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*National Institute for
Mental Health in England*

NIMHE West Midlands

**A census day audit of mental health independent
sector placements in the West Midlands**

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Executive summary

- All 45 commissioners of secondary mental health services in the West Midlands were invited to participate in a census day (28th June 2004). This covered 30 Primary Care Trusts, 14 Local Authority Social Services Departments and the Specialised Commissioning Services Agency.
- The aims of the project included:
 - mapping all out of sector placements,
 - identifying characteristics people placed,
 - establishing expenditure,
 - providing baseline information for service and system development, and
 - stimulating collective action amongst commissioners in the West Midlands.
- Information was obtained for people placed in independent sector facilities registered with the Healthcare Commission or Commission for Social Care Inspection. All mental health groups were included except those with dementia funded solely by LASSDs in care homes.
- Response rates were high from the 45 organisations: CAMHS (100%, 45), adults (100%, 45) and older people (97.8%, 44).
- Important information was not known to commissioners in over 25% of cases in the following areas:
 - diagnosis,
 - legal status, and
 - suitability of placement
- The specialised commissioning agency provided the data for forensic services and had considerably less “don’t know” responses than other commissioners. The role of dedicated case managers for placements in the independent sector is likely to be a key factor in this.
- Less than 20% of placements were in the voluntary sector.
- Local Authority Social Services Departments funded the majority of placements while health commissioners provided the greater amount of funding.
- A total of 440 organisations were commissioned, 25 of which accounted for 41% of placements. A further 240 organisations provided only one placement each and accounted for 11.2% of all placements.
- The data points to a number of areas where collaborative commissioning could make a significant impact e.g. in managing high volume multiple contract providers, commissioning specialist services across SHA or the West Midlands for illnesses such as Korsakoff’s Syndrome and Huntington’s Disease.
- Over 50% of cases are in the Birmingham and the Black Country SHA area.

- Many people are placed at geographical distance from area and services of origin.
- Based on the census day figures the expenditure of the year would be over £94M
Birmingham and the Black Country = £43.6M; West Midlands South = £27.7;
Shropshire and Staffordshire SHA = £22.7M)
- Descriptive statistics are used throughout this report and have not been weighted for direct comparison purposes. Future examination of the data will seek to undertake this form of analysis.

Terminology

Independent sector

The “independent sector” is a term often given to non-statutory sector service providers and a range of terminology are used to describe this area, sometimes confusingly. For the purposes of this work the independent sector has been used as a term to cover both voluntary (charitable/not for profit) and private (profit making) sectors.

The West Midlands

The geographical area covered by the following Strategic Health Authorities: Birmingham and the Black Country SHA, West Midlands South SHA and Shropshire and Staffordshire SHA.

Out of sector placement

A placement into the independent sector made by commissioners of secondary mental health services.

Background

Mental health placements of people outside the area where they live and outside the geography of the local service commissioners (commonly referred to as “out of area treatments” – OATS) occur into statutory and independent sector services (voluntary and private). This is significant across the country and is of concern to many who are responsible for funding services. While these are often very useful many issues are raised in respect of quality, cost, appropriateness, monitoring, return of area of origin, distance from relatives, etc. (Poole et al, 2002; Ryan et al, 2004). A clear picture of the size of the expenditure and in particular the characteristics of some of the groups that are placed out of sector has not been available to date.

The past 20 years has seen the independent sector grow and develop considerably. It is now a major provider of services that were once almost exclusively delivered by statutory sector agencies (NHS and social services/Local Authorities). It has been estimated that there were 28,766 beds in 1,507 private hospitals and nursing homes in England in 2001 (this does not include voluntary sector), of which 196 were registered to take people under the Mental Health Act 1983 (DoH, 2002). This represents a significant number of service users. By contrast there were 32,783 NHS in-patient mental health beds available, of which 3,849 were classified as non-elderly “long stay” in 2001/02 (DoH, 2003a). Therefore, the private and voluntary sectors constitute a significant proportion of total psychiatric bed capability.

Additionally, 34% of secure psychiatric provision in England is now privately owned (DoH 2000/1). In October 2000 in England 491 patients were detained under the Mental Health Act in 10 private secure facilities (DoH 2000/1) and a total of 1,700 patients were detained in private mental nursing homes (DoH 2001). The growth in registered facilities as independent hospitals, care homes with nursing or care homes shows no sign of abating. By 31st March 2005 the Healthcare Commission estimate that there will be 229 Private and Voluntary Healthcare registered establishments with approximately just over 6,000 beds (Healthcare Commission, 2004).

In November 2004 there were 201 care homes and care homes with nursing registered in the West Midlands with the Commission for Social Care Inspection to support people with a mental illness and they provide 3,974 beds in total (Commission for Social Care Inspection, 2005).

Services delivered by the independent sector cover almost all the areas that NHS and Local Authority providers work in; from eating disorder services through to secure services. With a dispersed range of services many service users have been moved away from their families and communities and lost or damaged important relationships as a result. Many have also been excluded from their home communities and from local services.

Many stakeholders acknowledge that there is considerable variability in the independent sector. Some providers appear to have exploited the market and have not delivered services of an acceptable quality. Independent sector providers aiming to deliver high

quality services have an interest in ensuring that poor quality services do not tarnish the reputation of the rest of the sector.

There are key differences between how private and voluntary sectors operate in relation to service development. Private sector organisations have the ability to respond to market opportunities where building based services can be financed with venture capital obtained from financial institutions. In contrast, the voluntary sector has usually responded to local needs and acquired capital through statutory agencies such as Local Authorities, the NHS or Housing Corporation to acquire property in which to run services. As a result the two approaches bring different relationships with NHS and SSD commissioners. Voluntary sector providers have traditionally been seen as easier to work in partnership with as a consequence as their service developments are more likely to fit with the plans of commissioners.

Until now it has been difficult to obtain systematic data on people who require placement in the independent sector. Some commissioning organisations have good systems for recording and monitoring placements whilst others do not. Irrespective of the quality of information maintained at local level it is not collated in a manner that makes it easy to aggregate and view a wider perspective.

Part of the perspective is to maintain an eye on the growth of the independent sector and encourage development based on need determined through effective commissioning. However, as things stand there is nothing to prevent any provider from establishing a facility so long as it meets the requirements of regulators such as the Healthcare Commission or Commission for Social Care Inspection. The suitability to fit within a local whole system or its integration within such a system is not an area of concern to regulators.

In order for commissioners to develop and commission services to meet the needs within and across their local communities strategic strategically useful information is necessary to inform service and system design across. Hopefully this work will provide the basis for supporting a range of initiatives that ensure closer working relationships between service commissioners, NHS and LASSD clinicians and practitioners and provider organisations.

Finally, and interestingly, many of the issues highlighted here in relation to mental health also have a similar resonance with the learning disabilities field (Brindle, 2004; Cooke & Carpenter, 2002; Jaydeokar & Piachaud, 2004).

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Aims and outcomes of the project

A range of aims were identified at the start of the project:

- To map the extent of all out of sector placements across the NIMHE West Midlands footprint.
- To identify the characteristics of all sub-groups within this population.
- To establish the expenditure as it relates to the total population, subgroups within it and the sectors within which they are placed.
- To provide a baseline report that can contribute to NIMHE West Midlands service and system development programme in this area.
- To establish the regional database of independent sector providers.
- To identify local learning and development needs.
- To promote learning about complex individuals placed within complex systems.
- To inform national initiatives for developing the role of the independent sector in mental health care.

Methods

Approach

All Primary Care Trusts (PCTs, n = 30) and Local Authority Social Services Departments (LASSDs, n = 14) in the West Midlands were approached to participate in a census day data collection for all out of sector placements (i.e. into the voluntary and private sectors). The Regional Secure Commissioning Team was also invited to participate in the project. All 45 organisations signed up to participating in the project.

A data collection proforma (see Appendix 9) was developed through six stages using feedback gained from circulating drafts via email three sessions where West Midlands commissioners participated directly in the process of data collection design.

A census date of 28th June 2004 was agreed with commissioners and proformas were distributed in both hard copy and electronic formats. Data returns were followed up until 3rd November 2004 and data was entered into SPSS for analysis.

Inclusion criteria

The study included all individuals in placements that were:

- placements in facilities registered with the Healthcare Standards Commission or Commission for Social Care Inspection as Independent Hospitals or Care Homes including Care Homes with Nursing (i.e. private and voluntary sector placements only)
- include Forensic and CAMHS placements meeting the above criteria
- include placements outside and inside the geographical boundary of the commissioner
- all age groups except people over 65 with organic illnesses funded solely by Local Authority

And who fall into one of the following groups:

- mental illnesses and personality disorders
- early onset dementias (e.g. Korsakoff's Syndrome, Pick's Disease)
- acquired brain injuries (where paid for from a mental health budget)
- autism / Asperger's syndrome

Individuals with a sole diagnosis of learning disability or with a primary drug and alcohol problem were excluded. All people who were admitted and discharged on the day of the census (28th June 2004) were included in the study.

Data was collected in a range of areas including commissioner(s) details, client demographics, appropriateness of placement, care co-ordination, feedback to commissioner, Mental Health Act status, type of placement, finances and the service provider.

Preliminary data was presented to a meeting of commissioners in order to involve them in the process of analysis with the meeting generating a wide range of questions they would like the research team to attempt to address in the analysis.

Ethics approval

The study was approved (as audit) by the North West Multi-centre Research Ethics Committee, and the Ethical Committee of the University of Manchester prior to commencing the project.

Recommendations

Whole system issues

- There are many whole system issues raised by this work relating to scale, cost, links between agencies and variable information systems upon which to plan service and system development. A regional programme of support for commissioners and providers should be established across the West Midlands led by NIMHE and the three SHAs. It should involve commissioners, independent sector and statutory providers.
- In many cases a number of commissioners are using the same provider. Collaborative commissioning could be encouraged and supported by the Strategic Health Authorities and NIMHE. This should take on the task of lead commissioning for facilities where a number of commissioners are purchasing placements in a single facility (or with a single organisation). The lead commissioner could monitor the facility and negotiate block contracting arrangements.
- Collaborative commissioning could also explore opportunities for new developments based on the data presented here. For example, there are 19 cases of Korsakoff's syndrome within the Birmingham and the Black Country SHA, 18 in West Midlands South SHA and 14 Shropshire and Staffordshire SHA. This is a life long condition and there is no specialist facility in the West Midlands. Traditionally people with Korsakoff's syndrome are placed in facilities that cannot meet their needs. There is an opportunity to collaboratively commission a specialist service for these people.
- Guidelines for contracts (including service specifications, clinical governance, quality assurance and outcomes) are under-developed. A system of designing templates for contracts that can be used by commissioners (with local editing) is to be commissioned by the NIMHE RDC. Commissioners should take an active part in a working group aimed at providing examples of contracts and developing sample contracts that can be shared.
- There is limited joint working between the independent sector and commissioners (particularly with the private sector) across SHA footprints. SHA forums involving commissioners, the main providers and regulators (i.e. Healthcare Commission and Commission for Social Care Inspection regional officers) could be established with the aim of closer working as a service system. The SHAs, NIMHE and Mental Health Act Commission could also be usefully involved.

Linkage between agencies

- Feedback between commissioners, Care Co-ordinators and providers of placements is extremely variable. Each NHS provider Trust and their local commissioners should review their arrangements for co-ordinated feedback and the use of Effective Care Co-ordination in their area.

- A system of ensuring contact between the three parties to share information should be established within each area (probably based on NHS provider Trust footprints). For governance purposes the process of information exchange should be audited regularly by commissioners.
- Many commissioners do not receive feedback from providers of placements. Commissioners should consider written feedback (perhaps on a six-monthly basis) from placement providers as a contractual requirement.
- Across the system of commissioners, NHS provider Trusts and independent sector providers there was considerable evidence of disconnection. Good practice guidance for each of these three components of the mental health system should be developed in order to clarify roles, expectations and practice issues. The NIMHE RDC should consider facilitating such a development. An annual commissioners 'conference' with providers (statutory and independent sector) to share plans and priorities should be considered in order to engage providers (and assess their level of engagement).

Linkage within agencies

- Many commissioners were unaware of the money they were spending placements. Finance departments within PCTs and LASSDs should have processes in place for providing regular financial information to commissioners. Linkage between commissioners and finance departments will prevent PCTs and LASSDs paying for placements after the person has moved on or died. In a number of cases our project stimulated the commissioning organisation into identifying such situations.
- Within commissioning organisations there is variable contact between commissioners of different but related services (e.g. CAMHS, adults, older people, etc). PCTs and LASSDs should review how information about the commissioning process is shared internally for learning purposes and to improve governance (financial and clinical).
- Many participants on this project found the exercise useful as a way of reviewing their internal monitoring processes of independent sector placements. PCTs and LASSDs should consider setting up formal review mechanisms.
- Many people are geographically distant from their area of origin. This impacts on their ability to maintain relationships with key people in their lives (i.e. family and friends) and also makes monitoring by Care Co-ordinators and commissioners difficult. Consequently some people can be "lost to the system". Active programmes of reviewing those people placed furthest away should be considered by Care Co-ordinators and commissioners and plans made where appropriate to ensure that support is provided nearer to their family and friends.
- Care managers within the Specialised Commissioning Agency have a specific role devoted forensic clients placed in the independent sector. This study identified that this client group was the one with significantly less "don't know" responses in a range of areas. This model of managing clients should be considered for other

groups, in particular those who are placed at significant distance from the funding authority.

Information systems

- During the project we identified that a significant amount of important data was not available within local recording systems (e.g. diagnosis, ethnicity and legal status of the person and the suitability of the placement to their needs). Consideration should be given locally between commissioners and Care Co-ordinators about how best to address this.
- A basic standard data set should be agreed across the West Midlands in order to facilitate monitoring of change in use of the independent sector in the West Midlands. During this project we have found that many commissioners use paper-based systems to monitor placements. Information is particularly poor amongst commissioners of older people's placements. A pilot database has been developed by Manchester University which will be distributed to all participants in this project and will be made available on the NIMHE NW RDC website. The database could be trialled and developed by commissioners across the West Midlands in order to meet their local needs and pan-West Midlands need.
- Unfortunately on its information system Birmingham LASSD was unable to disaggregate people it had placed in the independent sector on the basis of their diagnosis¹. Recording mechanisms within commissioning organisations should allow for client groups to be separated for various forms of monitoring. Commissioning organisations should review their ability to disaggregate data they collect.

Information sharing between commissioners

- During this project many commissioners have expressed a concern about the variable quality amongst independent sector providers. Many also informed us that they did not have sufficient information about a service upon which to base a placement decision. Opportunities for sharing information about services between commissioners should be considered with the NIMHE RDC.

Commissioning practice and support

- Commissioners should be supported to develop a toolkit for commissioning independent sector placements. The NIMHE RDC is commissioning such support, however to be effective it will require the active participation of commissioners in the West Midlands.

¹ The primary exclusion criteria for the study were people who had an organic illness and were funded solely by social services in care home placements. Those who participated in the design of the data collection instrument felt that to include this group would have increased the size of the project beyond their ability to provide the data. The numbers were felt to be too great for the amount of "new" information that would be gained. All those with a functional illness over 65 have been included for all other areas. Birmingham LASSD was unable to differentiate between older people with a functional illness and those with an organic illness, consequently these cases have not been included in the study.

'A census day audit of mental health independent sector placements in the West Midlands'
Ryan T, Hatfield B, Sharma I & Simpson V – HASCAS & Manchester University (2005)

Practice development

- This project has identified a wide range of client groups, some with particularly complex needs. NIMHE and NHS provider Trusts should consider how Care Co-ordinators of complex cases placed out of area can share knowledge and expertise to develop their practice. Any such network or forum should involve the participation of, or feedback to, placement commissioners.

Further audit work

- The data collated in this study for CAMHS has been built upon a project designed for adults and consequently does not capture some data specific to this client group. A further study of the specific needs in the CAMHS area should be considered by commissioners, NIMHE and SHAs.
- A further census could be undertaken in 18-24 months to establish how the situation has changed following any initiatives that are undertaken to address issues highlighted in this project. Alternatively, the development of a database similar to the one being supplied by Manchester University could lead to a system similar to that operated at Durham University for the annual mapping review. Each commissioner would have a tool that could support them in tracking of out of sector placements. Such a system could allow for pan-SHA and pan-region snapshots which could track changes over time against system wide interventions by commissioners, NIMHE and the SHAs. This could be hosted on the NIMHE website or a SHA website and would prevent the need to repeat the census day exercise in the future.
- A great deal of comparative data can be used alongside the data collected in this project. Commissioners, NHS providers and NIMHE should consider what would be useful to the service system and may wish to commission further analysis.
- Commissioners within the Birmingham and Black Country SHA area use more placements in the independent sector than the other two SHA areas together and requires further investigation to determine why this is the case.

Other issues

- Methods of involving users and carers of out of sector placements within the process of monitoring and managing the service system should be considered.

Appendix 1 – Response rate and numbers of cases across the West Midlands

Each PCT and LASSD was asked to return details on all cases of individuals placed in mental health facilities in the private or voluntary sectors. This includes adults, older adults and children.

PCTs (n = 30) and LASSDs (n = 14) in the West Midlands all returned information in respect of adults and CAMHS (100% response rate). In respect of older people, no returns were obtained from the Birmingham LASSD as they were unable to distinguish between functional and organic illnesses leaving a response rate of 97.8%). Data for forensic clients was provided by the West Midlands Specialised Commissioning Services Agency.

A total of 2,173 cases were returned in the West Midlands as a whole: 1,376 (63.3%) were adults; 628 (28.9%) were older people; and 110 (5.1%) were children or adolescents. In 59 cases (2.7%) the age group was not recorded.

Numbers of cases returned in the West Midlands are shown in tables 11 – 13 below, grouped according to Strategic Health Authority.

Appendix 2 – Adjusted registered (April 2003) & Census 2001 PCT, Provider Trust and SHA populations – all ages

| Primary Care Trusts | Adj. reg. pop | Census 2001 pop |
|---------------------------------------|---------------|-----------------|
| Dudley Beacon and Castle PCT | 104,327 | 111,959 |
| Dudley South PCT | 194,901 | 193,196 |
| Eastern Birmingham PCT | 227,511 | 208,570 |
| Heart of Birmingham Teaching PCT | 280,063 | 250,735 |
| North Birmingham PCT | 167,354 | 160,279 |
| Oldbury and Smethwick PCT | 102,198 | 87,936 |
| Rowley Regis and Tipton PCT | 81,133 | 91,126 |
| Solihull PCT | 198,848 | 199,517 |
| South Birmingham PCT | 336,711 | 357,503 |
| Walsall Teaching PCT | 245,978 | 253,499 |
| Wednesbury and West Bromwich PCT | 113,926 | 103,842 |
| Wolverhampton City PCT | 241,279 | 236,582 |
| Coventry Teaching PCT | 319,345 | 300,848 |
| Herefordshire PCT | 173,600 | 174,871 |
| North Warwickshire PCT | 174,598 | 180,992 |
| Redditch and Bromsgrove PCT | 157,198 | 162,361 |
| Rugby PCT | 83,719 | 87,453 |
| South Warwickshire PCT | 243,796 | 237,415 |
| South Worcestershire PCT | 271,527 | 278,482 |
| Wyre Forest PCT | 106,970 | 101,264 |
| Burntwood, Lichfield and Tamworth PCT | 146,013 | 152,153 |
| Cannock Chase PCT | 124,360 | 128,274 |
| East Staffordshire PCT | 120,292 | 112,727 |
| Newcastle-under-Lyme PCT | 100,513 | 101,995 |
| North Stoke PCT | 123,806 | 118,621 |
| Shropshire County PCT | 275,153 | 283,173 |
| South Stoke PCT | 132,515 | 129,690 |
| South Western Staffordshire PCT | 178,934 | 197,071 |
| Staffordshire Moorlands PCT | 102,921 | 106,849 |
| Telford and Wrekin PCT | 159,749 | 158,325 |

There are considerable variations between the adjusted registered populations served by each PCT (81,133 – 336,711) or Census 2001 populations (i.e. PCT range: 91,126 – 357,503). The data presented in this report has not been weighted to take account of this variance. Consequently, these tables are provided in order to assist interpretation by the reader.

| Secondary Mental Health Provider Trusts | Adj. reg. pop | Census 2001 pop |
|----------------------------------------------------|----------------------|------------------------|
| Birmingham and Solihull MH NHS Trust | 1,210,487 | 1,176,604 |
| Coventry Teaching PCT | 319,345 | 300,848 |
| Dudley Beacon and Castle PCT | 299,228 | 305,155 |
| Herefordshire PCT | 173,600 | 174,871 |
| North Staffordshire Combined Healthcare NHS Trust | 459,755 | 457,155 |
| North Warwickshire PCT | 258,317 | 268,445 |
| Sandwell MH NHS and Social Care Trust | 297,257 | 282,904 |
| Shropshire County PCT | 434,902 | 441,498 |
| South Staffordshire Healthcare NHS Trust | 569,599 | 590,225 |
| South Warwickshire PCT | 243,796 | 237,415 |
| Walsall Teaching PCT | 245,978 | 253,499 |
| Worcestershire Mental Health Partnership NHS Trust | 535,695 | 542,107 |
| Wolverhampton City PCT | 241,279 | 236,582 |

| Strategic Health Authorities | Adj. reg. pop | Census 2001 pop |
|--------------------------------------|----------------------|------------------------|
| Birmingham and the Black Country SHA | 2,294,229 | 2,254,744 |
| West Midlands South SHA | 1,530,753 | 1,523,686 |
| Shropshire and Staffordshire SHA | 1,464,257 | 1,488,878 |

(Source: Adjusted Registered Population Source: Department of Health, 2003b; Census 2001 Population Source: National PCT Database)

Appendix 3 – West Midlands overview

This section of the report provides a summary overview of the West Midlands. Further detail is provided by Strategic Health Authority area.

Cases

| Strategic Health Authority | Age Grouping | | | Total (%) |
|------------------------------|--------------|--------|--------------|--------------|
| | CAMHS | Adults | Older People | |
| Birmingham and Black Country | 61 | 778 | 275 | 1114 (52.7) |
| West Midlands South | 10 | 344 | 193 | 547 (25.9) |
| Shropshire & Staffs | 39 | 254 | 160 | 453 (21.4) |
| Missing information | | | | 59 (2.7) |
| Total | 110 | 1376 | 628 | 2173 (100.0) |

Table 1. Total placements across the West Midlands

Over half of the 2,173 people placed out of sector on the day of the census where from within the Birmingham and Black Country SHA area.

Gender

| Gender | Frequency | Percent |
|---------------------|-----------|---------|
| Male | 1180 | 54.3 |
| Female | 982 | 45.2 |
| Total | 2162 | 99.5 |
| Missing information | 11 | 0.5 |
| Total | | 2173 |

Table 2. Gender of people placed out of sector

Ethnicity

| Ethnicity | Frequency | Percent |
|----------------------------|------------------|----------------|
| White British | 1674 | 77.0 |
| Caribbean | 96 | 4.4 |
| Indian | 47 | 2.2 |
| Irish | 23 | 1.1 |
| Any other White background | 18 | 0.8 |
| Pakistani | 14 | 0.6 |
| White & Black Caribbean | 10 | 0.5 |
| Any other Mixed background | 8 | 0.4 |
| Any other | 7 | 0.3 |
| Any other Asian background | 6 | 0.3 |
| African | 6 | 0.3 |
| Any other Black background | 4 | 0.2 |
| White & Black African | 1 | 0.0 |
| White & Asian | 1 | 0.0 |
| Bangladeshi | 1 | 0.0 |
| Total | 1916 | 88.2 |
| Missing | 257 | 11.8 |
| Total | 2173 | 100.0 |

Table 3. Ethnicity of people placed out of sector in the West Midlands

While these figures highlight the range of ethnic groups across the West Midlands they do not account for local variations within populations and the many factors that affect prevalence and rates of diagnosis.

Psychiatric diagnosis

| Principal psychiatric diagnosis | Frequency | Percent |
|---------------------------------------|-----------|---------|
| Schizophrenia | 580 | 26.7 |
| Non-specific mental illness | 556 | 25.6 |
| Dementia | 273 | 12.6 |
| Bi-polar disorder/affective psychosis | 97 | 4.5 |
| Depression | 92 | 4.2 |
| Early onset dementia | 81 | 3.7 |
| Personality disorder | 81 | 3.7 |
| Autism/Asperger's syndrome | 68 | 3.1 |
| Other | 54 | 2.5 |
| Korsakoff's Syndrome | 51 | 2.3 |
| Acquired brain injury | 46 | 2.1 |
| Schizo-affective disorder | 40 | 1.8 |
| Other psychotic disorder | 38 | 1.7 |
| Eating disorder | 32 | 1.5 |
| Other organic condition | 30 | 1.4 |
| Anxiety disorder | 24 | 1.1 |
| Huntington's Chorea | 23 | 1.1 |
| Other neurotic disorder | 6 | 0.3 |
| Pick's disease | 1 | 0.0 |
| Total | 2173 | 100.0 |

Table 4. Principal psychiatric diagnosis of people placed out of sector in the West Midlands

There are considerable numbers of people with diagnoses that are uncommon within the patch of a single commissioner. However, when the data is aggregated groups are highlighted where the development of services could probably better meet the needs of individuals. There are likely to be many people who are placed in facilities that do not cater specifically for their specialist needs e.g. Korsakoff's Syndrome and Huntington's Chorea. Furthermore, because of the limited number of placements from each commissioning authority for some of these conditions it is unlikely that block contracting arrangements exist for facilities which specialize in some of these areas e.g. acquired brain injury, early onset dementia and eating disorders. Disappointingly the specific diagnosis of just over one quarter of all people was not known.

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Mental Health Act Status

| Mental Health Act status | Frequency | Percent |
|---------------------------------|------------------|----------------|
| Informal | 911 | 41.9 |
| Don't know | 748 | 34.4 |
| Section 117 | 245 | 11.3 |
| Section 3 | 132 | 6.1 |
| Section 37/41 | 47 | 2.2 |
| Section 37 | 27 | 1.2 |
| Section 7 (Guardianship) | 17 | 0.8 |
| Section 2 | 13 | 0.6 |
| Children Act Provision | 11 | 0.5 |
| Section 47/49 | 8 | 0.4 |
| Section 38 | 7 | 0.3 |
| Section 25 | 6 | 0.3 |
| Other | 1 | 0.0 |
| Total | 2173 | 100.0 |

Table 5. Mental Health Act status of people placed out of sector in the West Midlands

The Mental Health Act status of over one third of the people placed out of sector was not known. Unsurprisingly the largest grouping whose legal status was known was people who were informal.

Provider organisations

A total of 440 different organisations were used by West Midlands commissioners on the day of the census. Twenty-five organisations were providing placements for 20 people or more and accounted for 41.2% of placements. There were 240 organisations where only one person was placed by West Midlands commissioners, these accounted for 11.2% of all of the placements.

| Organisation | Frequency | Percent |
|--------------------------------------|------------------|----------------|
| MIND | 88 | 4.0 |
| Highfield Care Homes Ltd | 86 | 4.0 |
| BUPA Care Homes Ltd | 68 | 3.1 |
| Focus Housing Association | 54 | 2.5 |
| St Andrews Hospital | 50 | 2.3 |
| Partnerships In Care Ltd | 48 | 2.2 |
| Rethink | 44 | 2.0 |
| Ashleigh Healthcare Ltd | 32 | 1.5 |
| Extra Care Charitable Trust | 32 | 1.5 |
| Shaw Healthcare Homes Ltd | 32 | 1.5 |
| John Munroe Independent Hospital | 28 | 1.3 |
| Churchill Court Healthcare Ltd | 25 | 1.2 |
| Ralton Care Homes Ltd | 25 | 1.2 |
| Caldmore Housing Association Ltd | 25 | 1.2 |
| Richmond Fellowship | 25 | 1.2 |
| Holmer Nursing Home | 24 | 1.1 |
| Craegmoor Healthcare Ltd | 23 | 1.1 |
| The Priory Group | 23 | 1.1 |
| Orchard House NH | 23 | 1.1 |
| Wilson Care Resource Ltd | 23 | 1.1 |
| Minehome Ltd | 22 | 1.0 |
| Ashborne Homes Ltd | 22 | 1.0 |
| Radnor House | 22 | 1.0 |
| Newllyn Court Ltd | 21 | 1.0 |
| Heantun Care Housing Association Ltd | 20 | 0.9 |

Table 6. Most used organisations by West Midlands commissioners on the day of the census

The market used by the West Midlands commissioners is clearly dominated by the private sector.

| Sector | Frequency | Percent |
|------------|-----------|---------|
| Private | 1778 | 81.8 |
| Voluntary | 370 | 17.0 |
| Don't know | 25 | 1.2 |
| Total | 2173 | 100.0 |

Table 7. Area of independent sector used by the West Midlands commissioners

Suitability of placement

| Is the placement appropriate? | Frequency | Percent |
|-------------------------------|-----------|---------|
| Yes | 1475 | 67.9 |
| No | 90 | 4.1 |
| Don't know | 608 | 28.0 |
| Total | 2173 | 100.0 |

Table 8. Suitability of placement to need at the time of census

Over two-thirds of the cases were felt by commissioners to be appropriate, however in a over a quarter of cases the suitability of the placement was not known.

Funding arrangements

Although an extremely high response rate was obtained across the West Midlands in this project some data is missing (i.e. older people from Birmingham LASSD and a small number of cases where no financial data was provided). Consequently, the figures that are detailed here are less than the true costs that was being spent on the census day.

| Placement funder | Frequency | Percent |
|--------------------------------|-----------|---------|
| Social services | 979 | 45.1 |
| Joint health & social services | 575 | 26.5 |
| Health | 562 | 25.9 |
| 3 Way, PCT, SSD & Education | 25 | 1.2 |
| PCT & Education | 7 | 0.3 |
| Other | 5 | 0.2 |
| Total | 2153 | 99.1 |
| Missing | 20 | 0.9 |
| Total | 2173 | 100.0 |

Table 9. Funder of placement

Cost of placements

| Cost per week (£) | Cases | Maximum | Sum (£) |
|-------------------|-------|---------|-----------|
| Health | 528 | 15,745 | 989,432 |
| Social services | 952 | 4,670 | 374,794 |
| Pooled/joint | 521 | 4890 | 397,543 |
| Other | 31 | 4,944 | 45,929 |
| Missing | 121 | | |
| Total | 2153 | | 1,807,698 |

Table 10. Cost of placements during the census week

Note: 'Other' placements included some funded in joint arrangements with Education authorities.

Based on the census day the total annual cost of independent sector placement to the NHS and LASSDs in the West Midlands is **at least £94 million**.

Placements commissioned by client's PCT within each Strategic Health Authority area

A breakdown of placements by PCT and age group is provided below for each of the three Strategic Health Authority areas.

| Patient's PCT | Age grouping | | | Total |
|----------------------------|--------------|----------------|----------------|-------|
| | CAMHS | Adults | Older people | |
| Dudley Beacon & Castle | 0 | 65 | 17 | 82 |
| Dudley South | 4 | 14 | 1 | 19 |
| Eastern Birmingham | 8 | 18 | 2 | 28 |
| Heart Of Birmingham | 5 | 39 | 1 | 45 |
| North Birmingham | 6 | 10 | 3 | 19 |
| Oldbury & Smethwick | 0 | 23 | 6 | 29 |
| Rowley Regis & Tipton | 0 | 14 | 5 | 19 |
| Solihull | 10 | 24 | 13 | 47 |
| South Birmingham | 9 | 38 | 2 | 49 |
| Walsall | 13 | 123 | 174 | 310 |
| Wednesbury & West Bromwich | 1 | 34 | 7 | 42 |
| Wolverhampton City | 5 | 79 | 44 | 128 |
| Birmingham PCTs (joint) | 0 | 297 | 0 | 297 |
| Total | 61 (5.5%) | 778 (69.8%) | 275 (24.7%) | 1114 |

Table 11. Patient's PCT and Age Grouping: Birmingham and the Black Country SHA

Note: Information could not be obtained from the Birmingham Social Services in relation to older people.

'A census day audit of mental health independent sector placements in the West Midlands'
Ryan T, Hatfield B, Sharma I & Simpson V – HASCAS & Manchester University (2005)

A lower proportion of placements involve people aged 65 years and over than in the other two Strategic Health Authority areas, probably reflecting the failure to obtain information on older people in Birmingham.

However, numerically far more placements over all age groups were returned involving people placed by PCTs in the Birmingham and Black Country SHA, compared with the other two strategic health authority areas.

| Patient's PCT | Age grouping | | | Total |
|-----------------------|--------------|----------------|----------------|-------|
| | CAMHS | Adults | Older people | |
| Coventry | 3 | 85 | 8 | 96 |
| Herefordshire | 3 | 74 | 29 | 106 |
| North Warwickshire | 2 | 33 | 65 | 100 |
| Redditch & Bromsgrove | 1 | 13 | 8 | 22 |
| Rugby | 0 | 35 | 25 | 60 |
| South Warwickshire | 0 | 42 | 41 | 83 |
| South Worcestershire | 1 | 42 | 13 | 56 |
| Wyre Forest | 0 | 20 | 4 | 24 |
| Total | 10 (1.8%) | 344 (62.9%) | 193 (35.3%) | 547 |

Table 12. Patient's PCT and Age Grouping: West Midlands South SHA

| Patient's PCT | Age grouping | | | Total |
|----------------------------------|--------------|----------------|----------------|-------|
| | CAMHS | Adults | Older people | |
| Burntwood, Litchfield & Tamworth | 4 | 16 | 15 | 35 |
| Cannock Chase | 3 | 14 | 5 | 22 |
| East Staffordshire | 2 | 14 | 2 | 18 |
| Newcastle under Lyme | 1 | 4 | 0 | 5 |
| North Stoke | 2 | 14 | 3 | 19 |
| Shropshire County | 23 | 30 | 5 | 58 |
| South Stoke | 1 | 6 | 0 | 7 |
| South Western Staffordshire | 1 | 21 | 18 | 40 |
| Staffordshire Moorlands | 1 | 8 | 6 | 15 |
| Telford & Wrekin | 1 | 42 | 7 | 50 |
| Staffs PCTs (joint) | 0 | 51 | 81 | 132 |
| Stoke PCTs (joint) | 0 | 34 | 18 | 52 |
| Total | 39 (8.6%) | 254 (56.1%) | 160 (35.3%) | 453 |

Table 13. Patient's PCT and Age Grouping: Shropshire and Staffordshire SHA
Further analysis is provided by Strategic Health Authority.

Appendix 4 – Birmingham and the Black Country Strategic Health Authority

Adults up to 64 years of age

Gender, age and ethnicity of people placed

Demographic details are shown in table 14.

| Adults (<65) in private/voluntary sector | Summary statistics |
|----------------------------------------------------|---------------------------|
| Gender | |
| <i>Number (%) male</i> | 489 (62.9) |
| <i>Number (%) female</i> | 286 (36.8) |
| <i>Missing information</i> | 3 (0.4) |
| Age | |
| <i>Mean age in years, range of ages</i> | 46 (18-64) |
| Ethnicity (<i>number %</i>) | 485 (62.3) |
| <i>White British</i> | 10 (1.3) |
| <i>Irish</i> | 10 (1.3) |
| <i>Other white background</i> | 6 (0.8) |
| <i>White and Black Caribbean</i> | 5 (0.6) |
| <i>Any other mixed background</i> | 33 (4.2) |
| <i>Indian</i> | 12 (1.5) |
| <i>Pakistani</i> | 6 (0.8) |
| <i>Any other Asian background</i> | 72 (9.3) |
| <i>Caribbean</i> | 5 (0.6) |
| <i>African</i> | 4 (0.5) |
| <i>Any other black background</i> | 5 (0.6) |
| <i>Any other</i> | 125 (16.1) |
| <i>Missing information</i> | |
| | 778 (100) |
| TOTAL | |

Table 14. Gender, age and ethnicity of adults (under 65) placed in private/voluntary facilities: Birmingham and the Black Country SHA

Markedly more men than women are placed in the private or voluntary sectors. Many women may be placed in facilities catering for larger numbers of men. There was no significant difference between men and women in terms of age.

The population placed is ethnically diverse. This raises issues of the cultural competence of services commissioned

Principal psychiatric diagnoses

Categories of 'diagnosis' were selected to reflect some of the more unusual syndromes, where lack of local capability might lead to placement in the independent sector.

Known diagnoses are shown in table 15.

| Principal psychiatric diagnosis | Number | Percent |
|---------------------------------------|--------|---------|
| Huntington's Chorea | 6 | 0.8 |
| Korsakoff's Syndrome | 16 | 2.1 |
| Early onset dementia | 23 | 3.0 |
| Acquired brain injury | 11 | 1.4 |
| Other organic condition | 3 | 0.4 |
| Schizophrenia | 221 | 28.4 |
| Schizo-affective disorder | 16 | 2.1 |
| Bi-polar disorder/affective psychosis | 33 | 4.2 |
| Other psychotic disorder | 12 | 1.5 |
| Depression | 18 | 2.3 |
| Anxiety disorder | 4 | 0.5 |
| Other neurotic disorder | 1 | 0.1 |
| Eating disorder | 3 | 0.4 |
| Personality disorder | 38 | 4.9 |
| Autism/Asperger's syndrome | 5 | 0.6 |
| Non-specific mental illness | 364 | 46.8 |
| Dementia | 1 | 0.1 |
| Other | 3 | 0.4 |
| Total | 778 | 100.0 |

Table 15. Principal diagnoses of adults (under 65) placed in private/voluntary facilities: Birmingham and the Black Country SHA

Just over a third half of adults placed have known psychotic illnesses, and almost half have no known specific diagnosis. The remainder include people with diagnoses that may be harder to provide for within mainstream services.

Additional problems of alcohol dependence were recorded in 67 cases (8.6%) and drug dependence in 18 cases (2.3%).

Additional problems of learning disability were recorded in 47 cases (6.0%), and deafness in 8 cases (1.0%).

Legal status of individuals placed

Table 16 shows the legal status of adults placed in private or voluntary facilities.

| Mental Health Act status | Number | Percent |
|---------------------------------|---------------|----------------|
| Informal | 158 | 20.3 |
| Section 3 | 42 | 5.4 |
| Section 7 (Guardianship) | 10 | 1.3 |
| Section 25 | 3 | 0.4 |
| Section 37 | 5 | 0.6 |
| Section 37/41 | 20 | 2.6 |
| Section 38 | 6 | 0.8 |
| Section 117 | 104 | 13.4 |
| Section 47/49 | 6 | 0.8 |
| Other | 1 | 0.1 |
| Don't know | 423 | 54.4 |
| Total | 778 | 100.0 |

Table 16. Mental Health Act status of adults placed in private or voluntary facilities: Birmingham and the Black Country SHA

The Mental Health Act status of the majority of patients was 'not known' by the person completing the census returns. Most of the remainder are placed as informal patients, or as part of arrangements following detention under Section 3. A further group are subject to formal detention under Part 2 of the Act, and some are placed under Part 3 (forensic provisions).

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the individual placed. In 356 cases (45.8%) commissioners indicated that the placement was appropriate, in 36 cases (4.6%) the placement was not appropriate, whilst in 386 cases (49.6%) the individual completing the form did not know whether the placement was appropriate or not.

The placements

Table 17 indicates the sector of placements used in Birmingham and the Black Country.

| Sector of provision | | Number | Percent |
|---------------------|------------|--------|---------|
| | Private | 584 | 75.1 |
| | Voluntary | 183 | 23.5 |
| | Don't know | 11 | 1.4 |
| | Total | 778 | 100.0 |

Table 17. Sector of provision for adults under 65: Birmingham and the Black Country SHA

It is clear that the private market dominates provision outside of the statutory agencies.

Types of placement are shown in table 18.

| Type of placement | | Number | Percent |
|-------------------|-------------------------------------|--------|---------|
| | Acute in-patient ward | 7 | 0.9 |
| | Psychiatric Intensive Care Unit | 1 | 0.1 |
| | Low secure/high dependency unit | 4 | 0.5 |
| | Medium secure unit | 49 | 6.3 |
| | Rehabilitation unit | 99 | 12.7 |
| | Continuing care service | 596 | 76.6 |
| | Psychotherapy service (in-patient) | 5 | 0.6 |
| | Specialist eating disorder facility | 1 | 0.1 |
| | Women only Unit | 3 | 0.4 |
| | Other service | 6 | 0.8 |
| | Missing information | 7 | 0.9 |
| | Total | 778 | 100.0 |

Table 18. Types of adult placements in private or voluntary sector: Birmingham and the Black Country SHA.

Longer term or non-specialist units predominate in overall provision.

Types of Healthcare Commission and Commission for Social Care Inspection registration are shown in table 19.

| Type of registration | Number | Percent |
|----------------------|--------|---------|
|----------------------|--------|---------|

‘A census day audit of mental health independent sector placements in the West Midlands’
Ryan T, Hatfield B, Sharma I & Simpson V – HASCAS & Manchester University (2005)

| | | |
|------------------------|-----|-------|
| Independent hospital | 79 | 10.2 |
| Care home with nursing | 294 | 37.8 |
| Care home | 394 | 50.6 |
| Total | 767 | 98.6 |
| Missing information | 11 | 1.4 |
| Total | 778 | 100.0 |

Table 19. Type of registration: Birmingham and the Black Country SHA adult placements

Independent hospitals, care homes with nursing and care homes were all provided by the private and the voluntary sectors, although the voluntary sector provision was more likely to be described as ‘care homes’.

Placements were funded in a variety of ways. Table 20 shows the funding sources.

| Sources of funding | Number | Percent |
|--------------------------------|--------|---------|
| Health | 153 | 19.7 |
| Social services | 462 | 59.4 |
| Joint health & social services | 156 | 20.1 |
| Other | 1 | 0.1 |
| Missing information | 6 | 0.8 |
| Total | 778 | 100.0 |

Table 20. Placement funding source: adults placed in voluntary or private sector Birmingham and the Black Country SHA

Social Services are funding the largest number of placements, more than twice the number funded by PCTs. Social Services funded placements were more likely to be registered as ‘care homes’, PCT funding was more likely to underpin ‘independent hospital’ registered placements, and joint funding predominated placements registered as ‘care homes with nursing’.

Costs of placements

Average costs are shown in table 21.

| Type of funding | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|-----------------------------------------------------|---------------------------------------|-----------------------------------|
| <i>Health service only</i> | 1905 | 9317 |
| <i>LA Social Services only</i> | 419 | 1912 |
| <i>Joint</i> | 532 | 2163 |
| <i>Average added cost of 'specialing' (9 cases)</i> | 881 | 5712 |
| <i>All placements</i> | 741 | 9317 |

Table 21. Average costs of adult placements commissioned in the private and voluntary sectors: Birmingham and the Black Country SHA

Note: Cost information missing in 31 cases (not included)

Total weekly costs of all placements in the census week: **£553,369**

Total weekly cost to NHS funders in the census week: **£320,155**

Total weekly cost to LASSD funders in the census week: **£244,560**

Additional cost of 'specialing' in the census week **£ 7,927**

If the census week is assumed to be typical, current TOTAL costs approximate £29.2 million per annum for adults under 65 years of age placed by PCTs and LASSDs in the Birmingham and the Black Country strategic health authority area. This includes the costs of 'special commissioning' (forensic services).

Social Services funds a greater number of placements but PCT funding predominates in the high-cost placements leading to higher overall costs to the NHS.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether individuals placed in private or voluntary facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 22.

| Named professional | Care co-ordinator (number) | Percent | District of origin consultant (number) | Percent |
|---------------------------|-----------------------------------|----------------|-----------------------------------------------|----------------|
| Yes | 398 | 51.2 | 329 | 42.3 |
| No | 43 | 5.5 | 117 | 15.0 |
| Don't know | 337 | 43.3 | 332 | 42.7 |
| Total | 778 | 100.0 | 778 | 100 |

Table 22. Individuals with Care Co-ordinator and District of origin consultant at point of census: Birmingham and the Black Country SHA private and voluntary placements

When these figures are combined, a total of 425 out of 778 (54.6%) individuals placed are known to have either a named care co-ordinator, or a named District of origin consultant, or both. However, a minority do not have this formal linkage. The study was not designed to establish the robustness or otherwise of the formal links.

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each individual placement during the 12 month period preceding the census. Table 23 indicates the number who affirmed that they had received this feedback.

It must be acknowledged that there were inconsistencies between areas in the way in which the census forms were completed, and many were not completed directly by commissioners but by others in the organization. The information contained in table 13 is therefore broadly indicative only of the use of various channels of feedback.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | <i>Don't know if feedback received</i> |
|----------------------------|-------------------------------------|----------------------------------------|-----------------------------------------------|
|----------------------------|-------------------------------------|----------------------------------------|-----------------------------------------------|

| | | | Number (%) |
|--------------------------------------------------------------------------|------------|------------|-------------------|
| <i>Written report from care co-ordinator</i> | 259 (33.3) | 151 (19.4) | 368 (47.3) |
| <i>Verbal report from care co-ordinator</i> | 135 (17.4) | 219 (28.1) | 424 (54.5) |
| <i>Written report from service provider</i> | 173 (22.2) | 197 (25.3) | 408 (52.4) |
| <i>Verbal report from service provider</i> | 151 (19.4) | 188 (24.2) | 439 (56.4) |
| <i>Visit to placement by commissioner</i> | 86 (11.1) | 221 (28.4) | 471 (60.5) |
| <i>Care review attended by commissioner</i> | 97 (12.5) | 224 (28.8) | 457 (58.7) |
| <i>Written carer or relative contact</i> | 42 (5.4) | 313 (40.2) | 423 (54.4) |
| <i>Verbal carer or relative contact</i> | 83 (10.7) | 240 (30.8) | 455 (58.5) |
| <i>Written patient contact</i> | 43 (5.5) | 317 (40.7) | 418 (53.7) |
| <i>Verbal patient contact</i> | 138 (17.7) | 186 (23.9) | 454 (58.4) |
| | 149 (19.2) | 207 (26.6) | 422 (54.2) |
| <i>Healthcare commission reports Mental Health Act Commission Report</i> | 6 (0.8) | 351 (45.1) | 421 (54.1) |

Table 23. Feedback to commissioners: Birmingham and the Black Country SHA private and voluntary placements (adults <65)

Reasons for placement

| Reasons for placement in private or voluntary sector | Number | Percent |
|-------------------------------------------------------------|---------------|----------------|
| Lack of local capacity | 163 | 21.0 |
| Lack of local capability | 68 | 8.7 |
| Most appropriate to needs | 19 | 2.4 |
| Family Reasons | 3 | 0.4 |
| Resettlement project | 5 | 0.6 |
| Other | 76 | 9.8 |
| Don't know | 444 | 57.1 |
| Total | 778 | 100.0 |

Table 24. Reasons for placements of adults under 65 years of age in the private and voluntary sectors: Birmingham and the Black Country SHA

The largest single group of reasons are 'not known', but issues of capacity and capability also feature prominently in the reasons for placement.

Distance from district of origin

As the research team did not have access to home addresses of individuals placed, distances were calculated from the post-code of the PCT or Local Authority funding the placement, and from the post-code of the placement itself. This gives an approximate indication of distances involved, although in county and rural areas the margin of error in approximating 'distance from home' will be greater.

Of all adult placements made by organizations within the Birmingham and the Black Country SHA, 565 (72.6%) were identified as being within the geographical catchment area of the funding PCT or LASSD; 201 (25.8%) were outside of the funder's normal catchment area.

Average distance to placement: 14.4 miles (Range 0.2 – 206 miles)

Average distance to placements outside of PCT or LASSD catchment 45.0 miles (Range 2.5 -206 miles)

Table 25 shows the distance from area of origin according to the placement sector.

| Distance from base in bands | | Sector | | Total |
|-----------------------------|-----------------|---------|-----------|--------|
| | | Private | Voluntary | |
| 0-20 miles | Number | 506 | 163 | 669 |
| | % within Sector | 87.1% | 89.1% | 87.6% |
| 21-50 miles | Number | 13 | 1 | 14 |
| | % within Sector | 2.2% | .5% | 1.8% |
| over 50 miles | Number | 62 | 19 | 81 |
| | % within Sector | 10.7% | 10.4% | 10.6% |
| Total | Number | 581 | 183 | 764 |
| | % within Sector | 100.0% | 100.0% | 100.0% |

Table 25. Distance to placement in bands by placement sector: Birmingham and the Black Country SHA (adults up to 65 years)

A substantial number of all adult placements are within 20 miles of the funding PCT or LASSD. The remainder, most of which are private sector placements, are further afield.

Around one in ten of both private and voluntary sector placements are over 50 miles from the funding authority base.

Providers used by Birmingham and the Black Country commissioners

A total of 132 establishments were used as placements for adults under 65 years of age, on the date of the census.

Of these, 66 had only one person placed with them funded by the Birmingham and the Black Country Commissioners. Twenty-four providers had 10 or more people placed with them, funded by Birmingham and the Black Country PCTs or LASSDs on the census date. Table 26 shows the most commonly-used providers.

| Provider organisation | Number (%) of people placed at census date |
|-----------------------------------------|---------------------------------------------------|
| <i>MIND</i> | 77 (9.9) |
| <i>Focus Housing Association</i> | 48 (6.2) |
| <i>Highfield Care Homes Ltd</i> | 46 (5.9) |
| <i>Ashleigh Healthcare Ltd</i> | 26 (3.3) |
| <i>Partnerships in Care Ltd</i> | 24 (3.1) |
| <i>Caldmore Housing Association Ltd</i> | 24 (3.1) |
| <i>Wilson Care Resources Ltd</i> | 23 (3.0) |
| <i>Radnor House</i> | 22 (2.8) |
| <i>Ashbourne Homes Ltd</i> | 20 (2.6) |
| <i>Churchill Court Healthcare Ltd</i> | 18 (2.3) |
| <i>St.Andrew's Hospital</i> | 16 (2.1) |
| <i>Heritage Healthcare Ltd</i> | 16 (2.1) |
| <i>Wordsley Hall</i> | 16 (2.1) |
| <i>Exceller Healthcare Services Ltd</i> | 15 (1.9) |
| <i>Shaw Healthcare Homes Ltd</i> | 13 (1.7) |
| <i>BUPA Care Homes Ltd</i> | 12 (1.5) |
| <i>NHP Healthcare Partnerships</i> | 12 (1.5) |
| <i>Servol Community Trust</i> | 12 (1.5) |
| <i>Orchard House NH</i> | 11 (1.4) |
| <i>Rethink</i> | 11 (1.4) |
| <i>The Firs NH</i> | 11 (1.4) |
| <i>NSF</i> | 11 (1.4) |
| <i>St.Peter's Hall</i> | 10 (1.3) |
| <i>Stoneham HA Ltd</i> | 10 (1.3) |

Table 26: Most commonly used providers for adults: Birmingham and the Black Country SHA

65% of all census day placements were provided by these 24 organisations.

Table 27 shows the numbers placed broken down according to the provider trusts responsible for normal statutory services in the Birmingham and the Black Country SHA.

| Usual statutory Mental Health Provider Trust | Number (%) of adults placed in private or voluntary facilities on census date |
|---------------------------------------------------------|--------------------------------------------------------------------------------------|
| <i>Birmingham and Solihull Mental Health NHS Trust</i> | 426 (54.8) |
| <i>Dudley, Beacon and Castle PCT</i> | 79 (10.2) |
| <i>Sandwell Mental Health NHS and Social Care Trust</i> | 71 (9.1) |
| <i>Walsall Teaching PCT</i> | 123 (15.8) |
| <i>Wolverhampton City PCT</i> | 79 (10.2) |

Table 27. Numbers placed in the private or voluntary sector, and usual statutory provider

Birmingham and Solihull Mental Health NHS Trust is the usual NHS provider for the greatest number of adults placed in the private or voluntary sectors.

Older people aged 65 years and over

Gender, age and ethnicity of older people placed

Demographic details are shown in table 28.

| Older people in private/voluntary sector | Summary statistics |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Gender <i>Number (%) male</i> <i>Number (%) female</i> | 110 (40.0) 165 (60.0) |
| Age <i>Mean age in years, range of ages</i> | 77.3 (63-99) |
| Ethnicity (<i>number %</i>) <i>White British</i> <i>Any other white background</i> <i>Indian</i> <i>Caribbean</i> <i>Missing information</i> | 255 (92.7) 3 (1.1) 3 (1.1) 9 (3.3) 5 (1.8) |

Table 28. Gender, age and ethnicity of older people (65 and over) placed in private/voluntary facilities: Birmingham and the Black Country SHA

More women than men are placed in the private or voluntary sectors in the older age group. However, this reflects the population proportions.

Principal psychiatric diagnoses

Categories of ‘diagnosis’ were selected to reflect some of the more unusual syndromes, where lack of local capability might lead to placement in the independent sector. Older people with organic illnesses funded solely by Social Services were excluded.

Known diagnoses are shown in table 29.

| Principal psychiatric diagnoses | Number | Percent |
|---------------------------------------|--------|---------|
| Huntington's Chorea | 3 | 1.1 |
| Korsakoff's Syndrome | 3 | 1.1 |
| Early onset dementia | 17 | 6.2 |
| Other organic condition | 9 | 3.3 |
| Schizophrenia | 57 | 20.7 |
| Schizo-affective disorder | 5 | 1.8 |
| Bi-polar disorder/affective psychosis | 15 | 5.5 |
| Other psychotic disorder | 10 | 3.6 |
| Depression | 18 | 6.5 |
| Anxiety disorder | 4 | 1.5 |
| Eating disorder | 1 | 0.4 |
| Personality disorder | 1 | 0.4 |
| Non-specific Mental illness | 16 | 5.8 |
| Dementia | 114 | 41.5 |
| Other | 2 | 0.7 |
| Total | 275 | 100.0 |

Table 29. Principal diagnoses of older people (65 years and over) placed in private/voluntary facilities: Birmingham and the Black Country SHA

Around a third of older people placed have known psychotic illnesses, and a further two-fifths have dementia.

Additional problems of alcohol dependence were recorded in 10 cases only and drug dependence in no cases.

Additional problems of learning disability were recorded in 5 cases, and deafness in 19 cases. However, in a proportion of cases, these additional factors were recorded as 'not known'.

Legal status of older individuals placed

Table 30 shows the legal status of older people placed in private or voluntary facilities.

| Mental Health Act status | Number | Percent |
|--------------------------|--------|---------|
| Informal | 178 | 64.7 |
| Section 2 | 1 | 0.4 |
| Section 3 | 2 | 0.7 |
| Section 7 (Guardianship) | 1 | 0.4 |
| Section 37/41 | 2 | 0.7 |
| Section 117 | 21 | 7.6 |
| Section 47/49 | 1 | 0.4 |
| Don't know | 69 | 25.1 |
| Total | 275 | 100.0 |

Table 30. Mental Health Act status of older people placed in private or voluntary facilities: Birmingham and the Black Country SHA

Most individuals are placed as informal patients, or as part of Section 117 arrangements following detention under Section 3. There is a marked proportion where legal status was not known.

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the older person placed. In 239 cases (86.9%) commissioners indicated that the placement was appropriate, in eight cases the placement was not appropriate, whilst in 28 cases (10.2%) the commissioner completing the form did not know whether the placement was appropriate or not.

The placements

Table 31 indicates the sector of placements used for older people in Birmingham and the Black Country.

| Placement sector | Number | Percent |
|------------------|--------|---------|
| Private | 246 | 89.5 |
| Voluntary | 18 | 6.5 |
| Don't know | 11 | 4.0 |
| Total | 275 | 100.0 |

Table 31. Sector of provision for older people aged 65 and over: Birmingham and the Black Country SHA

The dominance of private over voluntary provision is as marked as in the adult sector.

Types of placement are shown in table 32.

| Type of unit | Number | Percent |
|---------------------------------|--------|---------|
| Acute in-patient ward | 1 | 0.4 |
| Low secure/high dependency unit | 3 | 1.1 |
| Medium secure unit | 2 | 0.7 |
| Rehabilitation unit | 5 | 1.8 |
| Continuing care service | 263 | 95.6 |
| Other service | 1 | 0.4 |
| Total | 275 | 100.0 |

‘A census day audit of mental health independent sector placements in the West Midlands’
Ryan T, Hatfield B, Sharma I & Simpson V – HASCAS & Manchester University (2005)

Table 32. Types of placements for older people in private or voluntary sector: Birmingham and the Black Country SHA.

Continuing care units predominate in overall provision.

Types of registration with the Healthcare Commission and Commission for Social Care Inspection are shown in table 33.

| Type of registration | Number | Percent |
|------------------------|--------|---------|
| Independent hospital | 4 | 1.5 |
| Care home with nursing | 205 | 74.5 |
| Care home | 55 | 20.0 |
| Missing information | 11 | 4.0 |
| Total | 275 | 100.0 |

Table 33. Type of registration: Birmingham and the Black Country SHA placements for older people

Within the private sector the majority of placements were in premises designated as 'care homes with nursing' whilst in the voluntary sector placements were both 'care homes' and 'care homes with nursing'.

Placements were funded in a variety of ways. Table 34 shows the funding sources.

| Funder of placement | Number | Percent |
|--------------------------------|--------|---------|
| Health | 68 | 24.7 |
| Social Services | 96 | 34.9 |
| Joint Health & Social Services | 110 | 40.0 |
| Other | 1 | 0.4 |
| Total | 275 | 100.0 |

Table 34. Placement funding source: older people placed in voluntary or private sector Birmingham and the Black Country SHA

Social Services authorities are the sole funder for a smaller proportion of placements than is the case in the adult sector. Joint funding arrangements are markedly more common for older people.

Costs of placements

Average costs are shown in table 35.

| Type of funding | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|--------------------------------|---------------------------------------|-----------------------------------|
| <i>Health service only</i> | 678 | 2947 |
| <i>LA Social Services only</i> | 351 | 917 |
| <i>Joint</i> | 416 | 806 |
| <i>All placements</i> | 461 | 2947 |

Table 35. Average costs of placements for older people commissioned in the private and voluntary sectors: Birmingham and the Black Country SHA

Note: Cost information missing in 15 cases

Total weekly costs of all placements in the census week: **£119,949**

Total weekly cost to NHS funders in the census week: **£54,293**

Total weekly cost to LASSD funders in the census week: **£66,391**

If the census week is assumed to be typical, current TOTAL costs approximate £6.2 million per annum for older people aged 65 years of age and over, placed by PCTs and LASSDs in the Birmingham and the Black Country strategic health authority area.

For older people Social Services fund more placements numerically, and also bear the highest overall cost burden.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether older people placed in private or voluntary facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 36.

| Named professional | | Care co-ordinator (Number) | Percent | District of origin consultant (Number) | Percent |
|--------------------|------------|----------------------------|---------|----------------------------------------|---------|
| | Yes | 118 | 42.9 | 102 | 37.1 |
| | No | 134 | 48.7 | 132 | 48.0 |
| | Don't know | 23 | 8.4 | 41 | 14.9 |
| | Total | 275 | 100 | 275 | 100 |

Table 36. Older people with Care Co-ordinator and District of origin consultant at point of census: Birmingham and the Black Country SHA private and voluntary placements

When these figures are combined, a total of 141 (51.3%) out of 275 individuals placed have either a named care co-ordinator, or a named District of origin consultant, or both. However, a sizable minority (93, 33.8%) have neither a care co-ordinator nor a district-of-origin consultant.

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each older person placed, during the 12 month period preceding the census date. Table 37 indicates the number who affirmed that they had received this feedback.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|----------------------------------------------|-------------------------------------|----------------------------------------|---------------------------------------------------|
| <i>Written report from care co-ordinator</i> | 50 (18.2) | 162 (58.9) | 63 (22.9) |
| <i>Verbal report from care co-ordinator</i> | 21 (7.6) | 189 (68.7) | 65 (23.6) |
| <i>Written report from service provider</i> | 11 (4.0) | 183 (66.5) | 81 (29.5) |
| <i>Verbal report from service provider</i> | 28 (10.2) | 169 (61.5) | 78 (28.4) |
| <i>Visit to placement by commissioner</i> | 15 (5.5) | 183 (66.5) | 77 (28.0) |
| <i>Care review attended by commissioner</i> | 13 (4.7) | 187 (68.0) | 75 (27.3) |
| <i>Written carer or relative contact</i> | 10 (3.6) | 181 (65.8) | 84 (30.5) |
| <i>Verbal carer or relative contact</i> | 21 (7.6) | 171 (62.2) | 83 (30.2) |
| <i>Written patient contact</i> | 5 (1.8) | 188 (68.4) | 82 (29.8) |
| <i>Verbal patient contact</i> | 30 (10.9) | 167 (60.7) | 78 (28.4) |
| | 150 (54.5) | 60 (21.8) | 65 (23.6) |
| <i>Healthcare commission reports</i> | 1 (0.4) | 210 (76.4) | 64 (23.3) |
| <i>Mental Health Act Commission Report</i> | | | |

Table 37. Feedback to commissioners: Birmingham and the Black Country SHA private and voluntary placements of older people

In a large number of cases, those completing the census forms did not have access to information about this type of feedback, explaining the substantial number of 'not known' responses.

Reasons for placement

Reasons given for placements are shown in table 38.

| Reasons for placement | Number | Percent |
|---------------------------|--------|---------|
| Lack of local capacity | 120 | 43.6 |
| Lack of local capability | 21 | 7.6 |
| Most Appropriate to Needs | 11 | 4.0 |
| Family Reasons | 13 | 4.7 |
| Resettlement Project | 21 | 7.6 |
| Other | 46 | 16.7 |
| Don't know | 43 | 15.6 |
| Total | 275 | 100.0 |

Table 38. Reasons for placements of older people aged 65 years and over in the private and voluntary sectors: Birmingham and the Black Country SHA

Lack of local capacity is a major reason for placement. Many placements are likely to be long-standing, and the original reasons for placement may be unavailable.

Distance from district of origin

Approximate distances of placements from the person's home area were calculated as for adults.

Of all placements of older people made by organizations within the Birmingham and the Black Country SHA, 164 (59.6%) were identified as being within the geographical catchment area of the funding PCT or LASSD; 96 (34.9%) were outside of the funder's normal catchment area. This is a slightly lower proportion of older people placed within the normal funder's catchment area as for adults under 65 years.

Average distance to placement: 7.9 miles (Range 0.5 – 211 miles)

Average distance to placements outside of PCT or LASSD catchment 14.5 miles (Range 1.1 - 211 miles)

Providers used by Birmingham and the Black Country commissioners

A total of 60 establishments were used as placements for older people, on the date of the census.

Of these, 31 had only one person placed with them funded by the Birmingham and the Black Country Commissioners. Eleven providers had 5 or more people placed with

them, funded by Birmingham and the Black Country PCTs or LASSDs on the census date. Table 39 shows the most commonly-used providers.

| Provider organisation | Number (%) of people placed at census date |
|----------------------------------------------|---------------------------------------------------|
| <i>BUPA Care Homes Ltd.</i> | 49 (17.8) |
| <i>Highfield Care Homes Ltd.</i> | 30 (10.9) |
| <i>Ralton Care Homes Ltd.</i> | 23 (8.4) |
| <i>Newllyn Court Ltd.</i> | 20 (7.3) |
| <i>Heanton Care Housing Association Ltd.</i> | 19 (6.9) |
| <i>Orchard House NH</i> | 11 (4.0) |
| <i>The Homestead Care Home Ltd.</i> | 8 (2.9) |
| <i>Needwood House NH</i> | 6 (2.2) |
| <i>Churchill Court Healthcare Ltd.</i> | 6 (2.2) |
| <i>Accord Housing Association</i> | 6 (2.2) |
| <i>Harper House</i> | 5 (1.8) |

Table 39: Most commonly used providers for older people: Birmingham and the Black Country SHA

Five providers dominate, together having just over 50% of placements.

Table 40 shows the numbers placed broken down according to the provider trusts responsible for normal statutory services in the Birmingham and the Black Country SHA.

| Usual statutory provider | Number | Percent |
|---------------------------------------|---------------|----------------|
| Walsall Teaching PCT | 174 | 63.3 |
| Wolverhampton City PCT | 44 | 16.0 |
| Birmingham and Solihull MH NHS Trust | 21 | 7.6 |
| Dudley Beacon and Castle PCT | 18 | 6.5 |
| Sandwell MH NHS and Social Care Trust | 18 | 6.5 |
| Total | 275 | 100.0 |

Table 40. Numbers of older people placed on census date, and usual statutory provider

Walsall Teaching PCT is the usual statutory provider for the greatest number of placements of older people made outside of the statutory sector.

Children and adolescents (in CAMHS)

Gender, age and ethnicity of children and adolescents placed

Sixty-one users of child and adolescent mental health services in the voluntary and private sectors (including placements in residential schools for 'mental health' reasons) were identified in the census in the Birmingham and the Black Country SHA. Demographic details are shown in table 41.

| Children and adolescents in private/voluntary sector | Summary statistics |
|-------------------------------------------------------------|---------------------------|
| Gender | |
| <i>Number male</i> | 38 (62.3) |
| <i>Number female</i> | 23 (37.7) |
| Age | |
| <i>Mean (years), range</i> | 15 (8-18) |
| Ethnicity (number %) | |
| <i>White British</i> | 37 (60.7%) |
| <i>Other white background</i> | 1 (1.6%) |
| <i>White and black Caribbean</i> | 3 (4.9) |
| <i>Caribbean</i> | 1 (1.6) |
| <i>Information not provided</i> | 19 (31.1) |

Table 41. Gender, age and ethnicity of children and adolescents placed in private/voluntary facilities: Birmingham and the Black Country SHA

Most are described as 'white British' or the information on ethnicity was not known.

Principal psychiatric diagnoses

Known diagnoses are shown in table 42.

| Principal psychiatric diagnosis | Number | Percent |
|---------------------------------------|--------|---------|
| Schizophrenia | 1 | 1.6 |
| Bi-polar disorder/affective psychosis | 1 | 1.6 |
| Other psychotic disorder | 2 | 3.3 |
| Depression | 1 | 1.6 |
| Other neurotic disorder | 2 | 3.3 |
| Eating disorder | 12 | 19.7 |
| Personality disorder | 1 | 1.6 |
| Autism/Asperger's syndrome | 7 | 11.5 |
| Non-specific Mental illness | 16 | 26.2 |
| Other | 18 | 29.5 |
| Total | 61 | 100.0 |

Table 42. Principal diagnoses of children and adolescents placed in private/voluntary facilities: Birmingham and the Black Country SHA

In most cases a specific diagnostic category was not assigned.

In four cases a problem of alcohol dependence was identified, and in a further 4 cases a problem of drug dependence. In 13 cases an additional problem of learning disability was recorded.

Legal status of young people placed

Table 43 shows the legal status of the young people placed in private or voluntary facilities.

| Legal status | Number | Percent |
|------------------------|--------|---------|
| Informal | 27 | 44.3 |
| Section 2 | 3 | 4.9 |
| Section 3 | 3 | 4.9 |
| Section 37 | 2 | 3.3 |
| Don't know | 17 | 27.9 |
| Children Act Provision | 9 | 14.8 |
| Total | 61 | 100.0 |

Table 43. Mental Health Act status of children and adolescents placed in private or voluntary facilities: Birmingham and the Black Country SHA

The largest group (27 young people) are placed without formal legal measures.

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the young person placed. In 38 cases the placement was said to be appropriate, in 4 cases it was not appropriate, and in 19 cases the response was 'don't know'.

The placements

Table 44 indicates the sector of placements used for young people in Birmingham and the Black Country.

| Sector | Number | Percent |
|------------|--------|---------|
| Private | 43 | 70.5 |
| Voluntary | 15 | 24.6 |
| Don't know | 3 | 4.9 |
| Total | 61 | 100.0 |

Table 44. Sector of provision for children and adolescents: Birmingham and the Black Country SHA

Most young people are placed within the private sector.

Types of placement are shown in table 45.

| Type of placement | Number | Percent |
|-------------------------------------|--------|---------|
| Acute in-patient ward | 4 | 6.6 |
| Psychiatric Intensive Care Unit | 1 | 1.6 |
| Medium secure unit | 3 | 4.9 |
| Rehabilitation unit | 9 | 14.8 |
| Psychotherapy service (in-patient) | 1 | 1.6 |
| Specialist eating disorder facility | 10 | 16.4 |
| Specialist Residential School | 15 | 24.6 |
| CAMHS Residential Unit | 17 | 27.9 |
| Total | 60 | 98.4 |
| Missing | 1 | 1.6 |
| Total | 61 | 100.0 |

Table 45. Types of placements for young people in private or voluntary sector: Birmingham and the Black Country SHA.

Placements were funded in a variety of ways. Table 46 shows the funding sources.

| Funder of placement | Number | Percent |
|--------------------------------|--------|---------|
| Health | 23 | 37.7 |
| Joint health & social services | 24 | 39.3 |
| 3 Way (PCT, SSD & Education) | 13 | 21.3 |
| Total | 60 | 98.4 |
| Missing | 1 | 1.6 |
| Total | 61 | 100.0 |

Table 46. Placement funding source: young people placed in voluntary or private sector Birmingham and the Black Country SHA

Joint funding arrangements underpin over three-fifths of all placements.

Costs of placements

Average costs are shown in table 47. Cost information was not returned in 6 cases; the information below is therefore based on 55 cases.

| Funder | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|------------------------------|---------------------------------------|-----------------------------------|
| <i>PCT</i> | 3186 | 4459 |
| <i>PCT + SSD</i> | 2781 | 4890 |
| <i>PCT + SSD + Education</i> | 1546 | 4944 |

Table 47. Average costs to funders of placements for young people commissioned in the private and voluntary sectors: Birmingham and the Black Country SHA

Note: complete cost information was only returned in 55 cases. No LEA cost information was available.

Total NHS + SSD weekly costs of all 55 placements in the census week: **£145,480**

Total weekly cost to NHS funders in the census week: £ 97,368

Total weekly cost to SSD funders in census week £ 4,670

For the 55 CAMHS cases returned, the annual NHS + SSD costs are approximately £7.57 million. LEA costs are additional to this.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether young people placed in private or voluntary facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 48.

| | Named professional | Care co-ordinator (Number) | Percent | District of origin consultant (Number) | Percent |
|--|---------------------------|-----------------------------------|----------------|-----------------------------------------------|----------------|
| | Yes | 31 | 50.8 | 27 | 44.3 |
| | No | 7 | 11.5 | 3 | 4.9 |
| | Don't know | 23 | 37.7 | 31 | 50.8 |
| | Total | 61 | 100 | 61 | 100 |

Table 48. Children and adolescents with Care Co-ordinator and District of origin consultant at point of census: Birmingham and the Black Country SHA private and voluntary placements

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each young person placed, during the 12 month period preceding the census date. Table 49 indicates the number who affirmed that they had received this feedback.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|--------------------------------------------------------------------------|-------------------------------------|----------------------------------------|---------------------------------------------------|
| <i>Written report from care co-ordinator</i> | 13 (21.3) | 30 (49.2) | 18 (29.5) |
| <i>Verbal report from care co-ordinator</i> | 6 (9.8) | 18 (29.5) | 37 (60.7) |
| <i>Written report from service provider</i> | 22 (36.1) | 22 (36.1) | 17 (27.9) |
| <i>Verbal report from service provider</i> | 8 (13.1) | 16 (26.2) | 37 (60.7) |
| <i>Visit to placement by commissioner</i> | 11 (18.0) | 26 (42.6) | 24 (39.3) |
| <i>Care review attended by commissioner</i> | 12 (19.7) | 28 (45.9) | 21 (34.4) |
| <i>Written carer or relative contact</i> | 4 (6.6) | 37 (60.7) | 20 (32.8) |
| <i>Verbal carer or relative contact</i> | 5 (8.2) | 18 (29.5) | 38 (62.3) |
| <i>Written patient contact</i> | 1 (1.6) | 38 (62.3) | 22 (36.1) |
| <i>Verbal patient contact</i> | 6 (9.8) | 15 (24.6) | 40 (65.6) |
| | 0 | 40 (65.6) | 21 (34.4) |
| <i>Healthcare commission reports Mental Health Act Commission Report</i> | 1 (1.6) | 40 (65.6) | 20 (32.8) |

Table 49. Feedback to commissioners: Birmingham and the Black Country SHA private and voluntary placements of children and adolescents

Reasons for placement

Reasons given for placements are shown in table 50.

| Reasons for placement | Number | Percent |
|------------------------------|---------------|----------------|
| Lack of local capacity | 25 | 41.0 |
| Lack of local capability | 16 | 26.2 |
| Most appropriate to needs | 4 | 6.6 |
| Don't know | 16 | 26.2 |
| Total | 61 | 100.0 |

Table 50. Reasons for placements of children and adolescents in the private and voluntary sectors: Birmingham and the Black Country SHA

The largest group are placed because of problems of local capacity.

Distance from district of origin

Approximate distances of placements from the person's home area were calculated as for adults and older people.

Of the sixty-one placements for children and adolescents made by organizations within the Birmingham and the Black Country SHA, 51(83.6%) were outside of the usual boundaries of the funding authority.

Average distance to placement (58 cases): 53.7 miles (Range 3 – 195 miles)

Providers used for children and adolescents by Birmingham and the Black Country commissioners

A total of 32 providers were used for 59 placements. Twenty-five providers had only one placement from Birmingham and the Black Country on the census day.

The 7 organisations providing more than one placement on the census day are listed in table 51.

| Provider organisation | Number (%) of young people placed at census date |
|------------------------------|---------------------------------------------------------|
| <i>The Priory Group</i> | 9 (14.8) |
| <i>Huntercombe Hospitals</i> | 7 (11.5) |
| <i>Young Options</i> | 5 (8.2) |
| <i>St.Andrew's Hospital</i> | 5 (8.2) |
| <i>Sunfield School</i> | 4 (6.6) |
| <i>Autism West Midlands</i> | 2 (3.3) |
| <i>Caldecott Foundation</i> | 2 (3.3) |

Table 51. Private and voluntary sector providers used for children and adolescents: Birmingham and the Black Country STA

Table 52 shows the numbers of young people placed broken down according to the provider trusts responsible for normal statutory services in the Birmingham and the Black Country SHA.

| Usual statutory Mental Health Provider Trust | Number (%) of young people placed in private or voluntary facilities on census date |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------|
| <i>Birmingham and Solihull MH NHS Trust</i> | 38 (62.3) |
| <i>Dudley Beacon and Castle PCT</i> | 4 (6.6) |
| <i>Sandwell MH NHS and Social Care Trust</i> | 1 (1.6) |
| <i>Walsall teaching PCT</i> | 13 (21.3) |
| <i>Wolverhampton City PCT</i> | 5 (8.2) |

Table 52. Numbers of children and adolescents placed and usual statutory provider

Birmingham and Solihull MH NHS Trust is the usual statutory provider for the greatest number of placements made outside of the statutory sector, for young people.

Forensic placements (special commissioning) funded by PCTs in Birmingham and the Black Country

Gender, age and ethnicity of forensic patients placed

Fifty-two forensic placements were identified in the census in the Birmingham and the Black Country SHA. Demographic details are shown in table 53.

| Forensic patients in private/voluntary sector | Summary statistics |
|------------------------------------------------------|---------------------------|
| Gender | |
| Number (%) male | 37 (71.2) |
| Number (%) female | 15 (28.8) |
| Age | |
| Mean age years (range) | 36 (16-68) |
| Ethnicity (number %) | |
| White British | 33 (63.5) |
| Black Caribbean | 16 (30.8) |
| Indian | 1 (1.9) |
| Other black background | 1 (1.9) |
| Missing information | 1 (1.9) |

Table 53. Gender, age and ethnicity of individuals placed in private/voluntary forensic facilities: Birmingham and the Black Country SHA

Principal psychiatric diagnoses

Known diagnoses are shown in table 54.

| Principal psychiatric diagnosis (forensic patients) | Number | Percent |
|------------------------------------------------------------|---------------|----------------|
| Schizophrenia | 27 | 51.9 |
| Schizo-affective disorder | 1 | 1.9 |
| Other psychotic disorder | 1 | 1.9 |
| Personality disorder | 21 | 40.4 |
| Autism/Asperger's syndrome | 2 | 3.8 |
| Total | 52 | 100.0 |

Table 54. Principal diagnoses of individuals placed in private/voluntary forensic facilities: Birmingham and the Black Country SHA

Over half of the patients in forensic placements are diagnosed with psychotic illnesses.

Sixty-seven people (8.6%) were identified as having additional problems of alcohol dependence, and a further eighteen had problems of drug dependence. Forty-seven (6.0%) had additional problems of learning disability. Eight people were said to have problems of deafness. In large proportions of cases these additional factors were 'not known'.

Legal status of forensic patients placed

Table 55 shows the legal status of the forensic patients placed in private or voluntary facilities.

| Mental Health Act status | Number | Percent |
|---------------------------------|---------------|----------------|
| Informal | 1 | 1.9 |
| Section 3 | 15 | 28.8 |
| Section 37 | 5 | 9.6 |
| Section 37/41 | 17 | 32.7 |
| Section 38 | 6 | 11.5 |
| Section 47/49 | 7 | 13.5 |
| Don't know | 1 | 1.9 |
| Total | 52 | 100.0 |

Table 55. Mental Health Act status of individuals placed in private or voluntary forensic facilities: Birmingham and the Black Country SHA

The largest group (17 individuals) are detained under Section 37/41 of the Act.

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the individual placed. In 46 (88.5%) cases the placement was said to be appropriate, whilst in 6 cases (11.5%) it was not appropriate.

The placements

Table 56 indicates the sector of forensic placements in Birmingham and the Black Country.

| Sector of placement | Number | Percent |
|----------------------------|---------------|----------------|
| Private | 40 | 76.9 |
| Voluntary | 12 | 23.1 |
| Total | 52 | 100 |

Table 56 Sector of forensic provision: Birmingham and the Black Country SHA

Most placements are within the private sector.

Types of placement are shown in table 57.

| Type of placement | Number | Percent |
|---------------------|--------|---------|
| Medium secure unit | 50 | 96.2 |
| Rehabilitation unit | 1 | 1.9 |
| Women only unit | 1 | 1.9 |
| Total | 52 | 100.0 |

Table 57. Types of forensic placements in private or voluntary sector: Birmingham and the Black Country SHA.

The majority of placements were described as medium secure units.

All 52 placements were funded solely by the NHS.

Costs of placements

Mean cost per placement **£ 3,168**

Maximum cost of forensic placement **£ 4,249**

Total weekly costs of all 52 placements in the census week: **£164,738**

For the 52 private and voluntary sector forensic placements, the annual total cost is approximately £8.6 million.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether individuals placed in private or voluntary forensic facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 58.

| Named professional | Care co-ordinator (Number) | Percent | District of origin consultant (Number) | Percent |
|--------------------|----------------------------|---------|----------------------------------------|---------|
| Yes | 47 | 90.4 | 23 | 44.2 |
| No | 3 | 5.8 | 29 | 55.8 |
| Don't know | 2 | 3.8 | 0 | - |
| Total | 52 | 100 | 52 | 100 |

Table 58. Forensic patients with Care Co-ordinator and District of origin consultant at point of census: Birmingham and the Black Country SHA private and voluntary placements

In 47 cases (90.4%) either a care co-ordinator or a district-of-origin consultant, or both, was identified.

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each individual placed, during the 12 month period preceding the census date. Table 59 indicates the number who affirmed that they had received this feedback.

Reports from care co-ordinators and service providers appear to be the principal sources of feedback. Commissioner visits to placements, and contacts with patients, are also evident in a large number of cases.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|--------------------------------------------------------------------------|------------------------------|---------------------------------|--------------------------------------------|
| <i>Written report from care co-ordinator</i> | 41 (78.8) | 11 (21.2) | 0 |
| <i>Verbal report from care co-ordinator</i> | 19 (36.5) | 33 (63.5) | 0 |
| <i>Written report from service provider</i> | 49 (94.2) | 3 (5.8) | 0 |
| <i>Verbal report from service provider</i> | 24 (46.2) | 28 (53.8) | 0 |
| <i>Visit to placement by commissioner</i> | 34 (65.4) | 18 (34.6) | 0 |
| <i>Care review attended by commissioner</i> | 38 (73.1) | 14 (26.9) | 0 |
| <i>Written carer or relative contact</i> | 2 (3.8) | 50 (96.2) | 0 |
| <i>Verbal carer or relative contact</i> | 4 (7.7) | 48 (92.3) | 0 |
| <i>Written patient contact</i> | 3 (5.8) | 49 (94.2) | 0 |
| <i>Verbal patient contact</i> | 33 (63.5) | 19 (36.5) | 0 |
| <i>Healthcare commission reports Mental Health Act Commission Report</i> | 29 (55.8) | 22 (42.3) | 1 (1.9) |
| <i>Healthcare commission reports Mental Health Act Commission Report</i> | 0 | 52 (100) | 0 |

Table 59. Feedback to commissioners: Birmingham and the Black Country SHA private and voluntary forensic placements

Reasons for placement

Reasons given for placements are shown in table 60.

| Reasons for placement | Number | Percent |
|--------------------------|--------|---------|
| Lack of local capacity | 30 | 57.7 |
| Lack of local capability | 21 | 40.4 |
| Other | 1 | 1.9 |
| Total | 52 | 100.0 |

Table 60. Reasons for forensic placements in the private and voluntary sectors: Birmingham and the Black Country SHA

Distance from district of origin

Approximate distances of placements from the person's home area were calculated as described for all placements.

Of the 52 forensic placements made by organizations within the Birmingham and the Black Country SHA, none were within the usual boundaries of the funding authority.

Average distance to placement: 91.3 miles (Range 9 – 160 miles)

Providers used for forensic placements by Birmingham and the Black Country commissioners

A range of units is used in the forensic sector. All providers are listed in table 61.

| Provider organisation or unit | Number | Percent |
|--------------------------------------|---------------|----------------|
| Craegmoor Healthcare Ltd | 1 | 1.9 |
| The Priory Group | 1 | 1.9 |
| Blenheim Health Care Ltd | 6 | 11.5 |
| Anchor Trust | 1 | 1.9 |
| St Andrews Hospital | 12 | 23.1 |
| Partnerships in Care Ltd | 23 | 44.2 |
| Safe Spaces Ltd | 1 | 1.9 |
| Florence Nightingale Hospitals Ltd | 2 | 3.8 |
| Anwick House Ltd | 1 | 1.9 |
| Care Principles Ltd | 4 | 7.7 |
| Total | 52 | 100.0 |

Table 61. Providers used for forensic placements: Birmingham and the Black Country SHA

Partnerships in Care Ltd are the dominant provider of forensic placements outside of the statutory sector.

Table 62 shows the numbers of forensic placements broken down according to the provider trusts responsible for normal statutory services in the Birmingham and the Black Country SHA.

| Usual statutory Mental Health Provider Trust | Number (%) of forensic placements in private or voluntary facilities on census date |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------|
| <i>Birmingham and Solihull MH NHS Trust</i> | 36 (69.2) |
| <i>Dudley Beacon and Castle PCT</i> | 6 (11.5) |
| <i>Sandwell MH NHS and Social Care Trust</i> | 4 (7.7) |
| <i>Walsall teaching PCT</i> | 2 (3.8) |
| <i>Wolverhampton City PCT</i> | 4 (7.7) |

Table 62. Numbers of forensic placements and usual statutory provider

Birmingham and Solihull MH NHS Trust is the usual statutory provider for the greatest number of forensic placements made outside of the statutory sector.

Appendix 5 – West Midlands South Strategic Health Authority

Adults up to 64 years of age

Gender, age and ethnicity of people placed

Demographic details are shown in table 63.

| Adults in private/voluntary sector | Summary statistics |
|-------------------------------------------|---------------------------|
| Gender | |
| Number (%) male | 230 (66.9) |
| Number (%) female | 114 (33.1) |
| Age | |
| Mean age in years, range of ages | 46 (18-64) |
| Ethnicity (number %) | 287 (83.4) |
| White British | 6 (1.7) |
| Irish | 2 (0.6) |
| Other white background | 1 (0.3) |
| White and Asian | 3 (0.9) |
| Any other mixed background | 8 (2.3) |
| Indian | 1 (0.3) |
| Pakistani | 9 (2.6) |
| Caribbean | 1 (0.3) |
| African | 1 (0.3) |
| Any other | 25 (7.3) |
| Missing information (number (%) of cases) | 344 (100) |
| TOTAL | |

Table 63. Gender, age and ethnicity of adults (under 65) placed in private/voluntary facilities: West Midlands South SHA

Twice the number of men are placed in the private or voluntary sectors than women. Many women may be placed in facilities catering for larger numbers of men. There was no significant difference between men and women in terms of age.

The population placed is predominantly white British.

Principal psychiatric diagnoses

Categories of 'diagnosis' were selected to reflect some of the more unusual syndromes, where lack of local capability might lead to placement in the independent sector.

Known diagnoses are shown in table 64.

| Psychiatric diagnoses | Frequency | Percent |
|---------------------------------------|-----------|---------|
| Huntington's Chorea | 4 | 1.2 |
| Korsakoff's Syndrome | 17 | 4.9 |
| Early onset dementia | 15 | 4.4 |
| Acquired brain injury | 4 | 1.2 |
| Other organic condition | 4 | 1.2 |
| Schizophrenia | 152 | 44.2 |
| Schizo-affective disorder | 9 | 2.6 |
| Bi-polar disorder/affective psychosis | 8 | 2.3 |
| Other psychotic disorder | 3 | 0.9 |
| Depression | 10 | 2.9 |
| Anxiety disorder | 1 | 0.3 |
| Other neurotic disorder | 2 | 0.6 |
| Eating disorder | 4 | 1.2 |
| Personality disorder | 18 | 5.2 |
| Autism/Asperger's syndrome | 14 | 4.1 |
| Other | 9 | 2.6 |
| Non-specific mental illness | 69 | 20.1 |
| Dementia | 1 | 0.3 |
| Total | 344 | 100.0 |

Table 64. Principal diagnoses of adults (under 65) placed in private/voluntary facilities: West Midlands South SHA

Around half of adults placed have known psychotic illnesses, and a significant number (one fifth) have no known specific diagnosis. The remainder include people with diagnoses that may be harder to provide for within mainstream services.

Additional problems of alcohol dependence were recorded in 33 cases (9.6%) and drug dependence in 20 cases (5.8%).

Additional problems of learning disability were recorded in 37 cases (10.8%), and deafness in 8 cases (2.3%).

Unfortunately in each of these areas it was not known if additional problems existed in nearly one quarter of all cases.

Legal status of individuals placed

Table 65 shows the legal status of adults placed in private or voluntary facilities.

| Mental Health Act 1983 status | Frequency | Percent |
|-------------------------------|-----------|---------|
| Informal | 154 | 44.8 |
| Section 2 | 4 | 1.2 |
| Section 3 | 26 | 7.6 |
| Section 7 (Guardianship) | 2 | 0.6 |
| Section 25 | 1 | 0.3 |
| Section 37 | 12 | 3.5 |
| Section 37/41 | 14 | 4.1 |
| Section 38 | 1 | 0.3 |
| Section 117 | 54 | 15.7 |
| Don't know | 75 | 21.8 |
| Section 47/49 | 1 | 0.3 |
| Total | 344 | 100.0 |

Table 65. Mental Health Act status of adults placed in private or voluntary facilities: West Midlands South SHA

Most individuals are placed as informal patients, or as part of arrangements following detention under Section 3. A further group are subject to formal detention under Part 2 of the Act, and an even smaller group are placed under Part 3 (forensic provisions). In a significant number of cases the legal status was not known.

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the individual placed. In 254 cases (73.8%) commissioners indicated that the placement was appropriate, in 20 cases (5.8%) the placement was not appropriate, whilst in 70 cases (20.3%) the commissioner completing the form did not know whether the placement was appropriate or not.

The placements

Table 66 indicates the sector of placements used in West Midlands South.

| Sector | Number | Percent |
|-----------|--------|---------|
| Private | 261 | 75.9 |
| Voluntary | 83 | 24.1 |
| Total | 344 | 100.0 |

Table 66. Sector of provision for adults under 65: West Midlands South SHA

It is clear that the private market dominates provision outside of the statutory agencies.

Types of placement are shown in table 67.

| Type of placement (adults <65) | Frequency | Percent |
|-------------------------------------|-----------|---------|
| Psychiatric Intensive Care Unit | 14 | 4.1 |
| Low secure/high dependency unit | 12 | 3.5 |
| Medium secure unit | 40 | 11.6 |
| Rehabilitation unit | 12 | 3.5 |
| Continuing care service | 261 | 75.9 |
| Specialist eating disorder facility | 4 | 1.2 |
| Total | 343 | 99.7 |
| Missing | 1 | 0.3 |
| Total | 344 | 100.0 |

Table 67. Types of adult placements in private or voluntary sector: West Midlands South SHA.

Longer term or non-specialist units predominate in overall provision.

Types of Healthcare Commission and Commission for Social Care Inspection registration are shown in table 68.

| Type of registration | Number | Percent |
|------------------------|--------|---------|
| Independent hospital | 77 | 22.4 |
| Care home with nursing | 98 | 28.5 |
| Care home | 168 | 48.8 |
| Total | 343 | 99.7 |
| Missing | 1 | 0.3 |

Table 68. Type of registration: West Midlands South SHA adult placements

Independent hospitals, care homes with nursing and care homes were all provided by the both private and the voluntary sectors.

Placements were funded in a variety of ways. Table 69 shows the funding sources.

| Funder of placement | Number | Percent |
|--------------------------------|--------|---------|
| Health | 91 | 26.5 |
| Social services | 175 | 50.9 |
| Joint health & social services | 77 | 22.4 |
| Total | 343 | 99.7 |
| Missing | 1 | 0.3 |
| Total | 344 | 100.0 |

Table 69. Placement funding source: adults placed in voluntary or private sector West Midlands South SHA

Sole Social Services funded placements account for the greatest proportion of the funding arrangements, nearly twice the number funded sole by Health. Sole NHS funding was significantly more likely to underpin placements in independent hospitals, whilst sole Social Services funding was more likely for facilities described as ‘care homes’. Joint funding was used for all types of placements, although care home placements predominated.

Costs of placements

Average costs are shown in table 70.

| Type of funding | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|-------------------------------------------|---------------------------------------|-----------------------------------|
| <i>Health service only</i> | 821 | 6550 |
| <i>LA Social Services only</i> | 303 | 1447 |
| <i>Joint</i> | 1182 | 3168 |
| <i>Average added cost of ‘specialing’</i> | 0 | 0 |
| <i>All placements</i> | 1127 | 6550 |

Table 70. Average costs of adult placements commissioned in the private and voluntary sectors: West Midlands South SHA

Note: Cost information missing in 4 cases (not included)

Total weekly costs of all placements in the census week: **£383,212**

Total weekly cost to NHS funders in the census week: **£279,117**

Total weekly cost to LASSD funders in the census week: **£104,095**

If the census week is assumed to be typical, current TOTAL costs approximate £19.93 million per annum for adults under 65 years of age placed by PCTs and LASSDs in the West Midlands South strategic health authority area.

Health funding predominates in the high-cost placements, and health funding also underpins a greater number of placements, leading to higher overall costs to the NHS.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether individuals placed in private or voluntary facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 71.

| Named professional | Care Co-ordinator (number) | Percent | District of origin consultant (number) | Percent |
|---------------------------|-----------------------------------|----------------|-----------------------------------------------|----------------|
| Yes | 241 | 70.1 | 141 | 41.0 |
| No | 60 | 17.4 | 66 | 19.2 |
| Don't know | 43 | 12.5 | 137 | 39.8 |
| Total | 344 | 100.0 | 344 | 100.0 |

Table 71. Individuals with Care Co-ordinator and District of origin consultant at point of census: West Midlands South SHA private and voluntary placements

When these figures are combined, a total of 266 (77.3%) out of 344 individuals placed are known to have either a named care co-ordinator, or a named District of origin consultant, or both. However, a minority do not have this formal linkage. The study was not designed to establish the robustness or otherwise of the formal links.

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each individual placement during the 12 month period preceding the census. Table 72 indicates the number who affirmed that they had received this feedback.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|--------------------------------------------------------------------------|-------------------------------------|----------------------------------------|---------------------------------------------------|
| <i>Written report from care co-ordinator</i> | 163 (47.4) | 95 (27.6) | 86 (25.0) |
| <i>Verbal report from care co-ordinator</i> | 94 (27.3) | 110 (32.0) | 140 (40.7) |
| <i>Written report from service provider</i> | 85 (24.7) | 166 (48.3) | 93 (27.0) |
| <i>Verbal report from service provider</i> | 107 (41.9) | 144 (41.9) | 93 (27.0) |
| <i>Visit to placement by commissioner</i> | 54 (15.7) | 203 (59.0) | 83 (24.1) |
| <i>Care review attended by commissioner</i> | 65 (18.9) | 196 (57.0) | 71 (28.0) |
| <i>Written carer or relative contact</i> | 20 (5.8) | 242 (70.3) | 82 (23.8) |
| <i>Verbal carer or relative contact</i> | 49 (14.2) | 209 (60.8) | 86 (25.0) |
| <i>Written patient contact</i> | 20 (5.8) | 246 (71.5) | 78 (22.7) |
| <i>Verbal patient contact</i> | 109 (31.7) | 156 (45.3) | 79 (23.0) |
| | 55 (16.0) | 186 (54.1) | 103 (29.9) |
| <i>Healthcare commission reports Mental Health Act Commission Report</i> | 5 (1.5) | 259 (75.3) | 80 (23.3) |

Table 72. Feedback to commissioners: West Midlands South SHA private and voluntary placements (adults <65)

It must be acknowledged that there were inconsistencies between areas in the way in which the census forms were completed, and many were not completed directly by commissioners but by others in the organization. The information contained in table 13 is therefore broadly indicative only of the use of various channels of feedback.

Reasons for placement

Reasons given for placements are shown in table 73.

| Reasons for placement | Number | Percent |
|---------------------------|--------|---------|
| Lack of local capacity | 39 | 11.3 |
| Lack of local capability | 65 | 18.9 |
| Other | 21 | 6.1 |
| Don't know | 132 | 38.4 |
| Most appropriate to needs | 76 | 22.1 |
| Family Reasons | 11 | 3.2 |
| Total | 344 | 100.0 |

Table 74. Reasons for placements of adults under 65 years of age in the private and voluntary sectors: West Midlands South SHA

The largest single group of reasons are 'not known', but issues of capacity and capability also feature prominently in the reasons for placement.

Distance from district of origin

As the research team did not have access to home addresses of individuals placed, distances were calculated from the post-code of the PCT or Local Authority funding the placement, and from the post-code of the placement itself. This gives an approximate indication of distances involved, although in county and rural areas the margin of error in approximating 'distance from home' will be greater.

Of all adult placements made by organizations within the West Midlands South SHA, 184 (53.5%) were identified as being within the geographical catchment area of the funding PCT or LASSD; 159 (46.2%) were outside of the funder's normal catchment area.

Average distance to placement: 36.3 miles (Range 0.3 – 281 miles)

Average distance to placements outside of PCT or LASSD catchment: 68.4 miles (Range 9 -281 miles)

Table 75 shows the distance from area of origin according to the placement sector.

| Distance to placement from commissioner address | | Sector | | Total |
|-------------------------------------------------|-----------------|---------|-----------|--------|
| | | Private | Voluntary | |
| 0-20 miles | Number | 141 | 48 | 189 |
| | % within Sector | 74.6% | 25.4% | 100.0% |
| 21-50 miles | Number | 48 | 24 | 72 |
| | % within Sector | 66.7% | 33.3% | 100.0% |
| over 50 miles | Number | 63 | 9 | 72 |
| | % within Sector | 87.5% | 12.5% | 100.0% |
| Total | Number | 230 | 252 | 81 |
| | % within Sector | 100.0% | 75.7% | 24.3% |

'A census day audit of mental health independent sector placements in the West Midlands'
Ryan T, Hatfield B, Sharma I & Simpson V – HASCAS & Manchester University (2005)

Table 75. Distance to placement in bands by placement sector: West Midlands South SHA (adults up to 65 years)

Just under three-quarters of all adult placements are within 20 miles of the funding PCT or LASSD. The remainder, most of which are private sector placements, are further afield.

Providers used by West Midlands South commissioners

A total of 144 establishments were used as placements for adults under 65 years of age, on the date of the census.

Of these, 75 had only one person placed with them funded by the West Midlands South Commissioners. Nineteen providers had 5 or more people placed with them, funded by West Midlands South PCTs or LASSDs on the census date. Table 76 shows the most commonly-used providers.

| Provider organisation | Number (%) of people placed at census date |
|------------------------------------------|---------------------------------------------------|
| <i>Rethink</i> | 24 (7.0) |
| <i>St Andrews Hospital</i> | 20 (5.8) |
| <i>Travid Enterprises Ltd</i> | 17 (4.9) |
| <i>Partnerships In Care Ltd</i> | 16 (4.7) |
| <i>Craegmoor Healthcare Ltd</i> | 12 (3.5) |
| <i>Eden Place Ltd</i> | 12 (3.5) |
| <i>MIND</i> | 9 (2.6) |
| <i>Prime Life Ltd</i> | 9 (2.6) |
| <i>Blenheim Health Care Ltd</i> | 8 (2.3) |
| <i>Shenstone House</i> | 8 (2.3) |
| <i>FCH</i> | 8 (2.3) |
| <i>Advance Housing & Support Ltd</i> | 8 (2.3) |
| <i>Aston House</i> | 7 (2.0) |
| <i>Cygnets Health Care</i> | 7 (2.0) |
| <i>TRACS</i> | 7 (2.0) |
| <i>Credenhill Court</i> | 7 (2.0) |
| <i>Shaw Healthcare Homes Ltd</i> | 6 (1.7) |
| <i>Manor Rest Home</i> | 6 (1.7) |
| <i>Focus Housing Association</i> | 5 (1.5) |

Table 76: Most commonly used providers for adults: West Midlands South SHA

Just over half of all census day placements were provided by these 19 organisations.

Table 77 shows the numbers placed broken down according to the provider trusts responsible for normal statutory services in the West Midlands South SHA.

| Usual statutory Mental Health Provider Trust | <i>Number (%) of adults placed in private or voluntary facilities on census date</i> |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------|
| <i>Coventry Teaching PCT</i> | 85 (24.7) |
| <i>Worcs MH Partnership NHS Trust</i> | 75 (21.8) |
| <i>Herefordshire PCT</i> | 74 (21.5) |
| <i>North Warwickshire PCT</i> | 68 (19.8) |
| <i>South Warwickshire PCT</i> | 42 (12.2) |

Table 77. Numbers placed by usual statutory provider

Older people aged 65 years and over

Gender, age and ethnicity of older people placed

Demographic details are shown in table 78.

| Older people in private/voluntary sector | Summary statistics |
|-------------------------------------------------|---------------------------|
| Gender | |
| <i>Number (%) male</i> | 58 (30.7) |
| <i>Number (%) female</i> | 131 (69.3) |
| Age | |
| <i>Mean age in years, range of ages</i> | 77.1 (65-102) |
| Ethnicity (<i>number %</i>) | 177 (93.7) |
| <i>White British</i> | 4 (2.1) |
| <i>Irish</i> | 3 (1.6) |
| <i>Caribbean</i> | 1 (0.5) |
| <i>Any other white background</i> | 1 (0.5) |
| <i>Indian</i> | 3 (1.6) |
| <i>Missing information</i> | |

Table 78. Gender, age and ethnicity of older people (65 and over) placed in private/voluntary facilities: West Midlands South SHA

More women than men are placed in the private or voluntary sectors in the older age group. However, this reflects the population proportions.

Principal psychiatric diagnoses

Categories of 'diagnosis' were selected to reflect some of the more unusual syndromes, where lack of local capability might lead to placement in the independent sector. Older people with organic illnesses funded solely by Social Services were excluded.

Known diagnoses are shown in table 79.

| Principal psychiatric diagnosis | Number | Percent |
|---------------------------------------|--------|---------|
| Dementia | 137 | 72.5 |
| Principal Mental illness | 28 | 14.8 |
| Schizophrenia | 10 | 5.3 |
| Depression | 5 | 2.6 |
| Bi-polar disorder/affective psychosis | 3 | 1.6 |
| Huntington's Chorea | 1 | 0.5 |
| Early onset dementia | 1 | 0.5 |
| Acquired brain injury | 1 | 0.5 |
| Other organic condition | 1 | 0.5 |
| Other psychotic disorder | 1 | 0.5 |
| Other | 1 | 0.5 |
| Total | 189 | 100.0 |

Table 79. Principal diagnoses of older people (65 years and over) placed in private/voluntary facilities: West Midlands South SHA

The majority of older people placed have known dementia which probably reflects the fact that many of these placements have health funding components.

Additional problems of alcohol dependence were recorded in 2 cases only and drug dependence in no cases.

Additional problems of learning disability was recorded in 1 case, and deafness in 3 cases. However, in a majority of cases, these additional factors were recorded as 'not known'.

Legal status of older individuals placed

Table 80 shows the legal status of older people placed in private or voluntary facilities.

| Mental Health Act 1983 status | Number | Percent |
|-------------------------------|--------|---------|
| Informal | 156 | 82.5 |
| Don't know | 23 | 12.2 |
| Section 117 | 7 | 3.7 |
| Section 3 | 1 | 0.5 |
| Section 37 | 1 | 0.5 |
| Section 37/41 | 1 | 0.5 |
| Total | 189 | 100.0 |

Table 80. Mental Health Act status of older people placed in private or voluntary facilities: West Midlands South SHA

Most individuals are placed as informal patients, or as part of Section 117 arrangements following detention under Section 3. The proportion where legal status was not known is also significant.

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the older person placed. In 162 cases (85.7%) commissioners indicated that the placement was appropriate, in three cases the placement was not appropriate, whilst in 24 cases (12.7%) the commissioner completing the form did not know whether the placement was appropriate or not. (This is a higher proportion of 'not known' responses than for adults under 65.)

The placements

Table 81 indicates the sector of placements used for older people in West Midlands South.

| Sector of placement | Number | Percent |
|---------------------|--------|---------|
| Private | 171 | 90.5 |
| Voluntary | 18 | 9.5 |
| Total | 160 | 189 |

Table 81. Sector of provision for older people aged 65 and over: West Midlands South SHA

The dominance of private over voluntary provision is as marked as in the adult sector.

Types of placement are shown in table 82.

| Type of placement | Number | Percent |
|---------------------------------|--------|---------|
| Continuing care service | 185 | 97.9 |
| Psychiatric Intensive Care Unit | 4 | 2.1 |
| Total | 189 | 100.0 |

Table 82. Types of placements for older people in private or voluntary sector: West Midlands South SHA.

Continuing care units predominate in overall provision.

Types of registration with the Healthcare Commission and Commission for Social Care Inspection are shown in table 83.

| Type of registration | Number | Percent |
|------------------------|--------|---------|
| Care home | 123 | 65.1 |
| Care home with nursing | 61 | 32.3 |
| Independent hospital | 5 | 2.6 |
| Total | 189 | 100 |

Table 83. Type of registration: West Midlands South SHA placements for older people

Placements were funded in a variety of ways. Table 84 shows the funding sources.

| Funder(s) | Number of placements | Percent |
|--------------------------------|----------------------|---------|
| Joint health & social services | 114 | 60.3 |
| Health | 38 | 20.1 |
| Social services | 32 | 16.9 |
| Total | 184 | 97.4 |
| Missing | 5 | 2.6 |
| Total | 189 | 100.0 |

Table 84. Placement funding source: older people placed in voluntary or private sector West Midlands South SHA

Social Services authorities are the sole funder for a far smaller proportion of placements than is the case in the adult sector. Joint funding arrangements are predominate with this client group.

| Type of funding | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|--------------------------------|---------------------------------------|-----------------------------------|
| <i>Health service only</i> | <i>569</i> | <i>2485</i> |
| <i>LA Social Services only</i> | <i>363</i> | <i>523</i> |
| <i>Joint</i> | <i>453</i> | <i>1219</i> |
| <i>All placements</i> | <i>459</i> | <i>2485</i> |

Table 85. Average costs of placements for older people commissioned in the private and voluntary sectors: West Midlands South SHA

Note: Cost information missing in 4 cases

Total weekly costs of all placements in the census week: **£58,174**

Total weekly cost to NHS funders in the census week: **£16,212**

Total weekly cost to LASSD funders in the census week: **£43,176**

If the census week is assumed to be typical, current TOTAL costs approximate £3.03 million per annum for older people aged 65 years of age and over, placed by PCTs and LASSDs in the West Midlands South strategic health authority area.

For older people Social Services fund far more placements numerically, and also bear the highest overall cost burden.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether older people placed in private or voluntary facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 86.

| Named professional | Care co-ordinator (Number) | Percent | District of origin consultant (Number) | Percent |
|--------------------|----------------------------|---------|----------------------------------------|---------|
| Yes | 79 | 41.8 | 37 | 19.6 |
| No | 98 | 51.9 | 76 | 40.2 |
| Don't know | 12 | 6.3 | 76 | 40.2 |
| Total | 189 | 100.0 | 189 | 100 |

Table 86. Older people with Care Co-ordinator and District of origin consultant at point of census: West Midlands South SHA private and voluntary placements

When these figures are combined, a total of 82 (42.5%) out of 193 individuals placed have either a named care co-ordinator, or a named District of origin consultant, or both. However, a minority do not have this formal linkage.

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each older person placed, during the 12 month period preceding the

census date. Table 87 indicates the number who affirmed that they had received this feedback.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|----------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <i>Written report from care co-ordinator</i> | 97 (51.3) | 59 (31.2) | 33 (17.5) |
| <i>Verbal report from care co-ordinator</i> | 3 (1.6) | 43 (22.8) | 143 (75.7) |
| <i>Written report from service provider</i> | 5 (2.6) | 157 (83.1) | 27 (14.3) |
| <i>Verbal report from service provider</i> | 4 (2.1) | 154 (81.5) | 31 (16.4) |
| <i>Visit to placement by commissioner</i> | 28 (14.8) | 133 (70.4) | 28 (14.8) |
| <i>Care review attended by commissioner</i> | 32 (16.9) | 130 (68.8) | 27 (14.3) |
| <i>Written carer or relative contact</i> | - | 135 (71.4) | 54 (28.6) |
| <i>Verbal carer or relative contact</i> | 1 (0.5) | 135 (71.4) | 53 (28.0) |
| <i>Written patient contact</i> | 1 (0.5) | 162 (85.7) | 26 (13.8) |
| <i>Verbal patient contact</i> | 7 (3.7) | 157 (83.1) | 25 (13.2) |
| <i>Healthcare commission reports</i> | 29 (15.3) | 134 (70.9) | 26 (13.8) |
| <i>Mental Health Act Commission Report</i> | - | 164 (86.8) | 25 (13.2) |

Table 87. Feedback to commissioners: West Midlands South SHA private and voluntary placements of older people

In a large number of cases, those completing the census forms did not have access to information about this type of feedback, explaining the high number of 'not known' responses.

Reasons for placement

Reasons given for placements are shown in table 88.

| Reasons for placements | Number | Percent |
|---------------------------|--------|---------|
| Don't know | 138 | 73.0 |
| Other | 29 | 15.3 |
| Family Reasons | 11 | 5.8 |
| Lack of local capability | 6 | 3.2 |
| Most Appropriate to Needs | 4 | 2.1 |
| Lack of local capacity | 1 | 0.5 |
| Total | 189 | 100.0 |

Table 88. Reasons for placements of older people aged 65 years and over in the private and voluntary sectors: West Midlands South SHA

Many placements are likely to be long-standing, and the original reasons for placement may be unavailable.

Distance from district of origin

Approximate distances of placements from the person's home area were calculated as for adults.

Of all placements of older people made by organizations within the West Midlands South SHA, 162 (85.7%) were identified as being within the geographical catchment area of the funding PCT or LASSD; only 26 (13.8%) were outside of the funder's normal catchment area. This is a significantly different picture to that of adult placements where a significantly high proportion of placements are outside the funder's catchment area.

Average distance to placement: 18.0 miles (Range 0.7 – 186 miles)

Providers used by West Midlands South commissioners

A total of 66 establishments were used as placements for older people, on the date of the census.

Of these, 34 had only one person placed with them funded by the West Midlands South Commissioners. Only 10 providers had 5 or more people placed with them, funded by West Midlands South PCTs or LASSDs on the census date. Table 89 shows the most commonly-used providers.

| Provider organisation | Number (%) of people placed at census date |
|----------------------------------------------|---------------------------------------------------|
| <i>Holmer Nursing Home</i> | 24 (12.7) |
| <i>Gildawood Court Residential Homes Ltd</i> | 19 (10.1) |
| <i>Roxburgh House</i> | 10 (5.3) |
| <i>Pinnacle Care Ltd</i> | 9 (4.8) |
| <i>Craighaven</i> | 9 (4.8) |
| <i>Chasewood Care Ltd</i> | 9 (4.8) |
| <i>Shaw Healthcare Homes Ltd</i> | 8 (4.2) |
| <i>St Andrews Hospital</i> | 5 (2.6) |
| <i>Merevale House</i> | 5 (2.6) |
| <i>Stonebridge Nursing Home</i> | 5 (2.6) |

Table 89: Most commonly used providers for older people: West Midlands South SHA

The provision is generally dispersed with most providers having very small numbers.

Table 90 shows the numbers placed broken down according to the provider trusts responsible for normal statutory services in the West Midlands South SHA.

| Usual statutory Mental Health Provider Trust | Number of out-of-sector placements | Percent |
|-----------------------------------------------------|-------------------------------------------|----------------|
| North Warwickshire PCT | 88 | 46.6 |
| South Warwickshire PCT | 40 | 21.2 |
| Herefordshire PCT | 29 | 15.3 |
| Worcs MH Partnership NHS Trust | 25 | 13.2 |
| Coventry Teaching PCT | 7 | 3.7 |
| Total | 189 | 100.0 |

Table 90. Numbers of older people placed on census date, and usual statutory provider

North Warwickshire PCT is the usual statutory provider for the greatest number of placements of older people made outside of the statutory sector.

Children and adolescents (in CAMHS)

Gender, age and ethnicity of children and adolescents placed

Thirty-nine users of child and adolescent mental health services in the voluntary and private sectors (including placements in residential schools for 'mental health' reasons) were identified in the census in the West Midlands South SHA. Demographic details are shown in table 91.

| Children and adolescents in private/voluntary sector | Summary statistics |
|-------------------------------------------------------------|---------------------------|
| Gender | |
| Number male | 1 (10.0) |
| Number female | 9 (90.0) |
| Age | |
| Mean (years), range | 15.5 (13-17) |
| Ethnicity (number %) | |
| White British | 8 (80.0%) |
| Information not provided | 2 (20.0%) |

Table 91. Gender, age and ethnicity of children and adolescents placed in private/voluntary facilities: West Midlands South SHA

Principal psychiatric diagnoses

Known diagnoses are shown in table 92.

| Known principal diagnosis | Number | Percent |
|----------------------------------|---------------|----------------|
| Eating disorder | 6 | 60.0 |
| Other psychotic disorder | 1 | 10.0 |
| Depression | 1 | 10.0 |
| Other | 1 | 10.0 |
| Non-specific mental illness | 1 | 10.0 |
| Total | 10 | 100.0 |

Table 92. Principal diagnoses of children and adolescents placed in private/voluntary facilities: West Midlands South SHA

Over half of the young people are diagnosed with eating disorders.

No additional problems of drug dependence or alcohol dependence were recorded. In one case deafness was also recorded and in one case problems of learning disability were recorded

Legal status of young people placed

Table 93 shows the legal status of the young people placed in private or voluntary facilities.

| Legal status of young people in private/voluntary provision | Number | Percent |
|--------------------------------------------------------------------|---------------|----------------|
| Informal | 5 | 50.0 |
| Don't know | 3 | 30.0 |
| Section 3 | 1 | 10.0 |
| Children Act Provision | 1 | 10.0 |
| Total | 10 | 100.0 |

Table 93. Mental Health Act status of children and adolescents placed in private or voluntary facilities: West Midlands South SHA

The largest group (5 young people) are informal patients.

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the young person placed. In 6 cases the placement was said to be appropriate, in a worrying 4 cases it was not appropriate'.

The placements

All of the 10 placements used for young people in West Midlands South were in the private sector.

Most young people are placed within the private sector.

Types of placement are shown in table 94.

| Type of placement | Number | Percent |
|-------------------------------------|---------------|----------------|
| Specialist eating disorder facility | 5 | 50.0 |
| Acute in-patient ward | 1 | 10.0 |
| Psychiatric Intensive Care Unit | 1 | 10.0 |
| Psychotherapy service (in-patient) | 1 | 10.0 |
| Other service | 1 | 10.0 |
| CAMHS Residential Unit | 1 | 10.0 |
| Total | 10 | 100.0 |

'A census day audit of mental health independent sector placements in the West Midlands' Ryan T, Hatfield B, Sharma I & Simpson V – HASCAS & Manchester University (2005)

Table 94. Types of placements for young people in private or voluntary sector: West Midlands South SHA.

Placements were funded in a variety of ways. Table 95 shows the funding sources.

| Funder(s) | Number of placements | Percent |
|--------------------------------|----------------------|---------|
| Health | 7 | 70.0 |
| Joint health & Social Services | 2 | 20.0 |
| Other | 1 | 10.0 |
| Total | 10 | 100 |

Table 95. Placement funding source: young people placed in voluntary or private sector West Midlands South SHA

The majority of placements are either funded totally or in part by health.

Costs of placements

Average costs are shown in table 96.

| Funder | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|-----------------|---------------------------------------|-----------------------------------|
| Health service | 4337 | 9325 |
| Health and SSDs | 3789 | 3866 |

NB – one placement incurred variable costs of £6,420 for the week of the census.

Table 96. Average costs to NHS and LASSDs of placements for young people commissioned in the private and voluntary sectors: West Midlands South SHA

Note: complete cost information was returned in all cases.

Total NHS + SSD weekly costs of all 10 placements in the census week: **£40,114**

Total weekly cost to NHS funders in the census week: **£33,481**

Total weekly cost to SSD funders in census week **£ 6,633**

For the 10 CAMHS cases returned, the annual NHS and LASSD costs are approximately £2.09 million.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether young people placed in private or voluntary facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 97.

| | Named professional | Care co-ordinator (Number) | Percent | District of origin consultant (Number) | Percent |
|--|---------------------------|-----------------------------------|----------------|-----------------------------------------------|----------------|
| | Yes | 7 | 70.0 | 7 | 70.0 |
| | Don't know | 2 | 20.0 | 2 | 20.0 |
| | No | 1 | 10.0 | 1 | 10.0 |
| | Total | 10 | 100.0 | 10 | 100.0 |

Table 97. Children and adolescents with Care Co-ordinator and District of origin consultant at point of census: West Midlands South SHA private and voluntary placements

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each young person placed, during the 12 month period preceding the census date. Table 98 indicates the number who affirmed that they had received this feedback.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|----------------------------------------------|-------------------------------------|----------------------------------------|---------------------------------------------------|
| <i>Written report from care co-ordinator</i> | 4 (40.0) | 3 (30.0) | 3 (30.0) |
| <i>Verbal report from care co-ordinator</i> | 6 (60.0) | 2 (20.0) | 2 (20.0) |
| <i>Written report from service provider</i> | 6 (60.0) | 2 (20.0) | 2 (20.0) |
| <i>Verbal report from service provider</i> | 2 (20.0) | 6 (60.0) | 2 (20.0) |
| <i>Visit to placement by commissioner</i> | 2 (20.0) | 6 (60.0) | 2 (20.0) |
| <i>Care review attended by commissioner</i> | 2 (20.0) | 6 (60.0) | 2 (20.0) |
| <i>Written carer or relative contact</i> | 3 (30.0) | 3 (30.0) | 4 (40.0) |
| <i>Verbal carer or relative contact</i> | 4 (40.0) | 3 (30.0) | 3 (30.0) |
| <i>Written patient contact</i> | 1 (10.0) | 7 (70.0) | 2 (20.0) |
| <i>Verbal patient contact</i> | 1 (10.0) | 7 (70.0) | 2 (20.0) |
| <i>Healthcare commission reports</i> | - | 5 (50.0) | 5 (50.0) |
| <i>Mental Health Act Commission Report</i> | - | 8 (80.0) | 2 (20.0) |

Table 98. Feedback to commissioners: West Midlands South SHA private and voluntary placements of children and adolescents

Reasons for placement

Reasons given for placements are shown in table 99.

| Reason for placement | Frequency | Percent |
|-----------------------------|------------------|----------------|
| Most appropriate to needs | 4 | 40.0 |
| Lack of local capacity | 2 | 20.0 |
| Lack of local capability | 2 | 20.0 |
| Other | 2 | 20.0 |
| Total | 10 | 100.0 |

Table 99. Reasons for placements of children and adolescents in the private and voluntary sectors: West Midlands South SHA

Commissioners responding to the census identified a range of reasons for the placement.

Distance from district of origin

Approximate distances of placements from the person’s home area were calculated as for adults and older people.

Of the ten placements for children and adolescents made by organizations within the West Midlands South SHA, none were within the boundaries of the funding authority.

Average distance to placement (10 cases): 72.5 miles (Range 22 – 135miles)

Providers used for children and adolescents by West Midlands South commissioners

A total of 5 providers were used for the 12 placements. Two providers had only one placement from within the SHA area on the census day.

The 7 organisations providing more than one placement on the census day are listed in table 100.

| Provider organisation | Number (%) of young people placed at census date |
|-------------------------------------------|---------------------------------------------------------|
| <i>The Priory Group</i> | 3 (30.0) |
| <i>Hunterscombe Hospitals</i> | 3 (30.0) |
| <i>Care UK PLC</i> | 2 (20.0) |
| <i>Florence Nightingale Hospitals Ltd</i> | 1 (10.0) |
| <i>Promoting Positive Lives Ltd</i> | 1 (10.0) |

Table 100. Private and voluntary sector providers used for children and adolescents: West Midlands South STA

Table 101 shows the numbers of young people placed broken down according to the provider trusts responsible for normal statutory services in the West Midlands South SHA.

| Usual statutory Mental Health Provider Trust | Number (%) of young people placed in private or voluntary facilities on census date |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------|
| <i>Coventry Teaching PCT</i> | 3 (30.0) |
| <i>Herefordshire PCT</i> | 3 (30.0) |
| <i>North Warwickshire PCT</i> | 2 (20.0) |
| <i>Worcs MH Partnership NHS Trust</i> | 2 (20.0) |

Table 101. Numbers of children and adolescents placed and usual statutory provider

Coventry Teaching PCT and Herefordshire PCT are the usual statutory service providers for the greatest number of placements made outside of the statutory sector, for young people.

Forensic placements (special commissioning) funded by PCTs in West Midlands South

Gender, age and ethnicity of forensic patients placed

Sixteen forensic placements were identified in the census in the West Midlands South SHA. Demographic details are shown in table 102.

| Forensic patients in private/voluntary sector | Summary statistics |
|------------------------------------------------------|---------------------------|
| Gender | |
| <i>Number (%) male</i> | 27 (73.0) |
| <i>Number (%) female</i> | 10 (27.0) |
| Age | |
| <i>Mean age years (range)</i> | 37 (18-63) |
| Ethnicity (<i>number %</i>) | |
| <i>White British</i> | 33 (89.2) |
| <i>Black Caribbean</i> | 2 (5.4) |
| <i>Missing information (Number % of cases)</i> | 2 (5.4) |

Table 102. Gender, age and ethnicity of individuals placed in private/voluntary forensic facilities: West Midlands South SHA

Principal psychiatric diagnoses

Known diagnoses are shown in table 103.

| Principal psychiatric diagnosis (forensic patients) | Number | Percent |
|------------------------------------------------------------|---------------|----------------|
| Schizophrenia | 22 | 59.5 |
| Personality disorder | 11 | 29.7 |
| Non-specific mental illness | 2 | 5.4 |
| Schizo-affective disorder | 1 | 2.7 |
| Autism/Asperger's syndrome | 1 | 2.7 |
| Total | 37 | 100.0 |

Table 103. Principal diagnoses of individuals placed in private/voluntary forensic facilities: West Midlands South SHA

Nearly two-thirds of the patients in forensic placements are diagnosed with psychotic illnesses.

Seven (18.9%) people were identified as having additional problems of alcohol dependence and eight (21.6%) had additional problems with drug dependence. Three (8.1%) had additional problems of learning disability and three (8.1%) were identified as deaf.

Legal status of forensic patients placed

Table 104 shows the legal status of the six young people placed in private or voluntary facilities.

| Mental Health Act status | | Number | Percent |
|--------------------------|---------------|--------|---------|
| | Section 3 | 14 | 37.8 |
| | Section 37 | 9 | 24.3 |
| | Section 37/41 | 9 | 24.3 |
| | Don't know | 3 | 8.1 |
| | Section 2 | 1 | 2.7 |
| | Section 47/49 | 1 | 2.7 |
| | Total | 37 | 100.0 |

Table 104. Mental Health Act status of individuals placed in private or voluntary forensic facilities: West Midlands South SHA

The largest group (14 individuals) are detained under Section 3 of the Act.

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the person placed. In 32 cases the placement was said to be appropriate, whilst in 3 cases it was not appropriate. In a further 2 cases the suitability of the placement was not known.

The placements

Table 105 indicates the sector of forensic placements in West Midlands South.

| Sector of placement | | Number | Percent |
|---------------------|-----------|--------|---------|
| | Private | 26 | 70.3 |
| | Voluntary | 11 | 29.7 |
| | Total | 16 | 37 |

Table 105. Sector of forensic provision: West Midlands South SHA

‘A census day audit of mental health independent sector placements in the West Midlands’
Ryan T, Hatfield B, Sharma I & Simpson V – HASCAS & Manchester University (2005)

Most placements are within the private sector.

Types of placement are shown in table 106.

| Type of placement | Number | Percent |
|---------------------------------|--------|---------|
| Medium secure unit | 35 | 94.6 |
| Low secure/high dependency unit | 1 | 2.7 |
| Continuing care service | 1 | 2.7 |
| Total | 37 | 100.0 |

Table 106. Types of forensic placements in private or voluntary sector: West Midlands South SHA.

The majority of placements were described as medium secure units.

Costs of placements

The funding source for the 37 forensic placements were health, no other sources of funding were used.

Average costs are shown in table 107. Cost information was returned in all 37 cases.

| Type of funding | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|-----------------------------------|---------------------------------------|-----------------------------------|
| <i>Health service only (n=37)</i> | 3063 | 4249 |
| <i>Social Services</i> | - | - |

Table 107. Average costs of forensic placements commissioned in the private and voluntary sectors: West Midlands South SHA

Total weekly costs of all 37 placements in the census week: **£113,344**

Total weekly cost to NHS funders in the census week: **£113,344**

Total SSD costs in census week **Nil**

For the 37 forensic placements, the annual total cost is approximately £5.89 million.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether individuals placed in private or voluntary forensic facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 108.

| | Named professional | Care co-ordinator (Number) | Percent | District of origin consultant (Number) | Percent |
|--|---------------------------|-----------------------------------|----------------|-----------------------------------------------|----------------|
| | Yes | 26 | 70.3 | 20 | 54.1 |
| | No | 9 | 24.3 | 15 | 40.5 |
| | Don't know | 2 | 5.4 | 2 | 5.4 |
| | Total | 37 | 100.0 | 37 | 100.0 |

Table 108. Forensic patients with Care Co-ordinator and District of origin consultant at point of census: West Midlands South SHA private and voluntary placements

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each individual placed, during the 12 month period preceding the census date. Table 109 indicates the number who affirmed that they had received this feedback.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|----------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <i>Written report from care co-ordinator</i> | 30 (81.1) | 5 (13.5) | 2 (5.4) |
| <i>Verbal report from care co-ordinator</i> | 25 (67.6) | 10 (27.0) | 2 (5.4) |
| <i>Written report from service provider</i> | 33 (89.2) | 2 (5.4) | 2 (5.4) |
| <i>Verbal report from service provider</i> | 24 (64.9) | 11 (29.7) | 2 (5.4) |
| <i>Visit to placement by commissioner</i> | 13 (35.1) | 22 (59.5) | 2 (5.4) |
| <i>Care review attended by commissioner</i> | 24 (64.9) | 11 (29.7) | 2 (5.4) |
| <i>Written carer or relative contact</i> | 2 (5.4) | 33 (89.2) | 2 (5.4) |
| <i>Verbal carer or relative contact</i> | 7 (18.9) | 28 (75.7) | 2 (5.4) |
| <i>Written patient contact</i> | 4 (10.8) | 31 (83.8) | 2 (5.4) |
| <i>Verbal patient contact</i> | 24 (64.9) | 11 (29.7) | 2 (5.4) |
| <i>Healthcare commission reports</i> | 26 (70.3) | 9 (24.3) | 2 (5.4) |
| <i>Mental Health Act Commission Report</i> | 0 | 36 (97.3) | 1 (2.7) |

Table 109. Feedback to commissioners: West Midlands South SHA private and voluntary forensic placements

Written reports from care co-ordinators and service providers, and Healthcare Commission reports, appear to be the principal sources of feedback.

Reasons for placement

Reasons given for placements are shown in table 110.

| Reason for placement | Number | Percent |
|-----------------------------|---------------|----------------|
| Lack of local capability | 27 | 73.0 |
| Lack of local capacity | 10 | 27.0 |
| Total | 37 | 100.0 |

Table 110. Reasons for forensic placements in the private and voluntary sectors: West Midlands South SHA

Distance from district of origin

Approximate distances of placements from the person’s home area were calculated as described for all placements.

Of the 37 forensic placements made by organizations within the West Midlands South SHA, none were within the usual boundaries of the funding authority.

Average distance to placement: 90.7 miles (Range 27 – 281 miles)

Providers used for forensic placements by West Midlands South commissioners

A range of units is used in the forensic sector. All providers are listed in table 111.

| Provider unit/ organisation | Number | Percent |
|------------------------------------|---------------|----------------|
| Partnerships in Care Ltd | 13 | 35.1 |
| St Andrews Hospital | 11 | 29.7 |
| Blenheim Health Care Ltd | 7 | 18.9 |
| Anchor Trust | 2 | 5.4 |
| Affinity Healthcare | 1 | 2.7 |
| Safe Spaces Ltd | 1 | 2.7 |
| Florence Nightingale Hospitals Ltd | 1 | 2.7 |
| Stones Holdings Ltd | 1 | 2.7 |
| Total | 37 | 100.0 |

Table 111. Providers used for forensic placements: West Midlands South SHA

Table 112 shows the numbers of forensic placements broken down according to the provider trusts responsible for normal statutory services in the West Midlands South SHA.

| Usual statutory Mental Health Provider Trust | <i>Number (%) of forensic placements in private or voluntary facilities on census date</i> |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <i>Coventry Teaching PCT</i> | 11 (29.7) |
| <i>North Warwickshire PCT</i> | 10 (27.0) |
| <i>Worcs MH Partnership NHS Trust</i> | 10 (27.0) |
| <i>Herefordshire PCT</i> | 6 (16.2) |

Table 112. Numbers of forensic placements and usual statutory provider

Coventry Teaching PCT is the usual statutory provider for the greatest number of forensic placements made outside of the statutory sector.

Appendix 6 – Shropshire and Staffordshire Strategic Health Authority

Adults up to 64 years of age

Gender, age and ethnicity of people placed

Demographic details are shown in table 113.

| Adults in private/voluntary sector | Summary statistics |
|--------------------------------------------------|---------------------------|
| Gender | |
| <i>Number (%) male</i> | 153 (60.2) |
| <i>Number (%) female</i> | 101 (39.8) |
| Age | |
| <i>Mean age in years, range of ages</i> | 44 (18-64) |
| Ethnicity (number %) | 229 (90.2) |
| <i>White British</i> | 2 (0.8) |
| <i>Irish</i> | 1 (0.4) |
| <i>Other white background</i> | 1 (0.4) |
| <i>White and Black Caribbean</i> | 1 (0.4) |
| <i>White and black African</i> | 2 (0.8) |
| <i>Indian</i> | 2 (0.8) |
| <i>Caribbean</i> | 1 (0.4) |
| <i>Any other</i> | 15 (5.9) |
| <i>Missing information (number (%) of cases)</i> | |
| TOTAL | 254 (100) |

Table 113. Gender, age and ethnicity of adults (under 65) placed in private/voluntary facilities: Shropshire and Staffordshire SHA

Markedly more men than women are placed in the private or voluntary sectors. Many women may be placed in facilities catering for larger numbers of men. There was no significant difference between men and women in terms of age.

The population placed is predominantly white British.

Principal psychiatric diagnoses

Categories of 'diagnosis' were selected to reflect some of the more unusual syndromes, where lack of local capability might lead to placement in the independent sector.

Known diagnoses are shown in table 114.

| Principal psychiatric diagnosis | Number | Percent |
|---------------------------------------|--------|---------|
| Pick's disease | 1 | 0.4 |
| Huntington's Chorea | 7 | 2.8 |
| Korsakoff's Syndrome | 12 | 4.7 |
| Early onset dementia | 12 | 4.7 |
| Acquired brain injury | 21 | 8.3 |
| Other organic condition | 3 | 1.2 |
| Schizophrenia | 90 | 35.4 |
| Schizo-affective disorder | 7 | 2.8 |
| Bi-polar disorder/affective psychosis | 24 | 9.4 |
| Other psychotic disorder | 6 | 2.4 |
| Depression | 8 | 3.1 |
| Anxiety disorder | 2 | 0.8 |
| Eating disorder | 4 | 1.6 |
| Personality disorder | 19 | 7.5 |
| Autism/Asperger's syndrome | 25 | 9.8 |
| Other | 4 | 1.6 |
| Non-specific mental illness | 8 | 3.1 |
| Dementia | 1 | 0.4 |
| Total | 254 | 100 |

Table 114. Principal diagnoses of adults (under 65) placed in private/voluntary facilities: Shropshire and Staffordshire SHA

Around half of adults placed have known psychotic illnesses, and a small number have no known specific diagnosis. The remainder include people with diagnoses that may be harder to provide for within mainstream services.

Additional problems of alcohol dependence were recorded in 26 cases (10.2%) and drug dependence in 13 cases (5.1%).

Additional problems of learning disability were recorded in 67 cases (26.4%), and deafness in 4 cases (1.6%).

Legal status of individuals placed

Table 115 shows the legal status of adults placed in private or voluntary facilities.

| Mental Health Act 1983 status | Number | Percent |
|-------------------------------|--------|---------|
| Informal | 134 | 52.8 |
| Section 2 | 3 | 1.2 |
| Section 3 | 31 | 12.2 |
| Section 7 (Guardianship) | 4 | 1.6 |
| Section 25 | 2 | 0.8 |
| Section 37 | 6 | 2.4 |
| Section 37/41 | 10 | 3.9 |
| Section 117 | 33 | 13.0 |
| Don't know | 31 | 12.2 |
| Total | 254 | 100 |

Table 115. Mental Health Act status of adults placed in private or voluntary facilities: Shropshire and Staffordshire SHA

Most individuals are placed as informal patients, or as part of arrangements following detention under Section 3. A further group are subject to formal detention under Part 2 of the Act, and an even smaller group are placed under Part 3 (forensic provisions).

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the individual placed. In 228 cases (89.8%) commissioners indicated that the placement was appropriate, in 12 cases (4.7%) the placement was not appropriate, whilst in 14 cases (5.5%) the commissioner completing the form did not know whether the placement was appropriate or not.

The placements

Table 116 indicates the sector of placements used in Shropshire and Staffordshire.

| Sector | Number | Percent |
|-----------|--------|---------|
| Private | 230 | 90.6 |
| Voluntary | 24 | 9.4 |
| Total | 254 | 100.0 |

Table 116. Sector of provision for adults under 65: Shropshire and Staffordshire SHA

It is clear that the private market dominates provision outside of the statutory agencies.

Types of placement are shown in table 117.

| Type of placement (adults <65) | Number | Percent |
|-------------------------------------|--------|---------|
| Acute in-patient ward | 13 | 5.1 |
| Psychiatric Intensive Care Unit | 4 | 1.6 |
| Low secure/high dependency unit | 6 | 2.4 |
| Medium secure unit | 20 | 7.9 |
| Rehabilitation unit | 27 | 10.6 |
| Continuing care service | 171 | 67.3 |
| Psychotherapy service (in-patient) | 1 | 0.4 |
| Specialist eating disorder facility | 3 | 1.2 |
| Other service | 8 | 3.1 |
| CAMHS Residential Unit | 1 | 0.4 |
| Total | 254 | 100.0 |

Table 117. Types of adult placements in private or voluntary sector: Shropshire and Staffordshire SHA.

Longer term or non-specialist units predominate in overall provision.

Types of Healthcare Commission and Commission for Social Care Inspection registration are shown in table 118.

| Type of registration | Number | Percent |
|------------------------|--------|---------|
| Independent hospital | 64 | 25.2 |
| Care home with nursing | 95 | 37.4 |
| Care home | 95 | 37.4 |
| Total | 254 | 100.0 |

Table 118. Type of registration: Shropshire and Staffordshire SHA adult placements

Independent hospitals, care homes with nursing and care homes were all provided by the private and the voluntary sectors.

Placements were funded in a variety of ways. Table 119 shows the funding sources.

| Funder of placement | Number | Percent |
|--------------------------------|--------|---------|
| Health (PCTs) | 125 | 49.2 |
| Social services | 60 | 23.6 |
| Joint health & social services | 68 | 26.8 |
| Other | 1 | 0.4 |
| Total | 254 | 100.0 |

Table 119. Placement funding source: adults placed in voluntary or private sector Shropshire and Staffordshire SHA

PCTs are funding the largest number of placements, more than twice the number funded by Social Services. Sole NHS funding was significantly more likely to underpin placements in independent hospitals, whilst sole Social Services funding was more likely for facilities described as 'care homes'. Joint funding was used for all types of placements, although care home placements predominated.

Costs of placements

Average costs are shown in table 120.

| Type of funding | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|------------------------------------|---------------------------------------|-----------------------------------|
| Health service only | 1867 | 5600 |
| LA Social Services only | 336 | 672 |
| Joint | 1182 | 3168 |
| Average added cost of 'specialing' | 30.50 | 375 |
| All placements | 1340 | 5600 |

Table 120. Average costs of adult placements commissioned in the private and voluntary sectors: Shropshire and Staffordshire SHA

Note: Cost information missing in 37 cases(not included)

Total weekly costs of all placements in the census week: **£290,614**

Total weekly cost to NHS funders in the census week: **£249,503**

Total weekly cost to LASSD funders in the census week: **£48,373**

If the census week is assumed to be typical, current TOTAL costs approximate £15.11 million per annum for adults under 65 years of age placed by PCTs and LASSDs in the Shropshire and Staffordshire strategic health authority area.

Health funding predominates in the high-cost placements, and health funding also underpins a greater number of placements, leading to higher overall costs to the NHS.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether individuals placed in private or voluntary facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 121.

| Named professional | Care Co-ordinator (number) | Percent | District of origin consultant (number) | Percent |
|--------------------|----------------------------|---------|----------------------------------------|---------|
| Yes | 206 | 81.1 | 193 | 76.0 |
| No | 21 | 8.3 | 23 | 9.1 |
| Don't know | 27 | 10.6 | 38 | 15.0 |
| Total | 254 | 100.0 | 254 | 100 |

Table 121. Individuals with Care Co-ordinator and District of origin consultant at point of census: Shropshire and Staffordshire SHA private and voluntary placements

When these figures are combined, a total of 221 out of 254 individuals placed are known to have either a named care co-ordinator, or a named District of origin consultant, or both. However, a minority do not have this formal linkage. The study was not designed to establish the robustness or otherwise of the formal links.

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each individual placement during the 12 month period preceding the census. Table 122 indicates the number who affirmed that they had received this feedback.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|---------------------------------------|------------------------------|---------------------------------|--------------------------------------------|
| Written report from care co-ordinator | 160 (63.0) | 76 (29.9) | 18 (7.1) |
| Verbal report from care co-ordinator | 94 (37.0) | 136 (53.5) | 24 (9.4) |
| Written report from service provider | 105 (41.3) | 128 (50.4) | 21 (8.3) |
| Verbal report from service provider | 107 (42.1) | 127 (50.0) | 20 (7.9) |
| Visit to placement by commissioner | 93 (36.6) | 88 (34.6) | 73 (28.7) |
| Care review attended by commissioner | 93 (36.6) | 90 (35.4) | 71 (28.0) |
| Written carer or relative contact | 19 (7.5) | 208 (81.9) | 27 (10.6) |
| Verbal carer or relative contact | 97 (38.2) | 133 (52.4) | 24 (9.4) |
| Written patient contact | 10 (3.9) | 217 (85.4) | 27 (10.6) |
| Verbal patient contact | 122 (48.0) | 114 (44.9) | 18 (7.1) |
| | 35 (13.8) | 147 (57.9) | 72 (28.3) |
| Healthcare commission reports | 3 (1.2) | 184 (72.4) | 67 (26.4) |
| Mental Health Act Commission Report | | | |

Table 122. Feedback to commissioners: Shropshire and Staffordshire SHA private and voluntary placements (adults <65)

It must be acknowledged that there were inconsistencies between areas in the way in which the census forms were completed, and many were not completed directly by commissioners but by others in the organization. The information contained in table 13 is therefore broadly indicative only of the use of various channels of feedback.

Reasons for placement

Reasons given for placements are shown in table 123.

| Reasons for placement | Number | Percent |
|---------------------------|--------|---------|
| Lack of local capacity | 70 | 27.6 |
| Lack of local capability | 32 | 12.6 |
| Other | 8 | 3.1 |
| Don't know | 99 | 39.0 |
| Most appropriate to needs | 15 | 5.9 |
| Family reasons | 1 | 0.4 |
| Resettlement project | 29 | 11.4 |
| Total | 254 | 100.0 |

Table 123. Reasons for placements of adults under 65 years of age in the private and voluntary sectors: Shropshire and Staffordshire SHA

The largest single group of reasons are 'not known', but issues of capacity and capability also feature prominently in the reasons for placement.

Distance from district of origin

As the research team did not have access to home addresses of individuals placed, distances were calculated from the post-code of the PCT or Local Authority funding the placement, and from the post-code of the placement itself. This gives an approximate indication of distances involved, although in county and rural areas the margin of error in approximating 'distance from home' will be greater.

Of all adult placements made by organizations within the Shropshire and Staffordshire SHA, 93 (36.6%) were identified as being within the geographical catchment area of the funding PCT or LASSD; 161 (63.4%) were outside of the funder's normal catchment area.

Average distance to placement: 39.2 miles (Range 0.8 – 228 miles)

Average distance to placements outside of PCT or LASSD catchment 55.7 miles (Range 1.8 -228 miles)

Table 124 shows the distance from area of origin according to the placement sector.

| Distance to placement from commissioner address | | Sector | | Total |
|-------------------------------------------------|-----------------|---------|-----------|--------|
| | | Private | Voluntary | |
| 0-20 miles | Number | 101 | 14 | 115 |
| | % within Sector | 43.9% | 58.3% | 45.3% |
| 21-50 miles | Number | 65 | 4 | 69 |
| | % within Sector | 28.3% | 16.7% | 27.2% |
| over 50 miles | Number | 64 | 6 | 70 |
| | % within Sector | 27.8% | 25.0% | 27.6% |
| Total | Number | 230 | 24 | 254 |
| | % within Sector | 100.0% | 100.0% | 100.0% |

Table 124. Distance to placement in bands by placement sector: Shropshire and Staffordshire SHA (adults up to 65 years)

Just under half of all adult placements are within 20 miles of the funding PCT or LASSD. The remainder, most of which are private sector placements, are further afield. Around a quarter of both private and voluntary sector placements are over 50 miles from the funding authority base.

Providers used by Shropshire and Staffordshire commissioners

A total of 104 establishments were used as placements for adults under 65 years of age, on the date of the census.

Of these, 65 had only one person placed with them funded by the Shropshire and Staffordshire Commissioners. Fourteen providers had 5 or more people placed with them, funded by Shropshire and Staffordshire PCTs or LASSDs on the census date. Table 125 shows the most commonly-used providers.

| Provider organisation | Number (%) of people placed at census date |
|----------------------------------|--------------------------------------------|
| Richmond Fellowship | 21 (8.3) |
| John Munroe Independent Hospital | 20 (7.9) |
| Extra Care Charitable Trust | 11 (4.3) |
| Nightingale Group Ltd. | 8 (3.1) |
| Mental Health Care Group | 8 (3.1) |
| Minehome Ltd. | 8 (3.1) |
| Partnerships in Care Ltd. | 7 (2.8) |
| Farescare Ltd. | 7 (2.8) |
| Groundstyle Ltd. | 7 (2.8) |
| Craegmoor Healthcare Ltd. | 6 (2.4) |
| Moorland Rehabilitation Ltd. | 6 (2.4) |
| Rethink | 6 (2.4) |
| Affinity Healthcare | 5 (2.0) |
| Care Principles Ltd. | 5 (2.0) |

Table 125: Most commonly used providers for adults: Shropshire and Staffordshire SHA

Just under half of all census day placements were provided by these 14 organisations.

Table 126 shows the numbers placed broken down according to the provider trusts responsible for normal statutory services in the Shropshire and Staffordshire SHA.

| Usual statutory Mental Health Provider Trust | Number (%) of adults placed in private or voluntary facilities on census date |
|-----------------------------------------------------|--------------------------------------------------------------------------------------|
| North Staffordshire Combined Healthcare NHS Trust | 66 (26.0) |
| Shropshire County PCT | 72 (28.3) |
| South Staffordshire Healthcare NHS Trust | 65 (25.6) |
| Not given | 51 (20.1) |

Table 126. Numbers placed by usual statutory provider

Older people aged 65 years and over

Gender, age and ethnicity of older people placed

Demographic details are shown in table 127.

| Older people in private/voluntary sector | Summary statistics |
|------------------------------------------|--------------------|
| <i>Gender</i> | |
| Number (%) male | 52 (32.5) |
| Number (%) female | 107 (66.9) |
| <i>Age</i> | |
| Mean age in years, range of ages | 77.1 (65-99) |
| <i>Ethnicity (number %)</i> | |
| White British | 135 (84.4) |
| Bangladeshi | 1 (0.6) |
| Missing information | 24 (15.0) |

Table 127. Gender, age and ethnicity of older people (65 and over) placed in private/voluntary facilities: Shropshire and Staffordshire SHA

More women than men are placed in the private or voluntary sectors in the older age group. However, this reflects the population proportions.

Principal psychiatric diagnoses

Categories of 'diagnosis' were selected to reflect some of the more unusual syndromes, where lack of local capability might lead to placement in the independent sector. Older people with organic illnesses funded solely by Social Services were excluded.

Known diagnoses are shown in table 128.

| Principal psychiatric diagnosis | Number | Percent |
|---------------------------------------|--------|---------|
| Huntington's Chorea | 2 | 1.3 |
| Korsakoff's Syndrome | 2 | 1.3 |
| Early onset dementia | 13 | 8.1 |
| Acquired brain injury | 7 | 4.4 |
| Other organic condition | 9 | 5.6 |
| Schizophrenia | 41 | 25.6 |
| Schizo-affective disorder | 2 | 1.3 |
| Bi-polar disorder/affective psychosis | 13 | 8.1 |
| Other psychotic disorder | 3 | 1.9 |
| Depression | 31 | 19.4 |
| Anxiety disorder | 12 | 7.5 |
| Personality disorder | 4 | 2.5 |
| Other | 1 | 0.6 |
| Non-specific mental illness | 12 | 7.5 |
| Dementia | 8 | 5.0 |
| Total | 160 | 100 |

Table 128. Principal diagnoses of older people (65 years and over) placed in private/voluntary facilities: Shropshire and Staffordshire SHA

Over a third of older people placed have known psychotic illnesses, and a further quarter have no known specific diagnosis.

Additional problems of alcohol dependence were recorded in 2 cases only and drug dependence in no cases.

Additional problems of learning disability were recorded in 10 cases, and deafness in 4 cases. However, in a majority of cases, these additional factors were recorded as 'not known'.

Legal status of older individuals placed

Table 129 shows the legal status of older people placed in private or voluntary facilities.

| Mental Health Act 1983 status | Number | Percent |
|-------------------------------|--------|---------|
| Informal | 71 | 44.4 |
| Section 2 | 2 | 1.3 |
| Section 3 | 5 | 3.1 |
| Section 117 | 18 | 11.3 |
| Don't know | 64 | 40.0 |
| Total | | |

Table 129. Mental Health Act status of older people placed in private or voluntary facilities: Shropshire and Staffordshire SHA

Most individuals are placed as informal patients, or as part of Section 117 arrangements following detention under Section 3. The proportion where legal status was not known is substantial.

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the older person placed. In 137 cases (85.6%) commissioners indicated that the placement was appropriate, in one case the placement was not appropriate, whilst in 22 cases (13.8%) the commissioner completing the form did not know whether the placement was appropriate or not. (This is a higher proportion of 'not known' responses than for adults under 65.)

The placements

Table 130 indicates the sector of placements used for older people in Shropshire and Staffordshire.

| Sector of placement | Number | Percent |
|---------------------|--------|---------|
| Private | 139 | 86.9 |
| Voluntary | 21 | 13.1 |
| Total | 160 | 100 |

Table 130. Sector of provision for older people aged 65 and over: Shropshire and Staffordshire SHA

The dominance of private over voluntary provision is as marked as in the adult sector.

Types of placement are shown in table 131.

| Type of placement | Number | Percent |
|-------------------------|--------|---------|
| Acute in-patient ward | 1 | 0.6 |
| Rehabilitation unit | 4 | 2.5 |
| Continuing care service | 155 | 96.9 |
| Total | 160 | 100 |

Table 131. Types of placements for older people in private or voluntary sector: Shropshire and Staffordshire SHA.

Continuing care units predominate in overall provision.

Types of registration with the Healthcare Commission or Commission for Social Care Inspection are shown in table 132.

| Type of registration | Number | Percent |
|------------------------|--------|---------|
| Independent hospital | 8 | 5.0 |
| Care home with nursing | 111 | 69.4 |
| Care home | 41 | 25.6 |
| Total | 160 | 100 |

Table 132. Type of registration: Shropshire and Staffordshire SHA placements for older people

All but four of the voluntary sector placements were in premises designated as 'care homes with nursing'.

Placements were funded in a variety of ways. Table 133 shows the funding sources.

| Funder(s) | Number of placements | Percent |
|-----------------|----------------------|---------|
| Health | 38 | 23.8 |
| Social Services | 113 | 70.6 |
| Joint | 8 | 5.0 |
| Total | 159 | 99.4 |

Table 133. Placement funding source: older people placed in voluntary or private sector Shropshire and Staffordshire SHA

Social Services authorities are the sole funder for a far larger proportion of placements than is the case in the adult sector. Joint funding arrangements are markedly less common.

Costs of placements

Average costs are shown in table 134.

| Type of funding | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|-------------------------|---------------------------------------|-----------------------------------|
| Health service only | 627 | 2000 |
| LA Social Services only | 358 | 450 |
| Joint | 666 | 1360 |
| All placements | 413 | 2000 |

Table 134. Average costs of placements for older people commissioned in the private and voluntary sectors: Shropshire and Staffordshire SHA

Note: Cost information missing in 19 cases

Total weekly costs of all placements in the census week: **£58,174**

Total weekly cost to NHS funders in the census week : **£16,212**

Total weekly cost to LASSD funders in the census week: **£43,176**

If the census week is assumed to be typical, current TOTAL costs approximate £3.03 million per annum for older people aged 65 years of age and over, placed by PCTs and LASSDs in the Shropshire and Staffordshire strategic health authority area.

For older people Social Services fund far more placements numerically, and also bear the highest overall cost burden.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether older people placed in private or voluntary facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 135.

| Named professional | Care co-ordinator (Number) | Percent | District of origin consultant (Number) | Percent |
|--------------------|----------------------------|---------|----------------------------------------|---------|
| Yes | 62 | 38.8 | 60 | 37.5 |
| No | 60 | 37.5 | 34 | 21.3 |
| Don't know | 38 | 23.8 | 66 | 41.3 |
| Total | 160 | 100 | 160 | 100 |

Table 135. Older people with Care Co-ordinator and District of origin consultant at point of census: Shropshire and Staffordshire SHA private and voluntary placements

When these figures are combined, a total of 77 (48.1%) out of 160 individuals placed have either a named care co-ordinator, or a named District of origin consultant, or both. However, a minority (23, 14.4%) do not have this formal linkage.

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each older person placed, during the 12 month period preceding the census date.

Table 136 indicates the number who affirmed that they had received this feedback.

In a large number of cases, those completing the census forms did not have access to information about this type of feedback, explaining the substantial number of 'not known' responses.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|---------------------------------------|------------------------------|---------------------------------|--------------------------------------------|
| Written report from care co-ordinator | 50 (31.3) | 89 (55.6) | 21 (13.1) |
| Verbal report from care co-ordinator | 38 (23.8) | 101 (63.1) | 21 (13.1) |
| Written report from service provider | 19 (11.9) | 114 (71.3) | 27 (16.9) |
| Verbal report from service provider | 77 (48.1) | 64 (40.0) | 19 (11.9) |
| Visit to placement by commissioner | 41 (25.6) | 74 (46.3) | 45 (28.1) |
| Care review attended by commissioner | 41 (25.6) | 81 (50.6) | 38 (23.8) |
| Written carer or relative contact | 12 (7.5) | 121 (75.6) | 27 (16.9) |
| Verbal carer or relative contact | 59 (36.9) | 78 (48.8) | 23 (14.4) |
| Written patient contact | 17 (10.6) | 120 (75.0) | 23 (14.4) |
| Verbal patient contact | 86 (53.8) | 60 (37.5) | 14 (8.8) |
| | 2 (1.3) | 110 (68.8) | 48 (30.0) |
| Healthcare commission reports | 1 (0.6) | 115 (71.9) | 44 (27.5) |
| Mental Health Act Commission Report | | | |

Table 136. Feedback to commissioners: Shropshire and Staffordshire SHA private and voluntary placements of older people

Reasons for placement

Reasons given for placements are shown in table 137.

| Reasons for placements | Number | Percent |
|---------------------------|--------|---------|
| Lack of local capacity | 15 | 9.4 |
| Lack of local capability | 6 | 3.8 |
| Most appropriate to needs | 15 | 9.4 |
| Family reasons | 5 | 3.1 |
| Resettlement project | 27 | 16.9 |
| Other | 8 | 5.0 |
| Don't know | 84 | 52.5 |
| Total | 160 | 100 |

Table 137. Reasons for placements of older people aged 65 years and over in the private and voluntary sectors: Shropshire and Staffordshire SHA

Many placements are likely to be long-standing, and the original reasons for placement may be unavailable.

Distance from district of origin

Approximate distances of placements from the person's home area were calculated as for adults.

Of all placements of older people made by organizations within the Shropshire and Staffordshire SHA, 54 (33.8%) were identified as being within the geographical catchment area of the funding PCT or LASSD; 106 (66.3%) were outside of the funder's normal catchment area. This is a similar proportion of older people placed within the normal funder's catchment area as for adults under 65 years.

Average distance to placement: 20.1 miles (Range 0.8 – 152 miles)

Average distance to placements outside of PCT or LASSD catchment 26.8 miles (Range 4.4 - 152 miles)

Providers used by Shropshire and Staffordshire commissioners

A total of 72 establishments were used as placements for older people, on the date of the census.

Of these, 47 had only one person placed with them funded by the Shropshire and Staffordshire Commissioners. Only six providers had 5 or more people placed with them, funded by Shropshire and Staffordshire PCTs or LASSDs on the census date. Table 138 shows the most commonly-used providers.

| Provider organisation | <i>Number (%) of people placed at census date</i> |
|-----------------------------------------|----------------------------------------------------------|
| <i>Extra Care Charitable Trust</i> | 19 (11.9) |
| <i>Minehome Ltd.</i> | 13 (8.1) |
| <i>Grangemoor Care Homes</i> | 12 (7.5) |
| <i>John Munroe Independent Hospital</i> | 7 (4.4) |
| <i>Restful Homes Ltd</i> | 5 (3.1) |
| <i>Standon Hall Home Ltd</i> | 5 (3.1) |

Table 138: Most commonly used providers for older people: Shropshire and Staffordshire SHA

The provision is generally dispersed with most providers having very small numbers.

Table 139 shows the numbers placed broken down according to the provider trusts responsible for normal statutory services in the Shropshire and Staffordshire SHA.

| Usual statutory Mental Health Provider Trust | Number of out-of-sector placements | Percent |
|-----------------------------------------------------|-------------------------------------------|----------------|
| North Staffordshire Combined Healthcare NHS Trust | 27 | 16.9 |
| Shropshire County PCT | 12 | 7.5 |
| South Staffordshire Healthcare NHS Trust | 40 | 25.0 |
| Total | 79 | 49.4 |
| Information not provided | 81 | 50.6 |
| Total | 160 | 100.0 |

Table 139. Numbers of older people placed on census date, and usual statutory provider

South Staffordshire Healthcare NHS Trust is the usual statutory provider for the greatest number of placements of older people made outside of the statutory sector.

Children and adolescents (in CAMHS)

Gender, age and ethnicity of children and adolescents placed

Thirty-nine users of child and adolescent mental health services in the voluntary and private sectors (including placements in residential schools for 'mental health' reasons) were identified in the census in the Shropshire and Staffordshire SHA. Demographic details are shown in table 140.

| Children and adolescents in private/voluntary sector | Summary statistics |
|-------------------------------------------------------------|---------------------------|
| Gender | |
| <i>Number male</i> | 24 (61.5) |
| <i>Number female</i> | 15 (38.5) |
| Age | |
| <i>Mean (years), range</i> | 15 (10-19) |
| Ethnicity (<i>number %</i>) | |
| <i>White British</i> | 36 (92.3%) |
| <i>Irish</i> | 1 (2.6%) |
| <i>Information not provided</i> | 2 (5.1%) |

Table 140. Gender, age and ethnicity of children and adolescents placed in private/voluntary facilities: Shropshire and Staffordshire SHA

Principal psychiatric diagnoses

Known diagnoses are shown in table 141.

| Known principal diagnosis | Number | Percent |
|----------------------------------|---------------|----------------|
| Acquired brain injury | 2 | 5.1 |
| Schizophrenia | 2 | 5.1 |
| Other neurotic disorder | 1 | 2.6 |
| Eating disorder | 2 | 5.1 |
| Autism/Asperger's syndrome | 16 | 41.0 |
| Other | 15 | 38.5 |
| Total | 38 | 100.0 |

Table 141. Principal diagnoses of children and adolescents placed in private/voluntary facilities: Shropshire and Staffordshire SHA

Almost half of the young people are diagnosed with autism or Asperger’s syndrome. No additional problems of drug dependence, alcohol dependence or deafness were recorded. In 8 cases additional problems of learning disability were recorded

Legal status of young people placed

Table 142 shows the legal status of the young people placed in private or voluntary facilities.

| Legal status of young people in private/voluntary provision | Number | Percent |
|--------------------------------------------------------------------|---------------|----------------|
| Informal | 11 | 28.2 |
| Section 3 Mental Health Act | 21 | 53.8 |
| Don't know | 6 | 15.4 |
| Children Act Provision | 1 | 2.6 |
| Total | 39 | 100.0 |

Table 142. Mental Health Act status of children and adolescents placed in private or voluntary facilities: Shropshire and Staffordshire SHA

The largest group (21 young people) are detained under Section 3 of the Mental Health Act.

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the young person placed. In 34 cases the placement was said to be appropriate, in 2 cases it was not appropriate, and in 3 cases the response was ‘don’t know’.

The placements

Table 143 indicates the sector of placements used for young people in Shropshire and Staffordshire.

| Sector | Number | Percent |
|---------------|---------------|----------------|
| Private | 35 | 89.7 |
| Voluntary | 4 | 10.3 |
| Total | 39 | 100.0 |

Table 143. Sector of provision for children and adolescents: Shropshire and Staffordshire SHA

Most young people are placed within the private sector.

Types of placement are shown in table 144.

| Type of placement | Number | Percent |
|-------------------------------------|--------|---------|
| Psychiatric Intensive Care Unit | 1 | 2.6 |
| Rehabilitation unit | 2 | 5.1 |
| Continuing care service | 15 | 38.5 |
| Specialist eating disorder facility | 2 | 5.1 |
| Specialist Residential School | 12 | 30.8 |
| CAMHS Residential Unit | 6 | 15.4 |
| Other service | 1 | 2.6 |
| Total | 39 | 100.0 |

Table 144. Types of placements for young people in private or voluntary sector: Shropshire and Staffordshire SHA.

Placements were funded in a variety of ways. Table 145 shows the funding sources.

| Funder(s) | Number of placements | Percent |
|--------------------------------|----------------------|---------|
| Health | 7 | 17.9 |
| Social Services | 1 | 2.6 |
| Joint health & Social Services | 11 | 28.2 |
| 3-way PCT, SSD & Education | 12 | 30.8 |
| PCT & Education | 7 | 17.9 |
| Other | 1 | 2.6 |
| Total | 39 | 100 |

Table 145. Placement funding source: young people placed in voluntary or private sector Shropshire and Staffordshire SHA

Joint funding arrangements underpin over three-quarters of all placements.

Costs of placements

Average costs are shown in table 146.

| Funder | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|------------------------|----------------------------------------------|------------------------------------------|
| <i>Health service</i> | 1377 | 5366 |
| <i>Social Services</i> | 869 | 4200 |
| <i>Health and SSDs</i> | 2340 | 5366 |

Table 146. Average costs to NHS and LASSDs of placements for young people commissioned in the private and voluntary sectors: Shropshire and Staffordshire SHA

Note: complete cost information was only returned in 33 cases. No LEA cost information was available.

Total NHS + SSD weekly costs of all 33 placements in the census week: **£77,210**

Total weekly cost to NHS funders in the census week: **£48,204**

Total weekly cost to SSD funders in census week **£29,547**

For the 33 CAMHS cases returned, the annual NHS + SSD costs are approximately £4.02 million. LEA costs are additional to this.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether young people placed in private or voluntary facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 147.

| Named professional | Care co-ordinator (Number) | Percent | District of origin consultant (Number) | Percent |
|---------------------------|-----------------------------------|----------------|-----------------------------------------------|----------------|
| Yes | 37 | 94.9 | 31 | 79.5 |
| No | 1 | 2.6 | 3 | 7.7 |
| Don't know | 1 | 2.6 | 5 | 12.8 |
| Total | 39 | 100 | 39 | 100 |

Table 147. Children and adolescents with Care Co-ordinator and District of origin consultant at point of census: Shropshire and Staffordshire SHA private and voluntary placements

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each young person placed, during the 12 month period preceding the census date. Table 148 indicates the number who affirmed that they had received this feedback.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|----------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <i>Written report from care co-ordinator</i> | 22 (56.4) | 15 (38.5) | 2 (5.1) |
| <i>Verbal report from care co-ordinator</i> | 22 (56.4) | 15 (38.5) | 2 (5.1) |
| <i>Written report from service provider</i> | 9 (23.1) | 28 (71.8) | 2 (5.1) |
| <i>Verbal report from service provider</i> | 6 (15.4) | 30 (76.9) | 3 (7.7) |
| <i>Visit to placement by commissioner</i> | 4 (10.3) | 31 (79.5) | 4 (10.3) |
| <i>Care review attended by commissioner</i> | 5 (12.8) | 29 (74.4) | 5 (12.8) |
| <i>Written carer or relative contact</i> | 5 (12.8) | 32 (82.1) | 2 (5.1) |
| <i>Verbal carer or relative contact</i> | 6 (15.4) | 31 (79.5) | 2 (5.1) |
| <i>Written patient contact</i> | 1 (2.6) | 35 (89.7) | 3 (7.7) |
| <i>Verbal patient contact</i> | 3 (7.7) | 33 (84.6) | 3 (7.7) |
| <i>Healthcare commission reports</i> | 23 (59.0) | 12 (30.8) | 4 (10.3) |
| <i>Mental Health Act Commission Report</i> | 0 | 35 (89.7) | 4 (10.3) |

Table 148. Feedback to commissioners: Shropshire and Staffordshire SHA private and voluntary placements of children and adolescents

Reasons for placement

Reasons given for placements are shown in table 149.

| Reason for placement | Number | Percent |
|---------------------------|--------|---------|
| Lack of local capacity | 10 | 25.6 |
| Lack of local capability | 3 | 7.7 |
| Most appropriate to needs | 1 | 2.6 |
| Don't know | 25 | 64.1 |
| Total | 39 | 100.0 |

Table 149. Reasons for placements of children and adolescents in the private and voluntary sectors: Shropshire and Staffordshire SHA

Commissioners responding to the census were not aware of reasons for the placement in a majority of cases.

Distance from district of origin

Approximate distances of placements from the person's home area were calculated as for adults and older people.

Of the thirty-nine placements for children and adolescents made by organizations within the Shropshire and Staffordshire SHA, 11 (28.2%) were within the usual boundaries of the funding authority.

Average distance to placement (39 cases): 45.5 miles (Range 3 – 162miles)

Providers used for children and adolescents by Shropshire and Staffordshire commissioners

A total of 22 providers were used for the 39 placements. Fifteen providers had only one placement from Shropshire and Staffordshire on the census day.

The 7 organisations providing more than one placement on the census day are listed in table 150.

| Provider organisation | Number (%) of young people placed at census date |
|-------------------------------|--------------------------------------------------|
| <i>Young Options</i> | 7 (17.9) |
| <i>New Horizons</i> | 4 (10.3) |
| <i>Key Attachment Centre</i> | 4 (10.3) |
| <i>Hunterscombe Hospitals</i> | 3 (7.7) |
| <i>Bryn Melyn Group</i> | 2 (5.1) |
| <i>Pegasus Schools</i> | 2 (5.1) |
| <i>The Priory Group</i> | 2 (5.1) |

Table 150. Private and voluntary sector providers used for children and adolescents: Shropshire and Staffordshire STA

Table 151 shows the numbers of young people placed broken down according to the provider trusts responsible for normal statutory services in the Shropshire and Staffordshire SHA.

| Usual statutory Mental Health Provider Trust | Number (%) of young people placed in private or voluntary facilities on census date |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <i>North Staffordshire Combined Healthcare NHS Trust</i> | 5 (12.8) |
| <i>Shropshire County PCT</i> | 24 (61.5) |
| <i>South Staffordshire Healthcare NHS Trust</i> | 10 (25.6) |

Table 151. Numbers of children and adolescents placed and usual statutory provider

Shropshire County PCT is the usual statutory provider for the greatest number of placements made outside of the statutory sector, for young people.

Forensic placements (special commissioning) funded by PCTs in Shropshire and Staffordshire

Gender, age and ethnicity of forensic patients placed

Sixteen forensic placements were identified in the census in the Shropshire and Staffordshire SHA. Demographic details are shown in table 152.

| Forensic patients in private/voluntary sector | Summary statistics |
|------------------------------------------------------|---------------------------|
| Gender | |
| <i>Number (%) male</i> | <i>11 (68.8)</i> |
| <i>Number (%) female</i> | <i>5 (31.3)</i> |
| Age | |
| <i>Mean age years (range)</i> | <i>33 (19-69)</i> |
| Ethnicity (number %) | |
| <i>White British</i> | <i>15 (93.8)</i> |
| <i>Black Caribbean</i> | <i>1 (6.3)</i> |

Table 152. Gender, age and ethnicity of individuals placed in private/voluntary forensic facilities: Shropshire and Staffordshire SHA

Principal psychiatric diagnoses

Known diagnoses are shown in table 153.

| Diagnosis (forensic patients) | Number | Percent |
|--------------------------------------|---------------|----------------|
| Schizophrenia | 7 | 43.8 |
| Schizo-affective disorder | 1 | 6.3 |
| Personality disorder | 7 | 43.8 |
| Autism/Asperger's syndrome | 1 | 6.3 |
| Total | 16 | 100.0 |

Table 153. Principal diagnoses of individuals placed in private/voluntary forensic facilities: Shropshire and Staffordshire SHA

Half of the patients in forensic placements are diagnosed with psychotic illnesses. Three people were identified as having additional problems of alcohol dependence, and a further three had additional problems of learning disability. There were no identified cases of drug dependence. One person was identified as deaf.

Legal status of forensic patients placed

Table 154 shows the legal status of the sixteen people placed in private or voluntary forensic facilities.

| Mental Health Act status | Number | Percent |
|---------------------------------|---------------|----------------|
| Informal | 1 | 6.3 |
| Section 3 | 2 | 12.5 |
| Section 37 | 4 | 25.0 |
| Section 37/41 | 8 | 50.0 |
| Don't know | 1 | 6.3 |
| Total | 16 | 100.0 |

Table 154. Mental Health Act status of individuals placed in private or voluntary forensic facilities: Shropshire and Staffordshire SHA

The largest group (8 individuals) are detained under Section 37/41 of the Act.

Suitability of placement

Commissioners were asked to indicate in broad terms whether the current placement was appropriate to the needs of the individual placed. In 12 cases the placement was said to be appropriate, whilst in 4 cases it was not appropriate.

The placements

Table 155 indicates the sector of forensic placements in Shropshire and Staffordshire.

| Sector of placement | Number | Percent |
|----------------------------|---------------|----------------|
| Private | 15 | 93.8 |
| Voluntary | 1 | 6.3 |
| Total | 16 | 100 |

Table 155. Sector of forensic provision: Shropshire and Staffordshire SHA

Most placements are within the private sector.

Types of placement are shown in table 156.

| Type of placement | Number | Percent |
|-------------------------|--------|---------|
| Medium secure unit | 12 | 75.0 |
| Rehabilitation unit | 2 | 12.5 |
| Continuing care service | 1 | 6.3 |
| Other service | 1 | 6.3 |
| Total | 16 | 100.0 |

Table 156. Types of forensic placements in private or voluntary sector: Shropshire and Staffordshire SHA.

The majority of placements were described as medium secure units.

Table 157 shows the funding sources for the 16 forensic placements.

| Funder for placement | Number | Percent |
|----------------------|--------|---------|
| Health | 15 | 93.8 |
| Social services | 1 | 6.3 |
| Total | 16 | 100.0 |

Table 157. Placement funding source: forensic placements in voluntary or private sector Shropshire and Staffordshire SHA

All but one of the placements were funded by the NHS.

Costs of placements

Average costs are shown in table 158. Cost information was returned in all 16 cases.

| Type of funding | Average weekly cost per placement (£) | Maximum weekly placement cost (£) |
|-----------------------------------|---------------------------------------|-----------------------------------|
| <i>Health service only (n=15)</i> | 3131 | 4018 |
| <i>Social Services (n=1)</i> | 408 | 408 |
| <i>All placements</i> | 2961 | 4018 |

Table 158. Average costs of forensic placements commissioned in the private and voluntary sectors: Shropshire and Staffordshire SHA

Total weekly costs of all 16 placements in the census week: **£47,378**

Total weekly cost to NHS funders in the census week: **£46,970**

Total SSD costs in census week **£ 408**

For the 16 forensic placements, the annual total cost is approximately £2.5 million.

Linkage to CPA mechanisms

Commissioners completing the census forms were asked whether individuals placed in private or voluntary forensic facilities had a current named care co-ordinator, and a current consultant at their District of origin.

Replies are shown in table 159.

| Named professional | Care co-ordinator (Number) | Percent | District of origin consultant (Number) | Percent |
|--------------------|----------------------------|---------|----------------------------------------|---------|
| Yes | 16 | 100 | 9 | 56.3 |
| No | 0 | 0 | 6 | 37.5 |
| Don't know | 0 | 0 | 1 | 6.3 |
| Total | 16 | 100 | 16 | 100 |

Table 159. Forensic patients with Care Co-ordinator and District of origin consultant at point of census: Shropshire and Staffordshire SHA private and voluntary placements

Commissioners were asked to indicate (from a checklist) the types of feedback they had received about each individual placed, during the 12 month period preceding the census date. Table 160 indicates the number who affirmed that they had received this feedback.

| Sources of feedback | Feedback received Number (%) | No feedback received Number (%) | Don't know if feedback received Number (%) |
|----------------------------------------------|------------------------------|---------------------------------|--------------------------------------------|
| <i>Written report from care co-ordinator</i> | 15 (93.8) | 1 (6.3) | 0 |
| <i>Verbal report from care co-ordinator</i> | 3 (18.8) | 13 (81.3) | 0 |
| <i>Written report from service provider</i> | 15 (93.8) | 1 (6.3) | 0 |
| <i>Verbal report from service provider</i> | 2 (12.5) | 14 (87.5) | 0 |
| <i>Visit to placement by commissioner</i> | 8 (50.0) | 7 (43.8) | 1 (6.3) |
| <i>Care review attended by commissioner</i> | 9 (56.3) | 7 (43.8) | 0 |
| <i>Written carer or relative contact</i> | 1 (6.3) | 15 (93.8) | 0 |
| <i>Verbal carer or relative contact</i> | 2 (12.5) | 14 (87.5) | 0 |
| <i>Written patient contact</i> | 1 (6.3) | 15 (93.8) | 0 |
| <i>Verbal patient contact</i> | 9 (56.3) | 7 (43.8) | 0 |
| <i>Healthcare commission reports</i> | 14 (87.5) | 2 (12.5) | 0 |
| <i>Mental Health Act Commission Report</i> | 0 | 16 (100) | 0 |

Table 160. Feedback to commissioners: Shropshire and Staffordshire SHA private and voluntary forensic placements

Reports from care co-ordinators and service providers, and Healthcare Commission reports, appear to be the principal sources of feedback.

Reasons for placement

Reasons given for placements are shown in table 161.

| Reason for placement in the private or voluntary sector | Number | Percent |
|----------------------------------------------------------------|---------------|----------------|
| Lack of local capacity | 6 | 37.5 |
| Lack of local capability | 10 | 62.5 |
| Total | 16 | 100.0 |

Table 161. Reasons for forensic placements in the private and voluntary sectors: Shropshire and Staffordshire SHA

Distance from district of origin

Approximate distances of placements from the person's home area were calculated as described for all placements.

Of the sixteen forensic placements made by organizations within the Shropshire and Staffordshire SHA, none were within the usual boundaries of the funding authority.

Average distance to placement: 95.2 miles (Range 17 – 200 miles)

Providers used for forensic placements by Shropshire and Staffordshire commissioners

A range of units is used in the forensic sector. All providers are listed in table 162.

| Provider unit/ organisation | Number | Percent |
|------------------------------------|---------------|----------------|
| Affinity Healthcare | 2 | 12.5 |
| Craegmoor Healthcare Ltd | 2 | 12.5 |
| Blenheim Health Care Ltd | 2 | 12.5 |
| Highfield Care Homes Ltd | 1 | 6.3 |
| Anchor Trust | 1 | 6.3 |
| St Andrews Hospital | 1 | 6.3 |
| Partnerships In Care Ltd | 4 | 25.0 |
| Florence Nightingale Hospitals Ltd | 1 | 6.3 |
| Care Principles Ltd | 2 | 12.5 |
| Total | 16 | 100.0 |

Table 162. Providers used for forensic placements: Shropshire and Staffordshire SHA

Table 163 shows the numbers of forensic placements broken down according to the provider trusts responsible for normal statutory services in the Shropshire and Staffordshire SHA.

| Usual statutory Mental Health Provider Trust | <i>Number (%) of forensic placements in private or voluntary facilities on census date</i> |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <i>North Staffordshire Combined Healthcare NHS Trust</i> | 5 (31.3) |
| <i>Shropshire County PCT</i> | 8 (50.0) |
| <i>South Staffordshire Healthcare NHS Trust</i> | 2 (12.5) |
| <i>No information</i> | 1 (6.3) |

Table 163. Numbers of forensic placements and usual statutory provider

Shropshire County PCT is the usual statutory provider for the greatest number of forensic placements made outside of the statutory sector.

Appendix 7 – Data providers

Social Services Departments (x 14)

- Birmingham
- Coventry
- Dudley
- Herefordshire
- Sandwell
- Shropshire
- Solihull
- Staffordshire
- Stoke on Trent
- Telford & Wrekin
- Walsall
- Warwickshire
- Worcestershire
- Wolverhampton

- Walsall PC
- Wednesbury & West Bromwich PCT
- Wolverhampton City PCT
- Wyre Forest PCT

Others (x 1)

- Specialised Commissioning Services Agency

Primary Care Trusts (x 30)

- Burntwood, Litchfield & Tamworth PCT
- Cannock Chase PCT
- Coventry PCT
- Dudley Beacon & Castle PCT
- Dudley South PCT
- Eastern Birmingham PCT
- East Staffordshire PCT
- Heart Of Birmingham PCT
- Herefordshire PCT
- Newcastle under Lyme PCT
- North Birmingham PCT
- North Stoke PCT
- North Warwickshire PCT
- Oldbury & Smethwick PCT
- Redditch & Bromsgrove PCT
- Rowley Regis & Tipton PCT
- Rugby PCT
- Shropshire County PCT
- Solihull PCT
- South Birmingham PCT
- South Stoke PCT
- South Warwickshire PCT
- South Western Staffordshire
- South Worcestershire PCT
- Staffordshire Moorlands PCT
- Telford & Wrekin PCT

Appendix 8 – NHS Provider Trusts in West Midlands (x 13)

- Birmingham and Solihull MH NHS Trust
- Coventry Teaching PCT
- Dudley Beacon and Castle PCT
- Herefordshire PCT
- North Staffordshire Combined Healthcare NHS Trust
- North Warwickshire PCT
- Sandwell MH NHS and Social Care Trust
- Shropshire County PCT
- South Staffordshire Healthcare NHS Trust
- South Warwickshire PCT
- Walsall Teaching PCT
- Worcestershire Mental Health Partnership NHS Trust
- Wolverhampton City PCT

Appendix 9 – Data collection proforma

Mental Health Social Work Research Unit
School of Psychiatry & Behavioural Sciences
12th Floor, Mathematics Building
University of Manchester
Oxford Road
Manchester M13 9PI

Health & Social Care Advisory Service
Emerson Business Centre
5th Floor, St James's House
Pendleton Way
Pendleton
Manchester M6 5FW

Audit of non-statutory sector placements in the West Midlands

As you will be aware we have been commissioned by the West Midlands NIMHE Regional Development Centre to undertake a census of psychiatric placements in the independent and voluntary sectors. We are asking you to provide details about placements, individuals and funding arrangements. This will provide important information that will support strategic commissioning across the West Midlands.

Instructions on how to record the information we require are provided overleaf. However, if you have any queries about how to complete any of the questionnaires, please contact Indhu Sharma on 0161 275 5221 or by email on (indhu.sharma@man.ac.uk).

Confidentiality

All information will be treated confidentially and all forms anonymised. This page will be detached and stored separately from the rest of the form. This audit has ethical approval from the NW MREC and the University of Manchester Faculty of Medicine.

| | |
|-----------------------------------------------------------------------------------------------------------------------|--|
| Name of person completing the form | |
| The patient's PCT or SSD | |
| Telephone number of person completing this form (for any queries) | |
| Unique identifier for individual in placement (<i>NHS number, or similar, to enable you to identify the person</i>) | |

INSTRUCTIONS FOR COMPLETION OF FORM

Use one form for each patient meeting the criteria below

Individuals in placements that are:

- placements in facilities registered with the Healthcare Standards Commission as Independent Hospitals or Care Homes including Care Homes with Nursing (i.e. private and voluntary sector placements only)
- include Forensic and CAMHS placements meeting the above criteria
- include placements outside and inside the geographical boundary of the commissioner
- all age groups except people over 65 with organic illnesses funded solely by Local Authority

And who fall into one of the following groups:

- mental illnesses and personality disorders
OR
- early onset dementias (e.g. Korsakoff's Syndrome, Pick's Disease)
OR
- acquired brain injuries (where paid for from a mental health budget)
OR
- autism / Asperger's syndrome

NB – Do not include people with a sole diagnosis of learning disability or people with a primary drug and alcohol problem

Include all people admitted and discharged on the day of the census (28th June 2004)

For all questions, please respond by putting the appropriate number in the boxes (unless stated otherwise)

For example, if patient has a diagnosis of 'schizophrenia' put 07 in the two boxes underneath 'principal psychiatric diagnosis'.

For 'costs' enter actual costs for the week of census.

Patient's PCT
(leave these boxes empty)

Patient's Local Authority
(leave these boxes empty)

When did the placement begin

(Enter date of admission)

D D M M Y

Y
Gender
1 = Male
2 = Female

Age
(Enter age in boxes)

Ethnicity
Please select one of the following 16 groups
White
1 = British
2 = Irish
3 = Any other White background, please specify

Mixed
4 = White and Black Caribbean
5 = White and Black African
6 = White and Asian
7 = Any other Mixed background, please specify

Asian or Asian British
8 = Indian
9 = Pakistani
10 = Bangladeshi
11 = Any other Asian background, please specify

Black or Black British
12 = Caribbean
13 = African
14 = Any other Black background, please specify

Chinese or other ethnic group
15 = Chinese
16 = Any other, please specify

Principal psychiatric diagnosis

01 = Pick's disease
02 = Huntington's Chorea
03 = Korsakoff's Syndrome
04 = Early onset dementia (type unspecified)
05 = Acquired brain injury
06 = Other organic condition (specify)

07 = Schizophrenia
08 = Schizo-affective disorder
09 = Bi-polar disorder / affective psychosis
10 = Other psychotic disorder (specify)

11 = Depression (not psychotic)
12 = Anxiety disorder
13 = Other neurotic disorder (specify)

14 = Eating disorder
15 = Personality disorder
16 = Autism/ Asperger's syndrome
17 = Other (specify)

Does individual have additional problems of:

Alcohol dependence
1 = Yes, 2 = No, 3 = Don't know

Drug dependence
1 = Yes, 2 = No, 3 = Don't know

Deafness
1 = Yes, 2 = No, 3 = Don't know

Learning disability
1 = Yes, 2 = No, 3 = Don't know

Is the placement appropriate to the current needs of the person?
1 = Yes, 2 = No, 3 = Don't know

Comments _____

Does the person currently have:

a named Care Co-coordinator?
 1 = Yes, 2 = No, 3 = Don't know

Comments _____

a named consultant at District of origin?
 1 = Yes, 2 = No, 3 = Don't know

Comments _____

In respect of this person which of the following types of feedback about the placement have you had in the past twelve months (enter a number for each):
 1 = Yes, 2 = No, 3 = Don't know

Written report by the CPA co-coordinator

Verbal report by the CPA co-coordinator

Written report by the service provider

Verbal report by the service provider

A commissioner has personally visited the person in their placement

A commissioner has personally attended a care review

Written carer or relative contact

Verbal carer or relative contact

Written patient contact

Verbal patient contact

Healthcare Commission or Commission for Social Care Reports

Mental Health Act Commission Report(s)

Other feedback (specify) - _____

Mental Health Act status of individual

01 = Informal
 02 = Section 2
 03 = Section 3
 04 = Section 4
 05 = Section 5(2)
 06 = Section 5(4)
 07 = Section 7 (Guardianship)
 08 = Section 25
 09 = Section 37
 10 = Section 37/4
 11 = Section 38
 12 = Section 117
 13 = Other (specify) _____
 14 = Don't know

Which of the following most accurately describes the type of placement

01 = Acute in-patient ward
 02 = Psychiatric Intensive Care Unit
 03 = Low secure/high dependency unit
 04 = Medium secure unit
 05 = Rehabilitation unit
 06 = Continuing care unit
 07 = Psychotherapy unit
 08 = Specialist eating disorder unit
 09 = Specialist mother and baby unit
 10 = Women only unit (specify) _____
 11 = Other unit (specify) _____

Who funds the placement?

1 = Health
 2 = Social services
 3 = Joint health & social services
 4 = Other (e.g. dowry funded, specify) _____

Cost per week (round up to nearest £) to

(Enter actual amount in boxes)

Health £
 Social services £

Do costs include any variable element e.g. for providing additional care (e.g. 'specialing')

1 = Yes, 2 = No, 3 = Don't know

If 'yes', indicate weekly amount that is variable (Enter actual amount in boxes)

£

Comments _____

Is the placement within the geographical boundaries of the funding PCT or SSD?

1 = Yes
2 = No
3 = Don't know

Name of organization providing placement
(Leave boxes empty)

Address of provider unit where individual is placed (Leave boxes empty)

Postcode of placement (to track distance away from area of origin)

Type of National Care Standards Commission registration

1 = Independent hospital
2 = Care home with nursing
3 = Care home
4 = Other (specify) _____
5 = Not known

Sector

1 = Private (for profit)
2 = Voluntary/Charitable
3 = Don't know

Was the placement due to

1 = Lack of local capacity
2 = Lack of local capability
3 = Other (specify) _____
4 = Don't know

Are there other groups of clients not covered in this study that it would be useful to have similar strategic information about?

Other comments

Finally, we are gathering examples of good practice in this area in order to share across with commissioning colleagues. Would you be willing to share copies of any policies or procedures that assist you in this area of work?

1 = Yes
2 = No