

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

24 January 2018 12pm to 2pm

Note of the meeting

In attendance

- **Sussex Partnership NHS Foundation Trust (SPFT):** Dr. Nick Lake, Senior Clinical Director; Sam Allen, Chief Executive; Simone Button, Chief Operating Officer; Dan Charlton, Director of Communications; Dominic Ford, Director of Corporate Affairs; Dr Rick Fraser, Chief Medical Officer; Diane Hull, Chief Nurse; Beth Lawton, Chief Digital & Information Officer; Andrew Vickers, Interim HR Director
- **Brighton & Hove Health and Wellbeing Overview & Scrutiny Committee:** (Scrutiny Officer)
- **East Sussex Health Overview & Scrutiny Committee:** Cllr Colin Belsey (Chair), and Harvey Winder (Scrutiny Officer)
- **West Sussex Health & Adult Social Care Select Committee:** Dr James Walsh (Vice Chairman), Helena Cox (Scrutiny Officer), and Katherine De La Mora (Democratic Services Officer)

1. Apologies for absence

1.1 Apologies for absence were received from Cllr Ken Norman, Cllr Ruth O’Keeffe, Cllr Sarah Osborne, Mr Bryan Turner and Hilary Flynn.

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 of the Sussex and East Surrey Sustainability and Transformation Partnership (STP) is a comprehensive review of the mental health system in Sussex involving engagement with all key stakeholders. The workstream has identified 12 ‘opportunities’ to improve mental health care.
- Implementing the 12 opportunities is a key challenge. All organisations within the STP are in agreement with 4 of the opportunities – suicide prevention; clinical care intelligence and outcomes; inpatient beds management; and reducing out of area specialist placements. The leadership in East Sussex Better Together (ESBT) and Connecting 4 You (C4Y) have expressed a desire for the development of 24/7 crisis support, which is another one of the 12 opportunities.
- The review highlighted the need for investment in crisis mental health services; illustrated by the fact that mental health services users make up about 7% of the local population yet account for about 20% of all A&E and emergency attendances.

- On the other hand, there have been challenges agreeing how other opportunities might be delivered, for example, the development of a single mental health Accountable Care System. Bob Alexander, Executive Chair of the STP, has indicated he is supportive of the 12 opportunities and will be in his role full time from 1 February.
- SPFT is working with partner organisations for a commitment to delivering the 12 opportunities. This will enable the development of a delivery plan and timescales for implementation.

3.2 Members expressed concern about the lack of timelines or a delivery plan for the Mental Health Workstream.

3.3 Members RESOLVED to contact the CCGs or STP to request information on the progress of the implementation of the mental health workstream.

4. Clinical Strategy

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

- SPFT's Clinical Strategy was published in November 2017. A previous draft from April 2017 had been seen by Members of this working group but the final version had not yet been circulated. It was clarified that the final version of the Clinical Strategy contained six priorities rather than nine priorities as set out in the previous draft.
- The Clinical Strategy has been developed from the bottom up with involvement from staff, patients, carers and other stakeholders. It articulates the type and range of services SPFT will deliver going forward to improve the quality of its services whilst operating in a financially challenging climate. Its 6 key priorities to be delivered over the next four years offers a clear road map for the trust for the first time.
- The 6 key priorities are interlinked with the 12 opportunities contained in the Mental Health Workstream. They are:
 - **24/7 mental health crisis care** – this will provide better care and release money for the rest of system by reducing A&E admissions of people having a mental health crisis.
 - **Integrated physical and mental healthcare** – because mental health secondary care service users die up to 20 years earlier on average and most die of physical issues rather than mental issues, such as suicide, diagnosing and treating physical issues alongside mental health issues will help reduce this disparity in life expectancy.
 - **Continued development of Recovery and Discovery Colleges** – there is clear evidence that educating patients so that they are empowered and able to take care of their own difficulties can drastically improve their care outcomes. Furthermore, £500 spent on education yields £1,500 in savings to the wider healthcare system. Recovery colleges involve courses co-developed and led by service users and healthcare professionals, e.g., for managing symptoms, work related stress, or getting back to employment. People graduate with an educational qualification from recovery colleges and many become course leaders themselves. Discovery Colleges are for under 18s and there are two in Sussex, with plans to develop more.

- **Suicide prevention** – there is a higher than average rate of suicide in East Sussex, and there is a need to work more closely with other organisations to tackle it.
- **Focus on community services** – there is a need to reorient the focus of the trust around providing community services – such as health promotion and early intervention – in order to reduce reliance on secondary care.
- **Focus on staff and teams** – there will be a focus on improving teams and encouraging joint working between them.
- ‘Provide better mental health care for 14-25 year olds’ was a priority in the draft Clinical Strategy but is no longer one of the six key priorities. This is because there is already a separate detailed workstream for delivering better mental health care for 14-25 year olds.

4.2 It was RESOLVED:

1) to provide a copy of the Clinical Strategy to Members

2) to provide a briefing note that clarifies the difference between the 12 opportunities of the STP Mental Health Workstream, the six priorities of the Clinical Strategy, and any other strategies under development by SPFT.

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:

- **West Sussex** – Members were informed that the Trust was working with commissioners to look at the provision of inpatient beds across West Sussex. A Project Manager had been appointed and the West Sussex HASC would be consulted on once timelines for the project had been drafted.
- In broad teams, SPFT wants to develop proposals for two centres of excellence: one for the care of older people, including those with dementia, and one for working age adults. This would enable the Trust to eliminate patients being treated in mixed wards (as is currently in parts of West Sussex) and provide more specialist care. There is strong clinical evidence to show that specialist centres deliver better outcomes for patients and facilitate improved multi-disciplinary and multi-agency working.
- **East Sussex** – Plans had previously been agreed with the CCGs to redevelop the St Gabriel’s ward at Conquest as a dementia intensive care unit. In anticipation, St. Gabriel’s ward was closed in 2015 and patients moved temporarily to Beechwood Unit in Uckfield. Subsequent feasibility testing of the architectural plans at Conquest, however, showed it was not possible to develop on that site as previously envisaged. As a result, the proposal was shelved in autumn 2017.
- The CQC has since said that the ward bays at the Department of Psychiatry in Eastbourne District General Hospital (EDGH) are not suitable as long term working age inpatient beds – as they conflict with regulations – and retaining the temporary dementia inpatient ward at Beechwoods – although it is providing a high standard of care – is not feasible long term. Plans are therefore being developed to move all

inpatient working age and older people's wards to a single site at the Conquest Hospital.

- **Brighton and Hove** – the Brunswick ward at Mill View Hospital has recently opened as a dementia intensive care unit. SPFT is the first NHS organisation to develop a family room where family members visiting inpatients can stay overnight on site.

5.2 It was RESOLVED that a briefing on the plans for East Sussex inpatient working age and dementia services be provided by email.

6. Operational Pressures

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

- The changes to s.136 of the Mental Health Act (brought about by the Policing and Crime Act 2017) requires that patients be assessed within 24 hours by a consultant and that adults should not be detained in a police cell. This has resulted in considerable pressure on the service and the highest ever number of patients in out of area private providers. There were 25 patients in such placements over the weekend of 20 January, falling to 22 by Thursday 24 January. £350k has been spent this month on private placements.
- There are currently 30 Delayed Transfer of Care (DTOC) patients in acute inpatient wards (10% of the total number of beds) and 12 in dementia wards. DTOC are being caused by people waiting for community care packages, nursing or care home placements, and, in Brighton, housing placements – due to a preponderance of patients with substance misuse issues that make it difficult to house them.
- NHS organisations and the local authorities are conducting systems calls several times a week for each DTOC case to see how the wider health and social care system can provide support.
- The proposed reduction in working age beds in West Sussex currently being developed will be in line with the number of patients requiring inpatient treatment in that county and will not affect out of area placements. Out of area private bed placements are being driven by demand for them in Brighton & Hove and East Sussex.
- Whilst DTOCs put pressure on the number of beds, they should not be considered as an inevitability, and their reduction should be seen as the way to increase bed capacity. The recent focus on DTOC in the acute sector should be mirrored in the mental health sector; despite financial pressures the acute sector – with the full support from local authorities – has reduced the number of DTOC since the summer.
- SPFT is a foundation trust and so self-funds its capital expenditure. This was previously done through producing a 1% surplus, but due to financial pressure this has not been achieved for 3 years. Therefore, capital funding is being maintained through receipts from disposals of real estate and sharing facilities with partner organisations.

6.2 It was RESOLVED to note the report.

7. Care Quality Commission (CQC) inspection

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

- SPFT was rated overall good; good in the responsive, effective, well-led and safety domains; and outstanding in the caring domain. Adult inpatient, adult community, CAMHS, and older people's community and inpatient services were all reviewed. The Trust is now the third highest rated mental health trust in England.
- The CQC highlighted as examples of positive working the leadership at Langley Hospital and the use there of data to improve patient experience; the practice of visiting families of patients due to be admitted to the Brunswick ward, resulting in a reduction in length of stay of patients; improvements made in waiting list management for CAMHS; and the iRock service in Hastings; and the new 'family liaison' staff.
- There is one 'must do' action in relation to the intercoms in the seclusion room and blind spots in the garden at Langley Hospital. The hospital is being refurbished and the garden issue is being dealt with.
- The 'should do' actions are all achievable and include single sex wards and staff appraisals.
- The CQC conducted a comprehensive inspection. The inspectors held 24 focus groups, and interviewed 192 staff, 64 carers, and 124 patients. Healthwatch also provided assistance to the CQC in West Sussex.
- ITN has been filming in Langley for the last 2 months for a documentary on life in a mental health hospital. They have spoken positively about the staff and carers, and a positive documentary like this is likely to help with recruitment and retention of staff.
- The 4 week target for patients requiring specialist CAMHS referral is being met. It is more challenging, however, for patients who do not meet the criteria for specialist care to receive a timely referral – the longest wait is for assessments of neuro-developmental issues such as ADHD and autism.
- A lot of work is being done to support less urgent referrals, for example, from April in East Sussex there will be a single point of access for young people needing emotional support that can signpost them to get the help they need, such as from the Children's Services Department, the third sector and SPFT.
- There is a national shortage of CAMHS psychiatrists so there is a need to ensure access to the right level of care, which for some people may not be a CAMHS psychiatrist. There is an active recruitment programme and strategy despite the national shortage.

7.2 The Members congratulated Trust staff on the hard work undertaken to achieve a good rating from the CQC.

8. Police and Crime Act

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

- Since the introduction of s.136 changes in 11 December a considerable amount of joint work with Sussex Police has been carried out to collectively manage the need to avoid detaining people for more than 24 hours. A joint workshop has been held and feedback from this suggests the approach is working well, with people being taken to

one of the 5 places of safety and A&E generally only if there is a corresponding physical issue, and not in police custody – which is now considered a ‘never event’. The Trust is hoping to see a reduction in the use of s. 136 powers by Sussex Police.

- A robust operational plan has been in place since 11 December that includes daily calls with Sussex Police, CCGs and South East Coast Ambulance NHS Foundation Trust (SECAMB) to coordinate the conveyance of patients held under s.136 powers. This seems to be going well.

8.2 Members RESOLVED to request figures for the number of people detained under s.136 before and after 11 December.

9. Other Developments

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

- The approach to suicide is being changed across all organisations in the STP to a ‘zero suicide’ model. An official launch for the zero approach is set for May 2018.
- The zero approach model involves taking the approach that any suicide is unacceptable and the aim is to work towards zero suicides. This will help to change the way in which people think about suicides, and how organisations respond to suicide and manage those people in their care. It is a major piece of work but the Mersey area adopted it 4 years ago and have seen a reduction in numbers of suicides; it is being adopted increasingly across country.
- It relies on a change in culture and learning and joint up working. This involves practical things such as reviewing the amount of medication on discharge, ensuring a 7-day follow up call for all discharge, and a 3-day follow up in certain areas.
- Training involves all staff watching a short 20 minute online film to ensure that they all have the same attitude to suicide; they are also asked to do an e-learning module.
- The introduction of a zero suicide approach is being overseen by a steering group with public health, carers, families and the voluntary sector involved.
- SPFT has met with public health leads in all three local authorities for the first time to ensure suicide strategies are all aligned.
- The trust is starting to scope whether I-Rock can be rolled out to Worthing and funding has been secured for 2 more sites in E Sussex.

9.2 It was RESOLVED to request a future update on the progress of the zero suicide approach.

10. Date of the next meeting

10.1 It was RESOLVED that:

- 1) a future meeting be held in May; and
- 2) the working group should meet three times annually.