

Meeting between Sussex Health Scrutiny Committees and Sussex Partnership NHS Foundation Trust

01 August 2017 1pm to 3pm

Note of the meeting

In attendance

- **Sussex Partnership NHS Foundation Trust (SPFT):** Dr. Rick Fraser, Medical Director; Sam Allen, Chief Executive Officer; Simone Button, Chief Operating Officer; Sally Flint, Chief Finance Officer; Sue Esser-Bowerman, Director of HR and OD
- **Brighton & Hove Health and Wellbeing Overview & Scrutiny Committee:** Giles Rossington (Scrutiny Officer)
- **East Sussex Health Overview & Scrutiny Committee:** Cllr Colin Belsey (Chair), Cllr Ruth O'Keeffe (Vice-Chair) and Harvey Winder (Scrutiny Officer)
- **West Sussex Health & Adult Social Care Select Committee:** Mr Bryan Turner (Chairman), Ms Hilary Flynn (HASC Member) and Helena Cox (Scrutiny Officer)

1. Apologies for absence

1.1 Apologies for absence were received from Cllr Ken Norman, Dr James Walsh and Dan Charlton.

2. Notes of the last meeting

2.1 The notes of the last meeting were agreed as a correct record.

3 Sussex and East Surrey Sustainability and Transformation Partnership (STP) Mental Health Workstream

3.1 The following key points were made during the introduction of the report and in response to questions:

- The Mental health workstream is one of several workstreams being undertaken by the STP. The aim of the workstream is to determine how the voluntary sector, local authorities and NHS can work better together to meet the needs of patients, carers, families and local communities. There has been a positive buy-in from service users, carers, and other stakeholders so far.
- The workstream's 'Case for Change' will go to the STP Executive Board next week. There will be a workshop held after then to provide stakeholders with an overview of the Case for Change.
- The publication of research carried out as part of the workstream shows a mortality gap of up to 26 years between patients with and without mental health issues. Mental health receives 7% of healthcare funding but 20% of acute A&E admissions are people with mental health illnesses. This demonstrates the importance of mental health care to the whole healthcare system and SPFT is working to highlight this gap in the media.

- The health system will need to be recalibrated to meet the increased need and reduced resources. This will involve a shift away from acute care to community care. To help with this transition, SPFT is prioritising securing funding for and implementing a 24/7 community crisis care, which will help patients avoid acute or A&E admissions. The current service only runs to 10pm, after which time patients are advised to go to A&E. this is a commissioning gap and has been highlighted nationally by the CQC.

4.2 It was agreed that HOSC/HASC Members would be invited to the upcoming SPFT workshop about the Clinical Case for Change.

4. Clinical Strategy

4.1 The following key points were made during the introduction of the report and in response to questions:

Single point of access

- SPFT's proposed single access point will help provide patients with access to the right services at the right time. It will also help SPFT to achieve collaborative working with other providers by accurately signposting patients to services that are not provided by SPFT – 50% of commissioned mental health services in Sussex are provided by SPFT and the rest of funding goes to other providers.
- Jonathan Beder was leading the single point of access workstream and was liaising with partners and stakeholders. A business case will be developed during the next six months.

CAMHS

- An increasing number of young people are presenting with neurological issues, such as ADHD and autism, which require additional time to treat properly. This is due in part to the considerable reduction or closure of other services, such as educational psychologists in schools, school, and youth services, resulting in the use of CAMHS as the only available point of contact.
- The I-rock service in Hastings is proving effective as a youth service model and is being rolled out across Sussex. It provides advice on wellbeing, education, employment, housing and mental health. It was designed with young people and has a 100% satisfaction rating. This lower tier of mental health advice will help to reduce the burden on CAMHS.
- As part of the STP and placed-based plans, plans are underway to develop a collaborative programme with schools to identify high risk children – such as those with parents with mental health problems – and provide them with treatment early in order to prevent illness in adulthood. This will include providing training to teachers so that they can identify symptoms and help signpost children to the right place.
- There are recruitment issues in CAMHS, particularly with nurses and consultant psychiatrists; these are national issues.
- Waiting time figures have gone back up – after a recent decline – to just below 95% of patients seen within the national waiting time limits.

- There has been less investment by CCGs in CAMHS in West Sussex compared to the national average.

Additional funding for mental health services

- As a result of extra government funding for mental health services, SPFT is being commissioned by NHS England to provide perinatal services. This is a popular service to work for, however, and SPFT staff will often want to transfer to it, reducing staffing levels elsewhere in the trust. This is compounded by wider recruitment problems caused by falling numbers of trainees and graduates, and the tendency of up to 50% of clinical psychology graduates to emigrate to Australia, Canada and New Zealand once they reach consultant level due to the pay and lifestyle quality.
- It is difficult to explain to staff the concept of ring-fenced money being provided for services, like the perinatal service, that are given high importance by NHSE when there is not enough resource to deliver the existing core service.
- There are increasing retention issues caused by the decision in the 1980s/90s to grant staff 'mental health officer' status meaning that they can retire aged 55 on a full pension, which many are now reaching.
- SPFT is getting better at retaining its workforce and NHSE is conducting a survey into what would keep staff in Sussex. This will help SPFT to determine how it can better retain staff.
- The Clinical Strategy includes proposals to develop new career paths and roles that will help retain permanent staff and reduce the need for agency staff.

Discovery College

- A number of people have recently graduated from the discovery colleges as Peer Workers for others aged 12-21 years.

4.2 It was agreed:

- 1) that HOSC/HASC members would be invited to future discovery college graduations
- 2) SPFT would welcome the consideration of CAMHS at future HOSC/HASC meetings

5. Review of older people's mental health and dementia services

5.1 The following key points were made during the introduction of the report and in response to questions:

- There is an additional review of estates for older people in Sussex ongoing in tandem with this review as many dementia inpatient wards are in standalone units in need of capital investment. Standalone units are not as safe and are more expensive because they require more staff – as there are no staff from adjacent wards to provide cover – and they are hard to recruit to because they offer fewer career opportunities.

- The medium to long term solution in East Sussex is to have all older people mental health inpatient wards on the same site as physical healthcare services in the Conquest Hospital.
- The plan is to self-fund the building reconfigurations, but creative PFI work is also being considered, as well as working with other trusts as part of One Public Estate, e.g., in Worthing.
- More detail about what services will need to be reconfigured will be available by December.

5.2 It was agreed to request a report on the review of inpatient services for older people in Sussex at the next meeting.

6. Thematic Review of Homicides

6.1 The following key points were made during the introduction of the report and in response to questions:

- The “Making Families Count” event was very effective and received strong staff feedback. A second event is planned for the future.
- The trust has sent out a couple of stakeholder briefings on the independent inquiry reports to press officers of various organisations.

6.2 It was agreed that HOSC/HASC officers and Members would be added to the distribution list for future stakeholder briefing for items of media interest.

7. Delayed transfers of care (DToC)

7.1 The following key points were made during the introduction of the report and in response to questions:

- The BBC put in a recent FoI request on the length of stay of patients awaiting discharge over the past five years. One patient from SPFT was awaiting discharge for three years from an inpatient unit, which was the longest length of stay in the country. SPFT will issue a press statement on 2 August in anticipation of the BBC story.
- SPFT is working with the whole health and care system to improve discharge of patients from mental health beds; E Sussex ASC department has been very helpful in this regard. Since the FoI, improvements have been made to DToC and the longest current stay is 9 months.
- The aim is to reduce DToC by 4.5% by September. There were 33 DToC patients in beds July, these were not all older people or acute beds and included 5 of the 7 patients in the Learning Disability Assessment Treatment Centre. These patients are very difficult to find placements for nationally.
- Finding placements for inpatients with drug and alcohol addiction remains an intractable issue in Brighton & Hove, as few organisations or private landlords are prepared to provide them with placements. Patients who have been in an institutional setting want independence along with wraparound support but there is a shortage of quality supported housing that can provide this. This was exacerbated when Brighton & Hove CCG disinvested in SPFT provided

housing and bought new units that could be provided at a lower cost. There may be opportunities to work with housing associations, and it is important to get the issue on the agenda again.

8. Care Quality Commission

8.1 The following key points were made during the introduction of the report and in response to questions:

- SPFT is expecting a review of its well-led domain shortly; the trust has received a data request from the CQC that is likely to be a pre-cursor to inspection. A follow-up inspection of the September 2016 inspection was expected, but the election and rollout of the new inspection regime have delayed it until now.
- Improving mandatory and statutory training levels was a must-do action of the CQC. The trust is now improving and sustaining its mandatory training levels through better monitoring and reporting.
- Variations in the quality of services across Sussex was another issue, and this is being addressed through more local leadership via the eight Care Delivery Services (CDS).
- The trust has also issued guidance on setting out the key minimum requirements to do each job safely and well.
- SPFT has very resilient cyber security. It is one of the few trusts with Cyber Essentials accreditation.
- The trust conducted a fire safety review following the Grenfell Tower fire and used it as an opportunity to ensure staff were receiving their statutory Clinical Risk Assessment training.
- The Executive Team vacancies of Director of Corporate Governance, Director of Strategy and Chief Digital and Information Officer are expected to be filled soon.

8.2 It was agreed that the most recent Mandatory and Statutory Training report to the Board of Directors would be circulated to Members.

9. Date of the next meeting

9.1 It was agreed to hold another meeting in early-December 2017.