

A teaching trust of Brighton  
and Sussex Medical School

Sussex Partnership   
NHS Foundation Trust

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# BETTER BY DESIGN

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## **FOREWORD**

Sussex Partnership is delighted to be able to introduce the Trust's service improvement programme called Better by Design; a programme which is committed to reviewing and improving mental health, substance misuse and learning disability service provision across Sussex over the next 5 years.

Mental wellbeing is as important as physical health for the population of Sussex. As many as one in four of us will have a mental health problem at some point in our lives and the demand for our services continues to grow.

So, whilst the standard of mental health service provision in Sussex is already good, we now want to improve upon this strong position and develop a service portfolio which is truly excellent and capable of meeting the mental health needs of everyone in our communities.

It should also be noted that this ambition is set out at a time when there are challenging and uncertain times ahead, given the state of the economy and the levels of public debt.

Better by Design will, however, enable Sussex Partnership to respond to these challenges in a proactive and informed way, ensuring that patient care is placed at the heart of all proposed service developments, whilst financial responsibilities are also met.

## 1.0 INTRODUCTION

Sussex Partnership NHS Foundation Trust is a major provider of mental health, learning disabilities and substance misuse services to the population of Sussex.

As a champion of our patients, we believe that the mental health services in Sussex need to change.

We want to offer services that better support people to achieve their potential and are of the highest quality. We want to develop a more personalised service for people with mental health problems, where the individual is more in control of their own care. We also wish to better meet the needs of people who use our services; people who have been telling us that if they had a choice they would prefer to be treated and cared for in the home rather than hospital. When people need an inpatient stay, we also want to provide an environment, which is therapeutic, safe and welcoming; this is getting increasingly difficult with so many of our buildings recognised as needing to change.

Better by Design, the service improvement programme set up by Sussex Partnership to deliver the changes needed, is therefore tasked to deliver a number of patient-centred outcomes including:

- The improvement of access pathways into mental health services – making it easier and quicker to get assessment and treatment
- The provision of a wider range of community-focused services that will enable people to be treated and carers supported within the home, or as close to their home as possible.
- The provision of short inpatient stays for people with very severe problems
- The provision of enhanced specialist services, which focus on meeting the needs of under-served people who have problems, such as dementia and eating disorders
- The development of broader services between hospital and home, which focus on providing targeted evidence-based therapies and out of hours care

Sussex Partnership is fully committed to doing whatever it takes to realise the ambitious vision laid out for Better by Design and sees the improvement objectives as being eminently achievable, even in the climate of financial challenge anticipated.

## 2.0 WHAT IS BETTER BY DESIGN?

Better by Design is the Trust-wide service improvement programme set up to oversee the design and implementation of optimal service models across all the Trust care groups (Working Age Adult Mental Health Services, Older People Mental Health Services, Children and Adolescent Mental Health Services, Learning Disability Services, Substance Misuse Services, Secure and Forensic Services).

Through the development and implementation of optimal service models, we will be able to provide the people of Sussex with consistent high quality, clearly defined mental health services, which meet the needs of individuals, supporting them to enjoy life and get the best possible results for themselves, their carers, friends and family. Aiming for services that provide for the needs and wishes of individuals is the guiding principle behind the Better by Design programme.

Better by Design will look at all services provided by the Trust over the full life of the programme (3-5 years). Its initial aims being:

- To improve access routes into services provided, whilst also increasing the number of people assessed within primary care settings such as GP surgeries
- To provide earlier intervention in the treatment of mental health conditions, thereby preventing a larger number of individuals reaching crisis point
- To enhance the level of community support offered across Sussex, enabling more people to be supported at home or as near to home as possible.
- To reconfigure the way the Trust delivers inpatient services to meet the changing mental health needs within Sussex
- To provide more and better alternatives to hospital admissions
- To enable people to be discharged from inpatient care as soon as they are well enough
- To improve the quality of inpatient service environments
- To enhance the range and provision of specialist services (such as Substance Misuse, Secure and Forensic, Eating Disorder and Personality Disorder) to meet the changing needs of the population
- To improve the care provided to people with dementia
- To give even greater focus to recovery – helping people to lead normal lives despite their mental health problems
- To focus day services towards providing much needed intermediate care to those requiring assistance out of hours, as well as focused therapeutic support to priority client groups.
- To review the way in which the needs of people using residential and rehabilitation services are met
- To improve the integration and balance of care provided across the total mental health system (day, community and inpatient services)
- To enable care to be provided to more people.
- To improve partnership working with other providers, especially the community and voluntary sector.
- To overhaul our estates portfolio, concentrating on fewer better buildings

In the first wave of delivery (1-2 years), Better by Design will focus its attention on the following Working Age Adult and Older People services:

- Inpatient Units
- Community Access Services
- Community Acute Services
- Community Recovery Services
- Day Hospitals and Day Services
- Residential Units
- Specialist Services (Community, Day and Inpatient)

Whilst there is much work to be done, there is an obvious sequence in how this should be rolled out with inpatient and community care changed first. As such, this paper focuses on the improvement plans for inpatient care services, providing an overview of the changes recommended and the proposed milestones by which they will be assessed and delivered.

Follow up papers to HOSC are also planned as per below:

- Community, Specialist and Acute Community Teams Proposals (March 2010)
- Day Services Day Hospitals and Residential Unit Proposals (July 2010)

### **3.0 BETTER BY DESIGN - NATIONAL DRIVERS**

Our commitment to develop high quality mental health services in the community through the implementation of the Better by Design programme is supported by the South East Coast Strategic Health Authority “Healthier People, Excellent Care” (June 2008) document, which recommends effective support at home for people in a mental health crisis and early recognition and treatment for people with mental health problems.

As set out in Lord Darzi’s NHS Next Stage Review Final Report “High Quality Care For All”, we aim to give people greater control of their health and wellbeing, offering more choice of care available in the community and ensuring health and social care givers work together effectively.

‘New Horizons: towards a shared vision for mental health’ provides a ten year vision (2010 – 2020) for mental health services in the UK. It recognises that we need to target the root causes of mental illness and support the local development of higher quality, more personalised services.

New Horizons explores the prevention of mental illness and earlier intervention when things go wrong. It also looks at how services can become more innovative and work more effectively together.

#### **4.0 AN INTRODUCTION TO OUR PROPOSALS FOR INPATIENT CARE**

For many years, service users have clearly stated they would prefer to receive appropriate care and treatment at home rather than being admitted to hospital. Therefore a key priority for the local NHS and social care services is to develop better support for people at home.

Over a number of years, services have been developed to enable patients to be supported at home. These include assertive outreach and crisis resolution home treatment services, which offer real alternatives to inpatient hospital admission.

These developments have started the journey to providing valued community services that are more tailored to the needs and circumstances of individuals.

The journey now needs to take the next logical step with further development of community services, such that these teams are better equipped to help prevent the deterioration in the mental health of service users, as well as speed up their recovery after any escalation in their illness. This development of community services is also key to enabling inpatient units to focus on the more specialist role they are intended to perform within a balanced mental health system. It should be noted that the development of community services will happen in parallel to the service development of inpatient care as outlined in this paper.

The inpatient care proposals outlined in this paper are in line with existing and emerging national policy. The proposals also reflect the recommendations made a report conducted by Whole Systems Strategies, commissioned by the four Sussex PCTs.

#### **4.1 INPATIENT CARE - CURRENT CONTEXT**

High quality inpatient care is vital for the small number of people who require admission to hospital.

Currently, Sussex Partnership provides 247 beds for adults of working age at:

- Centurion Unit, Chichester (30 beds)
- Meadowfield Hospital, Worthing (32 beds)
- Langley Green Hospital, Crawley (45 beds)
- Mill View Hospital, Hove (60 beds)
- Department of Psychiatry, Eastbourne DGH (47 beds)
- Woodlands Unit, Conquest Hospital site, Hastings (33 beds – temporarily closed)

And 221 beds for older people at:

- Harold Kidd Unit, Chichester (32 beds)
- Meadowfield Hospital, Worthing (18 beds)
- Salvington Lodge, Worthing (18 beds)
- Clayton Ward, Princess Royal, Haywards Heath (18 beds)
- Horsham Hospital (12 beds)
- Crawley Hospital (12 beds)
- Nevill Hospital, Hove (35 beds)
- Heathfield, Eastbourne DGH (24 beds)
- Milton Court, Eastbourne temporarily provided out of Beechwood, Uckfield Hospital (16 beds)
- St Anne's, Conquest Hospital site, Hastings (36 beds)

The above figures do not include the beds provided by the psychiatric intensive care units at Mill View and Langley Green Hospitals.

## 4.2 INPATIENT CARE - THE CASE FOR CHANGE

Research commissioned by the Sussex PCTs shows that the number of inpatient beds required by the population of Sussex could be reduced by circa 50 for working age adults and 50 for older people services, without compromising the availability of inpatient care for those in need.

This is based the knowledge that for working age adults:

- An average of 14 beds are empty at any one point of time
- There would be a reduced need for beds once Sussex Partnership achieves the Department of Health average length of stay of 28 days (currently performing at 42 days)
- There would be a reduced need for beds once Sussex Partnership achieves admission rates of 269 per 100,000 weighted population
- Sussex Partnership is carrying 49 more beds than the national average

For older people:

- An average of 18 beds are empty at any one point of time
- There would be a reduced need for beds once Sussex Partnership addressed the four fold variation in lengths of stay across the Trust
- There would be a reduced need for beds once Sussex Partnership achieves admission rates of 343 per 100,000 weighted population (currently performing at 426)

In light of the above analysis, the overall reduction of circa 100 beds is considered to be a modest and prudent objective for Better by Design.

## **5.0 INPATIENT CARE - OUR PROPOSALS**

In recognition of the case for change, the Better by Design programme proposes to:

- Develop a number of ward options that deliver the circa 100 bed reduction across Sussex and are configured, where possible, such that wards are running at their optimal size of 18-20 bed units and are organised into groupings of 3-4 wards. Wards will also be designed such that they provide single sex accommodation and are organised in terms of care needs rather than age
- Seek pre-consultation stakeholder engagement on these ward options
- Consult on plans to close 50 adults of working age and 50 older people's beds across Sussex
- Benchmark developed inpatient service plans to ensure they are designed to work safely, efficiently and effectively
- Develop more stringent operational policies such that they reinforce the high standards of care sought

The above will happen alongside the improvement work planned for community services.

## **6.0 INPATIENT CARE - SERVICE USER INVOLVEMENT AND IMPACT**

The programme of change for inpatient care services is the culmination of many years of work focussed on getting the balance of inpatient and community care right; these plans are always being developed with the needs of service users, their carers and representative groups very much in mind.

In this respect, the views of service users have continuously been sought over recent years and months through an ongoing programme of consultations and workshops organised to help develop national policies (such as the Lord Darzi's NHS Next Stage Review Final Report "High Quality Care For All" and "New Horizons: towards a shared vision for mental health") and local commissioning intentions.

We are of the view that the developments now being proposed are in accordance with the headline preferences raised via these forums. We are, however, committed to further verifying this position through continued involvement of service users in the development of service models. This will be achieved in part through the creation of Service User Reference Panels.

Whilst we believe the service changes proposed will deliver improved levels of care and improved health and social care outcomes, we do also recognise that the care experience may feel different for some due to the change in settings where care is provided (whether this be in the home where it was previously provided in the hospital or whether it is due to a change in location of a ward). We therefore anticipate the need to undertake a public consultation of the various ward options being considered, in order to ensure the service user needs are fully understood.

## **7.0 INPATIENT CARE – SUGGESTED CONSULTATION APPROACH**

Consultation is an essential part of an open and honest approach to decision making. It is not merely telling people what is happening or a public relations exercise. Consultation helps us to understand local needs as well as plan, prioritise and deliver better services.

This means when we consult we need to listen to what people have to say and we need to act upon it.

Consultation is the only way to ensure our services are user-focused.

By carrying out consultation, we intend to ensure that the decisions made are the right ones for the people who use our services. Putting local people at the heart of the decision making process helps create a working partnership with our users so that they have an interest in better services.

The consultation framework Sussex Partnership is proposing to use for the development of the trust-wide inpatient care service is currently as follows. This is intended to enable the benefits of change to be realised in a timely and proactive fashion.

### Stage 1 – Pre-Consultation (October – December 2009)

Pre-consultation work is currently taking place, with key stakeholders being approached to establish their service development priorities.

Considerable pre-consultation work with internal and external stakeholders has already been taking place which will be taken into consideration.

During this time, stakeholders are being approached for their input on the options being developed for public consultation.

### Stage 2 – Public Consultation (January 2010 – March 2010)

Public consultation is anticipated to take place from January 2010 – March 2010.

This will involve the following stakeholders:

- User, carer and advocacy groups, who support individuals who have emotional or mental health difficulties
- East Sussex County Council including Adult Services and Health and Social Care Scrutiny Panel
- South East Coast Strategic Health Authority
- Key non-statutory and voluntary organisations
- Libraries
- Local media
- GPs and Local Medical Committee
- MPs and local councillors

- Local Involvement Networks (LINK)
- Neighbouring Primary Care Trusts and NHS Foundation Trusts
- Trade Unions and Joint Staff Consultation and Negotiation Committee
- South East Coast Ambulance Service
- NHS Staff
- Parish Councils

It is our plan to provide HOSC with an update on how the consultation is progressing at the March 2010 forum

### Stage 3 - Consultation Feedback (March 2010 – April 2010)

We will wish to feedback the findings from the consultation to HOSC and other stakeholders to ensure that all those who contributed are aware of the process outcome.

## **8.0 REQUEST FOR HOSC SUPPORT**

Due to the ambitious timelines assigned to this piece of improvement work, a more detailed consultation plan is still under development as is the consultation paper itself. The aim is to have these completed by the end of December 2009.

We would, however, very much appreciate access to HOSC expertise outside of the programme of quarterly forums in order to provide advice on the consultation processes and papers being developed.

This paper is therefore asking for the HOSC to:

- Advise on whether the proposals outlined in the paper constitute a substantial variation in practice.
- Advise how this advice could be made available within the timelines proposed.