

# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

## Agenda Item 6

Brighton & Hove City Council

<b>Subject:</b>	<b>Mental Health Beds Update (June 2012)</b>		
<b>Date of Meeting:</b>	<b>12 June 2012</b>		
<b>Report of:</b>	<b>Strategic Director, Resources</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 29-1038</b>
	<b>Email:</b>	<b>Giles.rossington@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report provides an update on monitoring of the temporary reduction of in-patient mental health beds at Mill View hospital.
- 1.2 **Appendix 1** to this report contains information, supplied by Brighton & Hove Clinical Commissioning Group (CCG), relating to the ongoing work of the independent Clinical Taskforce established to monitor the impact of the temporary bed reductions.

#### 2. RECOMMENDATIONS:

- 2.1 That the Health & Wellbeing Overview & Scrutiny Committee considers and comments on this report and its appendix.

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Sussex Partnership NHS Foundation Trust (SPFT) plans to reduce its acute mental health bed capacity in Brighton & Hove by around 18 beds; arguing that more effective community mental health services, coupled with more efficient discharge planning, will mean that it can provide a better quality service to local people with fewer acute beds.

- 3.2 Aspects of this plan have been presented to the Brighton & Hove Health Overview & Scrutiny Committee (HOSC) on several occasions. In general, HOSC members were persuaded that better community mental health services, more effective hospital discharge planning, and appropriate supported accommodation could be used to reduce the local health economy's reliance on acute mental health hospital beds. This would be in line with NHS policy, in both mental and physical health, to provide more services in the community rather than in hospitals.
- 3.3 However, HOSC members were not convinced that the factors which might permit a reduction in beds without impacting on services were actually in place locally, and were therefore reluctant to approve SPFT's plans, a view shared in large part by other stakeholders, including the CCG/NHS Brighton & Hove and BHLINK. It was therefore agreed that the beds in question should be closed on a temporary basis and that an independent Clinical Taskforce, chaired by Dr Becky Jarvis, the CCG mental health lead, should be established to monitor the impact of the temporary closures.
- 3.4 The HOSC was updated on the work of the Clinical Taskforce at its 21 March and 09 May 2012 meetings; on both occasions members were informed that the Taskforce's targets had not been attained. **Appendix 1** to this report includes the latest information from the Taskforce. It remains the case that SPFT's performance is below target – i.e. that the temporary bed closures are having a measurable negative impact on local mental health services.
- 3.5 The Clinical Taskforce has stated that it will not consider approving any move to permanent bed reductions until its targets have been consistently achieved (e.g. for three consecutive months). Given that the targets have been so consistently missed thus far, it may be interesting to ask whether SPFT can realistically improve its performance without making significant improvements to key services.

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 None has been undertaken in compiling this report.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 5.1 None to this update – members are not being asked to make any decision which might have financial implications.

##### Legal Implications:

- 5.2 None to this update

Equalities Implications:

5.3 None to this update

Sustainability Implications:

5.4 None to this update

Crime & Disorder Implications:

5.5 None to this update

Risk and Opportunity Management Implications:

5.6 None to this update

Public Health Implications:

5.7 None to this update

Corporate / Citywide Implications:

5.8 None to this update

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

6.1 At some point, should performance continue to be below target, the HWOSC may wish to reconsider its approval of the temporary bed closure at Mill View hospital – i.e. should it become evident that there is no realistic prospect in the short term of SPFT managing with fewer local beds without impacting on the level of care provided to local people.

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 This is an ongoing issue which the Council's statutory health scrutiny committee has been monitoring for some time. As the HWOSC is assuming statutory health scrutiny responsibilities, it makes sense for it to continue its predecessor's activities in this important area.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Information provided by Brighton & Hove Clinical Commissioning Group.

### **Documents in Members' Rooms**

None

### **Background Documents**

None