America
VFMP	Value for Money and Policy (Reviews)
WHO	World Health Organisation
WTE	Whole Time Equivalent

Executive Summary

The Evaluation

This report is an evaluation, conducted in accordance with the guidance for Value for Money and Policy (VFMP) Reviews¹, of the efficiency and effectiveness of Long-Stay Residential Care for Adults within the Mental Health Services in Ireland. The evaluation focused on the current provision of service to long stay residents within mental health services and explores the way forward for the development of services within a Value for Money and Policy framework.

The terms of reference for the evaluation were as follows:

- Identify the objectives of the provision of Long Stay Residential Care.
- Examine the extent to which, and the effectiveness with which, those objectives have been achieved in terms of overall quality and costs and the necessity for continuation.
- Identify the level and trend of outputs associated with the provision of Long Stay Residential Care, and thus comment on the efficiency with which it has achieved its objectives.
- Identify the level and trend of costs and staffing resources associated with the provision of Long Stay Residential Care.
- Examine the current validity of those objectives in light of the current changes in health service provision and their compatibility with the overall strategy of the Department of Health and Children, the Mental Health Act 2001, ‘*A Vision for Change*’ (2006); other relevant Government and EU policies and strategies and currently available evidence based practice.
- Evaluate the degree to which the objectives of the provision of Long Stay Residential Care warrant the continued allocation of public funding.
- Examine and evaluate likely alternatives to the provision of Long Stay Residential Care in achieving these objectives on a more efficient and/or effective basis, e.g. through international comparison and making use of all potential synergies with other services.
- Specify potential future performance indicators that might be used to better monitor the performance of Long Stay Residential Care for Adults within Mental Health Services.

Evaluation Conclusions

In 2006, the expenditure on long term residential care in the mental health services was in the region of €249 million². This first evaluation of these services reveals considerable regional variations in the provision of services from the different perspectives of financial allocations, staff allocation, non-pay expenditure, locations and accessibility of services. The strategy presented in ‘*A Vision for Change*’ presents an opportunity to rebalance resource allocation to take better account of need in a cost neutral manner. While some cost savings may be

¹ Department of Finance, 2006

² The 2006 budget for Long Stay services was €485 million of which €249 million relates to services included within the scope of this review. The difference primarily relates to the provision of Acute in-patient care, which was outside the scope of this review.

generated, these would be absorbed or reinvested in the further development of community based support. Accordingly, the overall conclusion of the report is that full implementation of ‘*A Vision for Change*’ offers the prospect of enhanced effectiveness and impact of service in the longer term, in line with current international good practice, with little additional budget or resource allocation.

Service Objectives

The impact of previous reports, such as the Commission of Enquiry on Mental Illness (1966) and Planning for the Future (1984), is evident in the way in which long stay services are currently delivered, with an increase in community based services from 1984 onwards. The launch of ‘*A Vision for Change*’ (2006) puts Irish mental health services in the situation of not only being in a position to alter this situation, but also places an onus on all tiers of health care delivery to get it right. It is clear that the strategy laid out in ‘*A Vision for Change*’ in relation to the provision of long stay residential mental health services, will not only deliver an efficient and cost effective service but will also to some degree, address the imbalance in current services and funding arrangements because proposed service levels are population based.

There is a clear, up-to-date set of objectives for the mental health services that reflect developments in treatment, legislation and policy over a number of years and which are in line with current international views of good practice. A key objective (in terms of accommodation provision) is supported by a measurable target but the remaining objectives, including a Value for Money objective for efficiency and effectiveness, do not have measurable targets. The objectives are set at a high level and are not supported by appropriate structures or joined-up through identification of linked results, activities and financial resources.

Service Effectiveness and Efficiency

Long stay residential mental health services cater for a diverse group of users ranging from the “graduates” of the old asylum system to new long stay users. This review identifies long stay users as those individuals who have been resident for over one year and one day. There are similar patterns for both in-patient and community residences, with a significant group of individuals being new long stay users. The predominately male client group are generally aged over 45 years, with a significant number being over 65 years of age. The service on census night returned 87% occupancy levels, with 75% of clients being identified as appropriately placed. Of those individuals who are inappropriately placed on in-patient units, over 59% would be more appropriately placed in the community and 32% of those inappropriately placed in community residences require lower support or independent accommodation.

The majority of service user activities are of a social nature, with fewer individuals engaged in therapeutic activities. The lack of a consistent understanding of, or approach to, rehabilitation is evident, with less than 25% of individuals in high support community residence and only 6.7% of individuals on identified rehabilitation units, participating in rehabilitation training. Of equal significance is the small difference between the numbers of individuals in paid employment who reside in high and low support community residences.

Community based services account for the majority of long stay admissions, however there continues to be a small number of long stay admissions to acute in-patient units (1.76% of long stay admissions over a five year period).

The majority of discharges from long stay residential services are to lower levels of supported accommodation. However, there is a relatively small throughput of service users with only a total of 5,159 discharges nationally over a five year period.

There is scope for significantly increasing the proportion of service costs that are recovered in residence charges.

Service Resources

Significant financial resources are allocated to mental health on an annual basis. Based on the returns for this review, in 2006 30% of the national Mental Health budget was spent on the provision of long stay residential mental health services; this equates to €249 million.

There are however, wide regional variations in the distribution of funding across mental health catchment areas, with variations of between €40 per capita in Meath and €506 per capita in Mayo (Walsh 2007). The difference in funding is primarily a function of the quantum of service provided (Meath 18 long stay beds, Mayo 107).

The most significant portion of costs are staff based, with 88% or €219 million of total costs directly attributed to staffing. There are significant differences in the staffing levels across mental health catchment areas. Wide regional variances occur in the WTE availability and the skill mix deployment, even in similar care environments, leading to significant differences in the cost per bed per day. High support community residences and long stay in-patient units account for the majority of staffing costs. Non-pay costs vary significantly between regions and need to be more closely monitored.

Non pay costs account for 12% or €30 million of the overall long stay costs.

There are 143 extra contractual placements outside the HSE, funded by mental health catchment areas. These are the single most significant non pay cost, accounting for €6.3 million or 2.72% of all long stay costs and 21.02% of non pay costs.

The review highlights concern regarding the quality of the infrastructure, with over 88% of all community residences having limited disabled accessibility. Comparison of existing bed numbers against recommendations in 'A Vision For Change' (2006) suggests there is over provision in bed capacity. However, of the current 2,790 beds, only 335 are in units which are disability accessible and therefore fit for purpose.

It has been extremely difficult to gather data in respect of costs across the service, as there is limited financial information available on a per unit or per bed basis. This review illustrates that the majority of units do not have an identified budget to meet running costs.

Both the variations in funding and access to staffing are, in some measure, explained by the historic location of old in-patient hospitals. Current services cluster in the same areas as the old psychiatric hospitals.

The full implementation of 'A Vision for Change' (2006) in relation to individuals who require long stay residential care and/or rehabilitation in a specialist service, would identify that a reduction in actual long stay bed numbers would result in significant savings, on an annual basis, in the residential aspect of long stay care. It is important, however, to recognise that both capital and human resources Chart 12

freed up would be required to ensure the establishment of the necessary specialist community teams such as assertive outreach, rehabilitation and home base treatment teams, as well as generic mental health teams.

Future Funding and Alternative Approaches

The justification for the continued allocation of public monies to the mental health services is rooted in strong economic and social arguments. From an economic perspective, the amounts spent on mental health services are modest in comparison to the relatively high proportion of adults (27%) who may experience some form of mental health problem in any one year, the significance of mental health within the total burden of ill health (20%) and the economic cost of mental illness measured in terms of gross national product (3-4%).

The continued validity of the objectives of mental health services is established through consideration of the key strategic elements of '*A Vision for Change*' (2006). The general approach adopted is directly following the prevailing strategy supported by the WHO and the EU. The objectives are consistent with the EU objectives. From a Value for Money perspective, the strategy offers further improvements in cost effectiveness.

Due consideration of alternative approaches was taken in the development of '*A Vision for Change*' (2006). By reference to specific practices in the USA and the UK, it is confirmed that the overall Irish approach reflects international good practice. The operation of the mental health services within the wider EU context provides an opportunity to keep abreast of current thinking for the further improvement of services.

Performance Indicators

A small core set of performance indicators are proposed for the long term residential care mental health services to support the implementation of '*A Vision for Change*' and monitor, in value for money terms, the effectiveness of outcomes and the efficiency of the use of allocated resources.

The mental health services will need to collect performance information for its performance indicators, through both its management information systems and by periodic survey. Systems for the collection of performance information need to be further developed.

The Value for Money performance indicators are a small subset of a wider framework of indicators needed to provide for the information needs of stakeholders.

Key Findings/Conclusions:

A number of findings/conclusions outlined in this chapter (Executive Summary) are set out in more detail at the end of the various chapters, (refer pages 26, 30, 49, 62 and 69).

Key findings may be summarised as follows:

- **Resource Allocation** – The Report identified wide variations in resource allocation, levels of service provision and different staffing ratios across similar type residential units. A high level table of administrative areas and Central Mental Hospital resource allocations is set out hereunder.

HSE Region	Population	Total Cost €	Total WTE Staff	Total Beds
Dublin Mid Leinster	1,216,848	€31,508,914.84	526.99	845
Dublin North East	928,619	€41,423,652.89	674.41	793
South	1,081,968	€83,995,684.21	1,290.95	1513
West	1,021,413	€73,728,579.45	1,215.33	1501
Central Mental Hospital		€18,676,000.00		57
Nationally	4,248,848	€249,332,831.39	3,707.68	4709

- **A Vision for Change** – Full implementation of ‘A Vision for Change’ will enhance service effectiveness in the long term, at little additional cost and offers opportunity to re-balance resource allocations in line with service needs.
- **Placements** – A significant minority of clients were deemed to be inappropriately placed, many of whom could have their needs met in lower supported settings and at lower cost. External placements accounted for the biggest non-pay costs.
- **Residence Charges** – There is significant scope for recovering a higher proportion of the service costs.
- **Rehabilitation Training** – Participation levels are low across all residence types.
- **Performance Management** – Performance Indicators need to be developed, supported by collection of performance information.
- **Infrastructure** – Existing residential capacity, benchmarked against ‘A Vision for Change’ recommendations, suggest surplus in placements. Use of Low and Medium support environments could be discontinued. Concerns highlighted at quality of

infrastructure with majority of Community Residences deemed to have limited disabled accessibility.

Key Recommendations

A number of recommendations are made in chapter 7 of the main report, in response to the key findings outlined above. (Refer pages 70-73) The recommendations include the following:

- **Action Plan** – The development of a medium term Action Plan to be based on Report’s findings, with measurable targets and identified resources.
- **Strategic plan** – Strategic plans for mental health services should be supported by hierarchy of objectives, linking overall objectives, results and actions.
- **Resources** - Devolvement of financial budgets to local services should occur, so that the efficiency of service provision can be monitored. Staff distribution and accommodation capacity should be reviewed to ensure allocations are based on service needs. Sufficient resources should be allocated for implementation of ‘A Vision for Change’ based on a cost benefit analysis.
- **Infrastructure** – The improvement of accessibility to community residences should be prioritised.
- **Placements** – The changing profile of the service user population should be continuously monitored, to inform future strategic plans. Targets to be set and monitored to provide appropriate placements for clients and a comprehensive re-housing programme should be undertaken.
- **Residence Charges** – A policy review should be undertaken, to optimise the recovery of charges on a fair basis.
- **Rehabilitation Training** – Service should continue to refine its effectiveness objectives, based on strategies to support the ability of clients to return to independent living.
- **Performance Management** – Three specific recommendations refer to the adoption and use of the performance indicators set out in the Report.