Item 10c

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

1 May 2018, 11am, Swandean HQ

Note of the meeting

In attendance

- **Sussex Partnership NHS Foundation Trust (SPFT):** Dr Nick Lake, Senior Clinical Director; Simone Button, Chief Operating Officer; Dan Charlton, Director of Communications; Dr Rick Fraser, Chief Medical Officer; Diane Hull, Chief Nurse; and Sally Flint, Deputy Chief Executive.
- **Brighton & Hove Health and Wellbeing Overview & Scrutiny Committee:** Giles Rossington and Nuala Friedman (Scrutiny Officers)
- **East Sussex Health Overview & Scrutiny Committee:** Cllr Colin Belsey (Chair), Cllr Sarah Osborne, and Harvey Winder (Scrutiny Officer)
- **West Sussex Health & Adult Social Care Select Committee:** Dr James Walsh (Vice Chairman), Ms Hilary Flynn and Katherine De La Mora (Democratic Services Officer)

1. Apologies for absence

1.1. Apologies for absence were received from Cllr O'Keeffe, Cllr Ken Norman, and Dr James Walsh. Sam Allen also sent her apologies.

2. Minutes of the previous meeting

2.2. The Minutes of the previous meeting were agreed.

3. Serious Incidents

3.1 Diane Hall (DH) provided a verbal update on serious incidents (SIs) in response to recent news reports of Sussex Partnership NHS Foundation Trust (SPFT) appearing near the top of a table of mental health trusts with the most reported SIs.

3.2 DH explained that during 2016 (which is the year from which the league table was compiled) there was a very different clinical governance regime in place at SPFT that involved over-reporting SIs. Since then, a lot of work has been done with the Clinical Commissioning Groups (CCGs), Care Quality Commission (CQC) and other external organisations to establish an SI policy that sets appropriate criteria for what should constitute an SI. This has resulted in a 50% reduction in reported SIs from 24 in January 2016 to 11 in January 2017(and 11 again in January 2018). At the same time, deaths whilst in the trust's care have fallen from 10 during March 2016 to 3 in March 2018, compared to a national average of 8. The CQC has also reported that the quality of care has improved.

3.3 Dr Rick Fraser (RF) said that a high number of SIs did not mean a poor performing trust and can actually indicate a trust trying to learn from its mistakes. He explained that the

important thing is for a trust to calibrate its SI policy in such a way as to be able to have the capacity to learn from appropriately labelled SIs but not overwhelm staff by declaring each incident an SI – resulting in delays and a lack of time to learn from the incident.

3.4 DH added that SPFT has introduced improvements to the services it provides through learning from SIs. This includes the introduction of family liaison officers who are allocated to anyone whose relative has died whilst receiving care from SPFT.

3.5 Mr Bryan Turner (BT) asked whether deaths from substance misuse count as SIs. DH confirmed a mortality review is conducted into every unexpected death of a patient known to SPFT but not always an SI. This is because many people with substance misuse problems come into the county to harm themselves, for example, committing suicide at Beachy Head, so would not be known to or in the care of SPFT beforehand.

3.6 BT asked for an example of what is no longer considered an SI under the new policy. DH said that previously if the same patient was repeatedly self-harming each episode would have been reviewed separately, whereas now a single SI review would take place for the patient. DF added that serious self-harm is still an SI but mid-level self-harm would not be considered one anymore.

3.7 DF explained that SIs often involve speaking with the families of deceased patients and this can add delays to the process as people are often grieving and, for good reason, may not want to engage with the trust – around 20% of SIs reports are delayed and often it is for this reason.

3.8 DH said that for those lower level incidents a new policy has been introduced of reporting within 48 hours to help the team learn immediately, rather than go through the SI process and wait for the SI report.

3.9 Sally Flint (SF) said that SPFT is no longer commissioned to provide substance misuse treatment. This can lead to challenges arising from a fragmented care landscape, so SPFT is meeting with CGL (the providers of substance misuse services) to see how they can work more collaboratively together to ensure that there is a more seamless care pathway for patients, and to ensure that there is shared learning from SI reviews.

3.10 Members RESOLVED to note the update

4. Sustainability and Transformation Partnership Mental Health Programme

4.1 SF provided an update on the progress of the Sussex and East Surrey Sustainability and Transformation Partnership (STP) Mental Health Programme. She said that if fully implemented it would reduce costs in A&E departments, dementia services and Improving Access to Psychological Therapies (IAPT) services and save £30m in total a year.

4.2 SF said that the programme was published in September 2017 but was still in the early stages of implementation due in part to the CCGs in the Central Sussex area having been preoccupied in reconfiguring their leadership. However, Sussex Community Foundation NHS Trust (SCFT) leadership has indicated that it is keen to work with SPFT to deliver the programme and the programme is high on the STP Executive Board's agenda, especially following the appointment of Bob Alexander as Chair of the STP. SPFT leadership are also working on aligning their own internal Clinical Strategy with the Programme to ensure consistency.

4.3 BT asked whether the mental health programme requires upfront investment to be delivered and whether there is commitment from the STP or individual CCGs to that end. SF

confirmed that there is an uplift in mental health funding of £6.7m in total for all mental health providers in Sussex for 2018/19. SPFT will assign its share as much as possible to areas that will benefit the STP mental health programme priorities, for example, increasing investment in Crisis Care and IAPT services. Dr Nick Lake (NL) warned that there was a large gap between the required investment and the £6.7m.

4.4 BT asked whether the £19m allocated to the STP for 18/19 could be utilised for the programme. SF said that it has not been to date but SPFT always seeks opportunities to bid for local and national funding and has been successful in the past in doing so. SPFT's cause may be helped by the commitment of Bob Alexander and Adam Doyle to provide transparency around the available funding for mental health (£234m per annum) and physical health in the STP and where it is spent. This will make it clearer where new investment is most needed. The deadline for implementing certain NHS Five Year Forward View mental health programmes by 2020, such as 24/7 crisis support and IAPT access, is likely to increase the urgency of investment in the programme.

4.5 BT asked about the progress of the crisis support, recovery college and suicide prevention 'opportunity areas' that the STP Mental Health delivery roadmap indicated would be in the process of being implemented by Q1 2018/19.

Crisis Support Teams

4.6 Simone Button (SB) explained that a project manager is in the process of mapping what crisis team resources are already in place, along with the rural geography of the counties (given that the teams will deal with people outside of hospital) in order to determine the required resources to provide a 24/7 service. Once this has been mapped a business case can be developed.

4.7 SF said that whilst the business case is being developed the CCGs have put aside some money for the implementation based on preliminary discussions with the trust. Negotiations are ongoing with the commissioners but until a business case has been completed it will not be clear whether the CCGs are able to provide sufficient funding.

4.8 SB said that the aim is for the crisis team to be able to reduce mental health inpatient bed occupancy to 85% so that anyone who needs a bed can get one, whilst others are helped in the community by the team. In order for this to work the team will need to be available 24/7. It is also beneficial for people with personality disorders to be treated at home and the team will treat people who would otherwise have gone to A&E.

Recovery College

4.9 NL said that the Recovery Colleges are hugely beneficial for patients and carers and save money for the healthcare economy. A business case is being developed for their expansion but 'pump-prime' funding would be needed from the 9 CCGs in the STP in order for the savings to be released.

Single Point of Access (SPOA)

4.10 Cllr Sarah Osborne (SO) asked whether SPFT makes private psychotherapists or counsellors aware of mental health care pathways, as they will often refer patients in their care to A&E in lieu of apparent alternatives. NL said that it is difficult for anyone to navigate to the right services across the NHS which is why A&E is often the default choice. SPFT is creating a Single Point of Access (SPOA) for this reason – a single 'front door' telephone service for patients and clinicians to access SPFT and be referred to the correct place. NL said that SPFT had not specifically targeted private practices but would consider any suggestions about how to best target them.

4.11 BT asked how the SPOA development will relate to the NHS 111 re-procurement. SF said that the SPOA is separate to NHS 111 but SPFT has been involved with the NHS 111 re-procurement through offering advice and support to potential bidders for the service. This will ensure that the winning bid involves a commitment from the provider to help ensure it is integrated with the mental health SPOA.

Suicide prevention

4.12 RF said that SPFT will shortly be holding a 'Towards Zero Suicides' launch event in Brighton. Towards Zero Suicide adopts the approach that no suicide is inevitable and all are potentially preventable. SPFT is working to align the public health suicide prevention plans across the STP and recently met with the public health teams for this purpose. Meetings with other suicide prevention organisations such as Grass Roots have also taken place.

4.13 Towards Zero Suicides will involve changing some of SPFT's own policies such as ensuring there is a seven day follow-up post discharge; ensuring all staff watch a 20 minute training video for recognising signs of depression; and treating signs of depression as a priority in anyone who presents at an inpatient unit.

4.14 However, 75% of people who commit suicide are not known to mental health services, so the new approach to suicide will involve attempting to reach out to key groups who would not normally seek help or be in contact with SPFT, for example, middle aged men. This will involve reaching out to men's groups, football teams, taxi companies, and barbers. Schools will also be reached out to giving teachers basic training in identifying signs of mental health issues.

4.15 NL said that IAPT services are being integrated with physical healthcare pathways, for example, GPs have a good working relationship with IAPT teams and refer patients to them. There is a requirement to expand the IAPT service to see around 25% of people with anxiety and depression by 2020/21, which is a major goal that will need additional funding.

4.16 Members RESOLVED to:

1) request continuing updates on the implementation of the STP Mental Health programme

2) request figures on suicide rates (to be included in the operational pressures report)

5. Clinical Strategy

5.1 NL provided an update on the progress of implementing the trust's Clinical Strategy. He said that the Strategy, having been agreed in November 2017, was now in delivery mode. Two 'transformation directors' have been appointed to deliver the support and the operational services sides of the Clinical Strategy. He advised that the Clinical Strategy is to an extent dependent on the STP Mental health programme: the STP programme needs to deliver certain opportunity areas first of all in order to ensure the Clinical Strategy is deliverable.

5.2 NL said that detailed programme plans with particularly pertinent workstreams could be provided to the working group at its next meeting.

5.3 Members RESOLVED to note the report.

6. Operational Pressures

6.1 This report provided an update on operational pressures facing SPFT.

6.2 SB said that there have been significant pressures on inpatient and community services. Placement of patients either out of area (OAP) or in non-SPFT providers in-county had been reduced in recent months. The ambition is to stay at zero OAPs but one OAP had occurred over the past weekend due to the ongoing demand on inpatient beds.

6.3 SB confirmed that SPFT patients had been brought back some time ago from the Priory Group run Dene hospital in West Sussex which was exposed by Dispatches as using excessive restraint methods.

6.4 SB said a long term reduction of OAPs is reliant on the reduction of Delayed Transfer of Care (DTOC), which in turn depends on the establishment of 24/7 crisis support teams as part of the STP Mental Health programme. This is because 25% of patients are admitted for less than 10 days and there is potential for them to be supported in the community instead by an enlarged crisis support team, particularly if they have a personality disorder.

6.5 SB said that SPFT is adopting the 'Red to Green Days' principle that every day in hospital should be spent productively so that it results in improvement in the patient's condition, i.e., a 'green' day, and that any day where this doesn't is a 'red day'.

6.6 NL said that DTOCs are also influenced by the availability of suitable housing. SPFT has a good relationship with the various housing authorities but the importance of suitable housing is not as high on the STP agenda as other issues due in part to the lack of involvement of district councils on the STP. He said that SPFT has a working relationship with Brighton & Hove City Council but the issue of substance misuse in Brighton makes it difficult to find suitable private housing in the city, leading to DTOC of patients with substance misuse problems who cannot be housed. SO recommended SPFT explore the Homes First pilot in Wales where when someone becomes homeless the first action by authorities is to house them before putting in place the rest of their support.

6.7 BT asked what is being done to reduce the 16% annual turnover of staff. DH said that there has been a big focus on retaining nursing staff, including how to support and develop nurses, and offer them flexibility and support to help them stay in the role. This has involved a lot of honest discussions with staff. The goal is to increase recruitment by 25% and increase retention by 25%. In the last year 150 people joined as nurses and 120 people left, although 70% come back to work part time due to favourable offers to work 3 days a week, in order that institutional wisdom is not lost. But this is not captured in retention data.

6.8 SF said that agency staff costs have fallen from £1m to £750k per month in the past year, with the use of agencies for unqualified staff almost eradicated. However, medical agency costs are still £400k a month. RF explained that this was because there were 42 medical vacancies half of which were filled with agency locums – and the other post being covered by existing staff.

6.9 Dan Charlton (DC) said that a film was produced using existing staff to entice new clinical and nursing recruits, and a future film will be produced involving patients and carers. More traditional methods such as recruitment fairs have also been used, including one in Dublin that recruited 4 people. SF said that Brighton & Sussex University Hospital NHS Trust (BSUH) had a cohort of 33 trainee psychiatric ward staff who have all been recruited by SFPT, as well as 50% of a smaller cohort from Surrey Hospital; the trust will also be working with Portsmouth next year to recruit more staff. Work is also ongoing to attract people from areas such as Derby where housing is much cheaper by offering to provide staff with housing here.

6.10 DC said that a lot of work has been undertaken over the past 3 years to transform the culture of SPFT. Research indicates that it takes 5 years to see results of these efforts

but there are signs in feedback from staff and the CQC that the positive changes are happening.

6.11 Members RESOLVED to note the report.

7. East and West Sussex inpatient services

7.1 SF provided an update on the progress of inpatient service redesign in East Sussex. She explained that the process of redesigning inpatient services in East Sussex was six months behind the plans in West Sussex.

7.2 SF said that the current situation in East Sussex was not fit for the future. Dementia inpatients are based at the temporary Beechwood Unit in Uckfield, and other inpatient services at the Midlands ward in Hastings and Department of Psychiatry at the Eastbourne District General Hospital (EDGH) are organised as dormitories, which regulations will outlaw in 2019 in favour of single rooms with on suite facilities.

7.3 SF said that there was no existing accommodation that could fulfil the required specification of a centre for excellence with single suites, so a new build would be required where all older people and working age inpatient services would be based. SF said that the trust was working with commissioners and that a possible site had been identified but could not yet be revealed due to commercial sensitivities. SF said that the cost of the new build would be more than the trust can afford so a special case application to the Department of Health will be made. She confirmed that HOSC would be proactively told about the plans once they were sufficiently advanced and an initial report to East Sussex HOSC would likely be available by September.

7.4 Cllr Colin Belsey (CB) asked why the plans had been abandoned for a single site dementia inpatient unit at St. Gabriel's ward in Hastings. SF explained that the geography at Conquest Hospital would have been unsuitable for the unit as there could not have been an adjacent garden built that would have had a clear line of site from the building for staff to monitor it, which is a requirement of older people inpatient units.

7.5 SB provided an update on the progress of inpatient service redesign in West Sussex. She explained that the proposals are being driven by a need to comply with eliminating mixed sex accommodation, maximise recruitment and retention, and allowing for a shift in focus from inpatient to community based care by developing two centres of excellence. However, there are some potential issues with travel times due to the two sites being based in the north and south of the county, respectively, making it difficult for those in the north to reach the facilities in the south and vice versa. SB said that the trust is in the pre-consultation phase and will be returning to the West Sussex HASC in November 2018.

7.6 Members RESOLVED to:

1) note the report;

2) recommend that SPFT provide an update on the proposals for inpatient reconfiguration to the East Sussex HOSC at its 2 October meeting.

8. Mental Health Act

8.1 SB confirmed that nobody had been detained in police custody under s.136 since December 2017 (when the new regulations came into force forbidding it). Members welcomed this fact.

8.2 The Trust is working hard to keep at least one of its 5 designated places of safety open at all times, however, they are often damaged and need to close for repairs; work is ongoing to make them more robust.

8.3 SB said that the street triage, whereby a mental health nurse went out on patrol with police, had been a success at avoiding detentions. A pilot was underway in Crawley for a mental health nurse to travel with paramedics that has so far had a very positive impact in avoiding unnecessary A&E admissions; it may also be trialled in Eastbourne.

8.4 The Members RESOLVED to note the report.