HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE	Agenda Item 15 Brighton & Hove City Council

Subject:		**Mental Health Services- Update on Model of Care**
Date of Meeting:		**10 September 2014**
Report of:		**Monitoring Officer**
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Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 HWOSC has considered a number of reports since November 2011 regarding the initially temporary closure of 19 mental health beds. The decision was made to make this a permanent closure in 2013.

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; this was agreed.

1.3 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. RECOMMENDATIONS:

2.1 That HWOSC members consider, note and comment on the four proposals for further development of community mental health services.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 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.

3.2 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.

3.3 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. 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.

3.4 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.

3.5 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.

Update on Improvements to Community Mental Health Services

3.6 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 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.

Further Improvements to Community Mental Health Services

3.7 Since the last HWOSC report, a piece of scoping work has been undertaken led by front line staff (SPFT and Community & Voluntary Sector) with the objective of developing proposals to develop community mental health services with the aim of reducing the need for in-patient admissions, Reducing the length of stay for inpatient admission where clinically appropriate and reducing demand for A&E.

Four proposals have been made:

3.8 **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 and evaluated during its first year. 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.

3.9 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.

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

3.11 A recent paper provided evidence of two psychological therapies for psychosis – family therapy and Cognitive Behavioral Therapy. The main findings were:

- 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.

3.12 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.

3.13 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 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.

3.14 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.

3.15 **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 but there is still potential to making further improvements to the pathway.

3.16 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.

- **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 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.

3.17 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.

4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Please see Section 3 above.

5 COMMUNITY ENGAGEMENT & CONSULTATION

5.1 There was public consultation in 2010; further information was provided to HWOSC in previous meetings. The proposals have come about through collaborative scoping work.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 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. Please see appendix 1 for more financial information.

Legal Implications:

7.1 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:

7.2 There are no additional equalities implications identified.

Sustainability Implications:

7.3 There are no sustainability implications.

Any Other Significant Implications:

7.4 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