Public consultation on mental health services in West Sussex

CONSULTATION PERIOD:
8 MARCH – 1 JUNE 2010

This consultation document has been produced by NHS West Sussex and Sussex Partnership NHS Foundation Trust.

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About this document

This consultation document has been produced by NHS West Sussex and Sussex Partnership NHS Foundation Trust. We would like your views on proposals to change the way mental health services are provided in West Sussex. The proposals have been developed from NHS West Sussex’s commissioning plans and Sussex Partnership’s Better by Design strategic programme for 2010-14. A related consultation is taking place at the same time in East Sussex.

NHS West Sussex is the primary care trust (PCT) responsible for identifying what services the people of West Sussex want and need and for commissioning (which means planning, buying and checking) these services on their behalf.

Sussex Partnership NHS Foundation Trust is the main provider of specialist mental health, learning disability and substance misuse services in Sussex.

Glossary of special terms or unfamiliar words
Words used in this document, or at events and meetings, which have special meaning or may be unfamiliar, are defined in the glossary on page 36.

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We’re supporting
time to change
let’s end mental health discrimination

Time to Change – ending mental health discrimination
The NHS in West Sussex supports Time to Change, a national campaign led by Mind and Rethink aimed at ending the discrimination faced by people who experience mental health problems. For more information, please visit www.time-to-change.org.uk
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Foreword

This document is about how we develop mental health services in West Sussex.

The importance of mental health to our overall well-being is recognised in national policy and by the NHS in West Sussex. Mental health services are an integral part of our health and social care.

We want to make sure that our services are the best and that we meet or do better than national standards for quality and clinical performance. We want to concentrate our investment where it is most needed, for example on new specialist services and on helping people to maintain or recover their mental health outside hospitals as much as possible.

Our aim is to make sure that we provide the right levels of mental health care close to where people live, including support in their everyday life, help via their GP surgery, care from specialist community teams working round the clock and hospital treatment for the relatively small number of people who need it.

This means making some changes to the balance of our existing services and especially to the way we provide mental health hospital services for adults and for older people.

This public consultation describes proposals which have been developed by NHS West Sussex and by Sussex Partnership NHS Foundation Trust which provides specialist NHS mental health, learning disability and substance misuse services. The proposals are described on pages 18-24 and details of how you can comment are set out on pages 25-26.

We look forward to receiving your comments by the closing date of 1 June 2010.

John Wilderspin
Chief Executive
NHS West Sussex

Lisa Rodrigues
Chief Executive
Sussex Partnership
NHS Foundation Trust
Summary

This document is about proposals to improve mental health services in West Sussex and to get the right balance between hospital-based inpatient mental health care and services provided outside of hospital.

Ten years ago the first ever NHS National Service Framework for mental health was published. It set standards for the way people with mental illnesses should be diagnosed and treated and it led to significant investment in mental health services nationally and within Sussex.

Today our expectations are more ambitious and go beyond simply treating mental ill-health. Our aim is to provide mental health services which offer real choice to the people who use them, support them in their recovery and enable them to maintain mental well being.

Our services outside hospital are continuing to develop so that they offer consistent and high quality support close to people’s homes, including:

- help to stay in work and to participate fully in communities,
- new services for people with mild to moderate mental health needs, and
- specialist community services providing 24-hour support to people with more severe conditions who would in the past have been likely to need hospital admission.

As a result the balance of services is changing, meaning that fewer people with mental health problems will need to be admitted to hospital in future.

It is important that mental health hospital services are always there for those who need them. This means having the right number of beds to best serve local communities.

Our proposals are about continuing to improve our community services, reducing the overall number of mental health hospital beds for adults and for older people, in line with future needs, and suggesting where these beds should best be located in the future.
The proposals we are consulting on

We propose to improve the range and performance of community mental health services and to introduce standards to make sure these improvements are measured.

Once these changes are in place we propose to reduce the number of inpatient mental health beds across West Sussex from 217 to 162. This will reduce the number of older people’s beds by 28 and beds for people of working age by 27.

We have looked at a range of options for achieving this which relate to the following services:

- Chichester, Harold Kidd Unit and the two wards there for older people
- Chichester, Centurion Unit and the two wards there for adults of working age
- Crawley Hospital, Dove ward for older people
- Crawley, Langley Green Hospital, wards for adults of working age
- Haywards Heath, Princess Royal Hospital, Clayton ward for older people
- Horsham Hospital, Iris ward for older people
- Worthing, Meadowfield and Salvington Lodge wards for adults of working age and older people.

Full details of the options and more detail about how they were developed with input from service users, carers, staff and stakeholders, are on page 18.

Having your say

We want to hear the views of as many people as possible to help us make sure we make the best decisions about how and where services are provided in the future.

There are a number of ways you can get involved, including public meetings and a feedback form at the end of this document. More details are on page 25.

The public consultation is running from 8 March to 1 June 2010 and the deadline for feedback on the proposals is 12.00 midday on 1 June 2010.

What happens next?

During the consultation, all the feedback and responses, along with notes of the public meetings, will be collated and analysed by an independent analyst. At the end of the consultation they will produce a report identifying the themes and issues raised which will be presented to the boards of NHS West Sussex and Sussex Partnership.

The final decision will be made in public by the board of NHS West Sussex, once they have had time to consider the consultation feedback and responses.
Developing mental health services: the background

One in four of us will experience mental health problems at some point in our lives. Many of us know someone who is experiencing or has experienced mental health problems.

Over the last decade a network of mental health services has been established in West Sussex. Through this network the vast majority of mental health care is provided outside hospitals, either by GPs and their surgery teams (with support from mental health professionals), from voluntary organisations and agencies or through specialist community mental health services. Only one person in twenty who is in contact with mental health services needs the most specialist care provided in hospitals.

Hospital beds are there for those who need them most and they will remain a vital part of our network, providing the most specialist level of care. The latest mental health hospitals to be opened in West Sussex are among the best in the country.

However, new developments in mental health are increasing the capacity and range of services available outside hospital. This means that fewer people will need to be admitted to hospital. As a result we can now plan to safely reduce the number of hospital beds, in the knowledge that people will be able to receive the care and support they need in other more appropriate ways.

A framework for services

In September 1999 the NHS published the National Service Framework for Mental Health. This set out standards and expectations for improving mental health services including community services for the first time. It set out the basic principle that people who use mental health services should be treated outside hospital settings as far as possible, and that hospital services should concentrate on providing more specialist care for the relatively few people who need them.

The framework called for investment to support people with long term or severe mental health conditions through a greater range of services outside hospitals. Where these were already in place the framework called for greater development of services for people with more common mental health conditions.

Implementation of the framework brought about major investment and development of mental health services locally.

- **Early intervention in psychosis** – new teams were introduced to intervene early and provide specialist treatment to those experiencing a first episode of psychosis for three years, as evidence suggests this significantly improves long-term outcomes.
• **Assertive outreach** – new teams were introduced to give extra support to people with severe and enduring mental health problems whose lifestyles mean they were prone to disengage from services and had problems that could suddenly worsen.

• **Crisis resolution and home treatment** – new teams were introduced operating 24 hours a day to provide home treatment for those who needed it as an alternative to hospital admission.

Services for people with conditions such as dementia have changed too, especially in the South and West of the county. Recent advances in drug therapy have enabled many more people to live independently in their own homes for longer with the help of specialist community services. The number of hospital beds needed has fallen as a result, and the money that used to be spent on keeping hospital beds open has helped us to improve community services.

As yet these improvements for people with dementia have not been matched in the northern half of the county, Horsham, Crawley and Mid Sussex. The options for inpatient mental health services in this document reflect the need to address this imbalance.

We have also worked hard to improve our hospital services. Ten years ago new mental health hospitals for adults of working age were built in Chichester and Worthing. In 2008 a new mental health hospital for adults was opened to serve Crawley and Mid Sussex. In 2009 a new children’s mental health hospital opened in Haywards Heath to serve West Sussex, East Sussex and Brighton and Hove.

Our mental health services for adults and for older people in West Sussex have been constantly changing and improving as community services are strengthened. A ward at Meadowfield Hospital, Worthing, originally planned for adults of working age is now used for older people. This is because more adults are being supported by local community services and fewer of them need hospital admission, or for as long. The ward for

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**People’s experience of crisis resolution teams**

Seven people who had used the West Sussex Crisis Resolution Team (CRT) recently were interviewed about the experiences. They gave generally positive comments about the care and support they had received.

Many were grateful for the out-of-hours support, the speed of response and the opportunity to talk to someone. Several people talked of the team as a safety net, an extra support available out-of-hours that could help avoid a more serious crisis. “It got me over that initial desperation point” said one.

One described feeling safe and protected, and found the practical support (for example help developing food plans) very useful. Another woman, who was very positive about the CRT, said they were flexible and worked around her attendance at the day hospital, helped with her medication, and with working out a crisis plan. She felt she was taken seriously and was not being judged.

Source: Consultations with mental health service users for NHS West Sussex, 2009
older people provides a better environment than the out of date accommodation previously used in the grounds of Southlands Hospital, Worthing.

Langley Green Hospital, Crawley, replaced adult mental health inpatient units in Horsham and Haywards Heath in 2008. The number of beds in the new hospital is less than the combined total of the old units because of the investment in local community services.

This is a continuing trend: as community services improve and expand so they can provide a greater range, quality and quantity of specialist care, reducing the load on mental health hospitals. The rest of this chapter is about how current and planned developments will continue to make a difference to the need for inpatient beds.

Supporting recovery

The National Service Framework has meant significant change and considerable improvement to mental health services in West Sussex. We want to build on this success.

Our discussions with people who use mental health services and those who work in them not only support further improvements to clinical treatment and support but also greater attention to helping people in their everyday lives.

We believe that the NHS and its partners should help and empower people to fulfill their potential. They should offer people real choice, and give them the strength and resilience to live as members of their community. Mental health conditions should not be a barrier to a job, housing, financial security, friendship or social inclusion.

Locally and nationally mental health services use the word recovery to describe this approach, which is leading to further developments in mental health services.

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Feedback on a Sussex Assertive Outreach Team

“I have suffered from Bi-polar for over 14 years. For the past two years I have been under the care of the Assertive Outreach Team (AOT) in Worthing. They have been of tremendous help to me, their service is excellent.

“My Community Psychiatric Nurse visits me every fortnight now and is warm, kind and professional. She has helped me no end and has given me useful skills to help my condition.

“The AOT team have taken me to their bowling group, badminton, yoga and pilates and also for coffee. I can contact them anytime and their response is very quick and efficient. If I need extra medication, they will bring it to me all ready.

“The team’s psychiatrist will visit me in my home and I do not have to wait for weeks or even months to see him.

“Thank you to the team!”

Posted on www.patientopinion.org.uk, December 2009
NHS West Sussex has been working in partnership with West Sussex County Council and voluntary organisations to extend the range of services which support people with mental health difficulties to develop valued and meaningful lives. Our Fulfilling Lives strategy has ensured a greater range and number of opportunities for people to become more involved and included in their local communities; to feel more supported and less stigmatised; and to benefit from more individualised, recovery based support.

The growth of self-directed care and the use of direct payments is also increasing the choice of care and support which is available to people with mental health difficulties. We will continue to build on this progress and NHS West Sussex is committed to further investment in promoting independence. Over the next year we will make £700,000 available for:

- New vocational services for people with severe and enduring mental illness to help them gain and retain work
- Peer Support and Social Enterprise, which help people with mental health needs to stay well and to continue contributing to their communities.

NHS West Sussex has also agreed significant investment in new services to help identify and treat mental health problems sooner, before they become too serious, and to help people recover more quickly from mental illness. These services include:

- £6.5m for new 130 new staff to provide psychological therapies in the community for people with mild to moderate mental health problems
- £3m to improve services for people with dementia, including new memory assessment services to ensure people needing dementia care are identified early
- £300,000 to support GPs and schools in supporting the mental health of young people.

**Meeting people’s needs**

When we started work on these proposals we asked people who use mental health services what mattered most to them. They told us they wanted:

- Services based around their needs, tailored to them as individuals, and focused on keeping them well

**Feedback on mental health day services**

“Sometimes your friends don’t want to know you any more. But coming here you can make new friends, and they understand your illness. Before I came here I was by myself and I hadn’t met anyone else who had the same problems. You have a friend who you can talk to.”

“I was amazed… Actually seeing it written down on the chart (Recovery Star), seeing how far you’ve come, you know, compared to what you were. It just seems a bit hard to take it in.”

“I think mentioning that word “work” is scary, really scary, the big wide world of work is really daunting. I think what helps me is taking small steps, baby steps, one thing at a time, by doing this recovery, coming here, slowly, slowly you get more integrated into the community.”

Quotes from people who have used mental health day services in West Sussex recently
From that study, together with information collected by NHS West Sussex and Sussex Partnership, we can tell that in West Sussex:

- More people are admitted to inpatient mental health beds in West Sussex than the national average and they stay for longer than national guidance suggest is necessary.

- Our services could be better designed. Despite high numbers of staff, we do not have services which work closely enough with GPs or which support people with very special needs, such as those under the age of 18, people with dementia, young mums with mental health problems or people with eating or personality disorders.

The study showed that over the next 12 to 18 months we could build on our improvements in mental health services provided outside of hospital. This would help more people with severe and enduring mental illnesses to retain their independence, and avoid having to go to hospital; ensure that the support is there to help people currently in hospital to return home sooner; and provide the specialist community services for people with eating and personality disorders and young mums experiencing mental health problems.

By making these improvements and by bringing our inpatient admission rates and lengths of stay down, we will need far fewer inpatient beds. NHS West Sussex has undertaken not to reduce the amount that it spends on mental health in West Sussex. This means that any savings which we release from having a lower number of inpatient beds can be used to provide an opportunity for further investment in other priority areas.

Quick access to services when they need them

Care of consistently high quality

Confidence in the range of services provided outside hospital settings

A good environment for care (even if that means travelling some distance).

We also asked staff for their views. They told us they wanted:

- No barriers within the network of services, so that people get the right treatment easily and quickly

- Better links with GPs and the mental health services provided through GP surgeries

- The right level and range of staff to provide the best possible care

- A good environment and the right support to provide care.

The investment in mental health services over the last decade and the developments listed in the previous section go a long way to meeting these needs.

But they do not go far enough and the ambitions of people with mental health needs and those who work in our services are greater. Despite the improvements in recent years, there is still more for us to do if we are to ensure that everyone in West Sussex is able to access the sorts of high quality services they want, making sure people are getting the right help in the right place at the right time.

At the end of the ten-year programme to implement the National Service Framework we commissioned an independent study (‘Whole Systems Review’, see Appendix 5) to see how well our mental health services are performing compared to national standards and clinical best practice.
Improving community mental health services – next steps

We plan that the changes to bring about further improvements in our mental health services will start to happen during 2010.

At the centre of this change are important developments to support mental health in primary care. NHS West Sussex has undertaken to invest £6.5m in these services and we will have trained 130 new staff by January 2012.

These services are aimed at people who might not consider using traditional mental health services. They enable people to maintain their mental well-being, stay at work and avoid the need for more specialist care. They include face to face sessions with qualified therapists; support in groups to help people with anxiety or depression; self help books available in local libraries; computerised therapy programmes which are accessible online; help for people to retain or regain work; and 1:1 support for the most in need in the local community.

We will also improve services for people with conditions such as severe depression, schizophrenia, bi-polar and similar disorders. Our community mental health services will be refocused to serve local communities, working much more closely with GPs and other community services to deliver a range of recovery and therapeutic services.

This will involve improving how recovery services are organised, making sure that we meet our commitments to provide urgent access to those most in need within four hours and to ensure routine assessments are always carried out within four weeks of a referral. We will also ensure that staff are deployed in greater numbers to areas of greatest need and introduce community psychiatrists dedicated to working with GPs to provide care and treatment to people living in their particular areas, outside of hospitals. For example, over the next year we will dedicate a

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**Sue is 40 and has severe depression**

Sue, a woman in her early 40s, was referred urgently to her local Community Mental Health Team (CMHT) by her GP. She had been depressed for some time and had recently become worse due to some personal problems and she had lost her job. She was very low and thinking of taking her own life.

Sue was seen that day by the duty worker at the CMHT. As she was so low in mood they contacted the Crisis Resolution and Home Treatment Team (CRHT). The CRHT assessed Sue and agreed with her that would visit her at home, daily at first, to give her support and talk through some of her difficulties. She was also allocated a Care Coordinator from the CMHT who was ready to take over supporting her from the CRHT once she stopped having suicidal thoughts.

Sue’s Care Coordinator put her in touch with Vocational Services to help her find work and also organised for her to go to a local day service where she attended a group about self esteem. Sue and her Care Coordinator worked together on her symptoms of depression using cognitive behavioural techniques and on a relapse prevention plan to help prevent Sue becoming as unwell again.

Supporting Sue at home and in the community helped to maintain her independence, build her self esteem and meant that she did not need to go to hospital.

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**Public consultation on mental health services in West Sussex**

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minimum of 25 nurses, social workers and other staff to work exclusively with GPs and other professionals in primary care.

There will continue to be an emphasis on empowering service users to manage their own recovery. Staff in our community teams will have strong partnerships with people with mental health needs and other services to ensure a personalised approach to supporting prevention of deterioration and relapse. An example of this will be a new service for those people with mental health needs wishing to stay in or return to work. From April 2010, vocational specialists employed by Southdown (an independent sector provider) will work in our community teams with around 250 people at any one time.

At the same time, we will develop new services to provide the specialist skills and expertise in helping people with particular problems, such as eating disorders, alcohol and drug misuse and post-natal depression.

Crisis Resolution Teams will continue to help people when they are most ill. These are 24 hour services which provide an alternative to hospital admission through intensive home treatment and the use of specially trained staff.

In the future these teams will be brought together to work alongside in-patient services, meaning they can work much more closely together and provide an immediate, co-ordinated and specialist response to people experiencing a mental health crisis.

This will help improve the choices available to people to be treated either in hospital or at home, and ensure that for people who are admitted, there is a focus from the outset on preparing to support them when they are ready to go home.

Improvements to services for people under the age of 18 are a priority for NHS West Sussex. Significant improvements have been made in specialist services and, as an example, waiting times for treatment do not now exceed 18 weeks. However, we do need to improve support for GPs and our schools in helping those who do not need specialist care. We will invest £300,000 from April 2010 in new services which we hope will prevent escalation of mental illness in younger people.

We will also improve our services for older people and people with dementia. The most common mental health problems experienced by older people are dementia (an ‘organic’ disorder, which is has its origins in physical changes to the brain and is linked to the aging process) and depression (known as a ‘functional’ disorder, because it is not related to physical changes in the brain, or age). At the moment mental health services for older people who experience both sorts of problems are provided by a single service.

In line with what we have been told by clinical experts and service users, services for older people with ‘functional’ problems (those with no physical origin and not related to age) will be integrated with those provided for adults of working age. This will enable all people with these problems to access the same range of services based on their needs and regardless of age.

Similarly, there will be a dedicated service for older people with dementia and also, in line with clinical best practice and national guidance, new services for older people with dementia who need admission to general hospitals rather than mental health hospitals.

Shared care wards in Brighton and Haywards Heath

Specialists in mental health and in physical care are working together to develop a new kind of service for people with dementia based at Brighton and at the Princess Royal Hospital, Haywards Heath.
The proposal is for two wards staffed by specialists in acute psychiatric and physical care who will jointly develop care and discharge plans for people. The team will include geriatricians, older people’s psychiatrists, occupational therapists, speech and language therapists and nurses, and will have dedicated social care input.

The layout, furnishing, lighting and design of these wards will take account of the needs of people with dementia, and each ward will have fewer patients than would be admitted to a general ward of the same size. Patients would not be moved from the ward area to prevent the additional distress and confusion that multiple ward and bed changes can cause.

This proposal helps meet the aims of the National Strategy for Dementia. By working together across organisations in partnership, services can be joined up to improve dementia care by:

- getting a timely diagnosis,
- avoiding unnecessary admission to hospitals,
- managing patients with dementia in acute hospitals,
- prompt discharge from hospitals with proper support, and
- rehabilitation and support to remain at home for longer.

Sussex Partnership will provide specialist clinical staff to support this care, and will create new working relations with hospital teams to ensure that older people receive the full range of care and treatment that they require. NHS West Sussex is investing £500,000 in these mental health liaison services from April 2010, with new medical and nursing staff ensuring the provision of excellent care to people with mental health problems in all of our general hospitals.

Most importantly, we will improve our community services for older people to help people with dementia stay independent; to help them stay at home for as long as is possible; and, if they do need to go into a care home, to ensure

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**Winifred is 89 and has suspected dementia**

Winifred, an 89 year old widow, lives at home alone with support from her daughter-in-law who is her main carer. She was referred by her GP to the Memory Assessment and Support Team (MAST) with suspected dementia.

She went with her daughter-in-law for an initial assessment with a clinical specialist occupational therapist at her local health centre. As well as making formal assessments of Winifred’s mental health, the three of them talked about her personal history, home circumstances and current support. Winifred was given time to explain her concerns and the impact her problems were causing. She said she occasionally felt ‘panicky’ but was not feeling low and was sleeping well. Her daughter-in-law was worried that Winifred was not eating properly.

The assessments showed that Winifred had particular problems with her memory and was suffering from mild anxiety. This was fed explained to Winifred and her daughter-in-law at a follow up meeting with MAST and an action plan agreed.

Winifred was referred to a memory clinic where her dementia was formally diagnosed and appropriate medicines prescribed to help slow the disease. Winifred and her daughter-in-law were offered a six-week memory strategies course to help find ways of coping with memory problems. She also received a visit at home from the falls team to get advice to help avoid any future accidents. Her daughter-in-law has been put in touch with groups offering information and support specifically to carers. Winifred’s anxiety has decreased now that she feels that she is receiving help and her family feel supported in their role as carers and she continues to live well at home.

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those looking after them are supported to meet their needs effectively.

NHS West Sussex and West Sussex County Council have agreed to develop a wider range of support for people with dementia. We want to help develop a better understanding of dementia among both the public and professionals; provide more support and information for people with dementia and carers; introduce specialist memory clinics to ensure that people are diagnosed earlier and get the help and care that they need; introduce dementia care at home services to keep people out of hospital; and provide specialist teams which will support people in care homes.

**Effective services, consistent quality**

Sussex Partnership and NHS West Sussex will agree a common set of standards for quality and performance so that the experience of all people using these services will be the same wherever people live in West Sussex and regardless of their age, ethnicity, gender, faith, sexual orientation or disability. Within these standards services will develop in different ways depending on people’s individual needs.

This is not a root and branch reorganisation of community mental health services, but builds upon and improves what we have invested in developing over the last ten years. It is about taking the best advice from local mental health professionals, combining it with latest national guidelines and matching it with the needs of the people who use these services. It will ensure that the network of community mental services is effective and of a consistent quality across the county.

These changes are being introduced gradually so that the NHS and the people who use these services can be sure that they are safe, sustainable and supportive, that they provide a full range of care close to people’s homes, and that the right services are available in the right place when people need them.

**Claire, an 18 year old woman with signs of paranoia**

Claire, an 18 year old woman, was referred to the Early Intervention Service by Connexions (an advice centre for young people) after she visited with a friend to get advice on moving out of home. The support worker was concerned that Claire seemed distracted and confused during the session and had some strange ideas, especially when talking about her parents.

Two specially trained Early Intervention staff met with Claire and her friend the next day at Connexions. Claire appeared confused, anxious and somewhat paranoid and reported that she thought her parents were trying to ‘get rid of her’. Her friend reported that she had stopped going out, preferring to stay in her bedroom at home.

The Early Intervention staff explained to Claire that they could meet with her again to help her make sense of what was happening to her and provide support if she wanted it. Over the next six weeks Claire met with them weekly, first at Connexions then later at home, for assessment and support, establishing a trusting relationship.

A medical review was arranged with a consultant psychiatrist and Claire was picked up and taken to this by the Early Intervention team. After initial assessment Claire was taken on by the early intervention team and will be supported by them over the next three years to make sure her condition is well managed, helping her to maintain her independence and minimising the chances of her condition worsening or needing admission to hospital.
Our standards
We will develop clear guidelines for all Sussex Partnership’s community mental health services. This will include agreed details of how we will measure their quality, performance and effectiveness so that everyone can have confidence in these services and the changes we have made. We will measure:

- Progress towards a consistent level of service across Sussex
- Progress towards getting waiting times below the national average
- How far people’s mental well-being improves as a result of using these services, and
- Progress towards greater productivity and value for money.

Ten community service commitments
Sussex Partnership has drafted ten commitments which will be introduced by March 2011. These will be for community services for people of all ages with severe mental health problems such as schizophrenia, bipolar disorder, or severe forms of depression, personality disorder or dementia. Providing these services in the community, close to people’s homes, will help them maintain their well-being and help to prevent unnecessary hospital admissions.

We would like your views on these commitments as part of this consultation. Delivering the commitments will ensure that Sussex Partnership’s services are in a position to support the reduction of inpatient beds proposed in this document:

1. If you are referred to a community mental health service you will have a single comprehensive assessment from a highly skilled clinician within four weeks. If you need treatment you will receive it within a maximum of 18 weeks from the date of your referral.

2. If you need treatment you will be provided with a named clinical case manager to work with you to develop a personalized care plan. You will have an agreed care plan within one week of your assessment.

Andy’s schizophrenia was diagnosed 4 years ago
Andy began hearing voices and was diagnosed with schizophrenia 4 years ago. At the time, he was working as a delivery driver, a job he really enjoyed. But, after several hospital admissions, Andy lost his job and became very isolated at home.

Andy had a Care Coordinator in the local Community Mental Health Team (CMHT) but often Andy did not want to see them and he rarely took his prescribed medication. So the CMHT referred Andy to the Assertive Outreach Team.

This team spent a lot of time with Andy, getting to know him and finding out about his understanding of his illness. They slowly encouraged Andy to take his medication. They also offered him, when he was ready, some time with a psychologist to look at how he managed his voices. Gradually Andy began to trust the team and he was able to start attending a local gym and doing a course at the local college, helping him improve his general well-being, start looking for work, and reducing the chances he’ll need to go to hospital again in the future.

The case studies quoted in this document are taken from real people using mental health services in Sussex. Names and some details have been changed to protect people’s confidentiality.
3 Your personalised care plan will set out the support that you will receive to help you recover at a pace that you feel comfortable with. You should expect to receive the help you need to gain or retain work; to secure accommodation if you don’t have any; and you will have access to a direct payment if you want to commission these services yourself.

4 If you do need treatment you will receive support to help you agree a relapse prevention plan. This will describe how the support that is provided to you will change as your needs change, including a plan for how you will be able to receive more intensive support whenever you need it to prevent a crisis.

5 If your needs are high you will have access to a crisis service. If you require an inpatient service you will be admitted to hospital without delay. You will not stay in hospital any longer than you need to and you will be contacted by your clinical case manager within a maximum of seven days after your discharge.

6 If you are allocated a clinical case manager you will have a review of your needs at least every six months and more often if necessary.

7 If you need support in an emergency you should expect to receive an appropriate and effective response within four hours.

8 If you need to talk to someone and your clinical case manager is not available you will be able to contact an out of hours helpline which will be available each night and at weekends.

9 If you have previously been receiving a community service and your GP thinks that you might need support again, you will have a comprehensive assessment within seven days of your referral.

10 All GPs in Sussex will have a named mental health professional who will work alongside them in their practice.

We will have in place:

- Better mental health services to help people with mild to moderate conditions to take control over their mental well-being through psychological therapies and self-help services
- A common core of specialist community mental health services working to the same standards across the county, including crisis resolution and outreach services
- Better and faster links with GPs to support people who do not require specialist mental health services
- Community services serving local people, when and where they need them.

**Achieving a balance**

This increased range and improved capacity of community services will enable us to get people out of hospital sooner. We intend that people should not stay in hospital longer than the 28 days recommended by national guidance.

As a result of the changes outlined in this chapter we will reach the point where the NHS will no longer require as many mental health inpatient beds in West Sussex as we have today.

All of this means that we can consider a phased programme which will safely reduce the number of mental health inpatient beds to a level where they provide the essential specialist support to the relatively few people who still need them.

Our mental health inpatient beds will therefore take their proper place in the network of services;

- appropriate to the needs of the population they serve,
- enough to meet those needs, but
- not under-used so that they act as a drain on resources that might be better moved elsewhere, whether that be staff or investment in new services.

The next chapter is about the proposals we are putting forward for consultation.
The proposals

We propose a gradual reduction in the number of inpatient mental health beds in West Sussex. We believe it will be right and safe to do this alongside increasing the range, capacity and performance of community mental health services as described in the previous chapter, reducing hospital admissions and reducing the length of inpatient stay to recommended levels.

The reduction in beds, if agreed, will take place in stages to match the phased introduction of new or enhanced community services in West Sussex.

Mental health clinicians and professionals and people who use these services agree that the right place to be treated is outside hospital wherever possible, and that if a hospital admission is needed it should be for as short a time as possible.

We propose to reduce the number of inpatient beds across West Sussex by 55 (28 older people’s beds and 27 beds for people of working age). This represents a 25% reduction, and leaves enough beds to ensure that one will always be available to everyone who needs one, now and in the future, while releasing savings for reinvestment.

The proposals are designed to ensure that where possible:

- inpatient units have between 18 and 20 beds to a ward and are made up of three or four wards. This is the best size as recommended by mental health clinicians

- wards are designed to offer single sex accommodation and are organised in terms of care needs rather than age. This is especially important when considering the needs of mental health services for older people.

How the proposals were developed

During 2009 NHS West Sussex and Sussex Partnership started to look at how best to provide mental health and related services for the local population.

We took into account the latest national strategies, especially ‘New Horizons’ and ‘Living Well with Dementia’ and an independent survey of mental health services in Sussex which suggests that with the development of community services as outlined earlier it would be possible to reduce the number of mental health inpatient beds safely, releasing resources which could then be re-invested. The main policies and strategies are listed in Appendix 5.

We believe that the future configuration of mental health hospital services must fulfil these basic principles:

- Care should be provided on the basis of need. For people with mental health problems that are not age-related there should be no boundaries between services for those aged under 65 and those aged 65 and over.

- Making small changes to the number of beds within a hospital ward does not release enough investment to develop services elsewhere. A small ward costs almost as much to run as a large one. The only way to release sufficient investment to improve the overall balance of services is to remove a whole ward or wards.
We will aim to provide inpatient mental health services for adults and services for age-related mental health conditions in each of our local communities (for West Sussex these are Chichester, Bognor and Littlehampton; Worthing and Adur; and Crawley, Horsham and Mid Sussex).

During autumn 2009 we started discussions with local service users and other stakeholders from voluntary organisations, as well as partners in health and social care, to get their views on the opportunities for change and the principles that should govern it.

In December 2009 we started to develop criteria with these same groups for evaluating different options for the future reconfiguration of hospital services, based on existing best practice both locally and nationally. A list of those participating in these events is included in Appendix 4.

These were the resulting criteria we used to test options for future mental health hospital services:

- **Access** – how many of the local population who use the services are within an acceptable journey time of the service?
- **Achievable** – is the necessary space available for the development?
- **Achievable** – is the development possible within a realistic timetable of 12 to 18 months?
- **Quality** - do clinicians endorse the options?
- **Quality** – do the options meet relevant national standards and guidance?
- **Quality** – are the options viable? (This includes things like staffing levels, the suitability or adaptability of the buildings and the proximity of other related services.)
- **Value for money** – how much investment does the option release for other priority investments?
- **Value for money** – how much capital investment would be required to make the proposal work?

Hospital services for older people need to reflect the national dementia strategy and the developments outlined on pages 13 and 14. In the north of the county mental health services for older people are provided in isolated hospital wards where it is harder to provide the consistent high levels of quality people deserve and have a right to expect.

The next section lists where mental health hospital services are provided now, and then describes the options that are put forward for consultation. Each of the options meets the basic principles for future services and the set of criteria listed above. Each option has its advantages and disadvantages, and we have described these.

As well as the options put forward in the next pages, we also looked at other options which would involve removing both the existing 15-bed adult wards at Centurion Mental Health Centre, Chichester. As we developed this consultative document we shared our ideas with local people and organisations. It became clear that these options, although clinically and technically feasible, would mean a big change in the way adult inpatient services are provided for Chichester and the surrounding area. We have therefore not suggested them for consideration at this time. As services continue to develop in future and the emphasis continues to move towards more care outside hospitals, it may be appropriate at a future date to look at this idea again.

Any alternative options suggested during consultation will be considered if they meet the principles and criteria.
Where inpatient services are provided now:

- Chichester, Harold Kidd Unit
  - Two 16 bed wards for older people

- Chichester, Centurion Unit
  - Two 15 bed units for adults of working age

- Crawley Hospital
  - One 12 bed ward for older people
    (Dove Ward)

- Crawley, Langley Green Hospital
  - Two 19 bed wards for adults of working age
  - 7 beds within an additional 19 bed ward for adults of working age

- Haywards Heath, Princess Royal Hospital
  - One 18 bed ward for older people
    (Clayton ward)

- Horsham Hospital
  - One 12 bed ward for older people (Iris ward)

- Worthing, Meadowfield / Salvington Lodge
  - Two 16 bed wards for adults of working age
  - One 18 bed ward for dementia
  - One 18 bed ward for older people with functional illness

Understanding the different types of care:

**General adult care:** this is provided for adults of all ages with severe functional mental health problems. Functional problems are those that do not have physical cause and are not related to age. They include conditions such as depression or schizophrenia. These wards will be able to care for people with a wide range of needs.

**Dementia wards** are for people with dementia, the vast majority of whom are elderly. They are usually admitted to hospital because their condition has suddenly worsened and they need to be in a safe environment while their condition is assessed so the right care and support can be put in place to help them regain their independence.
Option 1

<table>
<thead>
<tr>
<th>Inpatient beds would be provided at:</th>
<th>Inpatient beds would be removed from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chichester, Centurion Unit</td>
<td>One 15 bed unit would be removed from the Centurion site in Chichester.</td>
</tr>
<tr>
<td>- One 15 bed general adult ward</td>
<td></td>
</tr>
<tr>
<td>Chichester, Harold Kidd Unit</td>
<td>The 12 bed Dove ward at Crawley Hospital would be removed.</td>
</tr>
<tr>
<td>- One 13-16 bed ward</td>
<td></td>
</tr>
<tr>
<td>- One 16 bed ward</td>
<td>The 18 bed Clayton ward at the Princess Royal Hospital in Haywards Heath would be removed.</td>
</tr>
<tr>
<td>- One of these wards would be for dementia and the other for adults</td>
<td></td>
</tr>
<tr>
<td>Crawley, Langley Green Hospital</td>
<td></td>
</tr>
<tr>
<td>- Two 19 bed wards</td>
<td></td>
</tr>
<tr>
<td>- 7 beds within an additional 19 bed ward</td>
<td></td>
</tr>
<tr>
<td>- All of these would be adult wards</td>
<td></td>
</tr>
<tr>
<td>Horsham Hospital</td>
<td></td>
</tr>
<tr>
<td>- One 12 bed ward for dementia (Iris ward)</td>
<td></td>
</tr>
<tr>
<td>Worthing, Meadowfield / Salvington Lodge</td>
<td></td>
</tr>
<tr>
<td>- Two 16 bed wards</td>
<td></td>
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<tr>
<td>- One 18 bed ward</td>
<td></td>
</tr>
<tr>
<td>- One 14-18 bed ward</td>
<td></td>
</tr>
<tr>
<td>- Three of these would be adult wards, and one for dementia</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For</th>
<th>Against</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Enables dementia beds and beds for adults to be available in a wide range of locations across the county.</td>
<td></td>
</tr>
<tr>
<td>- Retains Iris ward which is well equipped for purpose as a dementia ward.</td>
<td></td>
</tr>
<tr>
<td>- Allows eight adult wards (across three locations) at the size recommended by clinicians as enabling the best quality care.</td>
<td></td>
</tr>
<tr>
<td>- Good concentration of specialist services, allowing improved access to specialist resource.</td>
<td></td>
</tr>
<tr>
<td>- Releases significant savings for reinvestment in priority services.</td>
<td></td>
</tr>
<tr>
<td>- Provides an opportunity to improve the quality and environment of the specialist inpatient units.</td>
<td></td>
</tr>
<tr>
<td>- Reduction in the presence of wards in local hospitals.</td>
<td></td>
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<tr>
<td>- Some service users from Haywards Heath may need to travel further to receive inpatient care.</td>
<td></td>
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</tbody>
</table>
## Option 2

<table>
<thead>
<tr>
<th>Inpatient beds would be provided at:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Chichester, Centurion Unit</td>
<td></td>
</tr>
<tr>
<td>– One 15 bed general adult ward</td>
<td></td>
</tr>
<tr>
<td>• Chichester, Harold Kidd Unit</td>
<td></td>
</tr>
<tr>
<td>– One 13-16 bed ward</td>
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<tr>
<td>– One 16 bed ward</td>
<td></td>
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<tr>
<td>– One of these wards would be for dementia and the other for adults</td>
<td></td>
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<tr>
<td>• Crawley Hospital</td>
<td></td>
</tr>
<tr>
<td>– One 12 bed ward for dementia (Dove ward)</td>
<td></td>
</tr>
<tr>
<td>• Crawley, Langley Green Hospital</td>
<td></td>
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<tr>
<td>– Two 19 bed wards</td>
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<tr>
<td>– 7 beds within an additional 19 bed ward</td>
<td></td>
</tr>
<tr>
<td>– All of these would be adult wards</td>
<td></td>
</tr>
<tr>
<td>• Worthing, Meadowfield / Salvington Lodge</td>
<td></td>
</tr>
<tr>
<td>– Two 16 bed wards</td>
<td></td>
</tr>
<tr>
<td>– Two 14-18 bed wards</td>
<td></td>
</tr>
<tr>
<td>– Three of these would be adult wards, and one for dementia</td>
<td></td>
</tr>
<tr>
<td>• One 15 bed adult unit would be removed from the Centurion site in Chichester.</td>
<td></td>
</tr>
<tr>
<td>• The 12 bed Iris ward at Horsham Hospital would be removed.</td>
<td></td>
</tr>
<tr>
<td>• The 18 bed Clayton ward at Princess Royal Hospital in Haywards Heath would be removed.</td>
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<table>
<thead>
<tr>
<th>For</th>
<th>Against</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enables dementia beds and adult beds to be available in a wide range of locations across the county.</td>
<td>• Reduction in the presence of wards in local hospitals.</td>
</tr>
<tr>
<td>• Allows eight adult wards (across three locations) at the size recommended by clinicians as enabling the best quality care.</td>
<td>• Some service users from Horsham and Haywards Heath may need to travel further to receive inpatient care.</td>
</tr>
<tr>
<td>• Excellent concentration of specialist services, allowing much improved access to specialist resource.</td>
<td>• Would mean removing Iris ward at Horsham Hospital which is a well laid out and equipped dementia care unit.</td>
</tr>
<tr>
<td>• Releases significant savings for reinvestment in priority services.</td>
<td></td>
</tr>
<tr>
<td>• Provides an opportunity to improve the quality and environment of the specialist inpatient units with the minimum disruption to current services.</td>
<td></td>
</tr>
</tbody>
</table>
The impact of the proposed changes

Each of the options described above would, if agreed, be implemented in a phased programme which we believe would provide West Sussex mental health services with an appropriate number of inpatient beds based on the current and future population estimates, able to provide high quality care and grouped as far as possible to serve local communities. We are asking for your views on these options.

For older people’s services some options include the existing stand alone wards in Crawley, Horsham and Mid Sussex: here the choices will be about getting the right balance between continuing with the existing configuration, developing new community services and ensuring that everyone has access to the best possible inpatient care in specialist units.

Some people may have to travel further for hospital care, but this will be balanced by the development of services outside hospital for all patients (adults and older people) close to their homes. The reduction of hospital beds will only happen when alternative services are in place.

People who use mental health services, their carers and families will have access to a range of community services which will be consistent across West Sussex, replacing the patchwork that exists in places at the moment, including services for older people. The inpatient services under the options proposed will provide very specialist support to the relatively few people who need them. The changes to inpatient beds will be carefully planned and the needs of people who use services will always be uppermost. No beds will be removed unless and until it is safe to do so and alternative services are in place. No-one will be moved or discharged (including to other mental health services) unless and until it is safe to do so.

GPs and other agencies will be able to refer people to local mental health services quickly, and know that the full range of services is there to serve their patients and their local community. The increased range of self-help therapies and support to primary care will enable GPs to provide enhanced support to people with mental health conditions, drawing on the expertise of the specialist community services and of other agencies.

The options all involve changes for staff working for Sussex Partnership. The views of staff and their representatives are being sought as part of this consultation. There will be opportunities for staff to move into the developing community services described in this document or in other mental health services outside the scope of this consultation. Training and development will be provided so that as many staff as possible can take advantage of these opportunities.

Around 300 staff will be affected in some way across the trust – about the same as the annual turnover of staff in Sussex Partnership – and individual discussions will take place with each one about their future once the final decisions have been made.
The timetable
Nothing will change until after full public consultation. The boards of NHS West Sussex and Sussex Partnership will consider the results of public consultation and make their decision during summer 2010.

The further improvements to community mental health services described in this document will be made from September 2010, making sure that we have the very best community mental health services, working in the right ways in the right places, before changes to inpatient beds are implemented.

Changes to inpatient mental health services will only be introduced once alternative services have the range and capacity to enable the number of hospital beds to be reduced safely. The detailed timetable will depend on what is decided and on the progress of developments in the related mental services outside hospitals. The changes will be made over a period of time (likely to be months rather than weeks) and agreed in advance by the NHS in West Sussex.

Wards and facilities that are released when beds are removed could be reused as specialist mental health care facilities for people who currently have to travel outside the local area for specialist care, or reused for physical healthcare if on a more general hospital site.
Having your say

Your views are extremely important and we are keen to hear from as many people as possible. We are making this document available in different formats and languages and will be working with community and voluntary groups to try and involve people whose views are not always heard.

We are asking for your comments on:

• the changes to community mental health services and how we will measure the commitments set out on page 16, and

• the options for the future location and number of inpatient beds and how these might be reduced once changes in community services have been made.

There is a feedback form for you to give your views at the end of this document.

There are a number of ways you can find out more, get involved, and tell us what you think.

Public meetings and events

There will be a series of public meetings where you will be able to find out more about the proposals, and put your questions to NHS West Sussex, Sussex Partnership, and clinical experts.

If you need specialist communication support, for example a British Sign Language (BSL) interpreter please contact 0800 028 6203 in advance of the meeting.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 15 March</td>
<td>14.00 – 16.00</td>
<td>Chatsworth Hotel, Worthing</td>
</tr>
<tr>
<td>Wednesday 17 March</td>
<td>19.00 – 21.00</td>
<td>Alexandra Theatre, Bognor Regis</td>
</tr>
<tr>
<td>Monday 22 March</td>
<td>19.00 – 21.00</td>
<td>The Venue, Chichester</td>
</tr>
<tr>
<td>Wednesday 24 March</td>
<td>14.00 – 16.00</td>
<td>Clair Hall, Haywards Heath</td>
</tr>
<tr>
<td>Monday 29 March</td>
<td>19.00 – 21.00</td>
<td>Arora Hotel, Crawley</td>
</tr>
<tr>
<td>Wednesday 12 May</td>
<td>14.00 – 16.00</td>
<td>Holbrook Club, Horsham</td>
</tr>
</tbody>
</table>

If you would like an individual meeting, or run a community group and would like us to attend and talk about our plans, please call us on 0800 028 6203.
Feedback form
Please use the feedback form at the end of this document to tell us about your views and give comments. Alternatively, you can write, e-mail or telephone:

Mental Health Consultation
Freepost SEA 1064
NHS West Sussex
1 The Causeway
Goring-by-Sea
West Sussex, BN12 6ZZ

Telephone: 0800 028 6203
E-mail: mhconsultation@westsussex.nhs.uk

Deadline for feedback
The public consultation is running from 8 March to 1 June 2010 and the deadline for feedback on the proposals is 12.00 midday on Tuesday 1 June 2010.

Online
During the consultation more information will be made available on our website www.westsussex.nhs.uk along with up-to-date information about events and meetings. You will also be able to give your feedback online.

Members of staff
If you are a member of staff at Sussex Partnership, you can find more information about the proposals and issues on the staff intranet. If you have any questions, please contact Kate Noakes, Deputy Director for Change Management.

Alternative contacts
If you do not wish to contact NHS West Sussex directly, please contact:

West Sussex Local Involvement Network (LINk)
c/o Help & Care
Parbrook House
Natts Lane
Billingshurst
West Sussex RH14 9EY

Email: westsussexlink@makesachange.org.uk
Phone: 0300 111 0102
Text: 07739 436601
What happens next?

It is important that this consultation process is transparent and that the NHS is accountable for the decisions it makes.

What happens to the responses?
During the consultation, all the feedback and responses, along with notes of the public meetings, will be collated and analysed by an independent analyst. At the end of the consultation they will produce a report identifying the themes and issues raised. The report will go to the boards of NHS West Sussex and Sussex Partnership to help them decide how to proceed.

Decision making process
The final decision will be made by the board of NHS West Sussex in public, once they have had time to consider the consultation feedback and responses.

The role of the Health Overview and Scrutiny Committee (HOSC)
The way we have developed our proposals, and the way we will reach a decision on them, is being overseen the West Sussex Health Overview and Scrutiny Committee (HOSC) made up of local, district and county councillors.

The HOSC has the power to refer both the outcome of the consultation and the decision making process to the Secretary of State for independent review.

The role of Local Involvement Networks (LINks)
LINks are the bodies with statutory responsibility for ensuring the voice of service users and the public is heard. LINks cover the same areas as county councils and are responsible for finding out what people think, making recommendations to the people who plan and run services and referring issues to HOSCs where they feel it is necessary.
Appendix 1:
Map of services

Legend
Sites by Service Group

- Child and Adolescent Mental Health Service (CAMHS)
- Learning Disabilities Service
- Older Peoples Mental Health Services (OPMHS)
- Other Services
- Secure and Forensic Service
- Working Age Mental Health Services (WAMHS)
- GP Practice and Branch Surgery
### CAMHS
- Cedar House Children’s Centre 1
- Orchard House 2
- Chalkhall 3

### Learning Disabilities Service
- St. Georges Road 4
- Boundary Close x1 5
- Middle Hill 6
- Alinora Crescent x1 7
- John Grenville House 8
- Royal George Road, Day Centre 9
- Martyn Long Centre 10

### OPMHS
- Greenacres 11
- Salvington Lodge 12
- Glebelands 13
- The Laurels Day Hospital 14
- Pepperville House 15
- Harold Kidd Unit 16
- Old Mill Square 17
- Clayton 18
- Linwood 19
- Iris 20
- Dove 21
- Meadowfield (Larch) 22
- Summerfold 23

### Other Services
- Swandeon – Trust HQ, Training Centre, Lodge, Creche, Southdown, Northdown, WSDOC, Estates 24
- Barnfield 25
- Chanctonbury 26
- Elsdon and Lyndhurst 27a
- Faraday Close 27b

### Secure and Forensic Service
- Maderia Avenue 28
- Shepherd House 29
- Jupiter House 30
- Martlet Lodge 31
- Longley House 32

### WAMHS
- Arun House 33
- Greenacres 34
- Acre Day Hospital 35
- Kendal House 36
- Meadowfield, Hightown 37
- Carters Lane House 38
- Pepperville House 39
- Activity Centre 40
- The Bedale Centre 41
- Chapel Street Clinic 42
- Connolly House, South Lodge 43
- Primrose/Foxholme Cottages 44
- Centurion Mental Health Centre 45
- The Old Court House 46
- Old Mill Square 47
- Stead Resource Centre 48
- Downsmere 49
- Linwood 50
- New Park House 51
- Longley House 52
- Herald Ward 53
- Langley Green 54
- Springvale CMHC 55
- Cedar 55a
Appendix 2:

Why are you removing beds? Surely hospital is the best place for people who need help and support?

A bed will always be available for anyone who needs one, but the vast majority of people who use our services prefer to be, and are, cared for outside of hospital.

Clinicians - that’s doctors and other health workers - together with people who use our services, tell us that it is better to care for people outside hospital, whenever possible and appropriate. Being cared for outside of hospital enables people to maintain their independence, stay involved in their community and continue in employment. All of these things are very important to help recovery and avoid problems getting worse again.

How will we know that community services are ready for us to start reducing bed numbers?

Proposed as part of this consultation are ten commitments for community mental health services. These will be introduced by March 2011 for community services for people of all ages with severe mental health problems such as schizophrenia, bipolar disorder, or severe forms of depression, personality disorder or dementia.

Providing these services in the community, close to people’s homes, will help them maintain their well-being and help to prevent unnecessary hospital admissions.

We believe that delivering these commitments will ensure that community services are in a position to support the reduction of inpatient beds.

How can you remove beds if people are currently using them?

No bed will be removed unless and until it is safe to do so and alternative services are in place.

We are proposing a gradual reduction on the number of mental health inpatient beds alongside further improvements in community services which will reduce the number of hospital admissions and reduce the length of time people need to stay in hospital.

These improvements in the range, specialism and consistency of community services are keeping more and more people out of hospital. Improved community services are picking up long term conditions much earlier and managing them before they become acute, and supporting people to recover outside of hospital, meaning they can go home sooner.

Do you need to remove the beds first, before you can pay for improvements in community services?

No. The reduction of inpatient beds does not require further investment in community services. Significant new investment in community services is already in place, and will continue, but our priority over the coming months is to make sure all community services are performing at the level of the best. Bed occupancy is already reducing and will continue to do so throughout the process.
If the ward I am on is going to be removed, where will I go and how will the transition be managed?

It is very unlikely anyone will need to be moved. The average length of time people should stay on these wards is about four weeks and these changes will be planned over a several months. The wards will gradually run down as patients are discharged.

All patients will get the most appropriate care in the most appropriate location. With continual improvements in the range and number of community services, this means that more people will be increasingly cared for in community settings.

In the unlikely event that anyone does need to be moved, discussions with the patient and carers will be held well in advance to make sure that the transition takes into account any personal issues or requirements and visits are made to new wards for patients and carers where appropriate.

Isn’t there a risk of sending people with serious mental health problems, who may be a danger to themselves and others, out into the community?

The safety of the public, and people in our care, is of paramount importance. Nobody needing hospital care will be ‘sent out’ into the community because of a lack of beds.

Of course, sadly, a small number of people do need to receive their care in a secure environment, but these beds are not affected by the proposals we are consulting on. In fact we plan to double the number of secure beds in Sussex by 2014.

Further improvements in community care will also allow earlier identification of patients who could become a risk to themselves or others and we will be better able to stop people reaching such a crisis point.

If I have to travel further to visit my relative in hospital, will I get any help with additional travel costs?

We know that transport is a significant concern for people and this has been one of our main considerations when developing these options. All our options have been based in the principle of local services for local communities, with the emphasis on supporting people closer to home.

We don’t have detailed plans yet because we don’t know what options will be chosen. Once those decisions have been made we will look at the detailed transport implications and options.

What will happen to the wards where beds are removed?

Wards and facilities that are released when beds are removed could be reused as specialist mental health care facilities for people who currently have to travel outside the local area for specialist care, or reused for physical healthcare if on a more general hospital site.
Appendix 3:

Options which were considered but did not meet the criteria

The following options were considered, but did not meet the ‘must do’ criteria set out on pages 18-19:

a) **An option to remove two general adult wards from the Centurion site in Chichester and the Clayton ward at the Princess Royal Hospital in Haywards Heath.** This option was discounted because of the combined impact of not having any adult general inpatient beds available in Chichester and some Haywards Heath and Horsham service users needing to travel further to receive inpatient care.

b) **An option to remove two general adult wards from the Centurion site in Chichester and the Iris Ward at Horsham Hospital.** This option was discounted because of the combined impact of not having any adult general inpatient beds available in Chichester and the closure of a well-equipped dementia ward and some Horsham service users needing to travel further to receive inpatient care.

c) **An option to remove one general adult ward from the Centurion site in Chichester, the Dove ward at Crawley Hospital and the Iris ward at Horsham Hospital.** This option was discounted because of the combined impact of more service users having to travel further to receive inpatient care coupled with the loss of the well equipped Iris ward.

d) **An option to remove the two adult wards at Chichester and Dove Ward at Crawley Hospital.** This option was discounted because of the combined impact of not having any adult general inpatient beds available in Chichester and the continued existence of stand-alone wards in other parts of the county.

e) **‘Do nothing’ option.** An option to make no change and retain the status quo was discounted because it did not help achieve the better outcome for mental health services set out in this document. It offered no improvements in the quality of services available, nor bring the clinical benefits of a more coherent arrangement of inpatient units, nor would it release the savings identified by the independent study in Sussex for reinvestment in priority services.
Appendix 4:
List of stakeholders involved in developing these proposals

- Age Concern
- Alzheimer’s Society Support Group
- CAPITAL
- Carers Support Service
- Chichester Age Mind
- Chichester District Older People’s Partnership (CHOPP)
- Guildcare
- Horsham Area Council for Voluntary Services
- Mid Sussex Older People’s Council
- MIND
- Raise Mental Health
- Richmond Fellowship
- South Downs Rural Outreach
- Sussex Oakleaf
- The Cornerhouse
- West Sussex Carers Partnership
- West Sussex County Council
- West Sussex LiNKs
- Worthing Neighbourhood Care Alliance

Appendix 5:
Context: national and local mental health priorities

The proposals in this document have been developed in the light of national and local mental health policies and strategies:


This was the first national strategy for mental health services in England. The framework included standards for

- Promoting mental health and fighting stigma
- How people get in touch with mental health services
- The importance of written care plans

- The need for hospital services to suit people’s needs
- Support for carers, and
- Suicide prevention programmes.

The resulting investment and development brought about improvements in the range and quality of services available to local people.

**Healthier People, Excellent Care**, NHS South East Coast, June 2008: www.southeastcoast.nhs.uk/hpec/

This is the regional vision for health and social care across Sussex, Surrey and Kent. It recommends more early recognition and treatment for people with mental health problems and effective support at home for people experiencing a mental health crisis.
High Quality Care for All, Professor the Lord Darzi of Denham KBE, June 2008: www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825

This was the final report of Lord Darzi’s Next Stage Review of the NHS which was led by clinicians. It recommended that the NHS should give people greater control of their health and wellbeing, offering a greater choice of care available in the community and ensuring health and social care givers work effectively together.


This is the government’s new mental health strategy and was published after extensive consultation. It sets out a new approach to improving well-being for the whole population, aiming for the first time to create a powerful alliance that can target the root causes of poor mental health. Its key areas of focus are:

• prevention and public mental health – recognising the need to prevent as well as treat mental health and promote mental health and well-being

• stigma – strengthening our focus on social inclusion and tackling stigma and discrimination wherever they occur

• early intervention – expanding the principle of early intervention to improve long term outcomes

• personalised care – ensuring care is based on individuals’ needs and wishes leading to recovery

• multi-agency commissioning/collaboration – working to achieve a joint approach between local authorities, the NHS and others, mirrored by cross government collaboration

• innovation – seeking out new and dynamic ways to achieve our objectives based on research and new technologies

• value for money – delivering cost-effective and innovative services in a period of recession

• strengthening transition – improving the often difficult transition from child and adolescent mental health services to adult services, for those with continuing needs and issues.


This is the first national dementia strategy. It sets out a framework for radically improving the quality of life for people with dementia over the next five years by ensuring earlier diagnosis and treatment, more personalised community support, and better support for carers.


This independent review of local services shows that while we need to continue increasing the quality and quantity of services available in the community, West Sussex has more mental health beds than would be predicted for our size of population and its overall mental health needs. People with mental health difficulties would prefer not to be admitted to hospital if it could be avoided and if they are admitted they
would wish to stay for shorter rather than longer periods. With achievable reductions to admission rates and lengths of stay fewer beds will be required.

People stay in inpatient mental health beds in West Sussex for an average of 25% longer than the national average for an area with the same population.

At the same time we have more staff working in community mental health teams than the national average for an area with the same population, meaning that we already have the capacity to provide even more care outside of a hospital setting where appropriate.


This sets out the way ahead for local mental health services in West Sussex including a reduction in the stigma surrounding mental health, improved local mental health services provided through primary care, access to more information about mental health services, more assessments and treatments without requiring hospital admissions, better support to people in the community, enhanced partnerships between the voluntary and statutory sectors, enabling people with mental health problems to be discharged from inpatient services as soon as they are well enough, a better environment for inpatient care, more specialist mental health services and improved care for people with dementia for those living at home, those placed in care homes and those in acute general hospitals.


This describes the range of specialist services envisioned by Sussex Partnership to improve services across Sussex including open access services, community services, day and rehabilitation services, hospital services, specialist treatment for disorders not currently available within Sussex, secure and forensic mental health services, learning disability services and services relating to substance and alcohol misuse.
Appendix 6:

Glossary

We have tried to make sure that we have not used any jargon or unfamiliar words in this document. However, you may come across some words you are not familiar with and may hear some of the following terms used in discussions about the proposals:

**Acute**
A disorder or symptom that develops suddenly. Acute conditions may or may not be severe and they are usually of short duration.

**Adults of working age**
Adults aged 18 – 65.

**Advocate**
An advocate is a person who helps to support a service user or carer through their contact with health services.

**Assertive outreach**
An active form of treatment; the service is taken to the service user rather than expecting them to attend for treatment.

**Assessment**
A process to identify the needs of an individual and evaluate the impact of their condition on their daily living and quality of life.

**Carer**
A relatives or friend who voluntarily looks after someone who is unwell, disabled, vulnerable or frail, on a part-time or full-time basis.

**Child and adolescent mental health services (CAMHS)**
Services for children and young people under the age of 18 who experience a mental health problem.

**Chronic condition**
A condition that develops slowly and/or lasts a long time.

**Client**
Someone who uses health services. Some people use the terms patient or service user instead.

**Commissioners**
A team of people responsible for identifying what healthcare services local people want and need and for commissioning (which means arranging and buying) these services on their behalf from providers such as Sussex Partnership. The term is usually used to refer to Primary Care Trusts (PCTs)

**Commissioning**
The process by which commissioners decide which services to purchase and which provider to purchase them from.

**Community mental health team (CMHT)**
A team made up of a range of professions offering specialist assessment, treatment and care to people in their own homes and other community settings. The team should include nurses, psychiatrists, social workers, clinical psychologists and occupational therapists, with ready access to other therapies and expertise.
**Community psychiatric nurse (CPN)**
Specialist nurses who work within local communities to assess needs as well as plan and evaluate programmes of care. They provide psychological treatments and support. CPNs also see how medication is working.

**Crisis**
A mental health crisis is a sudden and intense period of severe mental distress.

**Crisis resolution team (CRT)**
Services to manage or limit the crises suffered by mental health service users and support people to remain at home. They commonly operate 24 hours a day and seven days a week and may visit individuals daily or even more frequently providing an alternative to inpatient hospital care.

**Day care**
Communal care which is usually provided away from a service user’s place of residence with carers present.

**Day hospital**
A hospital where patients receive day care only, continuing to live at home. A person would typically attend for several hours during the day, rather than just attending a specific session as part of their programme of treatment and care.

**Dementia**
A condition characterised by deterioration in brain function. Dementia is almost always due to Alzheimer’s disease or to cerebrovascular disease, including strokes. The main symptoms of dementia are progressive memory loss, disorientation and confusion.

**Dementia beds / wards / units**
Inpatient services for people with dementia, the vast majority of whom are elderly. They are usually admitted to hospital because their condition has suddenly worsened and they need to be in a safe environment while their condition is assessed so the right care and support can be put in place to help them regain their independence.

**Early intervention service**
Service for people experiencing their first episode of psychosis. Research suggests that early detection and treatment will significantly increase recovery.

**Foundation trust**
A foundation trust is an NHS trust that has been granted greater decision-making powers from central government control so that they can be more responsive to the needs and wishes of their local people.

**Functional mental health problems**
A term for any mental illness in which there is no evidence of a physical cause, and is not related to age, such as depression or schizophrenia (see also organic mental health problems).

**General adult beds / wards / units**
Inpatient services for adults of all ages with severe functional mental health problems. Functional problems are those that do not have physical cause and are not related to age, such as depression or schizophrenia.

**Health overview and scrutiny committee (HOSC)**
County / City Council committee responsible for scrutinising the details and implications of decisions about changes to health services, and scrutinising the processes used to reach those decisions.
**Independent sector / Third sector**
Care providers that are private companies, social enterprises, charities or run by volunteers.

**Inpatient services**
Services where the patient/service users stay in hospital, accommodated on a ward, and receive treatment there from specialist health professionals.

**Local Involvement Networks (LINks)**
Responsible for ensuring the voice of service users and the public is heard. LINks cover the same areas as county councils and are responsible for finding out what people think, making recommendations to the people who plan and run services and referring issues to HOSCs where they feel it is necessary.

**Multi-disciplinary team**
A team made up of both health and social care workers.

**National Service Framework (NSF)**
A set of quality standards and best practice guidelines for services developed by experts and issued by the Department of Health.

**Older adults / older people**
Adults over 65 years old.

**Organic mental health problems**
Illness affecting memory and other functions that is often associated with old age. Dementia, including Alzheimer’s Disease, is an organic mental illness (see also functional mental health problems).

**Outpatient services**
Medical care provided in a hospital or clinic to a patient/service user who visits just to receive that service and then returns home.

**Practice based commissioning**
GP practices and groups of practices working together to take more control over deciding what are arranged and purchased for their patients.

**Primary care**
Services provided by in the community by family doctors, dentists, pharmacists, opticians, district nurses and health visitors.

**Primary care trust (PCT)**
Responsible for identifying what services local people want and need and for commissioning (which means arranging and purchasing) these services on their behalf.

**Psychiatric intensive care**
Services to support mental health service users in a very severe acute phase of illness.

**Psychotherapy or psychological therapies**
Treatment of mental and emotional problems – such as anxiety, depression or trauma – by psychological methods. Patients talk to a therapist about their symptoms and problems with the aim of learning about themselves.

**Rehabilitation**
A programme of therapy and support designed to restore independence and confidence and reduce disability. Rehabilitation may include occupational therapy to help with domestic and vocational skills that people will need when they return to living independently.
**Respite care**
Provides an opportunity for a carer to have a break.

**Service user**
This is someone who uses health services. Some people use the terms patient or client instead.

**Social care**
Personal care for vulnerable people, including individuals with special needs which stem from their age or physical or mental disability and children who need care and protection.

**Social inclusion**
Ensuring that vulnerable or disadvantaged groups are able to access all of the activities and benefits available to anyone living in the community.

**Stigma**
Society’s negative attitude to people, often caused by lack of understanding. Stigma is a major problem for people who experience mental ill health.

**Vulnerable adult beds / wards / units**
Inpatient services for adults with severe functional mental health problems but whose symptoms, condition or age make them particularly vulnerable or susceptible to the environment they are in and are best cared for in an environment with people with similar conditions.
This document describes proposed changes to some NHS mental health services in Sussex and how you can influence them. If you need this document translated please tear off this page, tick the box next to your language and then write your name and address (in English) in the box at the bottom of this page. Please then send it to the address at the bottom of this page. We will send you a translation as soon as possible.

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