**Agenda Item 6**

| | |
|---|---|
| Report to: | **East Sussex Health Overview and Scrutiny Committee (HOSC)** |
| Date: | **11th March 2010** |
| By: | **Director of Law and Personnel** |
| Title of report: | **Improving Mental Health Services** |
| Purpose of report: | **To consider specific proposals for inpatient mental health services arising from the broader 'Better by Design' strategy for mental healthcare in Sussex. To consider how HOSC will scrutinise the proposals and, specifically, whether they constitute a 'substantial variation or development' of services which necessitates formal consultation with HOSC as outlined in health scrutiny legislation.** |

**RECOMMENDATIONS**

**HOSC is recommended to:**

1. **Agree that the proposals outlined in appendix 1 constitute a 'substantial development or variation' to services requiring statutory consultation with the Committee under the health scrutiny legislation.**
2. **Nominate Members to form a task group to consider the proposals in more detail and to undertake joint work with colleagues from West Sussex and/or Brighton and Hove HOSCs should that become necessary.**
3. **Make any comments on the communications and engagement plan (appendix 2)**

## 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.

## 2. Proposals for inpatient services

2.1 NHS East Sussex Downs and Weald/NHS Hastings and Rother and Sussex Partnership NHS Foundation Trust have now further developed their proposals for changes to inpatient services for working age adults and older people. These are outlined in the draft public consultation document attached at appendix 1. In summary, the proposals in East Sussex involve:

- 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.
- Providing the remaining beds in new facilities in 1 or 2 locations in the county

Inpatient beds for patients with dementia are not affected by the proposals set out in this consultation.

2.2 A similar set of proposals has been developed for changes to inpatient mental health services in West Sussex. Inpatient services are also being reviewed in Brighton and Hove and any proposals for changes there are expected in the summer.

2.3 The NHS organisations began a public consultation on the proposals on 8th March 2010. A copy of the communications and engagement plan which outlines the methods which will be used

to engage service users, carers, other interested parties and the public is attached at appendix 2 and HOSC is invited to make any comments or suggestions on the proposed approach. The consultation period will last for 12 weeks, ending on 1st June 2010.

## 3. Consultation with HOSC

3.1 The health scrutiny legislation states that the NHS has a statutory duty to consult with the relevant HOSC(s) when there is a proposal under consideration which may result in a 'substantial development or variation to services'. What constitutes 'substantial' is not defined but it is suggested in national guidance that HOSCs and the NHS might want to consider issues such as: the number of patients affected and how intensive their use of the service may be; the impact on patients and carers in terms of access; and whether the proposal involves a significant shift in the way a service is provided.

3.2 In this case, informal discussions with the NHS have suggested that they would view the proposals as a substantial development. This is reflected in the fact that the NHS organisations have opted to undertake a wide public consultation in order to fulfil their duties to adequately engage and consult with patients and the public. On this basis, and taking into account the potential significant impact of the proposals on how and where inpatient services are provided, it is recommended that HOSC agrees that this proposal is substantial and therefore requires the NHS to consult formally with the committee as outlined in legislation.

3.3 Where more than one HOSC considers proposals to be 'substantial', national directions dictate that these HOSCs must form a joint HOSC for the purposes of responding to the NHS consultation. In this case, although the *Better by Design* strategy covers the whole of Sussex, the specific proposals for inpatient services are different in West Sussex as they relate to the inpatient units within that county, and proposals are not yet confirmed in Brighton and Hove.

3.4 In order to confirm whether there are any significant links between the inpatient services in the three areas, the Chairmen of the three HOSCs requested clarification from Sussex Partnership Trust. The Trust's response is attached at appendix 3. This suggests that, although there may be occasions where patients from one area may use inpatient services in another area due to short-term capacity issues or individual needs, the Trust's view is that there are no significant interdependencies between the three areas. This suggests that a statutory Joint HOSC will not be required. However, there may be some merit in ensuring communication and exchange of information between HOSCs on any common issues on a discretionary basis.

## 4. HOSC approach

4.1 In order to make an informed response to the consultation, HOSC will need to gather evidence on the impact of the proposals, the benefits of the planned service model and the views of service users, carers and professionals. There are two main options for managing this process:

- The whole Committee could undertake this work – this would necessitate at least one, if not more, additional full HOSC meeting(s) and would be time and resource intensive, and offer little flexibility of approach.
- A task group of 3-4 Members could be formed to gather evidence and make recommendations to the Committee at its June meeting. The benefit of this would be to enable a more flexible approach which is easier to manage. All Members would be kept informed, could attend meetings if desired, and would agree HOSC's final response.

4.2 HOSC has previously successfully used a task group approach to scrutinise similar (albeit smaller scale) proposed changes to older people's mental health services at the Beechwood Unit in Uckfield. On this basis, and for the benefits in term of flexibility, it is proposed that HOSC forms a task group to examine the current proposals. This group would also liaise with the other HOSCs to undertake any joint work which may prove to be necessary.

ANDREW OGDEN
Director of Law and Personnel

Contact officer: Claire Lee, Scrutiny Lead Officer
Telephone: 01273 481327

# Public consultation on mental health services in East Sussex

CONSULTATION PERIOD:
8 MARCH – 1 JUNE 2010

*Pokud potřebujete přeložit tento dokument, obraťte prosím na zadní stránku.*

اگر احتیاج به ترجمه این مدرك را دارید، لطفاً به پشتِ این صفحه مراجعه فرمائید.

如果您需要将这份文件翻译，请转到此页背面

*که تاسو د دغه لاسوند ژباړې ته اړتیا لرئ نو هیله کېږي چې د شا پاڼه وګورئ*

Jeżeli potrzebne jest Państwu tłumaczenie tego dokumentu, proszę odwrócić go na ostatnią stronę.

Se precisar de uma tradução deste documento, por favor, veja no verso.

*Если Вам необходим перевод этого документа, смотрите последнюю страницу*

*Ak potrebujete preklad tohto dokumentu, obráťte na zadnú stranu*

گەر پێویستیت بە تەرجومەی ئەو نووسراوەیە (دۆکیومێنتەیە)، تکایە بڕۆ بۆ دوا لاپەڕە.

This consultation document has been produced by NHS East Sussex Downs and Weald, NHS Hastings and Rother and Sussex Partnership NHS Foundation Trust.

Please see inside cover for how to get this document in alternative formats

# About this document

This consultation document has been produced by NHS East Sussex Downs and Weald, NHS Hastings and Rother (the two PCTs for East Sussex) and Sussex Partnership NHS Foundation Trust. We would like your views on proposals to change the way mental health services are provided in East Sussex. The proposals have been developed from the East Sussex PCTs commissioning plans and Sussex Partnership's Better by Design strategic programme for 2010-14. A related consultation is taking place at the same time in West Sussex.

**NHS East Sussex Downs and Weald and NHS Hastings and Rother** are the two primary care trusts (PCTs) responsible for identifying what services the people of East Sussex want and need and for commissioning (which means planning, buying and checking) these services on their behalf.

**Sussex Partnership NHS Foundation Trust** is the main provider of specialist mental health, learning disability and substance misuse services in Sussex.

### Glossary of special terms or unfamiliar words

Words used in this document, or at events and meetings, which have special meaning or may be unfamiliar, are defined in the glossary on page 36.

### Getting this document in a different language or format

This document is available in large print, in Braille and on audio tape; if you would like a copy, please call 01273 403550.

If you would like this document in another language or format, or if you need the services of an interpreter, please contact us on the details below. Please remember to include a telephone number or address so we can get back to you:

Joel Hufford
Communications Manager
36-38 Friars Walk
Lewes, BN7 2PB

Telephone: 01273 403550
E-mail: joel.hufford@esdwpct.nhs.uk


**Time to Change – ending mental health discrimination**
The NHS in East Sussex supports Time to Change, a national campaign led by Mind and Rethink aimed at ending the discrimination faced by people who experience mental health problems. For more information, please visit www.time-to-change.org.uk

# Contents

# Foreword

## This document is about how we develop mental health services in East Sussex.

The importance of mental health to our overall well-being is recognised in national policy and by the NHS in East Sussex. Mental health services are an integral part of our health and social care.

We want to make sure that our services are the best and that we meet or do better than national standards for quality and clinical performance. We want to concentrate our investment where it is most needed, for example on new specialist services and on helping people to maintain or recover their mental health outside hospitals as much as possible.

Our aim is to make sure that we provide the right range of mental health care close to where people live, including support in their everyday life, help via their GP surgery, support from specialist community teams working round the clock and hospital treatment for the relatively small number of people who need it.

This means making some changes to the balance of our existing services and especially to the way we provide mental health hospital services for adults and for older people.

This public consultation describes proposals which have been developed by the NHS primary care trusts in East Sussex and by Sussex Partnership NHS Foundation Trust which provides specialist NHS mental health, learning disability and substance misuse services. The proposals are described on page 16 and details of how you can comment are set out on page 25.

We look forward to receiving your comments by the closing date of 1 June 2010.

**Mike Wood**
**Chief Executive**
NHS East Sussex Downs & Weald and NHS Hastings & Rother

**Lisa Rodrigues**
**Chief Executive**
Sussex Partnership NHS Foundation Trust

# Summary

## This document is about proposals to improve mental health services in East Sussex and to get the right balance between hospital-based inpatient mental health care and services provided outside hospital.

Ten years ago the first ever NHS National Service Framework for mental health was published. It set standards for the way people with mental illnesses should be diagnosed and treated and it led to significant investment in mental health services nationally and within East Sussex.

Today our expectations are more ambitious and go beyond simply treating mental ill-health. Our aim is to provide mental health services which offer real choice to the people who use them, support them in their recovery and enable them to maintain mental well being.

Our services outside hospital are continuing to develop so that they offer consistent and high quality support close to people's homes, including:

- help to stay at work and to participate fully in their local communities,
- new services for people with mild to moderate mental health issues, and
- specialist community services providing 24-hour support to people with more severe conditions who would in the past have been likely to need hospital admission.

As a result the balance of services is changing, meaning that fewer people with mental health problems will need to be admitted to hospital in future.

It is important that mental health hospital services are always there for those who need them. This means having the right number of beds to best serve local communities.

Our proposals are about continuing to improve our community services, reducing the overall number of mental health hospital beds in line with future needs, and suggesting where these beds should best be located in the future.

## The proposals we are consulting on

We propose to improve the range and performance of community mental health services and to introduce standards to make sure these improvements are measured.

Once these changes are in place we propose to reduce the number of inpatient mental health beds (not including dementia beds) across East Sussex over the next 12-18 months from 122 to between 92-100 (removing between 22 and 30 beds).

Over the next 3-5 years we believe it may be possible to reduce the number of inpatient mental health beds further to around to 80 (not including dementia beds) and provide them in new 'state of the art' facilities.

Inpatient beds for people with dementia are not affected by the proposals set out in this consultation. Our longer term aim is to explore whether and how elderly people with dementia could be better cared for in more shared care wards within district general hospitals

We have looked at a range of options which relate to the following services:

- Eastbourne District General Hospital, Department of Psychiatry Unit wards for adults of working age and for older people with functional mental illness
- Hastings Conquest Hospital, Woodlands Unit ward for adults of working age
- Hastings Conquest Hospital, St Anne's Unit wards for older people with functional mental illness

The Beechwood Unit at Uckfield Hospital is not included in these proposals.

Full details of the options and more detail about how they were developed with input from service users, carers, staff and stakeholders, are on page 16.

## Having your say

We want to hear the views of as many people as possible to help us make sure we make the best decisions about how and where services are provided in the future.

There are a number of ways you can get involved, including public meetings and a feedback form at the end of this document. More details are on page 25.

The public consultation is running from 8 March to 1 June 2010 and the deadline for feedback on the proposals is 12.00 midday on 1 June 2010.

## What happens next?

During the consultation, all the feedback and responses, along with notes of the public meetings, will be collated and analysed by an independent analyst. At the end of the consultation they will produce a report identifying the themes and issues raised which will be presented to the boards of NHS East Sussex Downs & Weald, NHS Hastings & Rother and Sussex Partnership.

The final decision will be made in public by the boards of the NHS East Sussex Downs & Weald and NHS Hastings & Rother, once they have had time to consider the consultation feedback and responses.

# Developing mental health services: the background

One in four of us will experience mental health problems at some point in our lives. Many of us know someone who is experiencing or has experienced mental health problems.

Over the last decade a network of mental health services has been established in East Sussex. Through this network the vast majority of mental health care is provided outside hospitals, either by GPs and their surgery teams (with support from mental health professionals), from voluntary organisations and agencies or through specialist community mental health services. Only one person in twenty who is in contact with mental health services needs the most specialist care provided in hospitals.

Hospital beds are there for those who need them most and they will remain a vital part of our network, providing the most specialist level of care. However, the environments of the existing inpatient mental health services in East Sussex do not match those at more modern facilities including those opened by Sussex Partnership in 2008 for adults at Langley Green, Crawley.

New developments in mental health are increasing the capacity and range of services available outside hospital. This means that fewer people will need to be admitted to hospital. As a result we can now plan to safely reduce the number of hospital beds we need for the future, in the knowledge that people will be able to receive the care and support they need in other more appropriate ways.

The proposals in this document are about how we should best develop inpatient mental health facilities for East Sussex so we have the right number of beds in the short term, and that we can also plan ahead with confidence to develop new flagship inpatient facilities for the longer term which will meet the needs of local people.

## A framework for services

In September 1999 the NHS published the National Service Framework for Mental Health. This set out standards and expectations for improving mental health services including community services for the first time. It set out the basic principle that people who use mental health services should be treated outside hospital settings as far as possible, and that hospital services should concentrate on providing more specialist care for the relatively few people who need them.

The framework called for investment to support people with long term or severe mental health conditions through a greater range of services outside hospitals. Where these were already in place the framework called for greater development of services for people with more common mental health conditions.

Implementation of the framework brought about major investment and development of mental health services locally.

- **Early intervention in psychosis** – a new team was introduced to intervene early and provide specialist treatment to those experiencing a first episode of psychosis for three years, as evidence suggests this significantly improves long-term outcomes.

- **Assertive outreach** – new teams were introduced to give extra support to people with severe and enduring mental health problems whose lifestyles mean they were prone to lose touch with services and had problems that could suddenly worsen.

- **Crisis resolution and home treatment** – new teams were introduced operating 24 hours a day to provide home treatment for those who needed it as an alternative to hospital admission.

In East Sussex we built on these achievements of the framework by working with service users, carers, GPs, clinicians and other stakeholders to identify further action to address local priorities. This led to our Joint Commissioning Strategy for Mental Health which we published in 2008. Improvements achieved as a result of this include:

- **Enhanced primary care based mental health services** – every practice will have a qualified mental health professional aligned to it to work alongside GPs in helping people to manage their mental health problems.

- **Improving access to psychological therapies** – substantial investment is allowing the recruitment and training of 72 new psychological therapists across East Sussex for people with common mental health problems such as anxiety and depression.

- **Re-designed day and vocational services** – service users were involved in developing services in addition to traditional day centres, including services to get them more involved in their local community and help them find a job, to better promote independence.

- **Residential care review and supporting p eople –** new residential care providers have been identified to work in a more focused way, and prepare people to move on into independent living arrangements, including a wider range of supported and mainstream housing.

Sussex Partnership has been a key partner in bringing about many of these improvements, and has also been investing in and improving the quality of its services.

The increase in crisis and outreach teams are part of a shift in the development of community teams that has resulted in more 24-hour help for people in a crisis who, as a result, do not need to go into hospital. There is more support for people to manage their mental well being and take control over their day-to-day lives.

## Meeting people's needs

When we started work on these proposals we asked people who use mental health services what mattered most to them. They told us they wanted:

- Services based around their needs, tailored to them as individuals

- Quick access to services when they need them

- Care of consistently high quality

- Confidence in the range of services provided outside hospital settings

- A good environment for care (even if that means travelling some distance).

We also asked staff for their views. They told us they wanted:

- No barriers within the network of services, so that people get the right treatment easily and quickly
- Better links with GPs and the mental health services provided through GP surgeries
- The right level and range of staff to provide the best possible care
- A good environment and the right support to provide care.

The investment in mental health services over the last decade and the developments listed in the previous section go a long way to meeting these needs.

But they do not go far enough. Despite the improvements in recent years, there is still more for us to do if we are to ensure that everyone in East Sussex is able to access the high quality services they want, making sure people are getting the right help in the right place at the right time.

At the end of the ten-year programme to implement the National Service Framework we commissioned an independent study ('Whole Systems Review', see Appendix 5) to see how well our mental health services are performing compared to national standards and the clinical best practice.

case study

## Sue is 40 and has severe depression

Sue, a woman in her early 40s, was referred urgently to her local Community Mental Health Team (CMHT) by her GP. She had been depressed for some time and had recently become worse due to some personal problems and she had lost her job. She was very low and thinking of taking her own life.

Sue was seen that day by the duty worker at the CMHT. As she was so low in mood they contacted the Crisis Resolution and Home Treatment Team (CRHT). The CRHT assessed Sue and agreed with her that they would visit her at home, daily at first, to give her support and talk through some of her difficulties. She was also allocated a Care Coordinator from the CMHT who was ready to take over supporting her from the CRHT once she stopped having suicidal thoughts.

Sue's Care Coordinator put her in touch with Vocational Services to help her find work and also organised for her to go to a local day service where she attended a group about self esteem. Sue and her Care Coordinator worked together on her symptoms of depression using cognitive behavioural techniques and on a relapse prevention plan to help prevent Sue becoming as unwell again.

Supporting Sue at home and in the community helped to maintain her independence, build her self esteem and meant that she did not need to go to hospital.

The case studies quoted in this document are taken from real people using mental health services in Sussex. Names and some details have been changed to protect people's confidentiality.

From that study, together with information collected by NHS East Sussex Downs & Weald, NHS Hastings & Rother and Sussex Partnership, we can tell that in East Sussex:

- People stay in inpatient mental health beds in East Sussex for longer than national guidance suggest is necessary, based on figures from Sussex Partnership

- We have invested significantly more in crisis resolution and home treatment teams than comparable adjacent areas but still have higher rates of admission to hospital

- Our services could be better designed. Despite high numbers of staff, we do not have specialist community services specifically for young mums with mental health problems or people with eating or personality disorders.

The study showed that over the next 12 to 18 months we could build on our improvements in mental health services provided outside of hospital. This would help more people with severe and enduring mental illnesses to retain their independence and avoid having to go to hospital; ensure that the support is there to help people currently in hospital to return home sooner; and provide the specialist community services for people with eating and personality disorders and young mums experiencing mental health problems.

By making these improvements and by bringing our inpatient admission rates and lengths of stay down, we will need far fewer inpatient beds. This will release savings which provide an opportunity for further investment in other priority areas.

## Improving Community Mental Health Services – next steps

We plan that the changes to bring about further improvements in our mental health services will start to happen during 2010.

- **Improved mental health services closer to home and easier access to psychological therapies**
  Sussex Partnership is developing a new range of open access services to support people who have mild to moderate depression, stress or anxiety. These will help people to maintain their well-being, getting them the support they need quickly and early enough to prevent their mental health problems from developing into more serious long term conditions. These services will be available close to people's homes and will have strong links with local GPs.

  They are aimed at people who do not require specialist support from the trust's community or inpatient services, and who might not think about using traditional mental health services. Contacting and making use of them will be simple and quick.

  From April 2010 this enhanced model will be launched across East Sussex as a partnership between Sussex Partnership and the national charity Turning Point in the form of a completely new service called 'Health in Mind'.

  By providing information to support personal choice and self-help, and offering a range of psychological therapies including support from people who have experienced mental health issues themselves, 'Health in Mind' will enable people to maintain mental wellbeing, stay at work and avoid the need for more specialist mental health care.

- **Recovery teams and assertive outreach teams**
  Previously referred to as community mental health teams (CMHTs), recovery teams which focus support for people with conditions such as severe depression, schizophrenia, bi-polar and similar disorders, will increasingly work to avoid the need for hospital admission by helping people put in place the foundations for recovery.

  This will involve improving how recovery services are organised, making sure, for example, that staff are deployed in greater numbers to areas of greatest need and introducing community psychiatrists dedicated to providing care and treatment to people living in their particular areas, outside of hospitals.

  There will be an emphasis on enabling service users to manage their own recovery through self-directed support and newly trained 'peer support workers' (themselves service users), help people get help and support as early as possible, as well as cope well if their problems get worse again.

  At the same time, staff within teams will develop specialist skills and expertise in helping people with particular problems, from eating disorders, alcohol and drug misuse and post-natal depression, which might otherwise require referrals being made elsewhere.

- **Crisis resolution and home treatment teams**
  These teams help people in times of crisis, including when these take place outside of traditional working hours, and provide an alternative to hospital admission through intensive home treatment and the use of specially trained staff.

case study

## Claire, an 18 year old woman with signs of paranoia

Claire, an 18 year old woman, was referred to the Early Intervention Service by Connexions (an advice centre for young people) after she visited with a friend to get advice on moving out of home. The support worker was concerned that Claire seemed distracted and confused during the session and had some strange ideas, especially when talking about her parents.

Two specially trained Early Intervention staff met with Claire and her friend the next day at Connexions. Claire appeared confused, anxious and somewhat paranoid and reported that she thought her parents were trying to 'get rid of her'. Her friend reported that she had stopped going out, preferring to stay in her bedroom at home.

The Early Intervention staff explained to Claire that they could meet with her again to help her make sense of what was happening to her and provide support if she wanted it. Over the next six weeks Claire met with them weekly, first at Connexions then later at home, for assessment and support, establishing a trusting relationship.

A medical review was arranged with a consultant psychiatrist and Claire was picked up and taken to this by the Early Intervention team. After initial assessment Claire was taken on by the early intervention team and will be supported by them over the next three years to make sure her condition is well managed, helping her to maintain her independence and minimising the chances of her condition worsening or needing admission to hospital.

In the future these teams will be brought together to work alongside in-patient services, meaning they can work much more closely together and provide an immediate, co-ordinated and specialist response to people experiencing a mental health crisis.

This will help improve the choices available to people to be treated either in hospital or at home, and ensure that for people who are admitted, there is a focus from the outset on preparing to support them when they are ready to go home.

- **Services for older people and people with dementia**
  The most common mental health problems experienced by older people are dementia (an 'organic' disorder, which is has its origins in physical changes to the brain and is linked to the aging process) and depression (known as a 'functional' disorder, because it is not related to physical changes in the brain, or age). At the moment mental health services for older people who experience both sorts of problems are provided by a single service.

  In line with what we have been told by clinical experts and service users, services for older people with 'functional' problems (those with no physical origin and not related to age) will be more integrated with those provided for adults of working age. This will enable all people with these problems to access the same range of services based on their needs and regardless of age.

  Similarly, there will be a dedicated service for older people with dementia and also, in line with clinical best practice and national guidance, older people with dementia who need hospital admission will increasingly be cared for in specialist units in general hospitals rather than mental health hospitals.

  Sussex Partnership will provide specialist clinical staff to support this care, and will create new working relations with hospital teams to ensure that older people receive the full range of care and treatment that they require.

## Effective services, consistent quality

Sussex Partnership, NHS East Sussex Downs & Weald and NHS Hastings & Rother will agree a common set of standards for quality and performance so that the experience of all people using these services will be the same wherever people live in East Sussex and regardless of their age, ethnicity, gender, faith, sexual orientation or disability. Within these standards services will develop in different ways depending on people's individual needs.

This is not a root and branch reorganisation of community mental health services, but builds upon and improves what we have invested in developing over the last ten years. It is about taking the best advice from local mental health professionals, combining it with latest national guidelines and matching it with the needs of the people who use these services. It will ensure that the network of community mental health services is effective and of a consistent quality across the county.

These changes are being introduced gradually so that the NHS and the people who use these services can be sure that they are safe, sustainable and supportive; that they provide a full range of care close to people's homes; and that the right services are available in the right place when people need them.

## Our standards:

We will develop clear guidelines for all Sussex Partnership's community mental health services. This will include agreed details of how we will measure their quality, performance and effectiveness so that everyone can have confidence in these services and the changes we have made. We will measure:

- Progress towards a consistent level of service across Sussex
- Progress towards getting waiting times below the national average
- How far people's mental well-being improves as a result of using these services, and
- Progress towards greater productivity and value for money.

**Ten community service commitments**

Sussex Partnership has drafted ten commitments which will be introduced by March 2011. These will be for community services for people of all ages with severe mental health problems such as schizophrenia, bipolar disorder, or severe forms of depression, personality disorder or dementia. Providing these services in the community, close to people's homes, will help them maintain their well-being and help to prevent unnecessary hospital admissions.

We would like your views on these commitments as part of this consultation. Delivering the commitments will ensure that Sussex Partnership's services are in a position to support the reduction of inpatient beds proposed in this document:

**1** If you are referred to a community mental health service you will have a single comprehensive assessment from a highly skilled clinician within four weeks. If you need treatment you will receive it within a maximum of 18 weeks from the date of your referral.

**2** If you need treatment you will be provided with a named clinical case manager to work with you to develop a personalized care plan. You will have an agreed care plan within one week of your assessment.

case study

## Winifred is 89 and has suspected dementia

Winifred, an 89 year old widow, lives at home alone with support from her daughter-in-law who is her main carer. She was referred by her GP to the Memory Assessment and Support Team (MAST) with suspected dementia.

She went with her daughter-in-law for an initial assessment with a clinical specialist occupational therapist at her local health centre. As well as making formal assessments of Winifred's mental health, the three of them talked about her personal history, home circumstances and current support. Winifred was given time to explain her concerns and the impact her problems were causing. She said she occasionally felt 'panicky' but was not feeling low and was sleeping well. Her daughter-in-law was worried that Winifred was not eating properly.

The assessments showed that Winifred had particular problems with her memory and was suffering from mild anxiety. This was explained to Winifred and her daughter-in-law at a follow up meeting with MAST and an action plan agreed.

Winifred was referred to a memory clinic where her dementia was formally diagnosed and appropriate medicines prescribed to help slow the disease. Winifred and her daughter-in-law were offered a six-week memory strategies course to help find ways of coping with memory problems. She also received a visit at home from the falls team to get advice to help avoid any future accidents. Her daughter-in-law has been put in touch with groups offering information and support specifically to carers. Winifred's anxiety has decreased now that she feels that she is receiving help and her family feel supported in their role as carers and she continues to live well at home.

case study

## Andy's schizophrenia was diagnosed 4 years ago

Andy began hearing voices and was diagnosed with schizophrenia 4 years ago. At the time he was working as delivery driver, a job he really enjoyed. But, after several hospital admissions, Andy lost his job and became very isolated at home.

Andy had a Care Coordinator in the local Community Mental Health Team (CMHT) but often Andy did not want to see them and he rarely took his prescribed medication. So the CMHT referred Andy to the Assertive Outreach Team.

This team spent a lot of time with Andy, getting to know him and finding out about his understanding of his illness. They slowly encouraged Andy to take his medication. They also offered him, when he was ready, some time with a psychologist to look at how he managed his voices. Gradually Andy began to trust the team and he was able to start attending a local gym and doing a course at the local college, helping him improve his general well-being, start looking for work, and reducing the chances he'll need to go to hospital again in the future.

3 Your personalised care plan will set out the support that you will receive to help you recover at a pace that you feel comfortable with. You should expect to receive the help you need to gain or retain work; to secure accommodation if you don't have any; and you will have access to a direct payment if you want to commission these services yourself.

4 If you do need treatment you will receive support to help you agree a relapse prevention plan. This will describe how the support that is provided to you will change as your needs change, including a plan for how you will be able to receive more intensive support whenever you need it to prevent a crisis.

5 If your needs are high you will have access to a crisis service. If you require an inpatient service you will be admitted to hospital without delay. You will not stay in hospital any longer than you need to and you will be contacted by your clinical case manager within a maximum of seven days after your discharge.

6 If you are allocated a clinical case manager you will have a review of your needs at least every six months and more often if necessary.

7 If you need support in an emergency you should expect to receive an appropriate and effective response within four hours.

8 If you need to talk to someone and your clinical case manager is not available you will be able to contact an out of hours helpline which will be available each night and at weekends.

9 If you have previously been receiving a community service and your GP thinks that you might need support again, you will have a comprehensive assessment within seven days of your referral.

10 All GPs in Sussex will have a named mental health professional who will work alongside them in their practice.

People with less severe mental health problems will be able to receive quick and easy access to help from mental health access services in East Sussex.

We will have in place:

- Better mental health services to help people with mild to moderate conditions to take control over their mental well-being through psychological therapies and self-help services
- A common core of specialist community mental health services working to the same standards across the county, including crisis resolution and outreach services
- Better and faster links with GPs to support people who do not require specialist mental health services
- Community services serving local people, when and where they need them.

This increased range and improved capacity of community services will enable us to reduce the number of hospital admissions.

We will also get people out of hospital sooner. We intend that people should not stay in hospital longer than the 28 days recommended by national guidance.

We will therefore reach the point where the NHS will no longer require as many mental health inpatient beds in East Sussex as we have today.

All of this means that we can consider a phased programme which will safely reduce the number of mental health inpatient beds to a level where they provide the essential specialist support to the relatively few people who still need them.

Our mental health inpatient beds will therefore take their proper place in the network of services;

- appropriate to the needs of the population they serve
- enough to meet those needs, but
- not under-used so that they act as a drain on resources that might be better moved elsewhere, whether that be staff or investment in new services.

The next chapter is about the proposals we are putting forward for consultation.

## What GPs are saying

GPs have been involved in developing our joint strategy for commissioning mental health services. This work has led to the implementation of the following:

- Every practice has a named, qualified mental health professional – a 'Primary Care Mental Health Worker' – attached to their practice, to advise GPs on the management of mental health problems, undertake assessments, and direct access to appropriate services.

- A major expansion in psychological therapies available to primary care for the effective treatment of common mental health problems.

This is what the GPs involved in the joint strategy said about the new services:

*"I am really excited about the chance we have to make these new services work for us. As GPs have been involved in their design, we now need to be involved in their implementation."* – Dr Krishna Radia

*"Dr Ron White and I have been actively involved in working with the commissioning team to develop this new model for how mental health services in primary care can be improved. We had an away-day where we really got to grips with what was wrong and what was needed, and what we came up with is reflected in the changes that will be introduced."* – Dr Lindsay Hadley

*"From the outset Dr Radia and I were involved in deciding what we should be looking for from organisations bidding to provide this new service. We developed criteria and weighted these to reflect their importance, and having assigned scores to the bids we received, took part in interviews to clarify key issues before deciding on the outcome."* – Dr Ian Bayles

# The proposals

We propose a phased, gradual reduction in the number of inpatient mental health beds in East Sussex. We believe it will be right and safe to do this alongside increasing the range, capacity and performance of community mental health services as described in the previous chapter, reducing hospital admissions and reducing the length of inpatient stay to recommended levels.

The reduction in beds, if agreed, will take place in stages to match the planned improvements in community services in East Sussex.

Mental health clinicians and professionals and people who use these services agree that the right place to be treated is outside hospital wherever possible, and that if a hospital admission is needed it should be for as short a time as possible.

We propose that the first part of this programme could take place over the next 12 to 18 months, with further changes, including the possibility of a major new mental health hospital to serve East Sussex, following in three to five years' time.

**Inpatient beds for people with dementia in East Sussex are not affected by the proposals set out in this consultation.**

Our longer term aim is explore whether and how elderly people with dementia, often with a complex range of physical as well as mental health problems, could be better cared for in more shared-care wards within district general hospitals. Any such changes would however be subject to a separate process of consultation.

Both sets of proposals will release savings for re-investment in other priority services.

## Short term options (12 to 18 months)

We propose to reduce the number of inpatient beds across East Sussex for people who have functional mental health problems – in other words those not related to age.

We propose to reduce the beds by between 22 and 30 over the next 12 to 18 months (the short to medium term). This would result in East Sussex having between 92 and 100 beds compared to 122 now.

The options in this time frame do not include any changes to the acute admission and assessment beds for older people with dementia.

This is a significant reduction, but leaves enough beds to ensure that one will always be available to everyone who needs one, now and in the future.

Options for achieving these reductions in the short / medium term are set out on page 19.

## Longer term options (three to five years)

In the longer term (three to five years), we think that continued further improvements in community services could lead to only 80 beds being needed for East Sussex. Options for this longer term future include the potential for new 'state of the art' hospital facilities to be built in East Sussex, similar to those already benefiting service users in other parts of Sussex such as at Langley Green, Crawley.

We are asking for your views on this longer-term future now so that we can start working up ideas in more detail. The final proposals for the long term will also require formal public consultation in due course.

Whatever happens in the longer term, we still need to make improvements now to our inpatient services over the next 12 to 18 months.

So we need your comments too on the options in this document for the short term.

The proposals are designed to ensure that, where possible:

- inpatient units have between 18 and 20 beds to a ward and are made up of three or four wards. This is the best size as recommended by mental health clinicians and could be achieved with newly designed and built facilities

- wards are capable of offering maximum flexibility to provide single sex accommodation and to be organised in terms of care needs rather than age. This is especially important when considering the needs of mental health services for older people (although not all the long term options meet this principle in full – see page 23).

## How the proposals were developed

During 2009 NHS East Sussex Downs & Weald, NHS Hastings & Rother and Sussex Partnership started to look at how best to provide mental health and related services for the population.

We took into account the latest national strategies, especially 'New Horizons' and 'Living Well with Dementia' and the independent survey of mental health services in Sussex referred to earlier. The main policies and strategies are listed in Appendix 5.

We believe that the future configuration of mental health hospital services must fulfil these basic principles:

- Care should be provided on the basis of need. For people with mental health problems that are not age-related there should be no boundaries between services for those aged under 65 and those aged 65 and over.

- People should be able to access in-patient beds when they need them in places that are as convenient to reach as possible, and for some East Sussex residents for whom transport routes mean it is easier to travel outside of East Sussex, this may actually mean making use of beds in Brighton and Hove

- Making small changes to the number of beds within a hospital ward does not release enough investment to develop services elsewhere. A small ward costs almost as much to run as a large one. The only way to release sufficient investment to improve the overall balance of services is to a whole ward or wards.

During autumn 2009 we started discussions with local service users and other stakeholders from voluntary organisations, as well as partners in health and social care, to get their views on the opportunities for change and the principles that should govern it.

In December 2009 we started to develop criteria with these same groups for evaluating different options for the future reconfiguration of hospital services, based on existing best practice both locally and nationally. A list of those participating in these events is included in Appendix 4.

These were the resulting criteria we used to test options for future mental health hospital services:

- Access – how many of the local population who use the services are within an acceptable journey time of the service?

- Achievable – is the necessary space available for the development?

- Achievable – is the development possible within a realistic timetable of 12-18 months?

- Quality – do clinicians endorse the options?

- Quality – do the options meet relevant national standards and guidance?

- Quality – are the options viable? (This includes things like staffing levels, the suitability or adaptability of the buildings and the proximity of other related services.)

- Value for money – how much investment does the option release for other priority investments?

- Value for money – how much capital investment would be required to make the proposal work?

The next section lists where mental health hospital services are provided now, and then describes the options that are put forward for consultation. Each of the options meets the basic principles for future services and the set of criteria listed above. Each option has its advantages and disadvantages, and we have described these.

As well as the options in this section we looked at other ideas which either did not seem to meet the basic principles or to be practical in terms of meeting the criteria discussed with service users, mental health professionals and partners. For completeness these are included in Appendix 3.

Any alternative options suggested during consultation will be considered if they meet the principles and criteria.

## Where inpatient services (excluding beds for people with dementia) are provided now:

- Eastbourne District General Hospital, Department of Psychiatry Unit
  - One 27 bed ward for adults of working age – Amberley Ward
  - One 20 bed ward for adults of working age – Bodiam Ward
  - One 24 bed ward for older people – Heathfield Ward
- Hastings Conquest Hospital, Woodlands Unit
  - One 33 bed ward for adults of working age
- Hastings Conquest Hospital, St Anne's Unit
  - One 18 bed ward for older people with functional mental illness – St Raphaels Ward

## Understanding the different types of care:

**General adult care:** this is provided for adults of all ages with severe functional mental health problems. Functional problems are those that do not have physical causes and are not related to age. They include conditions such as depression or schizophrenia. These wards will be able to care for people with a wide range of needs.

**Dementia wards** are for people with dementia, the vast majority of whom are elderly. They are usually admitted to hospital because their condition has suddenly worsened and they need to be in a safe environment while their condition is assessed so the right care and support can be put in place to help them regain their independence.

## Short to medium term (12-18 months) options:

### Option 1

| Inpatient beds would be provided at: | Inpatient beds would be removed from: |
|---|---|
| • Eastbourne District General Hospital, Department of Psychiatry Unit<br>– One 24 bed ward<br>– One 20 bed ward<br>– Both of these would be for adults<br>• Hastings Conquest Hospital, Woodlands Unit<br>– One 33 bed adult ward<br>• Hastings Conquest Hospital, St Anne's Unit<br>– One 18 bed adult ward | • One 27 bed ward would be removed from the Eastbourne District General Hospital, Department of Psychiatry Unit |

| For | Against |
|---|---|
| • Provides two newly integrated inpatient wards for people of all ages in both communities (East and West) across East Sussex.<br>• Releases significant savings for reinvestment in other priority services.<br>• Provides an opportunity to improve the quality and environment of the specialist inpatient units. | • Would require creative planning of the day service areas in the Eastbourne District General Hospital Department of Psychiatry Unit. |

## Option 2

| Inpatient beds would be provided at: | Inpatient beds would be removed from: |
|---|---|
| • Eastbourne District General Hospital, Department of Psychiatry Unit<br>– One 24 bed ward<br>– One 20 bed ward<br>– Both of these would be for adults<br>• Hastings Conquest Hospital, Woodlands Unit<br>– One 23 bed adult ward<br>• Hastings Conquest Hospital, St Anne's Unit<br>– One 18 bed adult ward | • One 20 bed ward would be removed from the Eastbourne District General Hospital, Department of Psychiatry Unit<br>• 10 beds would be removed from the Woodlands unit at the Hastings Conquest Hospital |

| For | Against |
|---|---|
| • This option is preferred by clinicians.<br>• Provides two newly integrated inpatient wards for people of all ages in both communities (East and West) across East Sussex.<br>• Releases significant savings for reinvestment in other priority services.<br>• Provides an opportunity to improve the quality and environment of the specialist inpatient units.<br>• The design of the Woodlands unit at the Conquest Hospital in Hastings means a reduction of 10 beds could be achieved without compromising the way it operates and the facilities it offers. | • Would require creative planning of the day service areas in the Eastbourne District General Hospital Department of Psychiatry Unit. |

## Option 3

| Inpatient beds would be provided at: | Inpatient beds would be removed from: |
|---|---|
| • Eastbourne District General Hospital, Department of Psychiatry Unit<br>– One 24 bed ward<br>– One 20 bed ward<br>– Both of these would be for adults<br>• Hastings Conquest Hospital, Woodlands Unit<br>– One 23 bed adult ward<br>• Hastings Conquest Hospital, St Anne's Unit<br>– One 18 bed adult ward<br>• Hove, Mill View Hospital<br>– 15 beds available to service users from Lewes, Newhaven and Seaford | • One 27 bed ward would be removed from the Eastbourne District General Hospital, Department of Psychiatry Unit<br>• 10 beds would be removed from the Woodlands unit at the Hastings Conquest Hospital |

| For | Against |
|---|---|
| • Provides two newly integrated inpatient wards for people of all ages in both communities (East and West) across East Sussex.<br>• Provides general adult inpatient services within easy access of Lewes, Newhaven and Seaford by making them available in Hove.<br>• Provides an opportunity to improve the quality and environment of the specialist inpatient units.<br>• The design of the Woodlands unit at the Conquest Hospital in Hastings means a reduction of 10 beds could be achieved without compromising the way it operates and the facilities it offers. | • This depends on appropriate capacity being available at Mill View Hospital, Hove.<br>• Would require creative planning of the day service areas in the Eastbourne District General Hospital Department of Psychiatry Unit.<br>• Only releases modest savings for reinvestment in priority services. |

## Longer term (3-5 years) options:

In the longer term, the NHS in East Sussex has an opportunity to build new 'state of the art' units, enabling local people to benefit from the kinds of facilities already available elsewhere in Sussex.

The latest evidence suggests that these facilities should be formed of 18-20 bed units in groups of 3-4 wards, which is what clinicians recommend as the best size.

The options below are based on the assumption that the further improvements planned for community services will reduce to 80 our requirement for inpatient beds for people with 'functional' mental health problems (not related to physical changes in the brain, or age).

Because of the longer timescales involved in planning and building schemes of this scale we need to start thinking about this idea in more detail as soon as possible. This is why we are asking for your views now. We need to think about, for example:

- the location of a new hospital or hospitals,
- the implications for people on issues such as travel,
- the importance of creating facilities large enough to be clinically excellent, and
- the range of services we could provide at any one location (taking into account the size of sites that may be available to the NHS and the need to ensure clinical and therapeutic excellence).

Dementia services are not planned to be included in the new 80-bed inpatient service. Our longer term aim is explore whether and how elderly people with dementia, often with a complex range of physical as well as mental health problems, could be better cared for in more shared-care wards within district general hospitals.

We are interested in hearing people's views about the 80-bed inpatient service, whether people favour a one or two site option, and any preferences over location.

However any move to shared care for people with dementia, as well as the long term options for a one or two site 80-bed inpatient service, would be subject to formal consultation in due course.

## One site option

General adult inpatient care for all of East Sussex would be provided from a facility based on one site. The benefits of this are that a single unit:

- could offer both single-sex accommodation and be organised in terms of people's care needs, not age. A two-site solution would not be flexible enough to meet both these requirements at each site,
- would concentrate clinical expertise in one location,
- all our investment could be focused on one centre of excellence which will be guaranteed long-term sustainability, and
- necessary planning and building work should be quicker to deliver for one site than two.

However, with only one site, some patients will have to travel further for their inpatient care.

## Two site option

General adult inpatient care for all of East Sussex would be provided from two facilities based in different parts of the county.

The benefits of this option are that fewer patients will have to travel longer distances to receive inpatient care.

However, clinical expertise and investment will be spread between the two sites and some facilities will be smaller than the recommended size in terms of quality and sustainability.

It is possible that future guidelines and pressures on services may require larger units and that the two-site option would then become impossible to maintain. This would mean that one of the units would have to close and the other would need to pick up the additional work without being designed to accommodate higher numbers of service users.

## Location options

There is a range of locations where a single facility, or where each of two facilities, could be built:

- Hastings Conquest Hospital site
- Eastbourne District General Hospital site
- Roborough Day Hospital site, Eastbourne
- Hellingly Hospital site, near Hailsham
- A new site somewhere in East Sussex.

An initial analysis shows that the greatest need for mental health services for adults of working age is in Hastings and Eastbourne (source: Mental Illness Needs Index).

## The impact of the proposed changes

The options described above make up a phased programme, first over the coming 12 to 18 months, and then moving to the longer term solution in three to five years' time. We are asking for your views on both sets of options, short and longer term, in this programme.

When complete, we believe that this programme would provide East Sussex mental health services with an appropriate number of inpatient beds based on the current and future population estimates, able to provide high quality care and grouped as far as possible to serve local communities.

Some people may have to travel further for hospital care, but this will be balanced by the development of services outside hospital for all patients (adults and older people) close to their homes. The reduction of hospital beds will only happen when community services are able to provide safe and appropriate alternatives.

People who use mental health services, their carers and families will have access to a range of community services which will be consistent across East Sussex, replacing the patchwork that exists in places at the moment, including services for older people.

The inpatient services under the options proposed will provide very specialist support to the relatively few people who need them. The changes to inpatient beds will be carefully planned and the needs of people who use services will always be uppermost. No beds will be removed unless and until it is safe to do so. No-one will be moved or discharged (including to other mental health services) unless and until it is safe to do so.

GPs and other agencies, for example adult social care, will be able to refer people to local mental health services quickly, and know that the full range of services is there to serve their patients and their local community. The increased range of psychological therapies and support to primary care will enable GPs to provide enhanced support to people with common mental health conditions, drawing on the expertise of the specialist community services and of other agencies.

The options all involve changes for staff working for Sussex Partnership. The views of staff and their representatives are being sought as part of this consultation. There will be opportunities for staff to move into the developing community services described in this document or in other mental health services outside the scope of this consultation. Training and development will be provided so that as many staff as possible can take advantage of these opportunities.

Around 300 staff will be affected in some way across the trust – about the same as the annual turnover of staff in Sussex Partnership – and individual discussions will take place with each one about their future once the final decisions have been made.

## The timetable

Nothing will change until after full public consultation. The boards of NHS East Sussex Downs & Weald, NHS Hastings & Rother and Sussex Partnership will consider the results of public consultation and make their decision during summer 2010.

The further improvements to community mental health services described in this document will be made from September 2010, making sure that we have the very best community mental health services, working in the right ways in the right places, before changes to inpatient beds are implemented.

Changes to inpatient mental health services will only be introduced once community services have the range and capacity to enable the number of hospital beds to be reduced safely. The detailed timetable will depend on what is decided and on the progress of developments in the related mental health services outside hospitals. The changes will be made in stages over a period of time (likely to be months rather than weeks) and agreed in advance by the NHS in East Sussex.

# Having your say

Your views are extremely important and we are keen to hear from as many people as possible. We are making this document available in different formats and languages and will be working with community and voluntary groups to try and involve people whose views are not always heard.

We are asking for your comments on:

- the changes to community mental health services and how we will measure the commitments set out on page 13,
- the options for the future location and number of inpatient beds and how these might be reduced once changes in community services have been made, and
- the longer term proposal to develop new flagship mental health services in East Sussex.

There is a feedback form for you to give your views at the end of this document.

There are a number of ways you can find out more, get involved, and tell us what you think.

## Public meetings and events

There will be a series of public meetings where you will be able to find out more about the proposals, and put your questions to the East Sussex PCTs, Sussex Partnership, and clinical experts.

If you need specialist communication support, for example a British Sign Language (BSL) interpreter, please contact 01273 403550 in advance of the meeting.

| | | |
|---|---|---|
| Thursday 18 March | 10.00 – 12.00 | Weald Hall, Uckfield |
| Wednesday 24 March | 18.30 – 20.30 | Royal Victoria Hotel, St Leonards on Sea |
| Tuesday 30 March | 14.00 – 16.00 | International Lawn Tennis Centre, Eastbourne |

If you would like an individual meeting, or run a community group and would like us to attend and talk about our plans, please call us on 01273 403550.

## Feedback form

Please use the feedback form at the end of this document to tell us about your views and give comments. Alternatively, you can write, e-mail or telephone:

Joel Hufford
Communications Manager
Improving mental health services consultation
Freepost SEA 2474
BN8 2ZZ

Telephone: 01273 403550
E-mail: joel.hufford@esdwpct.nhs.uk

## Deadline for feedback

The public consultation is running from 8 March to 1 June 2010 and the deadline for feedback on the proposals is 12.00 midday on Tuesday 1 June 2010.

## Online

During the consultation more information will be made available on our websites www.esdw.nhs.uk and www.hastingsandrother.nhs.uk along with up-to-date information about events and meetings. You will also be able to give your feedback online.

## Members of staff

If you are a member of staff at Sussex Partnership, you can find more information about the proposals and issues on the staff intranet. If you have any questions, please contact Kate Noakes, Deputy Director for Change Management.

If you work for East Sussex Community Health Service and have any questions, please contact Joel Hufford, Communications Manager at NHS East Sussex Downs and Weald.

## Alternative contacts

If you do not wish to contact NHS East Sussex Downs & Weald or NHS Hastings & Rother directly, or wish to raise a complaint about the consultation process, please contact the East Sussex Local Involvement Network (LINk):

East Sussex LINk
1 Faraday Close
Eastbourne
East Sussex
BN22 9BH

Telephone: 01323 514510
Text: 07968 119806
E-mail: info@thecountylink.net

# What happens next?

It is important that this consultation process is transparent and that the NHS is accountable for the decisions it makes.

## What happens to the responses?

During the consultation, all the feedback and responses, along with notes of the public meetings, will be collated and analysed by an independent analyst. At the end of the consultation they will produce a report identifying the themes and issues raised. The report will go to the boards of NHS East Sussex Downs & Weald, NHS Hastings & Rother and Sussex Partnership to help them decide how to proceed.

## Decision making process

The final decision will be made by the boards of NHS East Sussex Downs & Weald and NHS Hastings & Rother in public, once they have had time to consider the consultation feedback and responses.

## The role of the Health Overview and Scrutiny Committee (HOSC)

The way we have developed our proposals, and the way we will reach a decision on them, is being overseen the East Sussex Health Overview and Scrutiny Committee (HOSC) made up of local, district and county councillors.

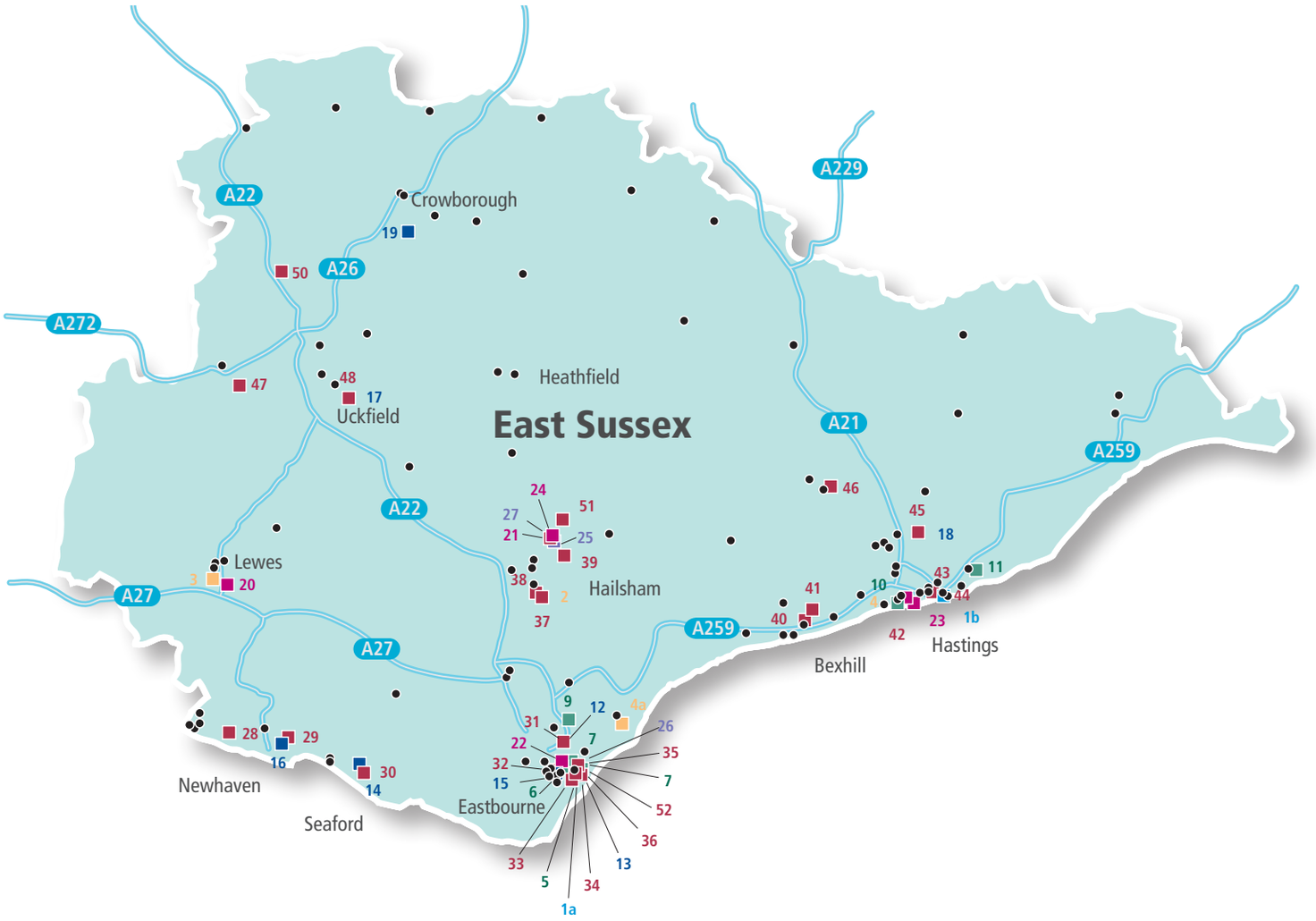
The HOSC has the power to refer both the outcome of the consultation and the decision making process to the Secretary of State for independent review.

## The role of Local Involvement Networks (LINks)

LINks are the bodies with statutory responsibility for ensuring the voice of service users and the public is heard. LINks cover the same areas as county councils and are responsible for finding out what people think, making recommendations to the people who plan and run services and referring issues to HOSCs where they feel it is necessary.

# Appendix 1:

## Map of services




## Legend

Sites by Service Group

- Substance Misuse
- Child and Adolescent Mental Health Service (CAMHS)
- Learning Disabilities Service
- Older Peoples Mental Health Services (OPMHS)
- Other Services
- Secure and Forensic Service
- Working Age Mental Health Services (WAMHS)

# Appendix 2:

## Frequently asked questions

### Why are you removing beds? Surely hospital is the best place for people who need help and support?

A bed will always be available for anyone who needs one, but the vast majority of people who use our services prefer to be, and are, cared for outside of hospital.

Clinicians – that's doctors and other health workers – together with people who use our services, tell us that it is better to care for people outside hospital, whenever possible and appropriate. Being cared for outside of hospital enables people to maintain their independence, stay involved in their community and continue in employment. All of these things are very important to help recovery and avoid problems getting worse again.

### How will we know that community services are ready for us to start reducing bed numbers?

Proposed as part of this consultation are ten commitments for community mental health services. These will be introduced by March 2011 for community services for people of all ages with severe mental health problems such as schizophrenia, bipolar disorder, or severe forms of depression, personality disorder or dementia.

Providing these services in the community, close to people's homes, will help them maintain their well-being and help to prevent unnecessary hospital admissions.

We believe that delivering these commitments will ensure that community services are in a position to support the reduction of inpatient beds.

### How can you remove beds if people are currently using them?

No bed will be removed unless and until it is safe to do so and alternative services are in place.

We are proposing a gradual reduction in the number of mental health inpatient beds alongside further improvements in community services which will reduce the number of hospital admissions and reduce the length of time people need to stay in hospital.

These improvements in the range, specialism and consistency of community services are keeping more and more people out of hospital. Improved community services are picking up long term conditions much earlier and managing them before they become acute, and supporting people to recover outside of hospital, meaning they can go home sooner.

### Do you need to remove the beds first, before you can pay for improvements in community services?

No. The reduction of inpatient beds does not require further investment in community services. Significant new investment in community services is already in place, and will continue, but our priority over the coming months is to make sure all community services are performing at the level of the best. Bed occupancy is already reducing and will continue to do so throughout the process.

## If the ward I am on is on is going to be removed, where will I go and how will the transition be managed?

It is very unlikely anyone will need to be moved. The average length of time people should stay on these wards is about four weeks and these changes will be planned over a several months. The wards will gradually run down as patients are discharged.

All patients will get the most appropriate care in the most appropriate location. With continual improvements in the range and number of community services, this means that more people will be increasingly cared for in community settings.

In the unlikely event that anyone does need to be moved, discussions with the patient and carers will be held well in advance to make sure that the transition takes into account any personal issues or requirements and visits are made to new wards for patients and carers where appropriate.

## Isn't there a risk of sending people with serious mental health problems, who may be a danger to themselves and others, out into the community?

The safety of the public, and people in our care, is of paramount importance. Nobody needing hospital care will be 'sent out' into the community because of a lack of beds.

Of course, sadly, a small number of people do need to receive their care in a secure environment, but these beds are not affected by the proposals we are consulting on. In fact we plan to double the number of secure beds in Sussex by 2014.

Further improvements in community care will also allow earlier identification of patients who could become a risk to themselves or others and we will be better able to stop people reaching such a crisis point.

## If I have to travel further to visit my relative in hospital, will I get any help with additional travel costs?

We know that transport is a significant concern for people and this has been one of our main considerations when developing these options. All our options have been based in the principle of local services for local communities, with the emphasis on supporting people closer to home.

We don't have detailed plans yet because we don't know what options will be chosen. Once those decisions have been made we will look at the detailed transport implications and options.

## What will happen to the wards where beds are removed?

Wards and facilities that are released when beds are removed could be reused as specialist mental health care facilities for people who currently have to travel outside the local area for specialist care, or reused for physical healthcare if on a more general hospital site.

# Appendix 3:

## Options which were considered but did not meet the criteria

The following options were considered, but did not meet the 'must do' criteria set out on pages 17-18:

a) **An option to remove two wards from Eastbourne District General Hospital whilst making 15 beds available for East Sussex residents from Mill View hospital in Brighton.** This option was discounted because it did not leave two wards in Eastbourne to accommodate general adults.

b) **An option to remove one 24 bed unit from Eastbourne District General Hospital**. This option was discounted because it did not offer any greater benefits over and above those of Option 1 (removing one 27 bed unit from Eastbourne District General Hospital) and option 1 was preferred by clinicians.

c) **'Do nothing' option.** An option to make no change and retain the status quo. This option was discounted because it did not help achieve the vision for mental health services set out in this document. It would not offer any improvements in the quality of services available, or release the savings identified by the independent study for reinvestment.

# Appendix 4:

## List of stakeholders involved in developing these proposals

- Activ8
- Carers
- Woodlands Patients Group
- Rethink
- Focus
- Members of the Mental Health Partnership Board
- Members of the Mental Health Action Groups
- East Sussex GPs (Clinical Professional Executive Committee meetings)

# Appendix 5:

## Context: national and local mental health priorities

The proposals in this document have been developed in the light of national and local mental health policies and strategies:

***National Service Framework for Mental Health***, Department of Health, September 1999: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598

This was the first national strategy for mental health services in England. The framework included standards for

- Promoting mental health and fighting stigma
- How people get in touch with mental health services
- The importance of written care plans
- The need for hospital services to suit people's needs
- Support for carers, and
- Suicide prevention programmes.

The resulting investment and development brought about improvements in the range and quality of services available to local people.

***Healthier People, Excellent Care***, NHS South East Coast, June 2008: www.southeastcoast.nhs.uk/hpec/

This is the regional vision for health and social care across Sussex, Surrey and Kent. It recommends more early recognition and treatment for people with mental health problems and effective support at home for people experiencing a mental health crisis.

***High Quality Care for All***, Professor the Lord Darzi of Denham KBE, June 2008: www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825

This was the final report of Lord Darzi's Next Stage Review of the NHS which was led by clinicians. It recommended that the NHS should give people greater control of their health and wellbeing, offering a greater choice of care available in the community and ensuring health and social care givers work effectively together.

***New Horizons: a shared vision for mental health***, HM Government, December 2009: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109705

This is the government's new mental health strategy and was published after extensive consultation. It sets out a new approach to improving well-being for the whole population, aiming for the first time to create a powerful alliance that can target the root causes of poor mental health. Its key areas of focus are:

- prevention and public mental health – recognising the need to prevent as well as treat mental health and promote mental health and well-being
- stigma – strengthening our focus on social inclusion and tackling stigma and discrimination wherever they occur
- early intervention – expanding the principle of early intervention to improve long term outcomes

- personalised care – ensuring care is based on individuals' needs and wishes leading to recovery

- multi-agency commissioning/collaboration – working to achieve a joint approach between local authorities, the NHS and others, mirrored by cross government collaboration

- innovation – seeking out new and dynamic ways to achieve our objectives based on research and new technologies

- value for money – delivering cost-effective and innovative services in a period of recession

- strengthening transition – improving the often difficult transition from child and adolescent mental health services to adult services, for those with continuing needs and issues.

***Living well with dementia: A National Dementia Strategy,***
Department of Health, February 2009
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

This is the first national dementia strategy. It sets out a framework for radically improving the quality of life for people with dementia over the next five years by ensuring earlier diagnosis and treatment, more personalised community support, and better support for carers.

**Whole System Review,** Whole System Strategies Consultants, July 2009
www.esdw.nhs.uk/getting-involved/consultations

This independent review of local mental health services shows that while we need to continue increasing the quality and quantity of services available in the community, East Sussex has more mental health beds than would be predicted for our size of population and its overall mental health needs. People with mental health difficulties would prefer not to be admitted to hospital if it could be avoided and if they are admitted they would wish to stay for shorter rather than longer periods. With achievable reductions to admission rates and lengths of stay fewer beds will be required.

People stay in inpatient mental health beds in East Sussex for an average of 25% longer than the national average for an area with the same population.

At the same time we have more staff working in community mental health teams than the national average for an area with the same population, meaning that we already have the capacity to provide even more care outside of a hospital setting where appropriate.

***Joint Commissioning Strategy for Mental Health***, East Sussex PCTs, 2008
www.eastsussex.gov.uk/NR/rdonlyres/5C67DF2D-2007-435E-B2BB-B64531E7C641/0/MHCommissioningStrategyMarch2008TitlesContents.pdf

This joint document from the two NHS primary care trusts in East Sussex sets out the local mental health priorities for East Sussex including investment in community services:

- Enhanced primary care based mental health services
- Re-designed day and vocational services transferred to the third sector
- Improving access to psychological therapies
- Early intervention in psychosis
- Assertive outreach
- Crisis resolution and home treatment.

***Better by Design, strategic programme for mental health, learning disability and substance misuse services 2010-2014***, Sussex Partnership NHS Foundation Trust, December 2009
www.sussexpartnership.nhs.uk

This describes the range of specialist services envisioned by Sussex Partnership to improve services across Sussex including open access services, community services, day and rehabilitation services, hospital services, specialist treatment for disorders not currently available within Sussex, secure and forensic mental health services, learning disability services and services relating to substance and alcohol misuse.

# Appendix 6:

## Glossary

We have tried to make sure that we have not used any jargon or unfamiliar words in this document. However, you may come across some words you are not familiar with and may hear some of the following terms used in discussions about the proposals:

### Acute

A disorder or symptom that develops suddenly. Acute conditions may or may not be severe and they are usually of short duration.

### Adults of working age

Adults aged 18 – 65.

### Advocate

An advocate is a person who helps to support a service user or carer through their contact with health services.

### Assertive outreach

An active form of treatment; the service is taken to the service user rather than expecting them to attend for treatment.

### Assessment

A process to identify the needs of an individual and evaluate the impact of their condition on their daily living and quality of life.

### Carer

A relatives or friend who voluntarily looks after someone who is unwell, disabled, vulnerable or frail, on a part-time or full-time basis.

### Child and adolescent mental health services (CAMHS)

Services for children and young people under the age of 18 who experience a mental health problem.

### Chronic condition

A condition that develops slowly and/or lasts a long time.

### Client

Someone who uses health services. Some people use the terms patient or service user instead.

### Commissioners

A team of people responsible for identifying what healthcare services local people want and need and for commissioning (which means arranging and buying) these services on their behalf from providers such as Sussex Partnership. The term is usually used to refer to Primary Care Trusts (PCTs)

### Commissioning

The process by which commissioners decide which services to purchase and which provider to purchase them from.

### Community mental health team (CMHT)

A team made up of a range of professions offering specialist assessment, treatment and care to people in their own homes and other community settings. The team should include nurses, psychiatrists, social workers, clinical psychologists and occupational therapists, with ready access to other therapies and expertise.

## Community psychiatric nurse (CPN)

Specialist nurses who work within local communities to assess needs as well as plan and evaluate programmes of care. They provide psychological treatments and support. CPNs also see how medication is working.

## Crisis

A mental health crisis is a sudden and intense period of severe mental distress.

## Crisis resolution team (CRT)

Services to manage or limit the crises suffered by mental health service users and support people to remain at home. They commonly operate 24 hours a day and seven days a week and may visit individuals daily or even more frequently providing an alternative to inpatient hospital care.

## Day care

Communal care which is usually provided away from a service user's place of residence with carers present.

## Day hospital

A hospital where patients receive day care only, continuing to live at home. A person would typically attend for several hours during the day, rather than just attending a specific session as part of their programme of treatment and care.

## Dementia

A condition characterised by deterioration in brain function. Dementia is almost always due to Alzheimer's disease or to cerebrovascular disease, including strokes. The main symptoms of dementia are progressive memory loss, disorientation and confusion.

## Dementia beds / wards / units

Inpatient services for people with dementia, the vast majority of whom are elderly. They are usually admitted to hospital because their condition has suddenly worsened and they need to be in a safe environment while their condition is assessed so the right care and support can be put in place to help them regain their independence.

## Early intervention service

Service for people experiencing their first episode of psychosis. Research suggests that early detection and treatment will significantly increase recovery.

## Foundation trust

A foundation trust is an NHS trust that has been granted greater decision-making powers from central government control so that they can be more responsive to the needs and wishes of their local people.

## Functional mental health problems

A term for any mental illness in which there is no evidence of a physical cause, and is not related to age, such as depression or schizophrenia (see also organic mental health problems).

## General adult beds / wards / units

Inpatient services for adults of all ages with severe functional mental health problems. Functional problems are those that do not have physical cause and are not related to age, such as depression or schizophrenia.

## Health overview and scrutiny committee (HOSC)

County / City Council committee responsible for scrutinising the details and implications of decisions about changes to health services, and scrutinising the processes used to reach those decisions.

## Independent sector / Third sector

Care providers that are private companies, social enterprises, charities or run by volunteers.

## Inpatient services

Services where the patient/service users stay in hospital, accommodated on a ward, and receive treatment there from specialist health professionals.

## Local Involvement Networks (LINks)

Responsible for ensuring the voice of service users and the public is heard. LINks cover the same areas as county councils and are responsible for finding out what people think, making recommendations to the people who plan and run services and referring issues to HOSCs where they feel it is necessary.

## Multi-disciplinary team

A team made up of both health and social care workers.

## National Service Framework (NSF)

A set of quality standards and best practice guidelines for services developed by experts and issued by the Department of Health.

## Older adults / older people

Adults over 65 years old.

## Organic mental health problems

Illness affecting memory and other functions that is often associated with old age. Dementia, including Alzheimer's Disease, is an organic mental illness (see also functional mental health problems).

## Outpatient services

Medical care provided in a hospital or clinic to a patient / service user who visits just to receive that service and then returns home.

## Practice based commissioning

GP practices and groups of practices working together to take more control over deciding what are arranged and purchased for their patients.

## Primary care

Services provided by in the community by family doctors, dentists, pharmacists, opticians, district nurses and health visitors.

## Primary care trust (PCT)

Responsible for identifying what services local people want and need and for commissioning (which means arranging and purchasing) these services on their behalf.

## Psychiatric intensive care

Services to support mental health service users in a very severe acute phase of illness.

## Psychotherapy or psychological therapies

Treatment of mental and emotional problems – such as anxiety, depression or trauma – by psychological methods. Patients talk to a therapist about their symptoms and problems with the aim of learning about themselves.

## Rehabilitation

A programme of therapy and support designed to restore independence and confidence and reduce disability. Rehabilitation may include occupational therapy to help with domestic and vocational skills that people will need when they return to living independently.

## Respite care

Provides an opportunity for a carer to have a break.

## Service user

This is someone who uses health services. Some people use the terms patient or client instead.

## Social care

Personal care for vulnerable people, including individuals with special needs which stem from their age or physical or mental disability and children who need care and protection.

## Social inclusion

Ensuring that vulnerable or disadvantaged groups are able to access all of the activities and benefits available to anyone living in the community.

## Stigma

Society's negative attitude to people, often caused by lack of understanding. Stigma is a major problem for people who experience mental ill health.

## Vulnerable adult beds / wards / units

Inpatient services for adults with severe functional mental health problems but whose symptoms, condition or age make them particularly vulnerable or susceptible to the environment they are in and are best cared for in an environment with people with similar conditions.

# Improving mental health services in East Sussex

## If you need this document translated...

**This document decscribes proposed changes to some NHS mental health services in Sussex and how you can influence them. If you need this document translated please tear off this page, tick the box next to your language and then write your name and address (in English) in the box at the bottom of this page. Please then send it to the address at the bottom of this page. We will send you a translation as soon as possible.**

### Czech ☐

*Tento dokument popisuje navrhované změny některých NHS služeb v oblasti duševního zdraví v Sussexu a jak je můžete ovlivnit. Pokud potřebujete tento dokument přeložit, odtrhněte prosím tuto stranu, zaškrtněte políčko u svého jazyka a pak vepište své jméno a adresu (v angličtině) do políčka v dolní části této stránky. Potom to prosím pošlete na adresu uvedenou v dolní části této stránky. Překlad Vám pošleme v co nejrychlejším možném termínu.*

### Farsi ☐

این مدرک توضیحات مربوط به تغییرات پیشنها دی در برخی از خدمات روان درمانی دولتی در ساسکس ( Sussex ) می باشد و اینکه شما چگونه می توانید تأ ثیر گزار باشید. اگر احتیاج به ترجمه این مدرک دارید ، لطفاً این صفحه را جدا کنید ، یک علامت در مربعی که مجاور زبان شما است بگذارید و نام و آدرس خود را به زبان انگلیسی در زیر این صفحه بنویسید. سپس خواهشمندیم آنرا به آدرسی که درزیر این صفحه می باشد ارسال نمائید. ما متن ترجمه شده را در اسرع وقت برای شما خواهیم فرستاد.

### Mandarin ☐

*本文件是介绍国民保健服务（NHS）于萨塞克斯郡（Sussex）内的精神健康服务中建议作出的一些改变，以及您可以怎样去影响它们。如果您需要这份文件的翻译本，请撕下本页，在您的语言旁边的空格内画钩，然后（用英文）把您的姓名及地址填写在本页底部的空格内，之后请把它寄交本页底部的地址。我们会尽快把一份翻译本寄给您。*

### Pashto ☐

*دغه لاسوند په سسیکس کښې د NHS د ذهنې روغتیا خینې خدمتونو کښې وړاندیز شوې بدلونونه څرګندوي او هم دا چې په هغو باندې تاسو څه اغیز اچولی شئ. که تاسو غواړئ چې د دغه لاسوند ژباړه وشي نو هیله کیږي چې دغه پاڼه ورڅخه وشلوی، د خپلې ژبې نوم مخې ته ور کر شوې خانې کښې نخښه ولګوی او بیا د دې پاڼې په پاڼه کښې ورکر شوې خانې کښې خپل نوم او پته (په انګلیسي ژبه کښې) ولیکئ. هیله کیږي چې بیا یې د دغې پاڼې په پاڼه کښې ورکر شوې پتې ته ور ولیږی. موږ به تر ممکن حد پورې ژر تر ژره د لاسوند ژباړه در ولیږو.*

### Polish ☐

*W dokumencie tym przedstawione zostały propozycje zmian w niektórych świadczeniach ochrony zdrowia psychicznego Publicznej Służby Zdrowia (NHS mental health services) w hrabstwie Sussex oraz sposób, w jaki możecie Państwo na nie wpływać. Jeżeli potrzebne jest Państwu tłumaczenie tego dokumentu, proszę o oderwanie tej strony i zaznaczenie okienka znajdującego się przy Państwa języku ojczystym oraz wpisanie swojego imienia, nazwiska i adresu w okienku na dole strony. Następnie, proszę o wysłanie tej strony na adres podany w jej dolnej części. Postaramy się wysłać Państwu tłumaczenie tego dokumentu jak najszybciej.*

### Portuguese ☐

*Este documento descreve as alterações propostas a alguns serviços de saúde mental pertencentes ao 'NHS' (Serviço Nacional de Saúde) em Sussex e como você poderá influenciar as mesmas. Se pretende uma tradução do documento, destaque esta folha e assinale o seu idioma na respectiva quadrícula, preenchendo com o seu nome e endereço (em inglês), no espaço sito na parte final desta página. Deverá enviá-lo para o endereço indicado no fim da mesma. A tradução ser-lhe-á enviada com a maior brevidade possível.*

### Russian ☐

*В этом документе описаны предлагаемые изменения, касающиеся некоторых служб национальной системы здравоохранения по вопросам психического здоровья на территории Сассекса, и как Вы можете на них повлиять.*
*Если Вам необходим перевод этого документа, оторвите эту страницу, поставьте галочку рядом с названием Вашего языка и впишите свои имя и адрес (по-английски) в специально отведенном для этого месте внизу этой страницы. Затем отправьте ее по адресу, указанному ниже, и мы в скором времени вышлем Вам перевод.*

### Slovakian ☐

*V tomto dokumente sú popísané navrhované zmeny niektorých služieb NHS (Štátnej zdravotnej služby) pre duševné zdravie v Sussexe a to, ako ich môžete ovplyvniť. Ak potrebujete preklad tohto dokumentu, odtrhnite túto stranu, zaškrtnite políčko vedľa svojho jazyka a napíšte svoje meno a adresu (v angličtine) do políčka v spodnej časti tejto stránky. Potom ju pošlite na adresu v spodnej časti tejto stránky. Čo najskôr vám pošleme preklad.*

### Sorani ☐

ئەو نووسراوە (دۆکیومینتە) باسی ئەو پێشنیارانە دەکات کە خراونەتە ڕوو دەربارەی هەندێ گۆڕانکاری لە (خزمەتگوزاری تەندروستی نیشتیمانی) NHS لە بواری خزمەت گوزاری نەخۆشی دەروونی لە ناوچەی سەسێکس (Sussex). هەروەها باسی ئەوەش دەکات کە چۆن تۆ دەتوانیت کاریگەریت هەبێت لەسەر ئەو گۆڕانکاریانە.
گەر پێویستیت بە تەرجومەی ئەو نووسراوە هەیە، تکایە ئەو لاپەڕەیە لێبکەرەوە ئەو چوار گۆشەیەی تەنیشت ناوی زمانت نیشان بکەو، ناو و ناونیشانی خۆت (بە ئینگلیزی) بنووسە لەناو ئەو چوارگۆشەیەی بەشی خوارەوەی لاپەڕەکە. ئێمەش بە زووترین کات نووسراوەکەت بە تەرجومەکراوی بۆ ڕەوان دەکەین.

**Name:**

**Address:**

**Please return this form to:**

**Joel Hufford**
**Communications Manager**
**36-38 Friars Walk**
**Lewes, BN7 2PB**

Feedback form

# Share your views

We are very interested in hearing your views. Please take a few minutes to let us know what you think. You do not have to provide your name.

## Reasons for change

Do you agree or disagree with these comments?

| | Strongly agree | Agree | Disagree | Strongly disagree |
|---|---|---|---|---|
| I understand the reason things need to change | ☐ | ☐ | ☐ | ☐ |
| I agree that things need to change | ☐ | ☐ | ☐ | ☐ |
| I agree that more care in the community is helpful | ☐ | ☐ | ☐ | ☐ |
| I agree that not as many hospital beds are needed | ☐ | ☐ | ☐ | ☐ |

## The ten community service commitments

Do you agree or disagree with these comments?

| | Strongly agree | Agree | Disagree | Strongly disagree |
|---|---|---|---|---|
| The commitments will improve services | ☐ | ☐ | ☐ | ☐ |
| The commitments focus on the right things | ☐ | ☐ | ☐ | ☐ |
| Fewer inpatient services will be needed if these commitments are met | ☐ | ☐ | ☐ | ☐ |

Is there anything else you want to say about the commitments for improving community mental health services? Are there others we should consider?

## Options for change over the next 12-18 months

Do you agree or disagree with the options for the short term?

| | Strongly support | Support | Against | Strongly against |
|---|---|---|---|---|
| **Option 1:** remove a 27 bed ward in Eastbourne | ☐ | ☐ | ☐ | ☐ |
| **Option 2:** remove a 20 bed ward in Eastbourne and reduce mental health hospital beds in Hastings | ☐ | ☐ | ☐ | ☐ |
| **Option 3:** remove a 27 bed ward in Eastbourne and reduce mental health hospital beds in Hastings but make more available in Hove | ☐ | ☐ | ☐ | ☐ |

## What do you think are the most important good points and bad points with each option?

**Option 1:** remove a 27 bed ward in Eastbourne

| Please list the good points of this option | Please list the bad points of this option |
|---|---|
| | |

**Option 2:** remove a 20 bed ward in Eastbourne and reduce mental health hospital beds in Hastings

| Please list the good points of this option | Please list the bad points of this option |
|---|---|
| | |

**Option 3:** remove a 27 bed ward in Eastbourne and reduce mental health hospital beds in Hastings but make more available in Hove

| Please list the good points of this option<br>\ | Please list the bad points of this option |
|---|---|
| | |

## Options for the longer term

| | Strongly support | Support | Against | Strongly against |
|---|---|---|---|---|
| One hospital site in East Sussex for all mental health hospital beds | ☐ | ☐ | ☐ | ☐ |
| Two hospital sites in different parts of East Sussex | ☐ | ☐ | ☐ | ☐ |

If there was one location for all mental health hospital beds, where should it be? (Hastings Conquest Hospital, Eastbourne District General Hospital, Roborough Day Hospital in Eastbourne, Hellingly Hospital near Hailsham or a new site somewhere in East Sussex)

If there were two locations where should they be?

Please tell us about any other options or ideas you would like us to think about:

Is there anything else we should think about when planning mental health services for the future?

# About you

The NHS wants to make sure that everyone has a chance to share their views. To make sure this consultation reaches a wide range of people, it would help if you would provide us with a few confidential details to help us see who has responded. You can leave any questions blank.

**Are you:**

- ☐ a current or previous mental health service user
- ☐ a carer or family member of someone using services
- ☐ general member of the public
- ☐ health or social services staff
- ☐ representing an organisation – please state: _____
- ☐ other – please state: _____

**What area do you live in?**

☐ Eastbourne ☐ Hastings ☐ Rother ☐ Wealden ☐ Lewes ☐ Other

**What is your age?**

☐ Under 20 ☐ 20s ☐ 30s ☐ 40s ☐ 50s ☐ 60s
☐ 70s ☐ 80s ☐ 90s+

**What is your gender?**

☐ Female ☐ Male

**Please tick if you have ever considered yourself transgender:** ☐

## What is your ethnic group?

| | | | |
|---|---|---|---|
| **White** | ☐ White British | ☐ White Irish | ☐ Gypsy or Irish Traveller |
| | ☐ Any other White background | | |
| **Asian** | ☐ Indian | ☐ Bangladeshi | ☐ Pakistani |
| | ☐ Any other Asian background | | |
| **Black** | ☐ African | ☐ Caribbean | ☐ Any other Black background |
| **Mixed** | ☐ White and Black Caribbean | | ☐ White and Black African |
| | ☐ White and Asian | | ☐ Any other mixed ethnic background |
| **Other** | ☐ Chinese | ☐ Arab | ☐ Any other ethnic group |

## Please select the option which best describes your sexual orientation:

- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual
- ☐ Lesbian
- ☐ Other
- ☐ I do not wish to disclose this

## Please tick if you have any of the following:

- ☐ Long-term illness
- ☐ Mental health condition
- ☐ Physical disability or impairment
- ☐ Learning disability or difficulty
- ☐ Other disability or long term condition

**What is your religion?** (eg Buddhist, Christian, Hindu, none) _____

Thank you for your feedback. The key themes compiled from all responses will be one of the many pieces of evidence that the NHS considers when making decisions about next steps.

## Please return this form to:

**Joel Hufford, Communications Manager,**
**Improving mental health services consultation, Freepost SEA 2474, BN8 2ZZ**

**Comments can also be emailed to: joel.hufford@esdwpct.nhs.uk**

**The deadline for feedback is 12.00 midday on Tuesday 1 June 2010.**

## Thank you for your comments.

**Appendix 2**

# Improving mental health services in Sussex
# Communications and engagement action plan

## 1) Background

The NHS is working to improve the mental health services available to people in Sussex. The East and West Sussex PCTs and Sussex Partnership NHS Foundation Trust (SPT), the main provider of secondary care mental health services across Sussex, have been working with service users, staff and stakeholders to develop proposals which will go to formal consultation early in 2010.

This communications and engagement action plan sets out a shared, co-ordinated approach between the PCTs and SPT to communications and engagement around the consultation and the consultation process itself.

## 2) Aims and objectives

The overarching aim of the communications and engagement activity is to deliver a successful consultation. This means that:

- all members of the public, service users and stakeholders have the opportunity to have their say

- each Health Overview and Scrutiny Committee (HOSC) and Local Involvement Network (LINk) is satisfied that the final proposals submitted for implementation have been subject to sufficient consultation.

Additionally, communications and engagement should also enhance the reputations of the PCTs and SPT, increase public confidence in the NHS in Sussex and contribute to efforts to tackling the stigma around mental health.

## 3) Audiences

We want to ensure that all members of the public are aware of the proposal sand have an opportunity to have their say and will ensure we reach out to groups that do not traditionally engage. However, we need to be mindful that with only 6% of the population using mental health services in the last year or so, general public interest in the consultation may not be high.

We will focus particularly on service users and carers, an audience segment where we can be confident of a high level of interest and feedback. Many stakeholder groups, such as community and voluntary groups, will be an important audience, especially where they are able to act as a channel to reach service users, carers and people who do not traditionally engage.

Effective staff engagement is vitally important and essential if change is to be successful. As well as being a crucial audience in their own right, health and social

care staff are also a vital channel to reach the wider public and service users. GPs are a particularly important group within the staff audience.

Health Overview and Scrutiny Committees (HOSCs) and Local Involvement Networks (LINks) are a critical audience. Their input is fundamental to shape the consultation process, the proposals consulted on and then to approve the plans that emerge from the process and they should be fully engaged at every stage.

MPs and councillors represent the interest of their constituents and as such are an important audience. They also have a significant impact on the media.

## 4) Strategic approach

There are several strategic principles which will underpin our communications and engagement activity:

- Compelling vision
  Communications and engagement activity based on our compelling vision for the future of mental health services in Sussex.

- Clinically led
  The proposals are based on clinical evidence and judgement and clinicians will present and explain them to the public.

- Discreet but linked consultations
  There are two separate consultations but we will bring economies of scale where possible and ensure we tell a joined-up story about mental health services across Sussex.

- Targeted, effective communications
  While ensuring all members of the public have opportunity to have their say, some audiences will be more interested than others and we will target our resources accordingly, working with partners where that is the most effective way to reach our audiences.

- Supporting broader communications aims
  Where possible communications and engagement activities will support each organisation's broader strategic communications aims at the same time as delivering the consultation.

## 5) Action plan

There are a series of activities and products that will be delivered to implement this communications and engagement action plan. A project plan is at Annex A.

- Core narrative and key materials
  A core narrative, set of key messages, detailed Q&A and set of core presentation materials will be produced to support each consultation and the communications around it.

- Bank of case studies and evidence
  A bank of case studies, real patient stories, examples, quotes, evidence, graphs, illustrations and photographs will be built to help set out improvements so far and to bring to life the vision for the future. We will also identify clinicians, service users, carers and stakeholders willing to advocate the proposals.

- Continual engagement
  A significant amount of work has already been undertaken, and is continuing before the formal consultation begins, to engage stakeholders in the development of the proposals and the process. We will build on this, ensuring all key stakeholders are identified and engaged in advance of the formal consultation. We will also use this ongoing dialogue to identify potential advocates.

- Briefed and prepared spokespeople
  We will identify a panel of key spokespeople from both commissioners and providers, managerial and clinical, who will take public platforms and speak with the media. We will ensure that they are fully prepared, briefed and media trained from the outset and that they receive regular updates of key messages, Q&A etc.

- Public meetings and events
  Each PCT is arranging its own programme of public and stakeholder meetings and events to ensure they are tailored to best meet local circumstances and stakeholder expectations in terms of the number, location, format and content. There will be central co-ordination to ensure that events in different areas do not clash and they are supported by core materials, suitable spokespeople from the PCT and SPT and other advocates and that we are striking a balance between targeting audiences and demonstrating that we are giving all sections of the public a chance to have their say.

  Where appropriate, events will be extensively promoted through the media, targeted distribution of leaflets and posters, and through partner stakeholder channels and followed up through proactive media relations, in staff communications and in updates to stakeholders.

  We are seeking to ensure scheduling of public meetings so that none are planned for the anticipated purdah period.

- Staff communications
  Template newsletter articles and team briefings will be produced regularly to support consistent and timely communication with staff across all organisations, signposting the website for further details, maximising the use of existing staff communications channels within organisations without creating further communications vehicles where they are not needed.

These briefings and materials will be provided to all NHS and social care organisations in Sussex, including acute trusts and the ambulance trust, to encourage widespread staff engagement.

- GP engagement
  Each PCT is developing its own GP engagement plan to maximise the use of local channels and networks, supported by centrally produced materials and jointly coordinated approaches to LMCs.

- Stakeholder engagement
  Each PCT is identifying its key stakeholder groups. Each stakeholder will be communicated with as soon as possible to ensure that it is aware of the process and current proposals. Once the formal consultation has begun, all stakeholders will receive regular updates on progress. Spokespeople will be provided to present the proposals and receive feedback at stakeholder events and meetings.

  We are seeking to set up meetings with stakeholders groups to fall during the anticipated purdah period, when more public activity would not be possible.

- Media relations
  Key media will be identified and briefed on the consultation by each PCT before it launches. Following the consultation launch we will maintain a regular flow of proactive media stories to promote and report on consultation events. We will use existing media monitoring arrangements to keep abreast of any media coverage and to ensure that any inaccurate or adverse coverage is addressed immediately.

  We will not conduct any proactive media during any period of purdah.

- Consultation documentation
  We will produce a full consultation document and a summary document for each PCT. There will be economies of scale in the design and drafting of the documents, with content shared between the documents where appropriate.

  Documents and summaries will follow current accessibility best practice in terms of font sizes and colour schemes. They will be made available in alternative formats and will offer advice in the most common community languages on how to receive more detail in other languages.

- Websites
  Detailed consultation materials (including reference material such as research documents and national and regional vision document and policy frameworks) will be hosted on the relevant PCT's website, along with updates, latest information on events and opportunities to provide feedback and get involved.

  In addition, the PCT websites and SPT website will feature core information about the overarching plans, providing links to the other consultation materials and more detail on the PCT websites.

- Response handling
  We will establish (or use existing, where possible) a wide range of mechanisms to capture consultation responses in each PCT, including:
  - Freepost address
  - E-mail address
  - Online response form
  - Dedicated phone line with voicemail
  - Provision to transcribe comments from those unable to use other means.

We have appointed an independent analyst to collate and review all the feedback received, along with notes of public and stakeholder meetings. They will produce a report identifying the themes and issues raised which will be presented to the PCT and SPT boards.

All consultation responses will be received by the two PCTs. Any responses received by SPT will forwarded to the most relevant PCT so that all feedback is included only once in the analysis.

## 6) Equality impact assessments and monitoring

Equality impact assessments will be carried out on the consultation process and the consultation documents (equality impact assessment on the proposals put out to consultation will also need to be undertaken). Equality monitoring will be carried out alongside the consultation to ensure that all sections of the population are able to have they say on the proposals.

## 7) Resources

The communications and engagement programme is being delivered by the communications and engagement teams at each of the PCTs and SPT. A virtual team has been convened and an external programme lead has been brought in to co-ordinate the work of the group. Overarching programme costs and the costs of the documents are being shared between organisations involved. Each PCT is meeting its own costs for public events.

## 8) Evaluation

This communications and engagement strategy will be formally evaluated against the SMART objectives being developed in line with section 2 above. In line with established best-practice (and budget allowing) we will also seek to conduct formal evaluation through research to assess the effectiveness of our communications and engagement activities and to ensure that any lessons can be learnt and shared with the wider health and social care community.

# Improving mental health services in East Sussex communications and engagement plan

| Action | Due Date | Lead | Outcome<br>Progress as at 1 March 2010 | Status |
|---|---|---|---|---|
| **Pre-consultation** | | | | |
| Letter to wide range of local stakeholders (see attached list) | 24 Dec 2009 | JH | COMPLETED | |
| Meetings with mental health user groups / forums to brief about the case for change and options for the future. | 24 Dec 2009 | MP | COMPLETED | |
| Written briefings to all local GP practices and Local Medical Committees (BMA Committees) | 24 Dec 2009 | JH / MP | COMPLETED | |
| Presentations to local GP committees | 24 Dec 2009 | MP | COMPLETED | |
| Briefings for local NHS staff via staff newsletters | 24 Dec 2009 | JH | COMPLETED | |
| Detailed briefing to E Sussex HOSC | Nov 2009 | MP / LC | COMPLETED | |
| Letter to all local MPs | 24 Dec 2009 | JH | COMPLETED | |
| Advertise consultation and public meeting dates via local newspapers and community newsletters | 5 March 2010 | JH | In progress | |
| Advertise consultation and public meeting dates at International Women's Day (Hastings) and Rainbow Alliance LGBT equalities day (Hastings) | March 2010 | SG | In progress | |
| Press releases and offer of detailed briefings to local media, including specialist press, to raise public awareness | 3 March 2010 | JH | In progress | |
| Development of section on PCT websites with built-in feedback mechanism. To go 'live' at start of open public discussion | 5 March 2010 | JH | In progress | |
| Update letter to wide range of local stakeholders (see attached list) | 5 March 2010 | JH | In progress | |

| Action | Due Date | Lead | Outcome<br>Progress as at 1 March 2010 | Status |
|---|---|---|---|---|
| **Open public discussion (1st phase – first four weeks)** | | | | |
| Three formal public meetings (Eastbourne, St Leonards and Uckfield) during March 2010 | 31 March 2010 | JH / SG | In progress | |
| Produce and circulate article to raise awareness of consultation and encourage participation. Article to be submitted to local voluntary service newsletters (including Action in Rural Sussex and Cultural Voices) | 31 March 2010 | JH / SG | To be completed | |
| Targeted offers to present case for change and options for future to key local groups, including those representing the 6 equality strands PLUS specialist mental health interest groups | 31 March 2010 | JH / SG | To be completed | |
| Case for change and options for future to be presented at Local Strategic Partnerships and / or associated Health Improvement Partnerships | 31 March 2010 | JH | To be completed | |
| Offer of presentation / briefing to E Sussex LINk and article / feedback form for inclusion on their website / in their newsletter | 31 March 2010 | JH | To be completed | |
| Regular updates of consultation pages on PCT websites, including record of responses to queries / suggestions. | 8 March-15 June 2010 | JH | To be completed | |
| **Consultation (2nd phase – second four weeks)** | | | | |
| Include update briefing on agenda of local partnership meetings. | 30 April 2010 | JH | To be completed | |
| Continue updates to local mental health service user meetings / forums | 30 April 2010 | MP | In progress | |
| Presentation / briefings to groups who request further information | 30 April 2010 | JH / MP | To be completed | |
| **Consultation (3rd phase – third four weeks)** | | | | |
| Feedback summary of responses received during consultation to date to go to all those groups and individuals contacted in pre-consultation phase and 1st and 2nd phases of open public consultation | 30 June 2010 | JH SG | To be completed | |

**Improving mental health services in Sussex**

# Public meeting dates

| PCT | Date | Time | Venue | Confirmed speakers |
|---|---|---|---|---|
| WS | 15 March | 14.00 – 16.00 | Chatsworth Hotel<br>17-23 The Steyne<br>Worthing, BN11 3DU | Lisa Rodrigues, John Wilderspin |
| WS | 17 March | 19.00 – 21.00 | Alexandra Theatre, Regis Centre,<br>Belmont Street, Bognor Regis,<br>West Sussex. PO21 1BL. | Lisa Rodrigues, John Wilderspin |
| ES | 18 March | 10.00 – 12.00 | Weald Hall<br>Uckfield Civic Centre<br>Uckfield, TN22 1AE | Richard Ford, Dr Sam Chittenden |
| WS | 22 March | 19.00 – 21.00 | The Venue<br>Spur Road<br>Chichester, PO19 8PR | Richard Ford, John Wilderspin |
| WS | 24 March | 14.00 – 16.00 | Clair Hall<br>Perrymount Road<br>Haywards Heath, RH16 3DN | John Wilderspin, Richard Ford |
| ES | 24 March | 18.30 – 20.30 | Royal Victoria Hotel<br>Marina<br>St Leonards on Sea, TN38 0BD | Lisa Rodrigues, Mike Wood (won't start till 18.30) |
| WS | 29 March | 19.00 – 21.00 | Arora Hotel<br>Southgate Avenue<br>Crawley, RH10 6LW | Richard Ford, John Wilderspin |
| ES | 30 March | 14.00 – 16.00 | Hardwick Suite, International Lawn Tennis Centre,<br>Devonshire Park<br>College Rd<br>Eastbourne, BN21 4JJ | Mike Wood, Richard Ford |
| WS | 12 May | 14.00 – 16.00 | The Holbrook Club<br>North Heath Lane<br>Horsham, RH12 5PJ | John Wilderspin, Richard Ford |

**Improving Mental Health Services in East Sussex**

**Targeted engagement of groups relating to the six equality strands**

## Race / Religion and belief

- Presentation to the BME Health and Social Care Forums in Hastings and Eastbourne
- Offer of presentation to Hastings Intercultural Organisation and Eastbourne Cultural Diversity Network
- Promote the consultation to staff at HEMAS and LINK (Migrant drop-ins in Hastings) to encourage feedback based on the experiences and needs of their clients
- Article about the consultation and signposting to how to learn more and feed in views included in Cultural Voices newsletter.
- Ensure arrangements for translation and interpretation are in place.

## Disability

- Regular engagement at each stage of the consultation process via briefings and face to face meetings with key mental health organisations and service user groups – Active8, Rethink, Wellmind, Mind, Mental Health Action Group.
- Presentation to the Disabled People's Participation Group steering group.
- Highlight consultation and feedback mechanisms to DPPG membership.
- Include East Sussex Disability Association (ESDA) on all briefings.
- Ensure that all written documentation is available in different formats and that this is clearly communicated on the front of all documents.

## Age

*Consultation does not impact on services for children or elderly only working age adults.*

- Offer of presentation to East Sussex Seniors Association.
- Seniors forums included on the distribution list.

**Sexual orientation**

- Highlight consultation at Rainbow Alliance Equalities Day on 26th February.
- Offer meeting to LGBT wellbeing group.
- Include pink paper in media distribution list.
- Include rainbow alliance on distribution list for briefings.

**Gender**

*The consultation is not gender specific*

- Highlight consultation at the International Women's Day event in Hastings on March 8th.

**Improving mental health services**

**Distribution list for East Sussex pre-consultation letter (sent out 23/12/09)**

**Groups who do not traditionally engage**

Sompriti
BME Community Partnership
BME Development Project
South East Interpreting and Translation Services
Tomorrow's People
Heritage Plus Project
Hastings Intercultural Organisation
Hastings Borough Council Eqaulities Officer / HIO Support Worker
Migrant Helpline
Celebrating Cultural Diversity Network
Bengali Women's Group
Ethnic Minority Representative Council
Pestalozzi International Development Centre
United African Community in Hastings
Friends and families of travellers
Travellers liaison officer for East Sussex
Rainbow Alliance
Terrence Higgins Trust
Anything but
Hastings and Rother Disability Forum
My Choice Advocacy
Mental Health Advocacy Project
Sussex Deaf Association
Sussex / Kent ME and Chronic Fatigue Syndrome Society
Other BME contacts – to follow from East Sussex PPE team plus PHAST (via Anita Counsell) and Val Biggs at ESCC
Homeless community – awaiting local contacts from Claire Isted from Homeless Health Service
People with disabilities – see below also

**HOSC**

East Sussex HOSC (via HOSC officer Sam White)

**Local authorities**

ESCC (Adult Social Care, Children's Services (incl Children's Centres) and Elected members
Lewes DC (staff and elected members)
Wealden DC (as above)
Eastbourne BC (as above)
Hastings BC (as above)
Rother DC (as above)

**Parish and Town Councils**

Alciston
Alfriston
Arlington
Barcombe
Berwick
Brede and Broad Oak
Buxted
Bodian
Chailey
Chalvington
Chiddingly
Crowborough
Cuckmere Valley
Danehill
Ditchling
East Dean and Friston
East Hoathly and
Hallam
Fairlight
Firle
Fletching
Forest Row
Falmer
Framfield
Frant
Hadlow Down
Hailsham
Hamsey
Hartfield
Hellingly
Herstmonceux
Hooe
Horam
Isfield
Icklesham &
Winchelsea
Iford
Kingston
Laughton
Lewes
Little Horsted
Long Man
Maresfield
Mayfield
Newhaven
Newick
Northiam
Peacehaven
Pevensey
Piddinghoe
Playden
Ringmer
Rother Assoc of Local
Councils
Rye
Rodwell Rotherfield
Seaford
Selmeston
Southease
South Heighton
Streat
St Ann (Without)
Telscombe
Uckfield
Wadhurst
Westham
Westmeston
Willingdon & Jevington
Withyham
Wivelsfield

**Local Strategic Partnerships**

Lewes LSP
Wealden LSP
Eastbourne LSP
Hastings LSP
Rother LSP

**MPs**

Norman Baker (Lewes)
Nigel Waterson (Eastbourne)
Des Turner (Brighton Kemptown)
Charles Hendry (Wealden)
Greg Barker (Bexhill)
Michael Foster (Hastings and Rye)

**Local Involvement Networks**

East Sussex LINk (Chair and members)

**Mental health patient groups / forums**

Active8
Rethink
Wellmind
Mind

**Older people's groups**

Age Concern
East Sussex Seniors' Association
Wealden Senior Citizens' Partnership
Abbeyfield Sussex Weald
Hastings Seniors ' Forum

**Patient Participation Groups**

PCT Expert Patient contacts
Physical and Sensory Disability Forum
Health User Bank
Patient and Public Involvement Steering Group

**Voluntary and Community Groups**

Eastbourne Community Network
Hastings and Rother Counselling Service
Action in Rural Sussex
Battle CVS
Care for the carers
Citizens Advice Bureau
Crossroads (Lewes)
Crowborough and District Voluntary Bureau
CSA School Improvement Service
East Sussex Disability Association
East Sussex Hearing Resources Centre
Eastbourne Association of Voluntary Services
Hastings Voluntary Action and HRRA
House Project
Newhaven Community Development Association
Rother Homes
Summerhayes
South Downs CVS
Battle Voluntary Action
Wealden Lifeline
Sussex Deaf Association
Parkinson's Society
Alzheimer's Society

**Carers Agencies**

Pevensey and District Information and Caring Centre
William Daly Carer Support Services

**Local and regional patient networks**

**Staff (clinical and non-clinical) and health care providers**

PCT and Community Services staff
ESHT
MTW
BSUH (for NHS Brighton & Hove to contact?)
South Downs
SECAMB
ESDW and HR GP practices
ESDW and HR PECs and PBC clusters

**Staff side / Unions**

JCNC tbc
Local union contacts tbc

**Independent / private health providers**

Sussex Oakleaf
Together
NCDA
Southdown Housing
Turning Point
South East Advocacy

**Other**

Leagues of Friends (Brighton & Hove Hospitals, including Newhaven, Conquest Hospital, Eastbourne DGH, Bexhill Hospital, Crowborough Hospital, Uckfield Community Hospital, Lewes Victoria Hospital, Meadow Lodge (Lewes), Hurstwood Park
Headway Hurstwood Park
St James' Trust Seaford
Action for change
Churches Together (Hastings)
East Sussex Learning Partnership

A teaching trust of Brighton
and Sussex Medical School

Sussex Partnership NHS
NHS Foundation Trust

**Swandean**
Arundel Road
Worthing
West Sussex
BN13 3EP

Tel: 01903 843029
Fax: 01903 843164
Email:lisa.rodrigues@sussexpartnership.nhs.uk

Our Ref: LR/ss

19 February 2010

SENT VIA EMAIL
Christine Field, Chairman
West Sussex Health Overview and Scrutiny Committee
Sylvia Tidy, Chairman
East Sussex Health Overview and Scrutiny Committee
Gary Peltzer Dunn, Chairman
Brighton & Hove Health Overview and Scrutiny Committee

Dear Christine, Sylvia and Gary

**Re: Improving Mental Health Services across Sussex**

Thank you for your letter of 9th February 2009. We would like to say at the outset that we wish to continue working with the three HOSCs in whatever way you see fit. You play an essential role in the service improvement process and we will provide information and attend meetings in a way that helps you to fulfil your role.

The title 'Better by Design' applies to the Sussex Partnership NHS Foundation Trust's five year strategy. This incorporates all of the work Sussex Partnership plans to undertake to improve our services. Some of these changes will require significant service change. Where this is the case Sussex Partnership and the Sussex PCTs will collaborate in bringing proposals for change, and the necessary consultation, to yourselves for scrutiny. One such change is the proposed reduction of about 100 acute inpatient beds across the whole of Sussex. This has been made possible by the improvements to community services that have taken place over the last decade. Further improvement will be needed over the next five years. To make sure you have all possible papers we have enclosed a copy of Better by Design and the latest drafts of the two consultation papers for East and West Sussex.

There are limited acute inpatient cross-border flows between the three areas of East Sussex, West Sussex and Brighton and Hove. There are occasions where people access hospital care in a different area for clinical reasons based on their needs or because of short term capacity issues in one or more areas. Looking to the future, one of the options for East Sussex residents includes services in Brighton being available to people from Lewes, Newhaven and Peacehaven. Sussex Partnership are confident that this can be accommodated without detriment to services for Brighton and Hove residents. This is only one option, and will be subject to consultation so that we can assess views before making a decision.

/It is worth.....

It is worth noting that specialist inpatient mental health services for children and young people, inpatient substance misuse and secure and forensic inpatient services are provided on a pan-Sussex basis but are not subject to significant service changes.

NHS Brighton and Hove, in agreement with Sussex Partnership, have decided that more time is needed to look at all possible options for acute inpatient services. There are many reasons for this decision. The needs of the residents in Brighton & Hove are substantially different to those of East and West Sussex. Services have a different history, as does the development of long term strategic plans. Given the relatively small population of Brighton and Hove compared with the rest of Sussex, the scale of change required is less than for the rest of Sussex. Considerable effort has been made to hear the views of all stakeholders and ensure that all options for development are carefully considered. NHS Brighton and Hove has established a separate Programme Board to progress consideration of all the different options. This work should be completed by June 2010. Officers from the PCT and Sussex Partnership will then present a paper to the local HOSC. This may include proposals for significant service changes, and at this point we will seek advice from the HOSC on consultation.

We are confident that the options presented in the draft consultation papers for East and West Sussex are not dependent on each other, neither are they dependent on any potential developments in Brighton and Hove. Our current plan is to commence consultation in East and West Sussex on 8th March 2010. We have already subjected our proposals to rigorous assurance processes. The Strategic Health Authority's gateway process, including a review by the Office for Government and Commerce, made several helpful recommendations. Before the consultation process commences, we will also have had a review from the National Clinical Advisory Team and our own internal assurance.

We are committed to improving mental health services for the people of Sussex and we recognise the importance of the scrutiny process. We are happy to continue meeting with individual HOSCs, or any joint arrangements that you would wish to put in place.

Yours sincerely

Lisa.

**Lisa Rodrigues**
**Chief Executive**