Appendix 1

Mental Health Acute Beds

HWOSC Update - September 2012

1. Purpose of the Paper

The purpose of this paper is to update the HWOSC regarding proposals to invest further in community mental health service to support the whole system programme of work to reduce the number of acute mental health beds in Brighton and Hove.

2. Background

Previous papers have described the rationale for the proposals and the agreed local approach to ensure the arrangements are implemented safely. The HOSC at it's meeting In January 2012 gave support to proceed with a temporary phased reduction in bed numbers with the agreement that a Clinical Review Group would oversee the process and provide updates to the HOSC (which has now been superseded by the HWOSC). The last detailed update paper was provided in June 2012 and should be used as a reference document to this paper. The paper is detailed in Appendix A.

3. Progress

3.1 The purpose of the Clinical Review group is to assess the point at which there have been sufficient system changes to enable 19 beds in Brighton and Hove to close on a permanent basis. The group has met a total of six times and has agreed a set of metrics to measure the system readiness to function safely and effectively with fewer beds. The metrics were detailed in Appendix A of the June 2012 paper.

3.2 Since the last written report provided to the HWOSC in June 2012 the Clinical Review Group has met twice further.

4. Decision to Invest Further in Community Mental Health Services

4.1 At its meeting on 17 July the Clinical Review Group undertook a detailed option appraisal to assess whether the beds should re-open or whether further investment in community services was necessary to help support people's care in out of a hospital settings.

4.2 On balance the clinicians recommended that the preferred option was to invest further in community services and not to re-open the beds at this stage. The key elements of the debate that informed the decision are as follows:

- National best practice is that people should always be cared for in the least restrictive setting and the minimum disruption to their lives.

- Patient preference in the main is for care in the community rather than in hospital settings.
- Clinicians felt that there are still a number of patients admitted to Millview Hospital who would be better cared for in the community if additional resources were available
- There is scope to make further improvements in community services to provide more care outside hospital as an alternative to inpatient admission

4.3 The group agreed that specific additional investment proposals for community services would be developed and a decision made on preferred investment proposals at the next meeting on 17 August.

4.4 The investment proposals are **in addition** to the investment plans already agreed including the intensive day care facility for people with personality disorder development and increased supported accommodation options. Plans for both of these developments are in place to deliver service changes by the summer of 2013.

4.5 The investment proposals are also **in addition** to new investment the Clinical Commissioning Group have made in relation to the Audacious Goal programme to improving urgent care services and reduce reliance on emergency services at the Royal Sussex County Hospital (A&E and unplanned hospital admission services). The service changes agreed as part of this Audacious Goal programme of work are to enhance the Brighton Urgent Response Service (BURS) by developing a 24/7 urgent response that patients/carers/ambulance will be able to access directly. The service will include a 24/7 phone line and 7 day a week rapid access clinics. This value of this investment is an additional 391k with the enhanced BURS service due to commence by 1 December 2012 at the latest.

5. Specific Investment Proposals

5.1 At its meeting on 17 August the Clinical Review Group considered proposals for additional investment in community services.

5.2 **Crisis Resolution Home Treatment Team**.
The group agreed the priority area for investment was an investment of 429k in additional staffing (nursing, medical and support workers) in the **Crisis Resolution Home Treatment Team (CRHT).** This represents a 28% increase in resource over and above the existing investment of 1,531k.

5.3 The CRHT is a team for adults with severe mental illness (e.g. schizophrenia, manic depressive disorders, severe depressive disorders) with an acute psychiatric crisis. It provides a seven day a week crisis support and home treatment as an alternative to hospital admissions for a period of up to six weeks. The specific investment areas agreed are:

- Additional night time senior nursing cover

- Additional nursing resource to help support early discharge from hospital
- Additional weekend medical cover.

5.3 The decision was informed by a number of factors:

- There is a wealth of national research & evidence that demonstrates that a responsive CRHT can significantly reduce bed use, particularly in terms of supporting patients in the community to help admission avoidance[1]
- Latest bench-marking undertaken against nationally recommended staffing and caseload indicators has identified Brighton and Hove having lower staffing levels than indicated for our population need.
- National best practice is that people experiencing severe mental health difficulties should be treated in the least restrictive environment with the minimum disruption to their lives. This is based on research that has shown that most service users and carers prefer community based treatment and that clinical and social outcomes are at last as good as those achieved in hospital.[2]
- Length of stay in hospital should be the minimum time required to address the reason for admission, and there is potential to expand the current early discharge arrangements to 7 days a week.

5.4 In summary the investment decision was made on the basis that the current CRHT resource is less than indicated for the Brighton and Hove population and on the basis of the available evidence that CRHT's have positive outcomes in terms of patient satisfaction and clinical care and that they can support a reduction acute mental health bed usage.

5.5 The additional investment was made in context of some further changes to the working practice of the CRHT to maximise the productivity and efficiency, for example use of geographical caseload zoning to minimise staff travel and clinical handover time.

5.6 Other Investment Proposals

In addition to the approval to invest further in the CRHT, the Clinical Review Group agreed that further changes to the system should be considered including whether any additional investment in terms of the community mental health teams was necessary. Effective and timely discharge from the CRHT to the community mental health teams (the Assessment and Treatment Service (ATS) is essential to ensure whole system working. The Group agreed to consider a specific proposal in terms of additional investment in the ATS and the impact this would have on bed usage at its next meeting on 18 September.

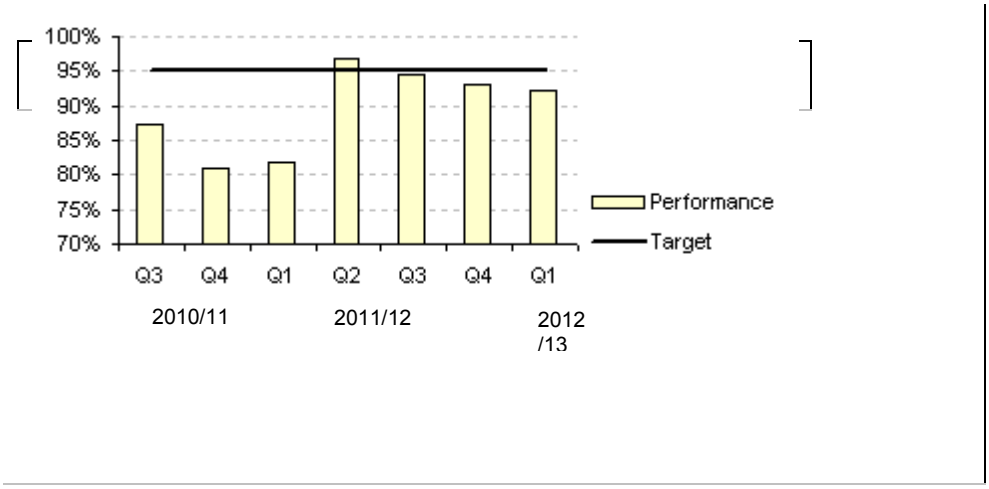
[1] (Glover et al, (2006) Crisis Resolution/Home Treatment Teams and Psychiatric Admissions in England.

[2] Department of Health, (2001) The Mental Health Policy Implementation Guide)

6. Update on Performance

6.1 The performance metrics were reviewed by the Clinical Review Group at the meetings on 17 July and 17 August. Key headlines are as follows.

6.2 **Access to Acute Mental Health Beds within the City**. The latest data for Quarter 1 2012-13 (April to June 2012) shows that 92% of people have been able to access a bed within the City. This is slightly below the target of 95%.



6.3 There have been no additional complaints or Serious Untoward Incidents in relation to the beds.

6.4 The hospital re-admission audit described in the June HWOSC report is in progress and the results will be reviewed at the September meeting

6.5 Plans are in place for additional patient and staff satisfaction audits, in relation to the additional .

7. Summary

7.1 The Clinical Review Group has agreed to additional investment in the Crisis Resolution Home Treatment Team to provide more support as an alternative to hospital admission. It will take approximately 10 weeks to recruit additional staff to the Team and the planned changes will take effect from November 2012. The Clinical Review Group anticipate being able to evaluate the changes at the end of January 2013.

7.1 This is alongside other changes planned including:

- Enhanced 24/7 Brighton Urgent Response Service
- New Intensive Day Facility for people with Personality Disorder
- Increased Supported Accommodation Options

7.2 The Clinical Review group has also agreed that the staffing of the Churchill Ward (Nevill Hospital) should be relocated to staff the Meridian Ward at the Millview Hospital. This move is planned to take place in October 2012 and will enable the benefits of the newly refurbished ward to be experienced by patients and the benefits around team working and consolidation of clinical expertise to be realised. The spare capacity in terms of beds will be maintained at Churchill ward and reviewed by the Clinical Review Group until any final decision to close beds. The option of re-opening beds will therefore be maintained until this point.

7.3 A further progress will be provided to the HWOSC next meeting including any additional investment agreed by the Clinical Review Group at its meeting on 18 September.