

# Appendix 1



Sussex Partnership  
NHS Foundation Trust

## Briefing in preparation for Brighton and Hove HOSC meeting

(6 December 2017, 4.00pm, Hove Town Hall)

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## 1.0 Sustainability and Transformation Partnership Mental Health Workstream

### Summary

- 1.1 Earlier this year, Sussex and East Surrey Sustainability and Transformation Partnership (STP) commissioned a strategic review of mental health services. The work has been overseen by a mental health steering group chaired jointly by Sam Allen Senior Responsible Officer for Mental Health for the STP and Sussex Partnership CEO and Wendy Carberry, Accountable Officer for High Weald Lewes Clinical Commission Group (CCG). This steering group included patient, clinical and partner (including third sector) representation from across the STP.
- 1.2 Member organisations of the STP are committed to mental health as a priority area; discussions are well underway about how we use the outcome of the review to help improve care and treatment for the service users / patients, families and local communities we serve. The development of our new clinical strategy (see section 2.0), mental health of older people review (see section 3.0) and local transformation plans (including Brighton and Hove Caring Together) are all closely aligned to this work.

### Aim of the work

- 1.3 The overall aim of the work is to help determine how the voluntary sector, local authorities and NHS can work better together to meet the needs of the patients, carers, families and local communities we serve. We are looking at how mental health is funded, planned and provided in our local area. If we get this right, the work will help us develop options about what we could do improve things for our local population within the resources we have available.
- 1.4 Most important of all, we want to provide the best possible care and treatment to the people who use mental health services, including those provided by Sussex Partnership. That means getting help to people at the earliest opportunity, providing specialist advice and support to them on all aspects of their life which affect their mental health and wellbeing, and helping people stay well and out of hospital wherever possible. Individual organisations are already doing a lot to make this happen. By combining our expertise and resources, we can build on this, try new things and put ambitious ideas into practice that might not be possible if we worked in isolation.

### Why are we doing this now?

- 1.5 Demand for mental health services is rising - in particular, our area has a high number of people with dementia - and resources are getting tighter. Nationally, there is a drive to encourage health and social care to work more closely together. At the same time – in common with other public services - we're experiencing unprecedented clinical and financial pressure. In short, carrying on as we are now means that patients and services will not be clinically or financially sustainable.
- 1.6 The need to change the way the health and social care system works is illustrated by the fact that, in Sussex and East Surrey:

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- People using mental health services live about 20-25% less than the general population;
- Mental health service users are around 2-4 times more likely to die of cancer, circulatory or respiratory disease than the rest of the population;
- About 20% of all A&E attendances and emergency admission can be attributed to mental health service users – who make up only 7% of the overall population;
- By reducing smoking rates among people with mental health problems to the same level as the general population, over 1,000 hospital admissions a year could be avoided (saving £1.8m);
- New changes to the Mental Health Act require a more responsive service.

## **Outcome of the review**

- 1.7 The review has led to a case for change within mental health services. This includes how services are commissioned and provided. There are 12 priority areas for attention highlighted as a result of the review which we are now committed as an STP to addressing. An area of focus that is particularly relevant to Brighton and Hove is housing (see section 4).

## **How clinicians and patients / service users are involved**

- 1.8 One of our principles for carrying out this work is that we wanted it to be shaped from the start by people who work within and use mental health. We have representation from both on our steering group and in other workstreams. These individuals are round the table to give us their expert advice.
- 1.9 We have also had GP mental health commissioning leads involved: GPs who work within local Clinical Commissioning Groups to determine how resources from national Government are allocated to mental health, and who therefore have a specialist interest in these services. Healthwatch and local authority representatives from across Sussex have contributed; their participation was co-ordinated by Brighton and Hove Healthwatch.
- 1.10 We also undertook a quick two week survey, advertised online, to gather views from people who have used services and had about 480 responses. The aim of this work was to quickly 'take the temperature' on the issues we're looking at. Further down the line, we may need to do a much bigger piece of work to involve patients, staff and other people who have an interest in the future of mental health.
- 1.11 One of the principles which guides our work is that we will involve patients, families, staff, partners and the wider public in any decisions about changing the way mental health services are provided.

## 2.0 Clinical strategy

### Summary

- 2.1 In May 2017 Sussex Partnership published the first draft of its clinical strategy, which has been developed with clinical, patient / service user and carer involvement. Over the past few months we have engaged with stakeholders about the themes and actions presented in the strategy. We will publish a revised version of the strategy in early November 2017, incorporating feedback received. We will work with partners on how we deliver the strategy to help us continue improving care and treatment for the patients, families and local communities we serve.

### Context

- 2.2 Over the last three years we've been trying to change the way we work to promote more positive staff, service user and carer experience. This includes:

- developing values to guide the way we work with each other, people who use our services and who work with us;
- developing an overarching strategy 'Our 2020 Vision' to achieve our vision: outstanding care and treatment you can be confident in;
- overhauling the way our clinical services are managed by creating Care Delivery Services; designed to help us move away from a centralised 'command and control' leadership style towards more local decision making, closer to where patients are treated.

Our clinical strategy builds on all this work. It outlines the type and range of clinical services we want to offer by 2020 to deliver the best possible care to patients.

### Our challenge

- 2.3 We cannot continue offering services the way we do now. The NHS faces a number of challenges including increasing demand, changing health and social care needs, financial pressure and staff recruitment and retention.

- 2.4 In order to continue providing the best possible care, we need to think and work differently. Across the NHS and social care system, we need to focus more on:

- health promotion and early intervention
- treating people in the community rather than in hospital
- working much more effectively in partnership.

### Listening to service users / patients, carers and staff

- 2.5 We have a lot of feedback from people about what they would like from our services. We have also involved service users and carers in developing the first draft of our strategy, and will involve more as we go along.

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2.6 Our staff provide care and treatment with skill and compassion. Their work is highly stressful and demanding. Our clinical strategy focuses on how we can support staff to do the best job they can. We will put teams at the heart of our strategy, because strong teams and teamwork are essential in providing high quality, effective clinical care.

## **Principles and priorities**

2.7 The principles which underpin our clinical strategy are as follows:

- Provide service users and carers with effective, high quality and compassionate care
- Put teams at the heart of our strategy
- Provide care based on clear goals
- Promote partnership with the people who use our services
- Intervene early
- Deliver truly recovery-orientated services
- Offer more integrated services with other partners
- Continue to challenge discrimination and inequality
- Provide care based on reliable, up to date research evidence
- Demonstrate the value and outcome of every penny spent on our clinical care services.

2.8 The priorities outlined in our strategy are as follows:

- Provide better access
- Focus on communities
- Reduce barriers between teams
- Further develop our community services offering
- Provide better mental health care for 14-25 year olds
- Secure funding for and implement 24/7 crisis care
- Improve our use of digital technology
- Use data to make services better
- Develop services that meet people's mental and physical health care needs.

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## 3.0 Review of older people's mental health and dementia services

### Summary

- 3.1 The CEO of Sussex Partnership has commissioned a clinically led review of older people's mental health and dementia services provided by the Trust.
- 3.2 This review is being led by Professor Sube Banerjee - an international expert in the field who leads our Centre for Dementia Studies with Brighton and Sussex Medical School. He will be working with John Child, who is on secondment with us from his role as Chief Operating Officer at Brighton and Hove Clinical Commissioning Group. The review will be discussed by our Board of Directors in January 2018.

### Context

- 3.3 The population of Sussex has a high number of older people and, therefore, of people with dementia in comparison with other areas of the country. This will grow over the next ten years. It is crucial we take this opportunity to assure the quality of services we provide in this area and ensure they are geared up to meet the future needs of our local population. This will enable us to make a full contribution to any wider proposed changes across Sussex for this frail and vulnerable group of patients.

### Aim of the review

- 3.4 The aim of this work is to:
- review our current services, establish what is working well and where we can improve
  - learn from initiatives to improve care for older people with mental disorder and those with dementia
  - explore how best to provide high quality services in future.

### Why the review is being undertaken now

- 3.5 Sussex has one of the oldest populations in the UK, with around 20% over 65 years old. This means that we already have a relatively high number of people with dementia (around 20,000) which is set to double in the next thirty years. We need to ensure our services are geared up to meet this demand. This is why we have made a commitment in our clinical strategy (the first draft of which was published May 2017) to undertake the review.
- 3.6 As described in section 1.0, our STP Sussex and East Surrey has commissioned a wider piece of work looking at how mental health is funded, planned and provided in our local area. The older people's mental health and dementia review will inform this broader piece of work. At the same time, it will draw upon the analysis of performance, quality, finance, prevalence and demographic profiling for dementia and older people's mental health that will be undertaken through the STP work.
- 3.7 The review will draw on a wide range of sources including learning from serious incidents, safeguarding and national best practice to ensure we have the correct clinical model for

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our services. It will also draw on the expertise and experience of people who work within and use our services.

## **Review process**

- 3.8 A clinical reference group has been established (which includes social care representation) to draw on experts from all professional groups from within the service. Colleagues from across the service will be interviewed over the summer. Engagement events took place in September 2017 involving staff, patients, carers and partners (including local authorities, commissioners and the third sector).

## **Why is the review only focused on Sussex Partnership?**

- 3.9 We need a rapid, focused piece of work looking at our own services, focussing on the core role of specialist older people's mental health and dementia services. This will inform the broader piece of work within our STP looking at how the voluntary sector, local authorities and NHS can work better together to meet the needs of the patients, carers, families and local communities we serve.

## **What will happen as a result of the review?**

- 3.10 We haven't embarked upon the review with a fixed view about what we will do at the end of it. The idea is to canvass views from experts within our services, and to look at other evidence, in order to make recommendations on:
- How we develop our clinical model
  - Best practice for community and inpatient provision
  - Clinical and managerial leadership for our services
  - How our services work with research and education.

## 4.0 Delayed transfers of care

### Summary

- 4.1 As of 1 November 2017, there are four patients whose discharge from mental health inpatient services in Brighton and Hove is delayed. Managing this issue is particularly challenging when there is limited specialist support available for people with complex needs. The particular challenge in Brighton and Hove is in relation to housing; specifically, a shortage of mental health supported accommodation to support people with combination of psychosis, risk histories, forensic presentation and substance misuse issues.

That said, Sussex Partnership has made progress (working with partners) to reduce delayed discharges from Brighton and Hove services over the last year from 12% to 4.3%; though the issue requires further, sustained attention.

### Factors relating to delayed discharges

- 4.2 Managing this issue is particularly challenging when there is limited specialist support available for people with complex needs. This particularly applies to people with a personality disorder, forensic history and substance misuse problems.
- 4.3 Local factors include the shortage of nursing and residential accommodation able to accommodate people with functional and organic mental health problems.
- 4.4 There are a number of patients with learning disabilities at the Selden Centre - our Assessment and Treatment Centre - whose discharge is delayed due to lack of suitable local and national placements, an issue not directly within our control.
- 4.5 In some areas – particularly Brighton and Hove – we experience a high number of patients admitted with No Fixed Abode which presents significant challenges to access appropriate accommodation and increases length of stay.

### Steps being taken to reduce delayed discharges

- 4.6 Action being taken to reduce delayed discharges includes:
- The STP mental health work stream will develop a set of priorities for mental health care in Sussex including access to acute and urgent care;
  - We are working with our Clinical Commissioning Group and Local Authority Partners to identify suitable mental health accommodation plans to support the residential / nursing home sector, the development of care pathways in areas such as residential and community rehabilitation, and the expansion of self-directed support.

## 5.0 Care Quality Commission

### Summary

- 5.1 The Care Quality Commission (CQC) is currently undertaking a full, planned inspection of the Trust which will be completed in the week commencing 4 December. We anticipate receipt of their inspection report in early 2018.

### Further information

- 5.2 The inspection currently underway is part of the phase of the new style of 'well-led' inspection introduced by the CQC. Between now and early December they will inspect a range of clinical services across the Trust. The inspections will be unannounced.
- 5.3 The CQC are also holding focus groups with staff and will undertake a series of in-depth interviews with members of the Board, Executive team and other colleagues in the week commencing 4 December 2017. This will result in a reappraisal of our current, overall CQC rating, which we expect to have confirmed in the New Year. The core services inspected will also be rated again; one rating for each core service such as older adult inpatient wards and adult community teams.
- 5.4 In the initial, informal feedback we have received from the CQC, they have noted our positive response to issues raised during previous inspections such as medicines management, risk assessments, care planning and physical health checks.

