

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**
 Date: **16th September 2010**
 By: **Director of Governance and Community Services**
 Title of report: **Improving Mental Health Services in East Sussex**
 Purpose of report: **To consider the response to HOSC's report and recommendations on changes to mental health services for adults in East Sussex.**

RECOMMENDATIONS

HOSC is recommended to:

1. **Consider and comment on the response of NHS East Sussex Downs and Weald/NHS Hastings and Rother and Sussex Partnership NHS Foundation Trust to HOSC's recommendations.**
2. **Confirm the Committee's support for the proposals, subject to the recommendations being implemented.**
3. **Agree how the Committee wishes to monitor progress.**

1. Background

1.1 In November 2009, HOSC received a report on *Better by Design*, Sussex Partnership NHS Foundation Trust's (SPT) service improvement programme for the next five years. It aims to improve upon existing standards for mental health provision across Sussex and develop a range of services that will meet people's mental health needs in the future, whilst meeting financial responsibilities in a difficult economic climate. It covers all care groups and services.

1.2 HOSC noted that many of the developments would be evolutionary over the next few years, but that there would be specific changes, particularly to inpatient services, which would require public consultation. The Committee supported the overall strategy on the basis of potential benefits to East Sussex patients and requested further details on consultation when available.

1.3 In March 2010, HOSC considered specific proposals to make changes to inpatient services for adults, put forward by NHS East Sussex Downs and Weald/NHS Hastings and Rother and Sussex Partnership NHS Foundation Trust. In summary, the proposals in East Sussex involved:

- Reducing the number of inpatient beds from 122 to between 92 and 100 (removing 22 - 30 beds) over the next 12-18 months with 3 options for how these are organised.
- Potentially further reducing the number of beds to around 80 in 3-5 years time.
- In the longer term, providing the remaining beds in new facilities in 1 or 2 locations in the county.

Inpatient beds for patients with dementia were not affected by the proposals.

1.4 A public consultation on the proposals took place from 8th March to 8th June 2010.

1.5 At its meeting in March 2010, HOSC agreed that the proposals represented a potential 'substantial development or variation to services' which requires the NHS to consult with HOSC as outlined in health scrutiny legislation. HOSC also agreed to establish a Task Group comprising Councillors Heaps, Pragnell, Rogers and Tidy to examine the proposals further and put forward a report and recommendations for the Committee's consideration.

1.6 At its meeting on 17th June 2010, HOSC endorsed an interim report from the Task Group. The Task Group was authorised to finalise its report once it had reviewed the findings of the public consultation in July 2010, and to forward the finalised report to the NHS organisations for consideration as part of the decision making process.

2. Further developments

2.1 The HOSC Task Group held a final meeting on 2nd July 2010. The Group received a report on the responses to the public consultation, prepared by an independent analyst for the NHS. The report highlighted the key themes raised by the individuals and organisations who had responded to the consultation. The Task Group found that the themes which had emerged from consultation were very similar to the issues identified by the Group through its own evidence gathering, and the majority of the key themes were already reflected in HOSC's interim report.

2.2 Having considered the consultation responses, the Task Group made some small amendments to the interim report and forwarded the finalised report to the NHS organisations for their consideration. The finalised report has previously been circulated to HOSC Members and is available on the HOSC website www.eastsussexhealth.org.

2.3 On 29th July 2010, a joint meeting of the Boards of NHS East Sussex Downs and Weald and NHS Hastings and Rother considered the proposals. HOSC's report was included within the Board papers. The Boards' decision was to proceed with option 2 as outlined in the consultation document. This option involves the reduction of the total number of inpatient mental health beds in East Sussex from 122 to 92. This will involve the gradual closure of 20 beds on Bodiam ward at the Department of Psychiatry, Eastbourne District General Hospital, and the reduction in bed numbers from 33 to 23 at the Woodlands Centre for Acute Care at Conquest Hospital, Hastings.

2.4 Alongside the changes to inpatient beds, the Boards agreed the introduction of measures for tracking and checking that community services have improved and the setting up of a proposed 'Stakeholder Reference Group', which will include service users, to follow and check the improvements to community services. Communications about the Boards' decision have stressed that, 'no changes to bed numbers will be made until suitable community services are in place to help and support people close to where they live'.

3. Response to HOSC's recommendations

3.1 The conclusion of HOSC's report was that the direction of travel outlined in the consultation document is the right one and that there is scope within East Sussex to reduce admissions and improve the way community services work together to better support service users at home. However, the report also highlighted evidence that community services are stretched and that there is a significant amount of work to be done to bring these services to a point where they have the capacity to provide consistently high quality support.

3.2 For these reasons HOSC's recommendations focused on robust and transparent monitoring of the development of community services and a carefully managed, phased approach to implementing bed reductions when the time is right.

3.3 NHS East Sussex Downs and Weald/NHS Hastings and Rother and Sussex Partnership NHS Foundation Trust have supplied a response to HOSC's recommendations (attached at appendix 1). The NHS organisations have accepted all the recommendations and comment on how these will be taken forward. The Committee will wish to consider and, if necessary, clarify the response to its recommendations. HOSC is also recommended to confirm its support for the changes, subject to the implementation of the recommendations, and to agree how the Committee wishes to monitor progress.

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Background Papers:

HOSC Item 6, 17th June 2010;

HOSC Final Report, July 2010;

NHS consultation document, March 2010.

Improving Mental Health Services – Response to HOSC Recommendations

HOSC Recommendation	Response
<p>1 HOSC fully supports the review of Crisis Resolution Home Treatment (CRHT) and the need to enable the teams to focus on their specific remit. As part of this review, the establishment of further ‘sanctuary’ facilities should be examined, funded through potential savings in reduced admissions, A&E attendances and/or GP out of hours calls. The conclusions of the CRHT review should be reported to HOSC in due course.</p>	<p>The CRHT Review Group has now met 5 times since beginning its work in January, and with its membership of service users and carers as well as commissioners and service managers and clinicians, continues to exert an important influence on how these services need to develop and improve.</p> <p>Some key issues have already emerged and clear principles agreed that include that teams must focus more clearly on their very specific remit. It would also appear that there is potential within overall financial resources to thereby fund a dedicated liaison service for Eastbourne Hospital A&E, while the potential to also consider Sanctuary facilities will be kept under review, and reported to HOSC in due course.</p>
<p>2 Efforts to establish mechanisms, similar to Patients Councils, by which groups of service users can influence the way community services (e.g. Community Mental Health Teams) work should be revisited, within the next 6 months, as part of the proposed improvements.</p>	<p>NHS East Sussex and Sussex Partnership recognise the importance of robust mechanisms by which the service users, carers and service partners can actively influence the development and implementation work relating to the improved community mental health services.</p> <p>This will be achieved in several ways:</p> <ul style="list-style-type: none"> * Sussex Partnership clinical pathway and service function development teams working to design different elements of the future service model are looking to invite service user / carer representatives to comment on the different pieces of work being undertaken by these teams * Sussex Partnership is also looking to set up 2 Making It Happen groups in East Sussex (one covering East Sussex Downs & Weald and one covering Hastings & Rother). These groups are tasked with translating service specifications into implemented working service models. It is the intention of the Trust that service users, carers and partners will sit on these local forums – again to provide valued input and guidance.

3	<p>The approach to supporting carers, particularly in terms of their involvement in care planning and crisis management, should be reviewed to ensure an appropriate balance is being struck between confidentiality and involvement. Access to respite care should also be examined.</p>	<p>The wealth of feedback from carers as to their needs and priorities in terms of community service, care and support from Sussex Partnership was a powerful learning point from the public consultation. Much of what was raised over recent months resonates with the views that helped inform the service commitments outlined in the Carers Charters – June 2008 (<i>Document available from Claire Lee 01273 481327/Claire.lee@eastsussex.gov.uk</i>) to which Sussex Partnership was a lead signatory. Whilst much work has already been delivered against this framework of commitments, the consultation has been a helpful reminder of what more needs to be done. Sussex Partnership is committed to revisiting this programme of work (recognising that the commitments remain valid) and establishing what more needs to be done. With respect to matters of care planning and confidentiality, this is considered to be predominantly a staff training issue, which will form part of the Trust’s Better by Design implementation plan.</p> <p>Opportunities to expand short-term crisis support and respite facilities are acknowledged by both NHS East Sussex and Sussex Partnership as an important area for exploration. As such conversations between NHS East Sussex and Adult Social Care are progressing in this respect.</p>
4	<p>Once measures have been put in place against each of the 10 commitments outlined in the consultation document, clear information, beginning with a baseline of current levels, should be made available on a regular basis to HOSC and service user and carer representatives as part of the monitoring process. This transparency is important in building confidence in community services and HOSC would expect to see appropriate measures and baseline information in place within 6 months.</p>	<p>A ‘Service Development and Improvement Plan’ has been drafted which includes measures corresponding to the commitments outlined in the consultation document. This was included as an Attachment to PCT Board papers, and will be further developed for inclusion in the contract between commissioners and the Trust.</p> <p>The PCT Board also supported the establishment of a ‘Stakeholder Reference Group’ that will monitor quality and performance improvement. It is made up of commissioners and service directors (who held their first meeting in August), who will be joined in due course by service users, carers and potentially GPs. This Group will ensure transparency about progress being made, and minutes from its meetings will be copied to HOSC.</p>

5	<p>A strong consensus on the best option for the configuration of beds has not emerged. However, HOSC would expect to see the following factors taken into account by the Primary Care Trusts in making a decision:</p> <ul style="list-style-type: none"> • Maximising access for carers and families through geographically balanced provision; • Ability to re-open beds should that become necessary • Ability to provide an enhanced therapeutic environment • Ability to improve the quality of clinical care for inpatients 	<p>An Option Appraisal was completed using weighted criteria, which included those of importance to HOSC as well as others arising from the consultation process. The full Appraisal was included as an Attachment to Board papers.</p> <p>The preferred Option - Option 2:</p> <ul style="list-style-type: none"> • in closing the 20-bed Bodiam ward in Eastbourne and reducing the Woodlands unit in Hastings by 10 beds, results in provision which most closely aligns with geographical need; • retains some potential for beds to re-open at Woodlands in Hastings - an area of high deprivation / need; • will involve substantial capital investment to improve the physical environments of wards; • in combination with the introduction of the Trust's new operational policy 'safe, supportive care' will result in an improvement in clinical quality for inpatients.
6	<p>NHS East Sussex Downs and Weald/Hastings and Rother and Sussex Partnership Trust should undertake further engagement and consultation with staff, service users and the public, and review learning from the first phase of proposed changes, prior to taking any decisions about longer term options.</p>	<p>As set out in PCT Board papers, any further changes in inpatient services to be considered in the longer term, will be subject to separate and further consultation, and this will clearly need to build upon and be informed by the engagement and consultation that has recently concluded.</p>
7	<p>The NHS should take the learning points highlighted by HOSC into account when planning future consultations.</p>	<p>The PCT and Trust welcome the comments and observations made by HOSC, and would seek to address the issues raised in planning future consultations.</p>