

Shaping the Future of Services in Sussex

For Mental Health, Learning Disability
and Substance Misuse Services



Discussion Phase

November 2004 - January 2005

PCTs, Mental Health & Social Care Trusts and Local Authorities in Sussex

This Discussion Document is issued in partnership



Adur, Arun and Worthing Primary Care Trust
Bexhill and Rother Primary Care Trust
Brighton and Hove City Primary Care Trust
Crawley Primary Care Trust
Eastbourne Downs Primary Care Trust
Hastings and St Leonards Primary Care Trust
Horsham and Chanctonbury Primary Care Trust
Mid Sussex Primary Care Trust
Sussex Downs and Weald Primary Care Trust
Western Sussex Primary Care Trust
East Sussex County Healthcare NHS Trust
West Sussex Health and Social Care NHS Trust
South Downs Health NHS Trust



West Sussex County Council



East Sussex County Council



Brighton & Hove City Council

This document sets out some early thoughts on how we might shape the future of mental health, learning disability¹ and substance misuse services across Brighton and Hove, East and West Sussex².

A project group has been meeting to look at issues around future development for some months, and has agreed that we now need to broaden this work by seeking your views on how services should best evolve. Western Sussex Primary Care Trust (PCT) is acting to co-ordinate this process on behalf of all partners and the South East Development Centre is supporting this work.

To help you think about how you might want to reply, and to give you the information you will need, we set out in this document the background to our work and describe the situation as we see it.

We need to hear your views about the ethos and model of services, how they are commissioned and the best organisational arrangements to provide them. This phase of the project is about gathering ideas to enable us to shape proposals for formal public consultation, if appropriate, in 2005.

Please give consideration to the information and give us your views by completing the response sheet at the end of this document. Please feel free to add any other comments or suggestions. We very much look forward to hearing from you by 31 January 2005, if not sooner.



Claire Holloway
Chief Executive
Western Sussex Primary Care Trust



Susan Pyper
Chairman
Western Sussex Primary Care Trust

¹ For Learning Disability services we are only including the specialist/complex end of the care pathway in this project

² For brevity the three areas of Brighton and Hove, East Sussex and West Sussex are referred to collectively as Sussex throughout the document

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Introduction

Mental health, learning disability and substance misuse services are changing fast. They are responding to both national standards and local expectations.

The ideas and aspirations of people who use services, and their carers, are (and should be) increasingly influencing the development of these services. Local people deserve the best.

That is:

- less waiting time and more support early on
- more choice, eg between treatments
- more control over their own services, eg direct payments
- more joined-up care, eg better communication between professionals and agencies
- services as local as possible
- support to ensure a place of their own to live, a job, training or suitable daytime activity of their choice and help to build or rebuild good social relationships

Q1. What do you think of these stated aims?

Within the current framework of health and social care we have done a great deal over the last few years. Although there have been great improvements, the range and quality of our mental health, learning disability and substance misuse services still varies depending on where people live, while some of the most specialist services are simply not available in Sussex.

We need to do more to ensure that all services are brought up to national standards across the whole of Sussex. Some are already there. Other services need a great deal more work. So we think we need to find new and better ways of planning and providing mental health, learning disability and substance misuse services.

This involves three key elements:

- 1. The service model:** being clear about how the services should work, in other words what each service includes and where people go to get help – for example from a GP, local team, hospital service, or specialist unit
- 2. Commissioning:** developing new ways of planning and funding these services so that people get access to the right level of support, of consistently high quality, wherever they live in Sussex
- 3. Provider organisations:** bringing the existing Trusts who provide the specialist element of these services closer together so they can pool their resources, skills and efforts. This might mean some sort of formal merger in due course

Background

The Sussex Mental Health Collaboration Project was set up in April 2004. It included representatives from the ten Primary Care Trusts in East and West Sussex and Brighton & Hove, the three Local Authorities and the three specialist mental health NHS Trusts.

Its purpose was:

- to confirm the service models for mental health, learning disability and substance misuse services across Sussex
- improve the arrangements for commissioning and managing the performance of these services
- foster collaboration between the three NHS Trusts who currently provide these services
- explore the resulting need for any organisational change.

The project aimed to agree:

- the pattern of specialist services across Sussex
- how they should be commissioned
- how they should be provided (given issues raised about the size and capacity of the existing provider trusts and the range of services they offer).

The Sussex Mental Health Collaboration Project Steering Group reported in October 2004: this document summarises the findings and recommendations.

This document talks a lot about organisations or structures. These matter only because their purpose is to support people - the people who use these services and the people who are involved with providing them or making sure that they are in place.

There is general agreement that services need to continue to develop and improve. For this to happen, we must agree about three key elements:

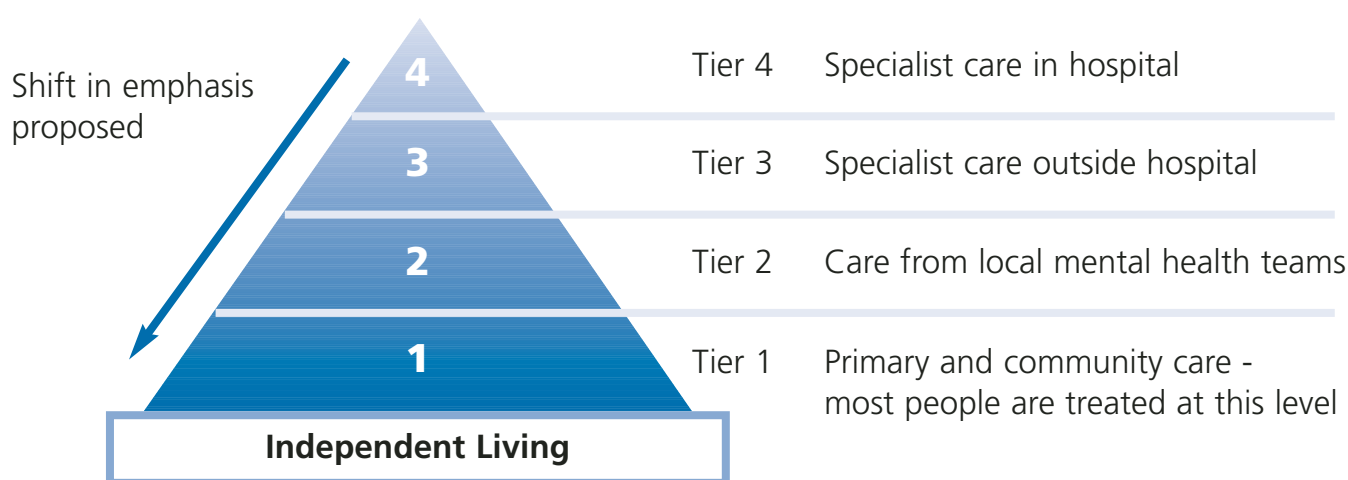
- service models
- commissioning arrangements
- how we get the right organisations in place to provide these services.

Service models

The first step is to get the service models right. The Project looked at service models for mental health services (for children, for adults of working age, for older people, and for secure and forensic services), for learning disability and substance misuse services.

Each service must be able to provide a full range of care, able to meet each person's different needs. We now recognise that it is very important to help people early on, when they first experience problems or feel the need to access a particular service. We are also working on focussing our efforts on helping people to get on with their lives, so that

- they can continue to be full members of local communities
- our services aid recovery and inclusion
- the way in which we deliver care enables everyone to realise their full potential at all stages of recovery.



'Our overall ethos of care is based on supporting people at home, living independently wherever possible and as full participants in the community.'

Q2. Do you support the emphasis on helping people early, and focussing on reducing reliance on specialist care by developing services in the lower part of the pyramid?

In developing our service models we are using existing national policies and guidelines as our benchmark. We are also looking at the respective contributions of different types of services, for example health promotion, the work of GPs and colleagues in primary care, locally-based community services, hospital and other specialist services providing care and treatment across the whole geographical area. Each of these contributions forms a level or 'tier'.

There are important linkages between different services. For example, older people's mental health services link with primary and social care services for older people. Children's mental health services link with social services and education. Wherever these services 'sit' there will be service boundaries to be managed.

Q3. Where do you think these service boundaries are best drawn to support the service ethos, for each service?

Finally, we can match the services (and the needs of those who use them) with the organisations best placed to provide them. In one area, some services could be part of primary care or be provided by not-for-profit or private sector organisations. In another area, the same services could be provided by a specialist Trust.

'What matters most is that the service is there where and when it is needed, not who provides it. The key is to have consistent quality and equitable access.'

Commissioning the services

Having looked at how service models are developed, the next logical step is to look at how these services are commissioned. Commissioning is the responsibility of the ten NHS Primary Care Trusts and the Local Authorities across Sussex, working closely with a wide range of partner organisations and local people. In particular, it is important that the ideas and views of service users and carers are built into the commissioning process.

Q4. How do you think service user and carer input to commissioning could best be achieved?

The 'partnership boards' (for Brighton and Hove, East and West Sussex) will continue to hold the central role in setting priorities and holding accountability for the commissioning process, and for the services actually commissioned on behalf of local people.

We believe there are advantages in commissioners continuing to be based on a local authority area, but operating as a 'virtual team', that is, working collaboratively across Sussex. The benefits are:

- retention of a focus on locality commissioning, support to PCTs in developing tier one services
- a 'whole system' approach
- maintenance of the joint commissioning perspective.

This collaborative approach could be used to provide a framework within which commissioners across Sussex can work together on strategic planning and commissioning of specialist services. It might enable commissioners to take lead areas on behalf of each other and by working together ensure the resources of each team are used as effectively as possible.

Q5. Do you think this virtual team approach is the most effective way of taking forward commissioning across Sussex?

PCTs are currently considering developing a consortium to support the purchasing element of commissioning services for physical health care. We think that there may be advantages in using some of the resources of the consortium to support the work of the local commissioning teams for mental health, learning disability and substance misuse. There are thought to be considerable advantages from bringing into the consortium arrangements the experience and knowledge which local authorities have gained in managing mixed economies of care and working with the independent sector.

Q6. Do you think that using the specialist expertise of the consortium and of local authorities for the procurement of services will be helpful?

Providing the services

The third step is to make sure that front-line services are provided in ways that meet the national and local standards.

The existing Trusts have been in place for some time - East Sussex County Healthcare NHS Trust and West Sussex Health and Social Care NHS Trust since April 2002 and South Downs Health NHS Trust since 1992.

They have brought improvements to services, but the work of this project has demonstrated that:

- None of them alone, is large enough to be able to offer a full range of services to their local population
- None of them could develop specialist services, on their own, such as inpatient eating disorder services or services for people with serious personality disorders
- Career development and training opportunities are very important for attracting and keeping the very best staff. These aspirations can't always be met by very small organisations
- The opportunities for collaboration between the trusts have been explored. Some advantages are expected from collaboration but there are limitations.

To this must be added the pace and scale of change that we know is coming. For example, people will soon have much greater rights to choose where and how they are treated; this will have implications for mental health and related services (although currently these appear to be on a lesser scale than for physical health). It is also possible that some services now provided by the NHS may in future be provided by non-statutory organisations, or that other services, not at present provided in Sussex, may be developed locally.

The discussions of the Project Steering Group so far suggests that the existing Trusts, despite the progress each has made, are not sufficiently 'fit for the future'. Organisations will need greater strength in depth (in terms of clinically excellent staff and services, financial and management capacity). Trusts will need to be strong enough, flexible enough, and organised in the right way, to convert the coming changes (and others that we cannot yet predict) into opportunities to improve services and bring benefits to local people.

The report of the Project Steering Group suggests that doing nothing is not an option. The present pattern of three Trusts across Sussex is thought unlikely to be the most appropriate configuration for the future, given the situation we have outlined in this report.

Q7. Do you agree with this analysis that the existing Trusts are not sufficiently fit for the future and that therefore doing nothing is not an option?

The project report suggests other possible ways of configuring these organisations:

- Merger between East Sussex County Healthcare NHS Trust and West Sussex Health and Social Care NHS Trust
- As above with South Downs Health NHS Trust in its entirety (both mental health and community services)
- Merger between East Sussex County Healthcare NHS Trust, West Sussex Health and Social Care NHS Trust and the mental health services of South Downs Health NHS Trust
- Another solution yet to be identified, but which might arise out of discussion or consultation.

Q8. Which of these, if any, do you think would best support the delivery of the models of service we need in Sussex? And why?

What next?

This document is issued for discussion to get people's views and ideas on the best future arrangements for these services (and therefore lead to improvements in these services for the people of Sussex and Brighton & Hove).

Key partners, service users and carers, members of staff, professional advisors, elected representatives and the public will all be involved in these discussions.

Western Sussex PCT is leading the work of the Sussex Mental Health Collaboration Project and will co-ordinate the discussions to make sure that all those with an interest have the chance to express their views.

The local government Overview and Scrutiny Committees, and the lead cabinet members, will be contacted to find out how they wish to be involved in the debate.

The results of the discussions will be used to develop proposals for formal public consultation, if appropriate (likely to occur in 2005), on any changes to services, commissioning or reconfiguration of the three existing Trusts who provide specialist mental health and related services.

Contact point for further information

For further information please contact Mrs Jo Limmer, Corporate Services Manager at Western Sussex PCT who will be able to help by putting you in contact with the right person.

Mrs Limmer can be contacted as follows:

Telephone: 01243 534036

E-mail: jo.limmer@wsx-pct.nhs.uk

Post: Western Sussex PCT
Bramber Building
9 College Lane
Chichester
PO19 6FX

Having Your Say - Response Sheet

Please send your completed form to Jo Limmer, Corporate Services Manager
Western Sussex PCT, Bramber Building, 9 College Lane, Chichester PO19 6FX

By 31 January 2005

Please tell us your views on the following questions as set out in the discussion document

Q1. What do you think of the stated aims?

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Q2. Do you support the emphasis on helping people early, and focussing on reducing reliance on specialist care by developing services in the lower part of the pyramid?

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Q3. Where do you think these service boundaries are best drawn to support the service ethos, for each service?

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Q4. How do you think service user and carer input to commissioning could best be achieved?

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Q5. Do you think this virtual team approach is the most effective way of taking forward commissioning across Sussex?

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Q7. Do you agree with this analysis that the existing Trusts are not sufficiently fit for the future and that therefore doing nothing is not an option?

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Q8. Which of the reconfiguration options, if any, do you think would best support the delivery of the models of service we need in Sussex? And why?

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Q9. Are there any other issues you think we should consider? Or any other comments you would like to make?

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OPTIONAL INFORMATION

Name:

Organisation:

Contact details:

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Please send your completed form to Jo Limmer, Corporate Services Manager
Western Sussex PCT, Bramber Building, 9 College Lane, Chichester PO19 6FX

By 31 January 2005

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