

<b>Subject:</b>	<b>Mental Health Beds – Final Report</b>		
<b>Date of Meeting:</b>	<b>5 November 2013</b>		
<b>Report of:</b>	<b>Monitoring Officer</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Kath Vlcek</b>	<b>Tel: 29-0450</b>
	<b>Email:</b>	<b>Kath.vlcek@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 HWOSC has considered a number of reports since November 2011 regarding the temporary closure of 19 mental health beds.
- 1.2 The implications of the closure have been closely monitored by a Clinical Review Group including GP leads and Sussex Partnership Foundation Trust staff; regular update reports have been provided to HWOSC members.
- 1.3 The Clinical Review Group is now in a position to make recommendations about the preferred option for the ongoing model of care for mental health services in Brighton and Hove. They have considered three options and are seeking HWOSC support for securing additional bed capacity, to be funded through release of the funding associated with the empty ward..

**2. RECOMMENDATIONS:**

- 2.1 That HWOSC members consider, note and comment on the Clinical Review Group's options, in particular their preferred option to close the ward and secure additional bed capacity as needed.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 Since 2009 health commissioners (formerly Brighton and Hove City PCT and from 1 April 2013 Brighton and Hove Clinical Commissioning Group (CCG)) have been working collaboratively with Sussex Partnership NHS Foundation Trust (SPFT), the main local provider of mental health services, to make system changes to reduce the need for acute beds.
- 3.2 At the HOSC meeting on 16 November 2011 it was agreed to temporarily reduce the number of beds on a phased basis to test whether the system could safely operate with fewer beds. This agreement was contingent on flexibility to re-open beds should the need arise and the plan being overseen by a Clinical Review Group. The Clinical Review Group is chaired by Dr Becky Jarvis, GP clinical lead

for mental health and with Consultant Psychiatrist representation from SPFT from Brighton & Hove inpatient and community services.

- 3.3 The 19 beds have been temporarily closed since January 2012 which has provided an opportunity to test the system and make further improvements and investment in community services.
- 3.4 The temporary closure of the beds has enabled funding to be released from the “variable costs” associated with a ward (for example staff, drugs, equipment). This funding has been used to make further improvements to the community services.
- 3.5 The total annual costs associated with the 19 beds that have been temporarily closed is £1.6 million. This is made up of variable costs (approximately 50%) and fixed costs (building and overhead costs) approximately 50%. Whilst the beds have temporarily been closed the ward has been kept empty in case of the need to re-open. This has prevented alternative usage of the ward and is an opportunity cost.
- 3.6 The variable costs associated with the beds have been re-invested into community mental health services including a Crisis Resolution Home Team, additional Care Coordinators, an enhanced Brighton Urgent Response Service, new Accommodation Support Services and a new day centre for people with Personality Disorder. More information can be found in **Section 3, Appendix One**.
- 3.7 Decisions about the capacity of acute mental health beds in the city are the joint responsibility of NHS commissioners (Brighton & Hove CCG) and providers (Sussex Partnership NHS Foundation Trust). These are not local authority services and no Council responsibilities are directly discharged via them.
- 3.8 However, acute mental health beds are only one aspect of the totality of mental health provision, as **Appendix 1** makes clear. Also of key importance are NHS community and social care mental health services; and, more broadly still, support services provided by statutory agencies, including the city council, and by a range of other providers, including the voluntary and community sector. Whilst there is no direct local authority interest in these plans therefore, there are indirect interests in terms of Adult Social Care services, and more broadly a range of services such as housing (e.g. landlord functions), homelessness, and community safety. All of these services could potentially benefit from improved local NHS mental health provision; but might also be impacted by a reduction in the effectiveness of these services.
- 3.9 Potential BHCC ‘interests’ notwithstanding, the main role of the HWOSC here is to determine whether the committee believes that the proposals will deliver improved healthcare services to local people. This is not an abstract judgement: it is important to bear in mind the financial context for these proposals and to be aware that ‘perfect’ solutions are unlikely to be affordable.

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.1 The Clinical Review Group considered three options including retaining the status quo, re-opening the beds and securing additional capacity in the city to be funded through releasing the funds associated with the empty ward.

4.2 More information on all three options can be found at **Figure 6, Appendix One**.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

5.1 There was public consultation in 2010; further information was provided to HWOSC in previous meetings.

#### **6. CONCLUSION**

6.1 The Clinical Review Group has been meeting regularly since 2012 to oversee changes to the system and monitor performance, in particular the ability to access a local bed. Through analysis of the data it has been identified that at times more beds are needed than we have locally, but there has never been an occasion when there has been a need for 19 more beds in Brighton and Hove.

6.2 The recommendation of the Clinical Review Group at option 3 is the preferred option and they will support the plans for alternative use of the current empty ward on the condition:

- All funding associated with the 19 beds that has not already been invested in community services is ring fenced specifically for further investment in local mental health services.
- The Clinical Review Group will continue to have responsibility for overseeing the next phase of the plan; the membership and terms of reference of this group is reviewed to ensure they are fit for purpose.

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

##### Financial Implications:

7.1 All financial implications for the CCG have been covered in Appendix One.

##### Legal Implications:

7.2 Section 244 of the National Health Service Act 2006 and associated regulations (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013) permit the council to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area. The council has arranged for these functions to be discharged by its Health & Wellbeing Overview & Scrutiny Committee.

In exercise of that power, the Committee is permitted to make reports and recommendations to a relevant NHS body, a relevant health service provider, or the council itself, on any matter it has reviewed or scrutinised.

*Lawyer Consulted: Oliver Dixon*

*Date: 23/10/13*

Equalities Implications:

- 7.3 There are no additional equalities implications identified.

Sustainability Implications:

- 7.4 There are no sustainability implications.

Any Other Significant Implications:

- 7.5 The mental health service provision has implications for public health and for Brighton and Hove residents generally. These have been considered throughout the temporary closure process.

**SUPPORTING DOCUMENTATION**

**Appendices:**

- 1 Mental Health Services in Brighton and Hove, Model of Care, CCG