

Mental Health Acute Beds

HWOSC Update - December 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 last report to the HWOSC was in September 2012 and is included as background information in Appendix A of this report.

3. Update on Community Investment Proposals

3.1 Since the last report to the HWOSC in September 2012 the Clinical Review Group has met twice further. Two areas for further investment in community mental health services have been progressed.

3.2 **Crisis Resolution Home Treatment Team.** Proposals to invest and £429k in additional staffing (nursing, medical and support workers) in the Crisis Resolution Home Treatment Team (CRHT) were outlined in the September report. The CRHT 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.

3.3 Recruitment is underway for additional staffing (night time senior nursing cover, additional nursing resource to support early discharge and weekend medical cover) and it is anticipated that the enhanced CRHT will be fully operational by February 2013.

3.4 **Investment in Additional Care Co-ordinators.** Proposals to invest an additional £329k per annum in **Care Co-ordinators** have been approved by the Clinical Review Group. This recommendation is based on the following:

- Current average caseload of Care Co-ordinators in Brighton & Hove is high - average is 38
- National best practice in terms of a safe caseload is between 25 and 35.
- Brighton and Hove case-load mix is more complex than the national average because of our need profile.

- High caseloads meant that care co-ordinator time is currently focused on managing high risk patients rather than more pro-active management of the full case-load which does not provide optimum care.

3.5 The additional investment will enable:

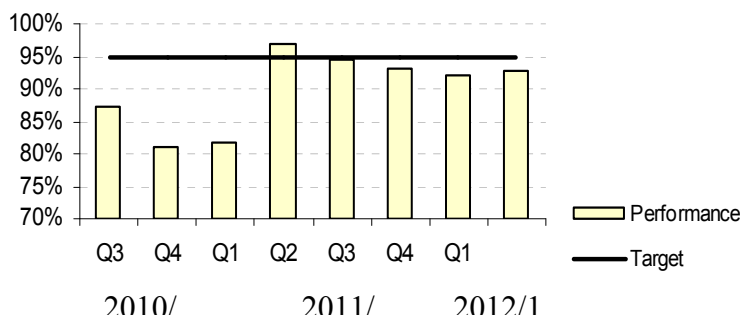
- an additional 7 WTE Care Co-ordinators to be employed and reduce the average case load to 30 - in line with national recommendations for safe caseloads. This represents an increase in Care Co-ordinator capacity of almost 30%
- more pro-active working with the CRHT supporting timely transitions between CRHT and the Assessment and Treatment Service.

4. Update on Performance

4.1 The performance metrics were reviewed by the Clinical Review Group at the meeting on 16 October. Key headlines are as follows.

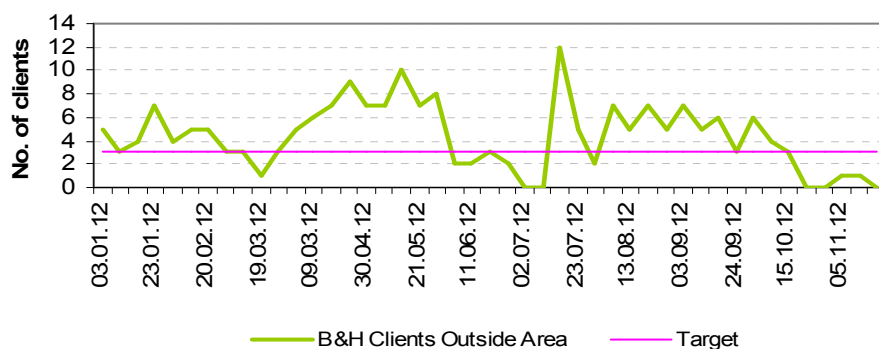
4.2 **Access to Acute Mental Health Beds within the City.** The latest data for Quarter 1 2012-13 (July to September 2012) shows that 93% of people have been able to access a bed within the City. This is slightly below the target of 95%. This is show graphically in Table 1 below.

Table 1: % Accessing a Mental Health Acute Bed within the City



4.3 Since September the numbers of people accessing a bed outside the City on a week by week basis has ranged from 7 to zero. This is shown graphically in Table 2.

Table 2: Numbers of B&H Clients Accessing a Bed Outside the City



- 4.4 Since the last report in September 2012, there has been one complaint from a relative and service user regarding an internal transfer between Caburn Ward at Mill View and Churchill Ward at Nevill Hospital. The complaint was investigated and responded to. The complainant was satisfied with the outcome. There have been no incidents reported that relate to use of beds / bed reductions.
- 4.5 A hospital re-admission audit has been completed and it has shown a lower readmission rate than that demonstrated in the metrics. The data in the metrics currently includes patients from East and West Sussex, who have differing levels of community support and social care funding arrangements. Data specific to Brighton and Hove residents will be available at future meetings. Scoping work is being undertaken to identify the value in undertaking more detailed audit work on the readmissions to assess how the proposed investments described in section 3 may reduce the risk of patients being readmitted in future.
- 4.6 Plans for additional patient satisfaction audits are being developed and will be discussed in more detail at the next meeting of the Clinical Review Group.
- 4.7 The relocation of the Churchill Ward (Nevill Hospital) to the Meridian Ward at the Millview Hospital is now planned to take place in February 2012 to enable a window replacement and refurbishment programme at Millview Hospital to be undertaken.

5 Summary

- 5.1 The Clinical Review Group has approved additional investment in community mental health services to provide more support as an alternative to hospital admission. The planned service changes are not yet in place largely because of the necessary lead-in time to recruit and induct new staff. Because of this, the Clinical Review Group original timescale of being able to undertake an initial evaluation of the service changes has moved from January 2013 to March 2013.
- 5.2 A further progress report will be provided to the next HWOSC meeting.

