Appendix 1

Mental Health Services in Brighton and Hove

Report on the outcomes of the Care Quality Commission Inspection of Hanover Crescent and the Future Model of Care

July 2015

1. Background

1.1. In January 2015, the Care Quality Commission (CQC) conducted a Trust wide inspection of services provided by Sussex Partnership NHS Foundation Trust (SPFT). As part of this inspection, the rehabilitation unit at Hanover Crescent was visited.

1.2. Hanover Crescent is a 9-bed unit providing short term (3 months maximum) supported housing predominantly staffed by non-qualified support staff. Hanover Crescent receives referrals primarily from the acute wards at Millview Hospital and the usual onward discharge pathway is to an individual’s own home or longer term supported accommodation.

1.3. The CQC were seriously concerned about the standards of hygiene and cleanliness at Hanover Crescent, the poor physical environment and the lack of clarity around a model of care. There were also concerns about the staffing mix given that the majority of the individuals placed there had complex mental health needs and this was directly linked to the lack of clarity around the purpose of the service.

1.4. In light of these concerns the CQC asked SPFT to take immediate action and it was agreed that Hanover Crescent would be voluntarily closed to new admissions with immediate effect, an immediate improvement plan put in place and that move on plans for all current residents there would be actioned. These actions were supported by Brighton & Hove CCG. The last resident moved on from Hanover Crescent in March 2015.

1.5. Hanover Crescent is a Grade 2 listed building and presents challenges with regard to observation, ligature anchor point reduction and communal living. In addition to this, the lack of clarity regarding the service model and the investment that would be needed both in material costs for renovation and additional staffing costs would make the service disproportionally expensive.

1.6. In the summer of 2014 SPFT completed an internal process reviewing care pathways in each locality area including Brighton & Hove. One of these was the rehabilitation pathway. The drivers for change included the
on-going pressure on acute services, the changing patient presentation to include greater numbers of patients presenting with dual diagnosis-psychosis and substance misuse issues, pressure on accommodation across the City and looking to reduce the number of failed tenancies resulting in hospital readmissions. This generated discussions between the CCG and SPFT which started in the autumn of 2014 around the future of Hanover Crescent, the rehabilitation pathway, the interface with the newly commissioned supported accommodation pathway and how best to meet the needs of service users across rehabilitation provision in general. Prior to the CQC inspection actions were underway to complete an audit of discharge destinations from Hanover Crescent, reviewing the unit costs and considering the impact of the newly commissioned supported pathway. These discussions were accelerated following the CQC inspection.

1.7. The CCG, in partnership with SPFT, are proposing a permanent closure of Hanover Crescent and a re-investment of resources released from this in a new rehabilitation model.

1.8. This paper provides a summary of:

- The proposal for permanent closure of Hanover Crescent
- Proposals for the future models of care

2. Hanover Crescent

2.1. The CQC inspectors visited Hanover Crescent on the 15th January; during this inspection a number of concerns were raised. The key concerns and immediate actions undertaken by SPFT are listed below:

- Patient Safety – risk assessments and care planning. A comprehensive review of each person was undertaken following the CQC inspection and SPFT were assured that each resident had a comprehensive care plan and risk assessment in place.

- Gender Separation – privacy and dignity was compromised due to shared bathroom and toilet facilities. During the transition of residents to other provision, SPFT put in an additional staff member in order to manage this risk.

- Ligature risk – the fabric and configuration of the building increased the risk around ligature points. SPFT reviewed the Ligature Anchor Point assessment and scoped the acceleration of remedial works in order to manage the risk.
• Safeguarding and Incident Management – issues were raised around the way safeguarding was undertaken and how incidents are raised. A system of on call management support was immediately strengthened

• Staffing Establishment and medical cover – the model of care lacked clarity and the staff mix was felt to be inappropriate to meet the needs of the residents. SPFT put in additional temporary staffing and identified a Consultant Psychiatrist to take an overview of Hanover Crescent.

• Medicines Management – management of controlled drugs and administration of PRN medications as well as appropriate record keeping were highlighted. SPFT reviewed the operational policy and a clinical pharmacist immediately reviewed the systems around medicines management.

• Cleanliness and hygiene – standards of cleanliness and infection control were poor. SPFT took immediate action to improve these standards.

• Training records showed that not all staff were up to date with their risk assessment and Prevention and Management of Violence and Aggression (PMVA) breakaway training, or with their basic life support training. SPFT have an action plan with regard to statutory and mandatory training.

• A Hanover Crescent Steering Group was immediately convened to monitor the above actions and improvement plan. The CCG were invited to attend this group.

• Upon closure of Hanover staff were temporarily redeployed elsewhere across the Brighton & Hove Division of the Mental Health Trust

2.2. The CQC recognised that in some areas standards were good.

2.3. The CQC found that staff were kind and respectful towards patients and were positive when planning their care and support. Patients were involved in developing their own care plans. Staff recognised patients’ individual needs and understood how to care for them. Patients gave feedback about the service and this was listened to by staff and managers.

2.4. It also found that rehabilitation services were recovery oriented and promoted social inclusion and community involvement.

2.5. Services received few complaints from patients and carers but when they did they responded promptly and implemented learning from complaints.
2.6. Patients had discharge plans in place and most were well informed about and supported to move forward. There were some delays in discharging patients because of difficulties identifying suitable accommodation.

2.7. Services were aware of patients’ cultural and religious needs and supported people in meeting these. The services encouraged positive risk-taking and supported patients towards achieving independence.

3. **The Future of Hanover Crescent**

3.1. Hanover Crescent is currently temporarily closed. This was done in light of the CQC inspection findings and in agreement with the CCG.

3.2. The proposal is to permanently close Hanover Crescent and re-invest the annual running costs into a new model of rehabilitation care and support which is community based.

3.3. There are a number of compelling reasons to support the permanent closure of Hanover Crescent.

3.4. Although immediate concerns were addressed and governance and focus strengthened, there remains a need to be constantly vigilant to clinical risk.

3.5. Risk assessment and management is a dynamic process and while staffing levels can be adjusted in line with need, Hanover Crescent does not afford the flexibilities that would otherwise be available to contain risk outside of a hospital setting.

3.6. The ambiguity of the service model and the risks within the environment led the CQC to formulate their view and have prompted SPFT and the CCG to look closely at the future of Hanover Crescent.

3.7. Increasing the staffing into Hanover Crescent would improve the safety but the cost of this would mean the service becomes disproportionately expensive and the addition of qualified nursing staff makes the model increasingly unclear.

3.8. The physical building would need extensive work to make it fit for purpose to support a new model of rehabilitation support and care which would not represent value for money.

3.9. New and more innovative community based models of rehabilitation support and care are emerging and the permanent closure of Hanover
Crescent would release the resource needed to pursue these models. The needs of the cohort of people placed in Hanover Crescent are changing with more dual diagnosis, forensic issues and complex psychosis. A new model would give an opportunity to develop a clear pathway for rehabilitation which is person centred and flexible to meet individual’s needs in a range of accommodation settings.

4. Transitions Team

4.1. The Transitions Team are responsible for care coordinating those individuals with mental health needs who are living in registered adult mental health residential and nursing care provision.

4.2. They also have a role providing short term support to people leaving hospital, accommodation transitions or where accommodation is at risk.

4.3. The team have the following staff:

- Nurse band 7 – 1wte
- Nurse band 6 – 2.60wte
- Healthcare assistant band 4 – 2.13wte
- Healthcare assistant band 3 – 1.91wte

4.4. The Transitions Team functions have not been reviewed for some time.

4.5. SPFT and the CCG are keen to review the functions and re-deploy the resource to have more of an impact on reducing admissions to psychiatric in-patient units, to facilitate earlier discharge, and to ensure people are supported in a range of environments in their recovery journey.

5. Proposed new models of care

5.1. There are two proposals for re-investment of the resource released from the permanent closure of Hanover Crescent, subject to formal approval, and the running costs of the Transitions Team.

- Community based recovery multi-disciplinary team
- Respite support to provide step-up and step-down care along the acute/recovery pathway

6. Community Based Recovery Team
6.1 Demand remains high for acute in-patient beds and supported accommodation placements. Brighton and Hove CCG has invested significantly in community services over the last two years, such as the Crisis Resolution Home Treatment Team, additional care co-ordinators to reduce demand on acute services and to provide more care in the community.

6.2 Following a multi-agency review of mental health accommodation support the CCG jointly with the Local Authority redesigned the mental health accommodation pathway and commissioned additional units of accommodation with support from third sector providers. This additional capacity is now fully operational and working well to facilitate discharge from the acute and to support individuals in their recovery.

6.3 Included within the recommissioned mental health tiered pathway are 120 accommodation support units, of which 101 are new. The pathway has: 25 hostel style accommodation units for people with mental health needs, 20 units of accommodation with support for people with high support needs, 30 units of accommodation with support for people with medium support needs, 40 floating support units and 30 tenancy support services. Providers have been working together since the start of these new services to support individual’s recovery journey and move on between support services.

6.4 Plans are already in place, subject to approval, to develop and implement the community based recovery team.

6.5 A community based recovery team would support the timely discharge from acute in-patient units and would increase the flow of individuals through the mental health tiered supported accommodation pathway.

6.6 The team would provide flexible and personalised care to individuals whose needs are complex and where other community based services are not able to meet the need for more intensive support.

6.7 The team would be clinically led but would have a staff mix to reflect the needs of the individuals under its care. The key elements of the team would be:

- Nurse Prescriber
- Community Psychiatric Nurse
- Psychologist
- Occupational Therapist(s)
• Support Workers (possibly 3rd sector)
• Peer mentors/supporters

6.8 The team would provide in-reach to support discharge from in-patient units and residential care and support transition and move on to more independent living working closely with a range of providers including:

• West Pier Project (homeless hostel)
• Shore House (high support accommodation)
• Star Project (medium support accommodation)
• Adult mental health residential placements

6.9 The team would outreach support into any environment where individuals under the care of the team are living to support recovery and maximise opportunities for independence.

6.10 The team would link to a range of existing community based teams including the Crisis Resolution Home Treatment Team (CRHT), Assessment and Treatment Services (ATS) and Assertive Outreach team (AOT). Further consideration would need to be given as to where is most appropriate for the Consultant psychiatric cover to be available.

6.11 Assessment and Treatment Service (ATS) and Assertive Outreach team (AOT) would provide a link to social care support where needed and potentially the medical cover (see above).

6.12 Robust links with substance misuse services in the city, Pavilions, would be established to enable joint working with people with dual diagnosis.

6.13 The model and service specification need to be further developed and modelling around the potential demand for the service which will influence the staffing compliment needed.

6.14 The team would have a role in developing relationships with providers of supported accommodation services, building on the well-established links between mental health and housing to provide additional reassurance and risk management.

6.15 Outcomes for the team would include:

• Reduced admissions to acute in-patient units
• Reduced tenancy breakdown
• More timely discharge from acute care
• Increased support for individuals in their own homes in order to maintain independence and quality of life
• Reduced social care and specialist placement costs
7 Respite Support

7.1 If there are sufficient resources available, and subject to approval, the CCG would like to explore the opportunity of developing a respite support model in the city.

7.2 There is currently a gap for this type of provision within Brighton and Hove and it is a recurrent theme of feedback from patients, their families and carers that this type of provision should be offered within mental health services in the city.

7.3 The respite model to offer step-up care from community settings (own home, supported accommodation) for individuals experiencing, or at risk, of crisis and would provide an alternative to hospital admission will be explored. This is particularly important for individuals experiencing social crisis and/or need ‘time out’ from their usual environments. This would help to reduce demand for in-patient beds.

7.4 The service could also offer step-down care from acute in-patient units for those individuals who need additional time to recover from their acute mental health episode and who needed further assessment and planning around discharge. This would help to reduce the length of stay and delayed transfers of care which would have an additional benefit of freeing up capacity within acute units.

7.5 The service may also be able to offer respite on a planned basis for those individuals where this would be of clinical and social benefit.

7.6 Further work needs to be undertaken to develop the model and service specification for a respite placements, and it is likely that a procurement exercise would need to be undertaken to secure this provision.

8. Finance Summary

8.1. The CCG and SPFT are still working through the level of resource that will be available to re-invest into the new model of care and support.

9. Summary

9.1. There are compelling reasons for a permanent closure of Hanover Crescent and the re-investment of resource to be used to develop a new and innovative model for community based rehabilitation provision.

9.2. Brighton & Hove CCG would like to develop, in partnership with Sussex Partnership NHS Foundation Trust, a community based recovery team which will provide intensive, flexible and personalised care and support to individuals wherever they reside. The team would be clinically led with a staff mix that reflected the needs of the individuals under its care.
9.3. Brighton & Hove CCG would also like to pursue the development of a respite/crisis house in the city as it recognises that this is a current gap and would support the effective management of demand for acute in-patient beds.

9.4. The services will ensure that there is an integrated approach to mental and physical health and wellbeing, and have appropriate links to social care and support in the community and voluntary sector.

9.5. The service would meet the needs of individuals with functional mental health needs aged 18yrs and over.

10. Future Plans

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

10.2. 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 teams based around GP practices will provide the opportunity to ensure people with mental illness can receive more support in the community and have better coordinated holistic care that addresses both their physical and mental health needs. The new Substance Misuse services from April 2015 include an integrated model of care for those with dual diagnosis, and have both mental health and substance misuse needs. The new model of care includes the co-location of substance misuse and mental health staff, to strengthen the delivery of an integrated care model. Further updates on the progress of the Better Care Programme will be provided to the HWOSC at regular intervals.

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