Meeting between Sussex Health Scrutiny Committees and Sussex Partnership NHS Foundation Trust (SPFT)

11 September 2018, 3.30pm, Trust Headquarters, Swandean, Worthing, BN13 3EP

For reference – Attendees

Sussex Partnership NHS Foundation Trust (SPFT):

Sam Allen, Chief Executive; Simone Button, Chief Operating Officer; Dan Charlton, Director of Communications; Dr Rick Fraser, Chief Medical Officer; Dom Ford, Director of Corporate Affairs

Brighton & Hove Health and Wellbeing Overview & Scrutiny Committee: Cllr Ken Norman (Chair), Giles Rossington (Scrutiny Officer) and Nuala Friedman (Scrutiny Officer)

East Sussex Health Overview & Scrutiny Committee: Cllr Colin Belsey (Chair), Cllr Bob Bowdler (Vice-Chair), and Harvey Winder (Scrutiny Officer)

West Sussex Health & Adult Social Care Select Committee: Mr Bryan Turner (Chairman), Dr James Walsh (Vice-Chair), and Katherine De La Mora (Scrutiny Officer)

1. Apologies

1.1 The following apologies were received:

- Councillor Sarah Osborne
- Diane Hall, Chief Nurse
- Sally Flint, Chief Finance Officer and Deputy Chief Executive

2. Minutes

2.1 The minutes of the previous meeting were agreed.

2.2 The Board requested that the following information be provided by email:

- Serious Incident figures from the SPFT Board reports
- A link to the suicide prevention video produced by Sussex Partnership NHS Foundation Trust (SPFT)

3. Disclosures of Interest

3.1 Mr Bryan Turner declared a personal interest as a locum Pharmacist.

4. Sustainability and Transformation Partnership Mental Health Programme Board

4.1 Sam Allen (SA) provided an updated on the progress of the Sussex and East Surrey Sustainability and Transformation Partnership (STP) Mental Health Programme Board.

4.2 SA explained that the Mental Health Programme Board had been established in the time since last meeting of this working group. Its purpose is to agree and oversee a combined delivery programme for mental health across the STP and help to ensure strategies of individual members, such as SPFT's clinical strategy, align with it.

4.3 Mr Bryan Turner (BT) asked what progress has been made on the 12 priorities of the Mental Health workstream. SA explained that the trust had been developing a delivery plan for the 12 workstreams but the workstreams are at different stages of progression. The priority at the moment is to develop a business case for the 24/7 Crisis Response Team, which the SPFT Governing Board is expected to confirm shortly.

4.4 Dr James Walsh (JW) asked what is being done to improve Children and Adolescent Mental Health Services (CAMHS). SA explained that there is a detailed plan to improve CAMHS through the STP that is overseen by the STP children's programme board. CAMHS is a jointly commissioned service between the NHS and local authorities and there is a local authority representative on the board.

4.5 Simone Button (SB) explained that delays in receiving CAMHS treatment is a national issue caused by an increasing level of demand for the service and insufficient capacity within the secondary mental health care sector. This means that there needs to be greater capacity in primary and community care to treat children and adolescents with mental health issues before they need to seek specialist care. The Government White Paper 'Health in Mind' set out the importance of mental health support in schools to help people develop resilience at a young age, and pilots are currently underway for this service. Working within the STP collaboratively with partner organisations with a combined children and adolescents pathway will also help to improve the service using the available resources. SA added that locally the CAMHS neural pathway development services for autism need to be developed as a key priority in order to reduce the back log following a spike in referrals. The CCGs recognise that more resources are required for the service.

4.6 It was RESOLVED to:

1) note the report;

2) request that members of the working group are included on the stakeholder briefing distribution list for the STP Mental Health Programme Board; and

3) circulate the CAMHS improvement plan.

5. Mental health in the Long Term Plan for the NHS

5.1 SA introduced this item on a consultation response by SPFT to NHS England's proposed 10-year plan.

5.2 SA said that despite the upcoming £20bn Government settlement for the NHS, SPFT's local authority partners are continuing to have to make cuts to services that will increase demand on the NHS and so lessen the impact of the additional funding, for example, proposals to cut housing related support in West Sussex and the reduction in many discretionary preventative Adult Social Care services in East Sussex.

5.3 BT clarified that the process of engagement on whether to terminate the contracts with the voluntary sector to provide housing related support during 19/20 is due to

commence at the end of September and the decision taken in December. He understood that the entire budget might not necessarily be cut but that it would need to be decided within the context of a deteriorating financial position of West Sussex County Council – with £25-50m savings needed in 19/20 to offset rising demand in Adult and Children's social care.

5.4 BT agreed with the comment in the penultimate paragraph of the Trust's response to NHS England that the commissioner-provider model was no longer viable for healthcare, particularly in the context of the role-out of Integrated Care Services. He believed the money spent supporting a commissioner-provider model could be better spent on improving services. SA responded that the trust, despite being a provider, is doing more commissioning of services that were previously the role of NHS England and this is helping to remove some of the transactional costs that don't add financial value to the process.

5.5 It was RESOLVED to note the report.

6. West Sussex service redesign

6.1 SB introduced an item on the ongoing redesign of inpatient mental health services in West Sussex.

6.2 SB explained that the preferred option has been scaled down from the one that was presented to the West Sussex HASC previously following a detailed options appraisal. SB said that one of the key clinical drivers for the reconfiguration is moving patients out of poor accommodation, which means that the preferred option would include the closure of the Harold Kidd unit in Chichester, which cannot be brought up to specification. One of the non-preferred options it to include a new build unit but the capital cost would make this option difficult to achieve. The proposals will mean that there are single gender wards for all patients and all dementia beds will now be sited at Swandean.

6.3 SB explained that the proposals would result in a reduction of 8 beds, comprising 6 working age and 2 older people, which is considered achievable. However, there is a review of required bed numbers due to be reported to the trust's board that could determine that bed numbers should not be reduced, which could be difficult to accommodate given that the Harold Kidd unit is no longer fit for purpose.

6.4 SB confirmed that the trust is working with the CCGs in partnership and is currently undertaking options appraisals, for example, analysing West Sussex travel data. It is expected that the consultation could begin in the new year and include transport and travel solutions.

6.5 JW asked how many of the inpatient beds are used by patients outside of West Sussex. SB responded that when the proposals were originally drawn up there were 12 more beds than were needed to meet demand. This is currently not the case as more patients from elsewhere in Sussex and East Surrey are using the current service, but the Trust is confident the situation will shift back, for example, the number of East Surrey patients has reduced from 13 to 9 and is expected to fall to zero within the next two years.

6.6 BT asked whether the requirement in the preferred option to agree with Sussex Community NHS Foundation Trust (SCFT) to provide a new ward at Salvington Lodge was feasible. SB said that SCFT currently has the lease on the upstairs floor of Salvington Lodge and uses half of the floor space but has mothballed the other half, which could be used as a

single sex female dementia patient ward. A shared arrangement with SCFT will also have the added benefit of their staff being able to assist with the physical needs of the dementia patients.

6.7 It was RESOLVED to note the report.

7. East Sussex Service redesign

7.1 SB introduced an item on the ongoing redesign of inpatient mental health services in East Sussex.

7.2 SB explained that plans in East Sussex are some way behind those in West Sussex due in part to the fact that all existing inpatient accommodation is in a poor state and the plans will require identifying a new site. SB said that the trust was currently at the feasibility study stage but that further developments would be made in identifying a suitable site by the end of the year.

7.3 Councillor Colin Belsey (CB) asked whether the new site would be a new building. SB confirmed that no new site has been identified yet but some possible options involve new builds and other involve converting existing buildings.

7.4 BT asked whether the funding for a new build or major conversion is in SPFT's capital budget. SA explained that the trust, as an NHS foundation trust, has always self-funded its capital programme in the past, allowing it to progress at its own pace. However, the combination of more challenging financial times and a complex business case would mean that borrowing could be needed for a new inpatient building, requiring the trust to satisfy the financial requirements of the lender. SA added that feasibility studies for all options would be carried out before any decisions on borrowing would be made, including the possibility of sharing costs with NHS partner organisations. CB added that local authorities can borrow at a low cost and partnering with them may be a better idea than with a private lender. SA noted that there was precedent for this.

7.5 SA said that work continued to separate the large Woodlands ward at Conquest Hospital into two single gender inpatient working-age wards.

7.6 It was RESOLVED to:

1) note the report;

2) request a visit to the Woodlands ward.

8. Clinical Strategy

8.1 This item was deferred.

9. Operational Pressures

9.1 SB introduced a report about the operational pressures facing the Trust. She explained that adult mental health community teams are under pressure at the moment due to an increase in referrals and reduced capacity to deal with them in a timely way. This has led to some breaches in waiting time targets. SB explained that the clinical strategy and STP mental health workstream include plans to work with GP practices to ensure that they are making appropriate referrals to community teams and other specialist mental health care. It is currently the case that common mental health disorders that could be better dealt with in a

primary care setting are being referred to specialist teams, which is the equivalent of someone with high blood pressure being referred to a cardiologist.

9.2 SB said that there had been extreme pressure on inpatient beds, with 10 patients put in out of area placements in private beds. The first weekend of September saw a situation where there were no beds available in the whole of England. SB explained that this issue is nationwide but must also be addressed as far as possible within the local health and care system, for example, working with local authorities to reduce Delayed Transfer of Care (DTOC) as much as the acute and local authority sector have managed to do over the previous year. This task is made more challenging, however, by the fact that many mental health patients have very complex needs that make it hard to find appropriate accommodation for. This leads to a number of patients classified as 'stranded' and 'super-stranded' who have been ready for discharge for 50 + and 100+ days respectively. This is an issue because their condition can often deteriorate again.

9.3 SB said that the trust is still in business continuity and is ramping up activities to get to 0 patients in accommodation outside of the trust (ECRs) by the end of September. She said that the 24/7 crisis teams will be an important tool in supporting a reduction here through timely community assessments of patients who would otherwise need to be placed in inpatient care, where it is appropriate to do so.

9.4 SB explained that since the use of police cells was abolished as an options for s.136 suites at the end of last year, no patients have been detained in such a way. However, this has been achieved with no extra resource and at a time when the number of people from out of area who need to be sectioned and placed into an s.136 suite has continued to increase. This has placed the system under further pressure.

9.5 JW asked whether having a bed occupancy rate of 102% is unsafe. SA explained that 85% occupancy rate is the gold standard and SPFT has run at 100% for several years due to the persistent problem of DTOC. If it was not for DTOC numbers, SA said that the trust would be confident it could reduce occupancy levels beneath 100%. Reducing DTOC, however, relies on the availability of nursing homes and supported accommodation that is not currently available in sufficient numbers. Therefore, the issue is not a lack of beds but lack of services outside of an inpatient setting to discharge patients to.

9.6 JW asked about the vacancy rate at the trust. SB explained that the vacancy rate was 6% and was going down, although some hotspots remained. This has led to £4m less being spent on agency staff this year, aided by an increase in bank staff. Turnover rate of staff was, at 16 %, improving and good compared to other trusts, but she acknowledged that more can be done. The trust recruited 150 nurses last year and many more are beginning training now. RF said that there were 26 locum doctors last year and this has been reduced to 13 this year. Developments to improve retention rates included an academy preceptorship for new nurses allowing them to join the trust for 1 year to help them consolidate training and develop new skills, hopefully encouraging them to stay. Other improvements included ensuring staff appraisals and development plans are completed; 40 nurses beginning in the apprenticeship academy; nurse associate programme to train up nurses in-house; visiting universities to entice trainees; the recruitment of the first three doctor's assistants; and golden handshakes to staff. DC added that the trust was working with the media to raise awareness of the potential career opportunities, for example, a Channel 5 documentary about working in the trust.

9.7 It was RESOLVED to note the report.

10. Suicide rates

10.1 RF introduced a report about suicide rates in Sussex. He said that around 1/3 of people who commit suicide had no contact with any organisations, 1/3 had contact with their GP, and 1/3 were in contact with mental health services before they committed suicide. It is the biggest killer in men under 40 and the ratio of men to women who commit suicide is 3 to 1. The rate of suicide in Sussex is 10.1 people per/100 000; 7.5 in W Sussex; 11.8 in E Sussex (due to Beachy Head); and 15/100 000 in Brighton & Hove, which is in the top 10 highest in the country.

10.2 RF said that there are many reasons why Sussex has a high suicide rate, including high substance misuse rates; housing and relationship issues and social isolation. The rate has started to reduce from 7.13 in 10,000 in contact with SPFT from 11.1. This amounted to 89 patients during 2017 (including 20 homeless people in Brighton), and for 2018 it is currently trending below this figure, but is still a real issue.

10.3 RF explained that SPFT recently held a 'Say Hello' event in East Sussex to help train people to know to speak with those who may look in distress when out and about; around 50 people attended. Cllr Bob Bowdler (BB) attended the event and believed it had been very useful. He recommended that the trust invite walking groups to future events such as the Eastbourne Park Run.

10.4 JW asked what is done for armed forces veterans. SA said that armed forces personnel referred to SPFT can be fast tracked to a specialist assessment in London. The trust is also working to employ veterans and reservists where possible.

10.5 BT asked why one third of people who commit suicide are not known to authorities. RF explained that substance misuse and homelessness were often reasons for people not seeking help. He also said that risk assessments are important because often people who commit suicide may have been judged as low risk but who then commit suicide when something bad happens to them.

10.6 RF explained that the Towards Zero Suicides programme has been launched across the STP and aims to link together all organisations and communities to make suicide everyone's issue. It includes awareness training, training of GPs, and training of SPFT staff (who currently have inconsistent training). It also aims to ensure that when things don't go right, people learn something meaningful from the tragedy to make changes in the future. The programme also involves tangible changes such as around pharmacy dispensing, ligature work in inpatient settings, and ensuring collaborative care plans are produced when a patient is discharged so that signs of depression are not missed.

10.7 Councillor Ken Norman (KN) asked how Brighton's demographics compared to those in other cities. SA explained second highest homeless rate in the country, is one of the drug capitals of the country; and has a number of people travelling to escape from their current situation. All of these factors lend themselves to a high suicide rate. These factors are enduring as the city has had a high suicide rate since Victorian times.

10.8 BT asked whether it is known how many suicides are accidental. RF said that it is difficult to know as whilst a number drug overdoses are accidental, such as in people

restarting heroin use after a period in prison, around 25% of people who commit suicide have are drug users.

10.9 The report was noted.

11. Next meeting date

11.1 All Members agreed to review the purpose and frequency of the meeting before arranging another meeting. They also requested that all future meetings be held in the morning.