

# ADULT SOCIAL CARE & HOUSING OVERVIEW AND SCRUTINY COMMITTEE

**Agenda Item 21**  
Brighton & Hove City Council

**Subject:** **Mental health Services in Brighton and Hove  
– service redesign proposals**

**Date of Meeting:** **September 2010**

**Report of:** **The Director of**

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**Wards Affected:** All

## **1 Summary and context**

- 1.1 The East and West Sussex consultation on the changes to and the location of their inpatient beds has been completed. There are no direct proposals from either area that will impact on either the Nevill or Mill View Hospitals in Brighton and Hove.
- 1.2 Sussex Partnership NHS Foundation Trust (SPFT) has responded to the request from the HOSC to provide their proposals to improve the community services to support the reduction of acute inpatient beds in the Mill View and Nevill Hospitals. The Trusts Improving Community Mental Health Services Paper is available on request.
- 1.3 These proposals for community services have been based on conversations with GP's users and carers and with operational staff in Sussex Partnership. It needs to be acknowledged that there are significant operational issues in such major redesign and that this is an area that will need to be addressed in all implementation plans.
- 1.4 Alongside the major changes being identified, there are a number of early high impact changes being proposed. These changes are aimed at making the most difference to the community teams that will be responding to crisis and early intervention and thereby reduce the pressure on inpatient beds.
- 1.5 The current funding for mental health services for adults and older people in the city is around £55million of which 70% are NHS funded and 30% council funded. Redesigns within Sussex Partnership Trust will impact on the whole system and on the services funded by the city council. These include the packages of care provided in residential and nursing homes, support in peoples own homes and the housing

options. There is work taking place within the city council to address the demand and value for money of these areas.

- 1.6 For the city council staff seconded into Sussex Partnership, the role and responsibilities will be considered by Adult Social Care management in order to meet the requirements of Putting People First and the need for a social care assessment where required.
- 1.7 All service redesign will take place with user and carer involvement through the user and carer networks in the city, clinicians are engaged in developing specific clinical pathways and all new specifications will require an equalities impact assessment.
- 1.8 There have been assurances from Sussex partnership trust that any changes to services will be gradual and that there will be local service retained in Brighton and Hove for adult and older peoples and for people with dementia. In the realignment of and older people's services, the needs of vulnerable older people will be protected and the staff skills and expertise in this area retained.

## **2 Recommendations**

### **2.1 To note:**

- a) that the East and West Sussex plans for changes to inpatient beds does not include using the Mill View and Nevill Hospitals
- b) the priority areas for change in crisis services as outlined below
- c) the work taking within the City Council to develop supported housing and packages of care.

## **3 BACKGROUND INFORMATION**

- 3.1 With respect to the on-going development of acute adult mental health services in Brighton & Hove, Sussex Partnership remains confident in the ability of the inpatient services to accommodate the proposed reduction of beds by up to 12 working age beds, 4 older peoples beds and 3 dementia beds. This will allow for 48 working age and older peoples beds to be provided out of the Mill View Hospital site and for the dementia beds to be relocated from the 1<sup>st</sup> floor in the Nevill Hospital to the ground floor in the same unit. The aim is for these changes to start taking effect from April 2011 subject to the successful delivery of a set of proposed high impact changes to community services. None of these proposals involve moving any remaining services outside of the city.
- 3.2 It has been agreed that there will be no changes to inpatient beds until there is significant evidence of the impact of the proposed changes below:

- 3.3 To make the most impact on the current community services and to provide sufficient crisis support outside of hospital beds, Sussex Partnership is proposing a number of early changes to their services. These include:
- a. A refresh of the Crisis Resolution Home Treatment service (CRHT) to ensure these services are working in accordance with the national guidelines. The Trust is also developing plans to enable the CRHT service to support all adults over 18 (including those over 65) by March 2011.
  - b. A 7 days a week community services and extended hours within the working week.
  - c. The redevelopment and implementation of 4 priority clinical pathways to manage people's needs in the community. The priority areas are: Psychosis, Personality Disorder, Dementia and Depression.
  - d. The refreshed Care Programme approach.
  - e. The roll out of NICE related training programmes across community staff.
  - f. More closely managed performance in respect of observing eligibility thresholds into community services, throughput and discharge planning targets, waiting times from referral to assessment/treatment, carer assessment levels, 7 day follow up post discharge.
- 3.4 In parallel to these high impact changes there are the following major redesigns being proposed that will impact on all services and will be redesigned in collaboration between clinicians, and commissioners:
- A new primary care mental health services in Brighton and Hove
  - New specialist assessment and therapy centre/s
  - An integrated and extended community case management service
- 3.5 Not included in this paper but being taken forward as a priority is the emergency referral pathway and crisis service.
- 3.6 It is important to address the impact of redesigns and hospital bed reductions on the city council funded housing options and packages of care. There are delays in discharges from inpatient beds currently due to a lack of appropriate and available housing options.
- 3.7 There is a 3 month average to access appropriate placement due to availability and complexity of need. Gaps have been identified in dual

diagnosis (Mental health/substance and alcohol misuse), wrap around services for individuals with complex and changeable needs where they fall between a rehabilitation model and residential care. The enhanced community services could well lead to a reduction in accommodation pressures as people remain at home and are not admitted. Being admitted can lead to losing accommodation and resulting in delays in discharge,

The follow are some of the key initiatives being led by the council to meet extra demand for supported accommodation:

- A review of the current contracting model for residential and nursing care and where quality and outcomes can be maximised.
- 'The Supporting People team is developing further tiered supported accommodation for around 50 people which will include support to reduce the risk of a crisis and to maintain people in the community
- Capacity for long term residential placements for the older people with mental health problems are being reviewed

#### **4. CONSULTATION**

4.1 The proposals for changes to services will continue to be commented on and influenced by users, carers and clinicians. These community development and restructuring plans have been influenced by a series of events with users and carers that have been managed by Commissioners and Brighton and Hove MIND. There are a number of sub groups being asked to make comments on specific redesigns as appropriate to their experience of current services.

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

5.1 Financial Implications:

All service redesigns will be in line with new budget requirements and will need to demonstrate value for money.

5.2 Legal Implications:

None identified

5.3 Equalities Implications:

All redesigns will be based on improving access to services and on improving outcomes for people in the city. Within all redesigns, choice and control will be prioritised.

5.4 Sustainability Implications:

None identified.

5.5 Crime & Disorder Implications:

None identified.

5.6 Risk and Opportunity Management Implications:

The risk to implementation are being reviewed and will be included in a specific risk register.

5.7 Corporate / Citywide Implications:

The redesign of primary, secondary and community services will need to be considered in light of the changing emphasis for NHS commissioning. It will be important to set the basis for excellent primary care and community NHS services in the next 18 months.

Supporting documents: Sussex Partnership Improving Community Mental Health Services, internal document (distributed by email and available on request)

