

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **15th September 2011**

By: **Assistant Chief Executive**

Title of report: **Improving Mental Health Services in East Sussex**

Purpose of report: **To consider progress with the implementation of changes to mental health services for adults in East Sussex.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider and comment on progress with implementation of changes to services.**
 - 2. Agree whether the Committee requires further progress reports.**
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1. Background

1.1 In March 2010, HOSC considered proposals to make changes to inpatient services for adults, put forward by NHS East Sussex Downs and Weald (ESDW)/NHS Hastings and Rother (H&R) and Sussex Partnership NHS Foundation Trust. A public consultation on the proposals took place from 8th March to 8th June 2010.

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

1.3 In June 2010, HOSC endorsed the Task Group's report which was submitted to the NHS organisations for consideration as part of the decision making process. The report has previously been circulated and is available on the HOSC website www.eastsussexhealth.org.

1.4 In July 2010, a joint meeting of the Boards of NHS ESDW and NHS H&R decided to proceed with option 2 as outlined in the consultation document. This option reduces the total number of inpatient mental health beds in East Sussex from 122 to 92. This involves the closure of 20 beds at the Department of Psychiatry, Eastbourne District General Hospital, and a reduction of 10 beds at the Woodlands Centre for Acute Care at Conquest Hospital, Hastings.

1.5 Alongside the changes to inpatient beds, the Boards agreed the introduction of measures for checking that community services have improved and the setting up of a 'Stakeholder Reference Group', to include service users, to monitor improvements to community services.

2. HOSC's recommendations

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

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

2.3 In September 2010, HOSC received a response from the NHS which accepted all the Committee's recommendations. The Committee confirmed its support for the changes, subject to the implementation of the recommendations. The Committee also requested that the Task Group reconvene in early 2011 to assess progress, 12 months on from the publication of the proposals.

3. Progress reports

3.1 In February 2011 the HOSC Task Group assessed progress and concluded that sufficient progress had been demonstrated to enable the reduction in beds in line with the proposed timetable. This took into account the spare capacity available in the units and the scope for further improvement. The closure of the beds would enable improvements to be made at the Eastbourne unit, particularly creating the space to relocate the crisis team next to the ward area and making changes to the physical environment in the unit, including improved gender separation.

3.2 The Task Group noted that there remained a need for further improvement of community mental health services, for example the development of integrated care pathways, support for carers and work with GPs. However, the Task Group was not convinced that keeping beds open would have significant benefit in this regard. HOSC endorsed the Task Group's recommendations in March 2011, which included four caveats to be met prior to the closure of the inpatient beds.

3.3 In May 2011 the Task Group met to review progress against the four caveats. Evidence supplied by the NHS gave assurance to the Task Group that the requirements had been met and it was agreed that the bed closures could be implemented as planned in June/July 2011.

3.4 An update on the implementation of the changes, both to inpatient services and community mental health services, is attached at appendix 1. HOSC is invited to consider the progress which has been made and specifically the proposed arrangements for temporary relocation of some beds to Brighton to enable building works to take place at the Eastbourne inpatient unit, and the proposed configuration of wards as set out in the appendix.

3.5 Lorraine Reid, Chief Operating Officer, Sussex Partnership NHS Foundation Trust and Martin Packwood, Joint Commissioning Manager for Mental Health, NHS Sussex/East Sussex County Council, will be in attendance to take any questions on the report.

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Background Papers:

HOSC Progress Report, March 2011

HOSC Final Report, July 2010;

NHS consultation document, March 2010.

UPDATE ON IMPROVING MENTAL HEALTH SERVICES IN EAST SUSSEX

1. 1. Introduction

In May 2011 the Task Group met to review progress against the four caveats as described below.

1. Quarter 4 (2010/11) data, when it is available in early April, should demonstrate a sustained or improved level of performance from Quarter 3.
2. The refurbishment of the inpatient ward in Brighton & Hove should be completed prior to the bed closures at Eastbourne.
3. The 10 closed beds in Hastings should remain available (i.e. not used for something else) as a backstop for a transitional period of 6 months from April 2011 in case unforeseen significant additional demand for inpatient care arises within East Sussex and necessitates reopening of beds.
4. HOSC receives a communications and involvement plan setting out activity which will be undertaken prior to and during the bed closure programme to inform and involve service users, carers and stakeholders in East Sussex of developments in mental health services (both community and inpatient changes).

Evidence supplied by Sussex Partnership Trust and the PCT, provided assurance to the Task Group against these 4 caveats to enable the bed reductions to go ahead in line with the agreed timetable. The trust subsequently proceeded with the bed reduction programme during June and July, gradually reducing the number of beds and changing designation as planned.

Throughout the process there has been a strong commitment to communicating effectively with people who use services and involving them in service re-design, this commitment has been maintained through local patients' council meetings and meetings with Activ8.

In relation to the 10 performance commitments established during the consultation 'Improving Mental Health Services', the trends in performance have continued as predicted and support the direction towards more community orientated care, demonstrating appropriate and effective use of acute inpatient resources. Services strive to ensure that service users and their relatives are engaged in planning and continue to be involved with the developments within their local community services

The key areas to report following the reduction in beds are:

- Brighton ward reopened during June
- In East Sussex the performance trend against admission rate targets has been maintained and length of stay remains within target.
- The median length of stay has been consistently around 24 days.
- Following the repatriation of patients to Brighton and Hove, the wards across East Sussex have been within comfortable operating capacity which is further evidence of consistent achievement against the 10 performance commitments.

The refurbishment of the Psychiatric Intensive Care ward (PICU) at Mill View Hospital in Brighton was completed within the timescale prior to the bed reduction programme in East Sussex. During the period when demand from Brighton was higher and subsequent to the

local bed reductions, occupancy rates have been stable and there has not been a requirement to use the 10 vacant beds at Woodlands.

In addition we consistently achieve:

- 98.2% of admissions in East Sussex were arranged by the Crisis Home Treatment team in Q1, this ensures that a community treatment package was considered as part of the assessment process for all admissions, now including older people with functional rather than organic mental health needs.
- 100% of patients referred urgently where seen within 4 hours
- 99% of all referrals were seen within 4 weeks for assessment and 100% and the 18 weeks to treatment target continues at 100%.
- 100% of people, who are re-referred to community mental health services, are seen within 7 days of referral.
- 98% of our patients have a care coordinator and plan, within one week of assessment and 100% have a crisis plan and relapse prevention plan in place.
- 100% of our patients are reviewed every 6 months where there is a complex plan.

2. Key issues for the next stage of development for our beds:

- a.** Prior to the closure of the beds within the Dept of Psychiatry (DoP), environmental improvements were undertaken this included a thorough review of ligature risks and some refurbishment, in advance of the proposed comprehensive revamp that will bring the unit in line with Woodlands Centre for Acute Care in Hastings.

A recent inspection visit by the Care Quality Commission noted that DoP was providing a very good standard of care that actually exceeded their expectations. However they were concerned about the physical environment which they described as 'tired' and the quality of the accommodation. As a foundation trust we are a not for profit NHS organisation that creates a surplus every year. We use this surplus to invest in improving our services. Over the next few months we will be investing in the region of £2 million to make sure that we can provide the best possible care for people using our inpatient services in Eastbourne. This includes work that will increase safety and enhance privacy. This refurbishment will enable two gender-specific wards co-located with the Crisis Team and one fit-for-purpose integrated ward for older patients with a functional illness.

To achieve this, a number of options have been considered and we believe that the safest most cost effective option is to decant one ward in Eastbourne for the entire period of the refurbishment (in the region of 23 weeks) to Brighton. This proposal would require Heathfield ward at the DoP moving to Churchill ward at the Nevill Hospital. Churchill ward is currently operating as an integrated ward and as such, would easily accommodate this patient group safely for the period required to upgrade the DoP.

This option would ensure consistency of staff (as the staff would move with the patients) and has the advantage of using a facility that is already fit-for-purpose. It is envisaged that this would be scheduled in the next six months, however it should be noted that the proposed decant would be subject to meeting the high impact change requirements set out by Brighton and Hove PCT.

As part of our engagement commitments, will ensure proactive discussions with service users and carers on this arrangement. In addition we would ensure that any patients requiring admission to the Brighton ward during this period, would have detailed information available to them and their carers on travel options and costs of these and we would work closely with carers to ensure that any difficulties around travel could be overcome.

Sussex Partnership has experience of supporting carers and patients successfully during transition phases such as this and we successfully managed the closure of an older person's ward in Hayward's Heath which required carers to travel across mid Sussex to visits their loved ones. With the transport links from Eastbourne to Brighton being as good as they are, this temporary move would be more easily achievable.

In order to better align with population needs for 'local' beds, we are also proposing to increase the number of beds at the DoP from three 17 bedded wards to three 18 bedded wards. This change supports the local population needs and better aligns beds to the distribution of demand in East Sussex.

3. Community Services Update.

The Under One Roof (U1R) model for community mental health services provides an ageless, needs-led service for adult population suffering with complex mental health conditions that require specialist help/interventions (previously served separately by separate adult and older people's mental health services). It is designed to be more responsive and cost effective. The principle involves redesigning roles, responsibilities and services to provide more specialist treatment locally and improve services for people with the most complex needs using evidence based package of care. The model will provide comprehensive assessments by our most skilled professionals at the first point of contact followed by evidence based treatments with emphasis on recovery and independent living. It will integrated services and existing teams removing obstacles in the system for example reducing the need for re-assessments and complicated transitions between teams because care is built around clear treatment pathways with regular monitoring of progress to enable/achieve desired clinical outcomes. The model is based on recovery and personalization principles, it aims to speed recovery and is designed to encourage better patient engagement and compliance as well as enhancing the experience of using services.

The U1R model sits on the foundations of a robust primary care service which has been/is being designed around local communities to provide advice and interventions for people with mild to moderate mental health issues. The primary care service (i.e. Health in Mind in East Sussex) is also tasked with managing demand by building capacity in primary care medical services and working across with other partner agencies.

We have a well developed plan for continued engagement of our stakeholders in the developments within the community and our plans are well developed for implementation of our new model for community services starting in Hastings at Cavendish House. This will enable us to move from accommodation that is not fit for purpose across Hastings into an environment that is more central and is designed to provide a modern environment from which to base our services. In addition, we will provide outreach posts across Hastings in Bexhill and rural Rother to ensure a local presence.

Our aim is to provide extended access to our services, provide single, comprehensive assessments from very senior clinician's at the point of access and to ensure that each individual, and their carers, are proactively involved in the development of their care plan and continue to be seen in a timely way by specialist clinical staff, within dedicated care pathways.

4. Recommendations

- a.** The HOSC is asked to support the proposed temporary decant of Heathfield ward to the Nevill Hospital, for the period of the refurbishment from December 2011, subject to Brighton and Hove PCT support of the implementation of the high impact changes across the city.
- b.** The HOSC is asked to support the change in bed provision across East Sussex from three 17 bedded wards at the DoP to three 18 bedded wards, enabling a better alignment to population needs.