

Mental Health Acute Beds

HWOSC Update - April 2013

1. Purpose of the Paper

The purpose of this paper is to update the HWOSC regarding the investment in community mental health services to support the acute bed reductions programme.

2. Background

Previous papers have described the rationale for the proposals. The last report to the HWOSC was in February 2013.

3. Update on Investment in Community Services

3.1 Crisis Resolution Home Treatment Team. The new posts have now all been recruited to, and by the end of April the team will be fully established and operational.

3.2 Investment in Additional Care Co-ordinators. Five out of the seven additional posts have been recruited to, and these staff should be in post before the end of April. The two posts that are still vacant will be re-advertised in the near future.

3.3 Enhanced Brighton Urgent Response Service. This new service providing a 24/7 urgent response started on 14 January. Further details about the impact of this service development can be provided in a future report to HWOSC.

4. Update on Performance - Access to Acute Mental Health Beds. The latest data (October to December 2012) shows that 94% of people have been able to access a bed within the City which is very near the 95% target. This has increased from the previous quarter where performance was at 93%. In recent weeks there has been an increased demand on Acute Mental Health beds nationally, and this has led to some patients being placed outside Sussex for short periods of time. Beds have always been sourced when needed, and local NHS and Private hospital options have been explored before considering out of area placements. Data for January to March 2013 quarter will be available for the next HWOSC meeting.

5. Summary

The beds have been closed on a temporary basis for over a year (since January 2012). The system has on the whole managed well with less beds and the overall position in terms of people being able to access

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beds in the City was 94% over the most recent quarter. It should be noted that this improvement has been made prior to the additional community investment taking effect and this provides confidence that the once the new investment is in place the system will be able to operate safely and effectively. The Clinical Review Group will closely monitor the impact of the new investment on the agreed metrics, and will also review qualitative feedback from clinicians and patients. We anticipate being able to bring a full report recommending whether the system is safe for the beds to be closed on a permanent basis to a HWOSC meeting in summer 2013.