

Date: 29th September 2010

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To: Cllr Garry Peltzer Dunn

Joint Letter from NHS Brighton and Hove and Sussex
Partnership Foundation Trust

As you will be aware, there has been a significant amount of work undertaken across Sussex reviewing the demand for acute inpatient mental health beds. Based on this work it is estimated that if there were developments in the community services including early interventions in crisis, enhanced community case management and improved discharge planning, we in Brighton and Hove could reduce the total number of beds by up to 16 for people with a functional mental health problem and 3 for people with an organic illness.

The NHS in Brighton and Hove is committed to local solutions and ensuring that services remain in the city. The proposals for Brighton and Hove therefore include a range of high impact changes in community services in order to support an appropriate reduction in bed numbers. This would be realised by moving beds from the Nevill Hospital to Mill View Hospital and moving dementia beds from the first floor to the ground floor at the Nevill Hospital. It remains the case that no beds will be lost without evidence of the positive impact of the community changes.

Sussex Partnership has released an internal document which outlines their high impact changes to enhance and increase community services. These are supported in principle by Commissioners in Brighton and Hove and the detail is being worked on in partnership with operational managers. The key changes include:

- a. A refresh of the Crisis Resolution Home Treatment service (CRHT) to ensure these services are working in accordance with the national guidelines. The Trust is also developing plans to enable the CRHT service to support all adults over 18 (including those over 65) by March 2011.
- b. A 7 days a week community services and extended hours within the working week.
- c. The redevelopment and implementation of 4 priority clinical pathways to manage people's needs in the community. The priority areas are: Psychosis, Personality Disorder, Dementia and Depression.
- d. The refreshed Care Programme approach.
- e. The roll out of NICE related training programmes across community staff.

- f. More closely managed performance in respect of observing eligibility thresholds into community services, throughput and discharge planning targets, waiting times from referral to assessment/treatment, carer assessment levels, 7 day follow up post discharge.

In parallel to these high impact changes there are the following major redesigns being proposed that will impact on all services and will be redesigned in collaboration between clinicians, and commissioners:

- A new primary care mental health services in Brighton and Hove
- New specialist assessment and therapy centre/s
- An integrated and extended community case management service
- Improvements to the current rapid response for urgent care referrals and out of hours service

East and West Sussex proposals for bed changes have been agreed at Board level and do not have direct impact on any of the services in Brighton and Hove. The one option that could have led to a number of beds for Ouse Valley residents in East Sussex in either Mill View or Nevill Hospitals will not be taken forward. It does, however remain the case that operationally East and West Sussex and Brighton and Hove do occasionally utilise capacity across the County as demand fluctuates, however this is generally seen as an advantage to a pan Sussex arrangement to responding to the need for inpatient services.

CONSULTATION IN BRIGHTON AND HOVE

The proposals for changes to services will continue to be commented on and influenced by users, carers and clinicians. These community development and restructuring plans have been influenced by a series of events with users and carers that have been managed by Commissioners and Brighton and Hove MIND. There are a number of sub groups being asked to make comments on specific redesigns as appropriate to their experience of current services. Primary Care clinicians are highly involved in the redesign proposals and the Clinical Commissioning Executive is overseeing the developments from a clinical perspective.

Both NHS Brighton and Hove and Sussex Partnership together will continue to update the HOSC. The priority over the next six months is embedding the high impact changes in the city. It is clear between all partners that until this is evidenced there will be no implementation of bed reductions. NHS Brighton and Hove is keen to move forward quickly with the high impact changes being proposed as they are fundamental to a more responsiveness and person centred NHS as well as providing more support to primary care clinicians.

Amanda Fadero
Chief Executive
NHS Brighton & Hove

Lisa Rodrigues
Chief Executive

Sussex Partnership NHS Foundation Trust

