



Item no: 08

Public Consultation on Mental Health

To	Board of NHS West Sussex
From	Debbie Turner
Subject	Improving MH Services –Report to the Board of NHS West Sussex
Purpose	The Board of NHSWS is asked to consider and support the recommendations as set out in paragraph 1.3.
Date	21st July 2010
Timeframe	July 2010









Improving Mental Health Services in West Sussex










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Appendices

Appendix	Item
1	Better by Design Strategy paper submitted to the Board of NHS

	<p>West Sussex 28 January 2010.</p>  <p>S:\West Sussex Shared\Across Direct</p>
2	<p>SHA Briefing – Improving Mental Health Services Public Consultation (May 2010)</p>  <p>S:\West Sussex Shared\Across Direct</p>
3a	<p>Sussex PCTs Outline Commissioning Intentions (Revised April 2009)</p>  <p>S:\West Sussex Shared\Across Direct</p>
3b	<p>NHS West Sussex Commissioning Intentions 2010/11 (November 2009).</p>  <p>S:\West Sussex Shared\Across Direct</p>
4	<p>Sussex PCTs Strategic Briefing on MH Services (September 2009)</p>  <p>S:\West Sussex Shared\Across Direct</p>
5	<p>A Review of the Public Consultation and Findings (July 2010)</p>  <p>S:\West Sussex Shared\Across Direct</p>
6	<p>Mental Health Services in West Sussex – Independent Summary of Consultation Feedback (July 2010)</p>  <p>S:\West Sussex Shared\Across Direct</p>
7	<p>Mental Health Services for Working Age Adults in Sussex – Review of Acute Bed Provision (July 2009)</p>  <p>S:\West Sussex Shared\Across Direct</p>
8	<p>Sussex Older People’s Mental Health Services – Review of Acute Bed Provision (July 2009)</p>

	 S:\West Sussex Shared\Across Direct
9	A Review of Community Mental Health Team Services in Sussex (July 2009)  S:\West Sussex Shared\Across Direct
10	Options Appraisal (July 2010)  S:\West Sussex Shared\Across Direct
11	Recommendations for Service Improvement (July 2010)  S:\West Sussex Shared\Across Direct
12	Draft Service Development and Improvement Plan (March 2010)  S:\West Sussex Shared\Across Direct
13a	Summary of Process and Governance (July 2010)  S:\West Sussex Shared\Across Direct
13b	Terms of Reference for Improving Mental Health Services Joint Programme Board (November 2009)  S:\West Sussex Shared\Across Direct
14	Public Consultation on Mental Health Services in West Sussex – Public Consultation Document (March 2010)  S:\West Sussex Shared\Across Direct
15	Communications and Engagement Plan (March 2010)  S:\West Sussex Shared\Across Direct
16	National Clinical Advisory Team Report for SECSHA – Improving

	<p>Mental Health Services in East and West Sussex. (February 2010)</p> <p> S:\West Sussex Shared\Across Direct</p>
17	<p>Draft Interim Report from the Health Overview and Scrutiny Committee – July 2010.</p> <p> S:\West Sussex Shared\Across Direct</p> <p>West Sussex LINK referral and NHSWS Response – July 2010</p> <p>   S:\West Sussex Shared\Across Direct S:\West Sussex Shared\Across Direct S:\West Sussex Shared\Across Direct</p>

1.0 Executive Summary

1.1 ***Improving Mental Health Services*** represents the most intensive and meaningful consideration of mental health (MH) services undertaken by NHS West Sussex (NHSWS), Sussex Partnership NHS Foundation Trust (SPFT) and their partners in the last ten years. The programme supports a transformation of our MH services designed to,

- Reduce investment in acute inpatient services by £2.3m;
- Strengthen community services supporting people who are at risk of admission to hospital or at risk of relapse;
- Enhance services provided in primary care to support a wide range of people with mild to moderate MH needs including those with a long term mental illness;
- Stimulate services in the voluntary sector which prevent escalation to statutory provision.

1.2 In over 100 meetings we have engaged service users, carers, members of the public, staff, GPs, primary care staff, voluntary sector partners, community groups, members of ethnic groups, West Sussex County Council (WSCC), the Health Overview and Scrutiny Committee, and Members of Parliament. People have told us that they are,

- In favour of the principles underpinning the commitments set out in our public consultation document;
- In favour of the potential to improve the quality of care in the community with a particular focus upon the needs of carers; better access to intensive clinical care and treatment; and enhanced services in primary care;
- Not necessarily opposed to the possibility of reducing the number of inpatient beds;
- Concerned about ensuring that some high impact changes to community MH services are implemented fully prior to progressing with any reductions in inpatient beds;

1.3 The Board of NHSWS is asked to support,

- The proposals for changes to inpatient services as set out in Option 1 of the public consultation document (Appendix 14);
- A set of high impact changes to community services (Table 1), the achievement of which will be preconditions for the closure of inpatient beds;
- The commitments to improving quality set out on pages 16 and 17 of the public consultation document (Appendix 14) and in the Recommendations for Service Improvement (Appendix 11);

- The delivery of a comprehensive implementation plan by the Improving MH Services Joint Programme Board (see paragraph 3.1) by 2 September 2010 supporting the high impact changes; commitments to improving quality; and wider service improvements set out in Appendix 12.

2.0 **Background to *Improving Mental Health Services***

- 2.1 The importance of mental health to our overall well-being is recognised in national policy and by the NHS in West Sussex. We know that one in four of us will experience MH problems at some point in our lives and many of us know someone who is experiencing or has experienced MH problems. ***Improving Mental Health Services*** has provided us with the opportunity to engage with our stakeholders and members of the public in respect of plans to raise the quality of our MH services so that we meet or do better than national standards for quality and clinical performance.
- 2.2 Ten years ago the first ever NHS National Service Framework for MH (NSF) was published. It set standards for the way people with MH needs should be treated and led to significant investment and change in services nationally and within West Sussex. New services such as Assertive Outreach, Crisis Resolution, and Early Intervention in Psychosis have been introduced to help those with the most severe and enduring MH needs to receive their treatment outside of hospital.
- 2.3 As community services have strengthened, the need for inpatient beds has gradually reduced. For example, a ward at Meadowfield Hospital in 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.
- 2.4 This process is continuing in West Sussex. We believe that the NHS and its partners should help and empower people to fulfil their potential. They should offer people real choice, and give them the strength and resilience to live as members of their community. Having a MH problem need not and should not be a barrier to having a job, good housing, financial security, or friendship.
- 2.5 NHSWS has been working with a range of partners to extend the range of services which are available to support people with MH needs in developing or sustaining valued and meaningful lives and to progress towards earlier intervention in mental illness. In 2009/10 we agreed a significant programme of investment which included,
- £6.5m in Primary Care MH services for people with mild to moderate MH needs. 130 new staff will be employed to provide psychological therapies, including Cognitive Behavioural Therapy, in West Sussex over the next 3 years;

- £3m to support implementation of the National Dementia Strategy, including Memory Assessment Services;
- £0.5m for a new and leading edge Vocational Service for all people in West Sussex with severe and enduring mental illness.

2.6 However, the changes over the last decade and these new developments do not go far enough. There is still more for us to do if we are to satisfy the ambitious programmes for change set out in national policy (through ***New Horizons*** and ***Living Well with Dementia***) and if we are to address the gaps in services which prevent attainment of the highest quality standards.

2.7 In March 2009 an independent review of local services was undertaken by Professor Keith Wilson (See Appendices 7, 8, and 9). This review considered our future population needs against existing provision, national standards, and clinical best practice. The study concluded that,

- There is too much capacity in our inpatient services. In comparison with the national weighted average we have an estimated 29% more beds in West Sussex;
- People stay in hospital longer. Average lengths of stay, for example, in West Sussex are around 25% higher than the national benchmark;
- Our services in the community could be designed much better. Despite 43% more staff in our working age community services than the national average, services in primary care and services for older people are not as good as they should be.

2.8 The study showed that by building upon the improvements already made to our community services that we could bring down admission rates and reduce lengths of stay. ***Improving Mental Health Services*** has provided the opportunity to talk to people about what the high impact changes are that will help us reduce beds and what the priorities for investment should be with the monies released.

2.9 This document, therefore, looks to,

- Explain the strategic context for change;
- Reflect on the feedback and findings from the recently held public consultation and from the pre-consultation engagement;
- Revisit the options and appraise them against the latest information;
- Recommend a service improvement plan for adult community and inpatient services.

3.0 Process and Governance

3.1 The process supporting public consultation for ***Improving Mental Health Services*** is directed by a Joint Programme Board (JPB). The JPB meets monthly; is co-chaired by the chief executives of NHSWS and SPFT; and its membership includes senior commissioning staff from Sussex Primary Care Trusts (PCTs) and SPFT clinicians. It seeks to ensure that the governance arrangements for the wider service improvement process are followed and are robust. The terms of reference for the JPB are included at Appendix 13b.

3.2 The programme has also been subject to considerable external scrutiny. These are covered more fully at in the Summary of Process and Governance at Appendix 13a. Reviews have or are being undertaken by,

- **Office of Government Commerce (OGC)** - a review of the public consultation documentation and process in January 2010;
- **National Clinical Advisory Team (NCAT)** - a review (Appendix 16) and endorsement of the clinical case for change and clinical engagement in February 2010;
- **Strategic Health Authority (SHA) Gateway Team** - an on-going review of the development and consultation process;
- **Health Overview and Scrutiny Committee (HOSC)** - NHSWS and SPFT are required to consult with the HOSC Taskforce through a separate process. A delegated taskforce have provided scrutiny of the public consultation process and will report in September 2010. An Interim Report is included at Appendix 17.

3.3 Towards the end of the period of public consultation, colleagues at South East Coast Strategic Health Authority (SECSHA) asked NHSWS to provide assurance against the four key areas in which service reconfiguration plans need to improve, as set out in the letter from Sir David Nicholson to all NHS Chief Executives on 20 May 2010. The response provided to SECSHA is included at Appendix 2. It confirms that the process of consultation for Improving MH Services,

- Has the support of GP commissioners through the formal decision making processes which support commissioning in West Sussex; has successfully engaged with the wider body of GPs; and that this engagement has both influenced the proposals upon which we are consulting and will continue to support implementation;
- Is meaningfully engaging with a wide cross section of the general public and with stakeholders and that the proposals are underpinned by strong partnership arrangements with WSCC;
- Has a sound and proven evidence base which is founded in excellent engagement with professionals and which continues to

offer support and clinical leadership to the process of co-design and implementation;

- Is founded in principles of recovery which seek to empower people with MH needs through a wider choice of health and social care interventions and support.

3.4 The feedback from SECSHA is that the programme has been able to demonstrate alignment with the four tests set by the Department of Health (DH). However, they have also advised that the Secretary of State is to provide further guidance on reconfiguration exercises later in the summer. They have advised that this may require further assurance to be provided and establishes a risk for **all** ongoing processes. In this respect, they advise that progression to the reduction of the number of inpatient beds is subject to SECSHA approval.

4.0 Strategic Context

4.1 The case for change to our MH services was set out in a report to the Board of NHSWS in January 2010 (Appendix 1) and the 3 reports from Professor Keith Wilson at Appendices 7,8 and 9. All of these reports set out a strategic intention for PCTs across Sussex to improve the efficiency of specialist MH services and to ensure that investment shifts from inpatient beds to interventions which,

- Promote recovery, independence and well-being;
- Prevent the escalation of mental illness and entry into specialist services;
- Offer real incentives for individuals and for clinicians to support maintenance in primary care.

These ambitions reflect the detailed commissioning intentions of Sussex PCTs, as set out in our joint contract with SPFT and included at Appendix 3a.

4.2 For 2010/11 contracts, these intentions were enhanced by an analysis (at Appendix 4) of how MH services need to respond to the challenging financial climate and the new policy direction for adult services set out in ***New Horizons*** and ***Living Well with Dementia***. This formed the basis of discussions between all commissioners and provider organisations for 2010/11 and identifies several challenges which need to be met to address a new commissioning environment. These challenges are that,

- Firstly, we need to find ways of achieving significant quality and efficiency improvements and cost reductions that do not damage patient care or compromise long-term success;
- We need to release large amounts of cash for reinvestment upstream and, perhaps, elsewhere;

- We need to do this in an environment in which people will be reluctant, for different reasons, to hear difficult messages about the future.

4.3 Achieving success in this context is critical for NHSWS. Investment in MH services is 7% less than might be expected for a health economy of this nature; we expect to be addressing the MH needs of an ageing population (the Annual Report of the Director of Public Health and Wellbeing for 2009/10 in West Sussex suggests that the over 65 population may increase by 38% by 2026 when compared with the 2001 figure); and the financial constraints are significant. Delivering a system of MH care and support which focuses upon prevention and early intervention is the basis of affordable and high quality services for those who are most in need.

5.0 Engagement and Consultation

5.1 Formal public consultation has been preceded by a process of co-design and pre-consultation engagement to understand the wishes and aspirations of a wider stakeholder constituency; to consider proposals for public consultation; and to engage our partners in developing the criteria to be used for appraisal of possible options. Pre-consultation engagement was effective in ensuring that the views of stakeholders influenced proposals to be put before members of the public. For example,

- The views of GPs provided for the pronounced shift of focus from reductions in the numbers of inpatient beds to the need to develop and improve community services. GP views underpin the ten commitments to improve services for patients set out in the public consultation document;
- Service users contributed towards decisions to exclude options to close two wards in Chichester;
- The influence of groups representing older people in Mid Sussex persuaded the Programme Board to include a commitment to the Shared Care Service at the Princess Royal Hospital.

5.2 A period of formal public consultation to consider proposals to improve MH services in West Sussex began on 8 March 2010 and ended on 8 June 2010. It was extended by one week from the original closing date of 1 June because the period of negotiations before the new government was formed meant that we had to postpone one of our public meetings. Although this was re-scheduled by 1 June, we extended the consultation to ensure that anyone who had not already given us their views had extra time to do so.

- 5.3 During the last six months we have taken the opportunity to speak to our stakeholders and to members of the general public through an estimated 100 events and meetings. SPFT have also undertaken a series of separate engagement events with their own staff, involving an estimated 1,000 clinicians and practitioners. This is the most intensive and meaningful consideration of MH services undertaken by commissioners and their partners in the last ten years.
- 5.4 The consultation period has seen an exceptional degree of enthusiasm for engagement from stakeholders and from the general population. The range and style of meetings has enabled us to take views from members of the public as well as to engage in an exchange of experiences and ideas with local interest groups.
- 5.5 These events will have secured engagement with service users, carers, members of the public, staff, General Practitioners, primary care staff, voluntary sector partners, community groups, members of ethnic groups, WSCC, the HOSC, and Members of Parliament. Many others have been contacted but have not decided to take up offers to engage.
- 5.6 A full report on the public consultation exercise and the findings therein is included at Appendix 5. This is supported by an independent summary of the feedback received in correspondence and from meetings with stakeholders at Appendix 6.
- 5.7 Engagement has demonstrated a general, but by no means universal, support for closing a number of beds across West Sussex. This support has been qualified by strong views from all stakeholders regarding the quality and performance of community services.
- 5.8 The general feeling was,
- in favour of the **principles** underpinning the commitments;
 - in favour of the potential to strengthen care in the **community**;
 - not necessarily opposed to the possibility of **reducing** the number of inpatient beds if significant improvements were made to community services (although there were some strong feelings against this too);
 - concerned about ensuring that changes to community MH services are **implemented fully** prior to progressing with any reductions in inpatient beds;
 - wanting to ensure that **transport** issues are examined fully;
 - and that the needs of **carers** are considered when planning next steps.
- 5.9 These observations are supported by the interim findings of the HOSC Taskforce, as set out in Appendix 17. The key areas for concern identified in discussions with HOSC colleagues to date are,

- **Access** – ensuring equal access to improved MH services across the county;
- **Carers** – ensuring that their needs and views have been adequately addressed;
- **Community Services** – ensuring confidence that improved community services will be in place before any reduction in inpatient beds;
- **Dementia Services** – understanding how the Shared Care Ward at Princess Royal Hospital will work; ensuring improvements to the care of people with dementia in nursing homes; and ensuring implementation of new Memory Assessment Services;
- **Self Directed Support** – how the impact of this is being monitored and how service/users and carers are being supported throughout the process;
- **Pooled Budgets** – considering the extension of existing arrangements between the NHS and WSCC for Working Age MH Services to people over the age of 65.

5.10 The HOSC Taskforce has also given attention to the process of consultation and comments made by West Sussex LINK in the form of a formal referral. The response from NHSWS to these issues is included at Appendix 17.

5.11 The networks established with stakeholders and members of the public will be used to support successful implementation of the proposals for **Improving Mental Health Services**. NHSWS has already committed to meeting regularly with the groups that we have engaged with to further develop the plans for new and better performing services. An engagement plan will be established by the JPB to support good principles of co-design, ensuring that stakeholders continue to be involved in the implementation process. This framework will be used to also monitor and review stakeholder experience of the changes which are implemented to test whether confidence in MH services in West Sussex has improved sufficiently enough to begin reducing inpatient beds.

6.0 Options Appraisal

6.1 Our public consultation document asked stakeholders to consider 2 options for the reconfiguration of inpatient services. These were,

- **Option 1** - The closure of 1 Chichester ward at the Centurion Unit, the closure of Clayton Ward at Haywards Heath and the closure of Dove Ward at Crawley. This option also includes marginal reductions in wards in both Worthing and Chichester.

- **Option 2** – The closure of 1 Chichester ward at the Centurion Unit, the closure of Clayton Ward at Haywards Heath and the closure of Iris Ward at Horsham. This option also includes marginal reductions in wards in both Worthing and Chichester.
- 6.2 Both options support progression towards the number of beds set out in our commissioning intentions for 2010/11. Our commissioning intentions suggest that we will need 80 working age adult beds, 43 beds for older people with functional MH problems and 39 beds for people with dementia. Progression towards this framework would involve closure of at least 3 inpatient wards as well as marginal reductions set out in the public consultation document in Worthing and in Chichester. There has been concern expressed by stakeholders that these marginal reductions have not benefited from as much dialogue as the ward closures. NHSWS and SPFT will work particularly closely with stakeholders in the south and west of the county, including local councils, to ensure that any changes are planned in partnership with service users, carers, and other stakeholders.
- 6.3 An options appraisal undertaken by NHSWS and SPFT, further to public consultation, is included at Appendix 10. The options set out in our public consultation document at pages 20 – 23 have been considered against a number of assessment criteria, using, as a baseline, those items set out on page 19 of the public consultation document. These criteria were developed in focus groups with stakeholders during December 2009.
- 6.4 Some additional criteria have been included to provide assurance against the 4 key areas in which service reconfiguration plans need to improve, as set out in the letter from Sir David Nicholson to all NHS Chief Executives on 20 May 2010, and to reflect additional criteria suggested by GPs, members of the public and other stakeholders.
- 6.5 Consideration of the 2 options against the appraisal criteria suggest a marginal preference in favour of Option 1. This would involve the location of dementia beds in the north of West Sussex in Horsham rather than in Crawley. The key advantages of this option would appear to be,
- A greater number of admissions from the Horsham area;
 - The greater operational and clinical viability offered by a purpose built dementia inpatient unit at Iris Ward;
 - The capital costs of converting Dove Ward in Crawley to meet the needs of people with dementia.
- 6.6 The main concern for people in respect of Option 1 is one of accessibility. Public transport is more of a challenge for people travelling to Horsham. An additional commitment is, therefore, included

in our detailed plans at Appendix 11 to provide for the travel needs of those who are wholly reliant upon public transport.

- 6.7 A further option for the dementia inpatient service to be located in Haywards Heath was considered not to be viable because it offered poorer access and prohibitive capital costs which might not be recovered over the long term.

7.0 Recommendations for Service Improvement

- 7.1 A detailed report setting out the recommendations for service improvement is included at Appendix 11. This report describes the commitments to improve MH services in West Sussex set out in the public consultation; some additional commitments to improve access to inpatient services and Intensive Clinical Case Management services (suggested by members of the public and stakeholders); and the short and medium term changes that are required to support implementation.

- 7.2 In pre-consultation; during the period of formal public consultation; and throughout our consultation with the HOSC, our stakeholders advised that reductions in the number of inpatient beds would need to be supported by a series of rapid improvements to community services. These improvements are designed to,

- Extend specialist support to GPs to ensure that a greater number of those with moderate needs are treated in primary care;
- Provide more intensive clinical support across extended hours for those with substantial MH needs and their carers where there is a high risk of deterioration in their mental well being;
- Support the voluntary sector to improve timely access to and choice of services which keep people well; which promote independence and which are provided in a socially inclusive manner;
- Enhance services which provide additional support to people over the age of 65 and those with dementia who need hospital admission and which provide an alternative to inpatient care.

- 7.3 On the basis of the evidence collected and set out in Appendices 5, 6, and 17 (HOSC Interim Report) the Board are asked to consider and support the High Impact Changes for MH in West Sussex as set out in Table 1. It is planned that achievement of these changes, together with satisfactory delivery of a Service Development and Improvement Plan (a draft is set out at Appendix 12), will be a precondition for planned reductions in the number of beds.

Table 1 – High Impact Changes for MH in West Sussex

No.	High Impact Change	Delivery Date	By
1	An extension of our Primary Care MH Services to include a minimum of 35 MH specialists ensuring that those with moderate needs are supported without recourse to secondary MH services.	December 2010	DE/ SPFT
2	An increase in the percentage of carers receiving an assessment from 13% to 25% and care plans in place within 1 week of an assessment.	April 2011	DE/ SPFT
3	An Intensive Clinical Case Management Service providing extended hours services 7 days a week for those with substantial MH needs. The extended hours will be during the week from 8.00 a.m. to 10.00 p.m.; support at weekends from 9.00 a.m. to 5.00 p.m; and access to a professional on a 24 hour basis if needed.	March 2011	DE/ SPFT
4	A Community Case Management Service providing a range of clinical and social care support to GPs and providing a minimum of 10 Brokers helping people access lower level care through Self Directed Support and (with 174 people in receipt of a direct payment) extending the use of Personal Health Budgets.	January 2011	DE/ SPFT/ Vol. Sec
5	A 12 bed shared care ward for people with dementia at the Princess Royal Hospital in Haywards Heath supporting an improved experience for patients and carers.	January 2011	DE/ SPFT
6	New MH Liaison Services for all people with MH problems attending Royal West Sussex, Worthing and East Surrey Hospitals ensuring progress towards new quality standards including a reduced length of stay for patients admitted with dementia.	April 2011	DE/ WSHT
7	A Service User-run Peer Support Service for those admitted to inpatient care to support more rapid recovery.	January 2011	DE/ CAPITAL
8	A crisis resolution service for people with dementia in the Crawley Horsham and Mid Sussex area providing enhanced and intensive access to a 1:1 carer and the full extension of existing Crisis Resolution and Home Treatment services to people over the age of 65.	March 2011	DE/ SPFT
9	Recruitment of 117 High and Low Intensity Therapists supporting GPs with a range of psychological therapy services.	April 2011	DE/ WSxH
10	New standards for timely delivery of Self Directed Support.	October 2010	DE/ WSCC

(Note – WSHT (Western Sussex Hospitals NHST); WSxH (West Sussex Health; Vol.Sec (Voluntary Sector Providers).

7.4 The **Improving Mental Health Services** JPB will be accountable for producing a comprehensive implementation plan which successfully delivers the High Impact Changes; quality standards set out in a revised Service Development and Improvement Plan; a reduction in inpatient beds; and further service improvements for 2011/12 as set out in Appendix 11. This plan will be developed in detail and in partnership with SPFT and other key providers. The process will include a full impact assessment to ensure that the needs of all people with MH problems are addressed, and to ensure that services for those with the most significant needs are safeguarded. In developing the specific elements of this plan, NHSWS and SPFT will continue to apply the principles of co-design and to fully involve all stakeholders. We expect that this plan will be available by the 2 September 2010.

8.0 Finance and Investment

- 8.1 The Strategic Commissioning Plan for NHSWS indicates that funding for MH in the county is 7% below that of similar health economies. The Finance Mapping exercise undertaken by the DH suggests that our investment in services for those between the ages of 18 and 65 is in line with expectations, albeit that we continue to spend higher amounts on clinical services such as Community Mental Health Teams (CMHTs). Additional information from the Finance Mapping exercise and from previous mapping of Child and Adolescent Mental Health Services (CAMHS) indicates that our spending on services for younger and older people remains in a comparative deficit.
- 8.2 Despite these deficits in our spend we know that the opportunities for increasing investment are limited by the challenging financial climate. Whilst small amounts of growth may be available, the real terms effect of this depends on the level of demand (which is expected to increase from long term projections for the ageing population) and the behaviour of pay and price inflation. Increasingly, and as set out in Appendix 4, we need to be focused on improving our services through World Class Commissioning and with productivity and efficiency as the primary goal.
- 8.3 On page 11 of our public consultation document, NHSWS made a clear commitment not to reduce the amount it spends on MH.
- 8.4 The financial change summarized in Table 2 relates to Option 1. The full year figure to be released to NHSWS from bed closures will be in the region of £2.3m as set out in Table 2.
- 8.5 We expect that savings will begin to be released from April 2011 but this will depend upon satisfactory delivery of the High Impact Changes and the commitments to improved quality set out above and in Appendix 11. We will plan on the basis of no less than 50% of the quantum of financial change being delivered in 2011/12.

Table 2 – Summary of Financial Change to Inpatient Services

	Contract Value	Released to PCT
WAMHS Acute Inpatient Services	11,857,538	1,472,122
OPMH Inpatient Organic	4,894,165	464,170
OPMH Inpatient Functional	4,330,595	399,128
Total	21,082,298	2,335,420

8.6 NHSWS and SPFT are satisfied that there is sufficient capacity within existing community services for the High Impact Changes to be achieved in advance of any proposed reduction in the number of beds. NHSWS will need to ensure that any monies released support, as a priority, investment made in 2010/11 from non recurrent savings of £1.05m recovered from the contract with SPFT. The full year value of investment released, therefore, from inpatient services to NHSWS, after accounting for the non recurrent savings, will be £1.28m. This, and other sums expected from the delivery of our commissioning intentions, will be prioritised against,

- Implementation of the National Dementia Strategy;
- Enhancing personalised services for people in the 18 to 65 age group;
- Supporting improved services (including respite) for carers of people with MH needs;
- Meeting cost pressures.

9.0 Next Steps

9.1 Subject to the approval of the Board of NHSWS the JPB will prioritise the delivery of a comprehensive implementation plan supporting the high impact changes; commitments to improving quality; and wider service improvements set out in Appendix 12. This will be available for 2 September 2010. The plan will include financial agreements in line with Commissioning Intentions securing a baseline for the negotiation of contracts for 2011/12.

9.2 The JPB will also continue to fully support ongoing scrutiny of the programme and the decision making process. Further guidance in respect of reconfiguration plans is expected later in the summer and NHSWS and its partners will need to consider progression in this context. The HOSC will report at the end of September 2010 and the Board will be expected to take their view into account at this stage.

- 9.3 The JPB will also establish a further communications and engagement plan for the end of August to support the review and monitoring of implementation and assurance in this respect. This will be supported by a revised Service Development and Improvement Plan for our contract with SPFT.

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Has a Health Impact assessment been undertaken?	Yes
Has an Equality Impact assessment been undertaken?	Yes
What patient or public involvement has taken place?	See Report
Has the Business case been cleared by the PMO?	NA
Are there any legal implications including Human Rights legislation?	Yes – in terms of obligations to formally consult
What level of risk is attached to this proposal?	Medium – risk to successful implementation; low risk of referral from HOSC at this stage.
How will this be communicated?	Letters to stakeholders.