

**UPDATE ON IMPROVING MENTAL HEALTH SERVICES
IN BRIGHTON AND HOVE AND OUR PLANS TO
REDUCE ACUTE MENTAL HEALTH BED CAPACITY**

1.0 Executive Summary

- 1.1 In 2009 the 4 Sussex Primary Care Trusts commissioned “Whole Systems Strategies” to review acute mental health bed provision in a whole system context across Sussex.
- 1.2 The review found that when benchmarking Brighton and Hove against other similar areas nationally there are higher than expected average lengths of stay, higher than expected admission rates for older people and delayed discharges contributing to longer lengths of stays than necessary in hospitals.
- 1.3 The review therefore highlighted the opportunity to redesign mental health services to provide better quality care through providing more services in the community that can help prevent admission in the first place and facilitate earlier discharge from hospital. The key recommendation of the review was that if services could be redesigned the overall number of acute mental health beds in Brighton and Hove can be reduced from 95 to 76 - a total reduction of 19.
- 1.4 The expected benefits of the service redesign and reduction in inpatient capacity are improved support close to people’s home to help them stay at work and participate in their local communities.
- 1.5 The case for the reduction in bed capacity by January 2012 has been considered by the PCT and has been approved as a key service improvement. Approval from the PCT is subject to the review of evidence and key measures that support the development of sufficient high quality community services and demonstrate a reduced need for bed capacity in line with the recommendations from the review.
- 1.6 Whilst good progress is being made to redesign the services and achieve the required improvement work continues on actions to reduce the numbers of delayed discharges and reduce the length of stay. The impact the service redesign and development work is having is being actively monitored, this includes the numbers of admissions to inpatient units outside of Brighton and Hove.
- 1.7 **The aim of this paper is to provide an update for the Health Overview Scrutiny Committee (HOSC) on the progress in Brighton and Hove to enhance and develop adult (18 and over) community services and reduce the mental health bed capacity in Brighton and Hove by 19 beds.**
- 1.8 The HOSC is asked to note the progress on improvements to community mental health services and support the plan to reduce inpatient capacity by 1st January 2012 subject to a year end report that demonstrates the current bed capacity at Mill View and Neville Hospital is no longer required

2. Background and context

- 2.1 Sussex Partnership NHS Foundation Trust and NHS Brighton and Hove have presented the development plans for local mental health services at the HOSC on a number of occasions over the past year. The plans presented support the implementation of the City wide “Commissioning Mental Health Services for Adults Strategy – Transforming Mental Health” and the Sussex Partnership Better by Design Strategy.
- 2.2 The Commissioning Strategy reflects the demand for more mental health treatment and care to be available in community settings. Better by Design is the Sussex Partnership five year strategic programme to develop and improve the specialist community and inpatient mental health services across Sussex. The adult programme of work as part of this strategy is called Under One Roof (U1R).
- 2.3 In 2009 Professor Keith Wilson from “Whole System Strategies” undertook an independent review on the spend and bed usage on community and acute mental health services across Sussex. The key recommendation was that if services could be redesigned the overall number of acute mental health beds could be reduced from 95 to 76 - a reduction of 19 beds.
- 2.4 The expected benefits of the redesign are:
- Improved support close to people’s home helping them to stay at work and participate in their local communities
 - Financial savings of up to £1.2 which would provide an opportunity to re-investment in community mental health services
- 2.5 In August 2010 the PCT approved plans to reduce the number of beds on the condition that there was assurance of sufficient evidence of changes to community mental health services to support this system change. The underpinning principles are:
- service users with mental health needs should not be admitted to a hospital environment unless it is essential
 - length of stay in hospital should be the minimum time required to address the problem for which the service user was admitted.
- 2.6 As a result of the review Sussex Partnership NHS Foundation Trust and NHS Brighton and Hove agreed it was appropriate to plan to reduce the adult acute mental health inpatient capacity and develop community services.
- 2.7 Sussex Partnership held a workshop where clinical and PCT staff were asked to identify those developments which would deliver the improvements and support the reduction in bed capacity. NHS Brighton and Hove and Sussex Partnership together agreed a set of High Impact Changes to support the reduction of inpatient capacity. These are the most important improvements and developments required to reduce the bed capacity. These became the “high impact changes”.
- 2.8 The plan to reduce bed capacity by 19 across Mill View and the Nevill Hospitals in January 2012 equates to a reduction of 12 Adult Acute Admission beds, 4 Older persons “functional admission beds” and 3 Dementia assessment beds. NHS Brighton and Hove

and Sussex Partnership have focused on improving community mental health services and the acute inpatient care pathway.

- 2.9 The measures to monitor the reduced demand for inpatient care include length of stay, admissions to inpatient units outside Brighton and Hove, numbers of delayed discharges, and bed occupancy rates for Mill View and the Nevill Hospitals.

3. Progress Update on the High Impact Changes

- 3.1 **A refreshed Crisis Resolution Home Treatment Service (CRHT) to ensure these services are working in accordance with the national guidelines. Should support all adults over 18, including those over 65.**

Complete: The CRHT has undergone recent development and is now operating as an ageless service and a new manager has been appointed. Training was provided to working age adult staff to prepare them to work with older people in crisis with a functional mental health problem. The Operational Policy has been revised to reflect the changes and a small resource has been identified to supplement the CRHT to expand the scope of delivery.

- 3.2 **7 days a week community services and extended hours within the working week.**

In progress: The Better by Design Project has been running across Sussex Partnership for the last year. Clinicians have developed a revised service model. The proposed model referred to as “Under One Roof” (U1R), provides an adult Assessment and Treatment Centre with a Recovery and Wellbeing pathway for people with more complex presentation who require care coordination.

An operational policy to support implementation of the new service model has recently been published. Working with the City Council, Sussex Partnership is undertaking an extensive consultation with staff working in the existing services on the changes and how these affect them. The Operational Policy is included in this consultation and has also been shared with NHS Brighton and Hove Clinical Commissioners and will be amended to reflect the feedback being received on it. The supporting project management structure has been developed to reflect the next stage of the programme through consultation and implementation. A Service and Clinical Director have been assigned to lead the implementation for Brighton and Hove.

Further action: Complete Consultation October 2011
Phased implementation December 2011 – April 2012

- 3.3 **Redevelopment and implementation of 4 priority clinical pathways to manage people’s needs in the community. The priority pathways are: Psychosis, Personality Disorder, Dementia, Depression.**

In progress: Clinical pathway development groups are set up and each is chaired by a Lead Clinician. These groups have been developing the care pathways with the aim of presenting them on “map of medicine”. Progress has varied across each of the groups with the first pathway; Depression expected to be launched in October. The Psychosis pathway was presented to the Clinical Reference Group (CRG) in May and it will be published in October following final CRG review.

The independent review identified a cohort of patients with personality disorder that could more appropriately be cared for in the community. Sussex Partnership has developed community alternatives including a specialist psychological programme. The CRG will

review the Personality Disorder Pathway at the October meeting. The Clinical Commissioning Group is reviewing the potential dementia service models in September and following agreement of the preferred model the dementia pathways will be developed.

Other condition based pathways are in varying stages of development some of which are quite well advanced. These include; Obsessional Compulsive Disorder, Post Traumatic Stress Disorder, Physical Health, Neuro-behavioural disorders, Bi-Polar disorder and Eating Disorder.

Further action: Complete and publish 4 priority pathways December 2011 (subject to dementia model agreed)
Develop a plan for community based personality disorder services building on existing services as an alternative to admission - October 2011

3.4 **Extended care management for people in recovery services.**

In progress: The revised clinical model for community services includes an integrated Recovery and Wellbeing pathway which has a discrete specialist function within the service model. This redefines the role of the Care Coordinator and the relationship with the Service User. In addition to the ongoing development of the Care Programme Approach Policy and improvements in performance, Sussex Partnership has worked with South West London and St Georges to develop a local Self Management Toolkit which has been published and launched.

Further action: Publish revised CPA practice guidelines – December 2011

3.5 **Improved rapid response service including the Out of Hours response and use of A&E (BURS).**

Complete: Improving access to services for people in urgent need and crisis is one of our shared primary objectives. Key amongst this is providing a response to people who need have a face to face assessment within four hours of referral. As a result of collaboration across Primary and Secondary care, the Brighton Urgent Response Service (BURS) was formally launched on 23 May. This provides 0800 – 2000 urgent response service which runs from Monday to Friday. Whilst initially established to provide a service to people aged 18 – 65 we are planning to extend this to over 65's too.

3.6 **Sussex Partnership operational managers in Brighton and Hove will identify the small number of complex patients who are frequent users of the inpatient beds and develop a plan for working with this group of people. This will be part of the new case management.**

Complete: It has been recognised that a small number of service users utilise a disproportionate amount of time and resource. A high level review suggested that a common theme is that these individuals do not sit easily in any particular service. Having seen the potential in the "Family Pathfinder" work, it was agreed that a similar approach be taken to this client group with the agencies involved contributing to a personalised approach to intensive care management. The Recovery Services General Manager has led a small group which has undertaken a review of case loads against a set of agreed criteria and identified a priority group across Working Age and Older Persons services to work with.

3.7 **The range of intermediate or step up and step down beds to be appropriate to demand.**

In progress: Having examined the cause of delays in discharge from Mill View and Nevill Hospitals it was suggested that whilst there are a range of housing and accommodation options across the city, the system does not always operate smoothly and blockages can appear upstream resulting in limited access and service users remaining in the wrong level of accommodation. This can result in problems for the service user involved as well as others who are effectively denied access.

A local review of the Residential Rehabilitation Services provided by Sussex Partnership has been completed which has informed a revised service strategy. A multi-agency Housing and Accommodation group led by NHS Brighton and Hove has been established to move this initiative forward. Sussex Partnership was successful with its bid to the Strategic Health Authority for a project to investigate the needs of the acute inpatient and the residential care population. This piece of work complements the wider strategic programme.

3.8 **Improve Acute Care Pathway**

In progress: The 2010 Independent Review of Mill View Hospital highlighted a compartmentalised system which can result in delays in repetition in the system which can impact in terms of longer than necessary length of stay. A new acute care pathway has been developed and has been implemented at Mill View Hospital. The pathway was presented to the Clinical Reference Group in September and is in place at Mill View Hospital along with a number of other improvements.

The acute care pathway supports work to reduce the length of stay at Mill View Hospital in line with national best practice benchmarks. The pathway sets out the standards and expectations relating to assessment, treatment and discharge and places particular emphasis on the standards of care for the first seven days of admission. The new care pathway is designed to support a reduction in the average length of stay.

Sussex Partnership has recently started monitoring the median (or middle) length of stay for patients at Mill View Hospital. This measures the length of stay in a given week for patients who have stayed in the ward at any time in the period. The length of stay is calculated from the start of the patients stay in hospital and is showing a reduction in the length of stay for patients. This improvement is a direct result of the development work undertaken on the acute care pathway. Sussex Partnership is also reporting a reduction in bed occupancy levels for Brighton and Hove residents.

Whilst the numbers of admissions outside of Brighton and Hove increased temporarily earlier this year during the refurbishment of Pavillion Ward (intensive care unit) these have significantly reduced and will continued to be monitored. There is a daily trust wide conference call to manage beds. There are no current issues of Brighton and Hove patients having to be cared for out of area except through choice.

The bed numbers will reduce by 1st January 2012 in line with the plan if the length of stay and occupancy rates demonstrate the capacity is no longer required as it will effectively be redundant. This is supported by the Sussex Partnership commitment that a bed will always be found for everyone who has a clinical need for admission to hospital.

Further action: Continue to monitor the use of inpatient services against the following agreed measures admissions

- admissions outside of Brighton and Hove
- bed occupancy
- length of stay

Progress development of the changes including the plan for community based services for people with personality disorder as an alternative to admission.

4. Stakeholder Engagement

- 4.1 Stakeholders have been engaged in a variety of ways e.g. HOSC meetings, LiVE sessions, Foundation Trust members meetings and formal meetings. Sussex Partnership and NHS Brighton and Hove will continue to work closely together to ensure service users and carers are involved and engaged in the ongoing work in relation to the implementation of the High Impact Changes.

5. Recommendations

- 5.1 The HOSC is asked to support the plan to reduce inpatient capacity at Mill View Hospital and Neville Hospitals by 1st January 2012 subject to a year end report to the HOSC that demonstrates the current bed capacity at Mill View Hospital is no longer required.