# Mental Health Services in Brighton and Hove

## Update on Model of Care

**September 2014**

## 1. Background

1.1 In November 2013 an update was provided to the HWOSC about the model of care for mental health in Brighton and Hove following whole system modelling work that indicated there was scope to shift the balance of mental health care to provide more care in community settings. Further detailed information regarding the background is contained in Appendix A.

1.2 The recommendation in November 2013 was for funding released from closing acute mental health beds to be ring-fenced to be re-invested in:

- Additional local acute mental health bed capacity to respond flexibly to fluctuations in demand and
- Further investment in community mental health services.

1.3 Subsequently an arrangement has been put in place to secure additional local bed capacity from the Priory Hospital, Hove and a collaborative piece of work involving the Brighton and Hove Clinical Commissioning Group, Sussex Partnership Foundation Trust (SPFT), Healthwatch and community and voluntary sector providers of care, has been undertaken that has resulted in proposals for further development of community mental health services.

1.4 This paper provides a summary of:

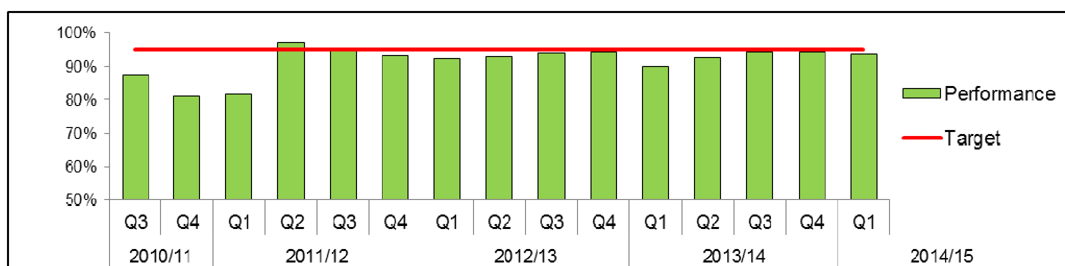
- Bed usage and the impact of the additional capacity secured from the Priory Hospital, Hove.
- The recommendations for further development of community mental health services.

## 2. Access to Acute Mental Health Beds

2.1 The key aim in terms of quality of care for Brighton and Hove residents is to ensure that wherever possible a local bed is made available. Placing people out of area can have a detrimental impact on patient and their families / carers experience. It is recognised that there will sometimes be periods where demand for access to beds surges and the local target is 95% of all admissions to be to a Brighton and Hove bed.

2.2 Since November 2013 performance in terms of access to local beds has not substantially changed and the number of residents admitted to a bed outside the City in any week has ranged from zero to nine. Figure 1 below shows trend in terms of access acute mental health beds in Brighton and Hove and figure 2 shows a more detailed summary for the period April to June 2014.

**Figure 1 Access to Acute Mental Health Beds in Brighton and Hove.**




3. **Figure 2: Location of Acute Mental Health Admission for Brighton and Hove Residents April to June 2014**

| **Location of Hospital** | **Usage (% of Total Bed Days)** |
|---|---|
| **SPFT - Brighton and Hove Hospital** (Mill View and The Nevill Hospitals) | 93.5% |
| **Brighton and Hove Hospital** (Hove Priory) | 0.1% |
| **SPFT – Other Hospitals in Sussex** (Eastbourne, Crawley, Worthing, Hastings) | 6% |
| **Hospitals Outside Sussex** | < 0.5% |

3.1 Since November 2013, a total of 45 Brighton and Hove residents have been admitted to beds outside the City in the private or independent sector. An additional 15 patients have been admitted to the Hove Priory Hospital. Demand has been predominantly for male beds and often these individuals have additional complexities around risk, dual diagnosis, forensic histories, failed accommodation and tenancies all of which impact on length of stay.

3.2 Working with the Priory has been positive and there is a joint protocol with Sussex Partnership Foundation Trust covering areas such as admissions, bed management, and discharge and safeguarding. Whilst the Hove Priory has been able to provide some additional local capacity it has not had the effect of preventing all out of area admissions. This is largely due to other system

pressures for mental health beds including the demand at the Hove Priory by private patients as well as demand for NHS beds from other NHS Trusts across the South East. In addition, on occasions referrals to the Hove Priory were declined on grounds of risk and acuity.

## 4. Update on Improvements to Community Mental Health Services

4.1 The last report submitted to the HWOSC in November 2014 provided detail of a range of improvements that had been made including investment in care co-ordinator posts, the crisis resolution treatment team and the establishment of the Lighthouse Centre.

4.2 In February 2014, four new accommodation contracts have been put in place which provides 120 units of accommodation support, 100 of which were new units to the economy. The contracts were awarded as follows:

- Brighton Housing Trust, Shore House, provides 20 units of High Support Accommodation.
- Sanctuary Supported Living provide 30 units of Medium Support Accommodation.
- Southdown Housing Association provide 30 units of floating support.
- Brighton Housing Trust provides 40 units of tenancy support.

4.3 All units are fully operational and operating near to capacity. The services operate within the Mental Health Accommodation Pathway, receiving referrals from SPFT and between each other to facilitate discharge and move on to greater independence and independent living. The providers meet regularly with each other, and SPFT to assist movement through the pathway, and to share information and skills.

## 5 Further Improvements to Community Mental Health Services

5.1 Since the last HWOSC report, a collaborative piece of scoping work has been undertaken led by front line staff (SPFT and Community & Voluntary Sector) involving the Clinical Commissioning Group and Healthwatch with the objective of developing proposal to develop community mental health services with the aim of:

- Reducing the need for in-patient admission.
- Reducing the length of stay for inpatient admission where clinically appropriate.
- Reducing demand for A&E.

5.2 An initial half day workshop was held in January 2014 where core themes and priorities were identified. These have been worked into four proposals which are summarised below.

5.3 **Enhancement to the Urgent Care Service** to enable sufficient community capacity 7 days a week. An enhanced urgent care pathway "Brighton Urgent Response Service" was established in January 2013 initially on a pilot basis. The service was evaluated during its first year and this has informed its ongoing development. The service provides a 24/7 single access phone line for urgent mental health response and receives 200 to 300 referrals a month. During the day time (8.00am to 8.00pm) the service is provided in the community. Overnight the phone line is answered by the Mental Health Liaison Team (MHLT) based at the Royal Sussex County A&E Department. Key finding from the pilot phase:

- 70% of people supported by the Mental Health Liaison Team at A&E are known to SPFT services indicating the potential to provide further support in the community.
- Attendance at A&E continues to peak in the evening indicating scope to extend the hours of the community support into the evenings.
- The skill mix of the team doesn't always enable swift prescribing of drugs at the right time which limits the ability to provide a complete urgent response.
- Insufficient capacity to support patients beyond the immediate same day response, sometimes creating gaps in care pathways until patients receive a response from the appropriate onward service.

5.4 The proposal is to develop the service further to provide:

- Extended services in the community until 10pm in the evening.
- Increase the capacity for medication review and clinical support by establishing a non-medical/independent prescriber role within the service.
- Expansion of the remit to include capacity for short term case management (up to 5 days) to support appropriate onward transfer.

5.5 **Improving Access to Psychological Therapies** for patients with psychosis under the care of SPFT's Assessment and Treatment Service. An audit of psychological therapy provision for people with psychosis for the period 1 May 2013 and 31 August 2013 indicated that only 5 (less than 1%) of the 445 patients received psychological therapy.

5.6 A recent paper *Investing in Recovery* (2014)[1] provided evidence of two psychological therapies for psychosis – family therapy and Cognitive Behavioral Therapy. The main findings were:

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[1] Rethink Mental Illness, The London School of Economics and Political Science and Centre for Mental Health (2014) *Investing in Recovery: Making the Business Case for effective interventions for people with schizophrenia and psychosis*

- The NHS spent £2 billion on services for people with psychosis in 2012-13 over half of which is devoted to inpatient care. This means expenditure is skewed to the relatively expensive part of the health system (inpatient care on average costs £35 per day compared with £13 day for community services (page 6).
- There is strong clinical and cost effective ness evidence for both family therapy and cognitive behavioural therapy and the National Institute of Clinical Effectiveness (NICE) recommends that all people with psychosis should be offered one or both of these interventions. In terms of clinical effectiveness family therapy can reduce the probability of hospitalization by 20% and the probability of relapse by around 45%. A summary of the range of clinical and cost effectiveness is attached at appendix B.

5.7 The proposal is for an additional psychologist to provide support for an additional 25 to 30 people with psychosis per annum and also provide support in terms of building psychological expertise in the team through multi-disciplinary working with colleagues such as social workers, nurses, medics and therapists. If this approach proves successful plans will be developed to extend this support to more people would could benefit.

5.8 **Increased Capacity at the Lighthouse Centre for People with Personality Disorder.** The Lighthouse Centre was established in May 2013 to provide 7 day a week support in the community targeting people with a diagnosis of personality disorder[2] who have had admissions to hospital. The service has proved successful in terms of numbers of people being supported and there is evidence that since the service has been set up that there the number of inpatient admissions for people with a diagnosis of personality disorder has reduced particularly for females. The average number of admissions to Caburn Ward for people with a diagnosis of personality disorder has reduced from an average of

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[2] Personality Disorders are conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.

The main symptoms are:

- being overwhelmed by negative feelings such as distress, anxiety, worthlessness or anger
- avoiding other people and feeling empty and emotionally disconnected
- difficulty managing negative feelings without self-harming (for example, abusing drugs and alcohol, or taking overdoses) or, in rare cases, threatening other people
- odd behaviour
- difficulty maintaining stable and close relationships, especially with partners, children and professional carers
- sometimes, periods of losing contact with reality

Symptoms typically get worse with stress. People with personality disorders often have other mental health problems, especially depression and substance misuse.

*Source: NHS Choices - http://www.nhs.uk/Conditions/personality-disorder/Pages/Definition.aspx*

11.4 per month (January to May 2013) to an average of 5.6 per month (June to December 2013).

5.9 There are currently 30 people on the waiting list to join the Lighthouse Centre and the proposal is to increase the number of treatment places by 30.It is anticipated that this additional capacity will enable more people to be supported in the community and it will continue to impact in terms of avoiding unnecessary hospital admissions.

5.10 **Improved Discharge Planning for Acute In-patient Services.** Bed occupancy is affected by both the number of admissions as well as the length of stay and the original modeling work highlighted Brighton and Hove was an outlier in terms of higher than average length of stay. Improvements to the care pathway have already been made in terms of increased supported accommodation capacity and increased Crisis Resolution Home Treatment Team (CRHT) capacity but there is still potential to reduce median length of stay by making further improvements to the pathway.

5.11 In any given month 30-40% of patients discharged from acute inpatient care in Brighton and Hove are not known to mental health services which creates challenges in terms of the ability to arranged onward care and treatment in the community The proposal is for further improvements to the discharge care pathway including:

- **Development of 2 Link Nurse for the Assessment and Treatment Service**. These new community based link nurses would attend ward reviews and support the inpatient teams to agree discharge plans. They would agree the ongoing community care treatment plan including identification of the right ongoing referral pathway. It is anticipated that the Link Nurses will help ensure quicker discharge from hospital by ensuring the right treatment plan is put in place as quickly as possible. This is particularly important given the relatively high proportion of people discharged from hospital who are not known to mental health services.

- **Increased psychological therapy to inpatient beds and CRHT**. **Additional 2.1 WTE.** Currently the CRHT does not have any dedicated psychological therapy input and the acute ward input is limited at two sessions a week. Additional investment in the CRHT will support holistic assessment and treatment planning to support recovery as well as development crisis and care plans in the community with the aim of supporting people at home. Additional psychological input to inpatient care will help improve the quality of care through the development of appropriate treatment plans and it anticipated that this will impact in terms of reducing length of stay.

- Additional technician resource in the hospital (0.5 WTE) will enable routine physical health checks to be undertaken and help speed up processes in inpatient services.

5.12 The proposals have had been developed and prioritized through a collaborative process involving Healthwatch and there will be ongoing Healthwatch representation in the steering group that will oversee the implementation of the proposals. In addition there are plans for MIND to organize a focus group to discuss the proposals from a user and carer perspective prior to implementation.

## 6 Financial Summary

6.1 Approximately £900,000 has been released from the closure of the beds and £50,000 of this is being ring-fenced to continue to buy additional local capacity at the Hove Priory. The balance of £850,000 will be invested in the further development of community services. A breakdown of the financial summary is detailed in Table 3 below.

**Table 3: Financial Summary**

| | **Proposal** | **Annual Investment Value (£)** |
|---|---|---|
| 1 | Additional Local Inpatient Capacity – Hove Priory | £50,000 |
| 2 | Further enhancement of the urgent care pathway | £283,000 |
| 3 | Additional Psychological Therapy Capacity for people with psychosis | £64,000 |
| 4 | Additional Capacity at the Lighthouse Centre – people with Personality Disorder | £283,000 |
| 5 | Improved Discharge Planning for Acute Inpatient Services | £220,000 |
| | **TOTAL** | **£900,000** |

## 7. Summary

7.1 Within a community focused model of care, when an acute mental health bed is needed then it is essential that one is made available. It is also desirable that wherever possible this bed should be available locally. The experience is that for over 9 out of 10 Brighton and Hove residents requiring an acute inpatient admission a local bed has been found. However due to the fluctuation in demand there are times when this isn’t possible. The additional local bed capacity secured from the Priory Hospital Hove has been helpful at times when there are surges in demand but hasn’t completely prevented the need for all out of area admissions.

7.2 The expectation is that further investment outlined in Sections 4 will provide increased opportunity to support more people in community settings.

**8. Future Plans**

8.1 Moving forward Brighton and Hove City Council and Brighton and Hove Clinical Group have developed plans as part of the Better Care Programme to integrate care across the City.

8.2 Programmes of work focused on Frailty and Homeless have been established and mental health is integral to both of these programmes. The development of multi-disciplinary care team based around GP practices will provide the opportunity to ensure people with mental illness can receive more support in the community and have better co-ordinated holistic care that addresses both their physical and mental health needs. Further update on the progress of the Better Care Programme will be provided to the HWOSC at regular intervals.

**Appendix A**
Background Information – HWOSC Update – November 2013

HWOSC Paper
November 2013 FINA

**Appendix B Summary of Clinical and Cost Effectiveness of Psychological Therapy for People with Psychosis**

## 1. Clinical effectiveness

1.1. Family therapy can:

- Reduce the probability of hospitalisation by 20%, and the probability of relapse by around 45%.
- Increase compliance with medication.
- Contribute to improved social functioning (e.g. increased independence).
- Reduce burden on families / carers.

1.2 Cognitive Behavioural Therapy can:

- Reduce hospitalisation rates and length of stay compared with care as usual
- Reduce severity of psychiatric symptoms, including depression.
- Improve social functioning.

## 2. Cost effectiveness

2.1 Family therapy

- Estimated mean economic savings to the NHS from family therapy is £4,202 savings per individual with schizophrenia over a three-year period.
- There is a 97% chance that family therapy will be cost-saving; i.e. the costs of providing family therapy will be more than outweighed by savings made in the health system. The above may underestimate savings as it focuses only on reduction in hospitalisation rates.
- Other areas for savings from family therapy may include: decreased service use from family members, increased employment rates among family members, increase in ability to live independently, shorter hospital stays.
- The economic analysis does not quantify improvements in mental health or wellbeing for the individual with schizophrenia or family members, so if this was taken into account the cost-effectiveness of family therapy would be greater.

2.2 Cognitive Behavioural Therapy

- Cost savings were found to relate to reduction in hospitalisation rates, with an overall net savings to health and social care of £989 per person with schizophrenia.
- Impact on health-related quality of life found an incremental cost per QALY OF £23,273 for CBT for psychosis compared to usual care, which is considered cost-effective.

Source: Rethink Mental Illness, The London School of Economics and Political Science and Centre for Mental Health (2014) *Investing in Recovery: Making the Business Case for effective interventions for people with schizophrenia and psychosis*