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10 February 2025

Dear Mrs Schofield

I write in response to your Regulation 28 report dated 16.12.2024 setting out your concerns after hearing evidence at the Inquest relating to the death of Matthew Zack Sheldrick.

I wish to begin by extending my sincere condolences to Matty's family and friends. The inquest proceedings must have been an extremely difficult time for them, and I hope that my response provides them and you with assurances that NHS Sussex Integrated Care Board (ICB) has taken action to address the issues set out in your Regulation 28 report.

I address your concerns as follows:

**The lack of inpatient beds leading to the unacceptable wait time in A&E for those suffering with their mental health who are awaiting beds. In Matty's case a bed was not found for them within a 26-day period.**

The role of the NHS Sussex is to commission services based on local needs, working with partners within the NHS, councils and voluntary sectors to deliver high quality care. NHS Sussex commissions Sussex Partnership NHS Foundation Trust (SPFT) to provide most of the mental health services for Sussex. NHS Sussex commissions a comprehensive range of mental health and learning disability services from SPFT for all ages. This includes inpatient beds for children, adults and older people. Nationally, there has been an increased demand on mental health services since the end of the COVID 19 pandemic and NHS Sussex recognises this demand locally.

There are 493 adult inpatient mental health beds commissioned in Sussex (note, this relates only to adult inpatient beds, and it should be noted that Sussex Partnership Foundation NHS Trust also provide other inpatient beds such as forensic beds and child and adolescent mental health beds).

This includes 453 delivered by Sussex Partnership and 40 beds in the independent sector. Of these 453 beds, 302 are acute care beds, 91 are rehabilitation beds, 50 are dementia care beds and 10 are specialist learning disability beds.

By the end of March 2025, this will increase, including 27 acute beds (net increase 17). A business case for further beds in 2025-26, to ensure timely access to inpatient care when required, is being developed.

To note, Sussex benchmarks above average for the number of beds in acute mental health wards for benchmarked areas nationally (as of 31st March 2023). There are 25 beds per 100,000 population in Sussex, compared to a national mean of 23, where the upper quartile is 27 and the lower quartile 17.4. This position does not change when looking at weighted population whereby in Sussex the beds per 100,000 weighted population is 23.3. compared to a national mean of 18.9.

**In Matty's case it appears there was a lack of appreciation by the ICB of their extensive length of stay in A&E. It appears that this information (and others who had lengthy stays) was not at that time being collected, monitored and acted on by the ICB.**

In 2021, NHS Sussex did not routinely capture information on the numbers of mental health patients waiting in emergency departments. Since then, we have improved our oversight of patients who have increased waits within A&E's.

Since 2023 high-level data (numbers not patient details) is now provided to NHS Sussex through a 'live' reporting system called SHREWD. This information includes patients who are waiting for a mental health bed. The patient data is available across the system for use by Providers, ICBs and regional NHS England colleagues.

All patients waiting for an inpatient mental health bed both within the community and hospital settings are clinically assessed by SPFT and are prioritised in accordance with their level of clinical risk. SPFT sets the criteria used to prioritise patients.

Since June 2024, NHS Sussex has received improved oversight of the total number of patients waiting for over 24 hours within the A&E Departments across Sussex. These individual high-level patient details are reviewed by a multi-disciplinary group at NHS Sussex who support an escalated conversation between the provider and the commissioners to support improvement and to support the movement of patients between services in order to help to reduce the waiting times in the Emergency Departments. From January 2025, there is an escalated Executive led system call with University Hospitals Sussex NHS Foundation Trust and other health and social care organisations on a twice weekly basis to support individual patient level escalations. The system will evaluate the effectiveness of this during Quarter 4, 2024/25. NHS Sussex would therefore be aware of any patient experiencing an extensive stay in A&E in 2024 because that data is now captured and there is a clear system in place for escalation, monitoring and action.

**There being a shortage of beds for Autistic patients (both informal and detained) within the private sector that are being funded by the ICB. Evidence was heard that those providing beds within the public sector very often refused to accept autistic patients due to their additional risks.**

Providers are funded to deliver care to all patients including patients with protected characteristics. Protected characteristics include people with a learning disability and people with autism.

There is no separate funding in Sussex for mental health beds for autistic people.

SPFT, as the lead provider for mental health services across Sussex, manages the totality of the mental health inpatient bed capacity and commission additional independent providers to provide capacity. Each provider admits patients to the most appropriate bed to meet their need.

In addition, NHS Sussex commissions the Transforming Care Autism Team (TCAT) to support with admission avoidance, discharges facilitation, care and treatment review and clinical advice for autistic people at risk. They undertake assessments of individuals and their families, and develop care plans alongside the service user, their family and clinical team to manage ongoing risks. There is regular review of these plans. They ensure that best practice is embedded in care and that reasonable adjustments have been considered

NHS Sussex has not had any formal reports that providers within the public or private sector are refusing autistic patients due to their additional risks. As a result of the feedback shared during

Matty's inquest, NHS Sussex will formally request a review of the use of all SPFT inpatient beds and subcontracted inpatient beds to provide oversight to ensure patients' needs are accommodated appropriately, including autistic patients. This will be formally requested at the Quality Review Meeting in April 2025, which is a regular assurance meeting that takes place each month between NHS Sussex and each of the statutory providers in Sussex.

**There being a shortage of beds for transgender patients who are in need of a mixed ward.**

SPFT as the lead provider manages the inpatient bed capacity to best support the needs of all mental health patients in Sussex and they clinically prioritise accordingly. SPFT can flex their capacity on a gender basis within their overall number of beds.

SPFT offer mixed sex beds within their bed base. As the commissioners, we do not specify the numbers of mixed sex beds as this is dependent on demand and capacity. NHS Sussex funds SPFT to also commission 40 additional independent sector beds, with an additional 12 interim independent sector beds commissioned for 2024/25.

In 2011, the Department of Health wrote to all NHS Chief Executives to eliminate mixed sex accommodation with further National Guidance in 2019 regarding the delivery of same-sex accommodation to prioritise the safety, privacy and dignity of all patients with a move to ensure people are treated where possible in single sex wards. Care Quality Commission report Sexual Safety on Mental Health Wards 2018 national guidance on reducing mixed sex accommodation on mental health wards in conjunction with other initiatives such as staff management of the physical environment and the use of therapeutic engagement.

SPFT where possible offer single sex accommodation to safeguard people's privacy and dignity. Where mixed sex accommodation is available men and women are in separate bays or rooms and have access to gender specific toilet and washing facilities.

SPFT have a Mixed Sex Accommodation Policy Maximising Individual Dignity, which states where possible transgender patients are accommodated according to their preference (this may consider the pronouns that they currently use), with all transgender patients cared for in single rooms. NHS Sussex to undertake a review of the availability of mixed sex beds during quarter 1 2025/26 at the SPFT Quality Review Meeting.

**The unsuitability of the environment of A&E as a holding place for those in need of a mental health bed. The evidence was that the environment in A&E as a holding place is not conducive for those suffering with Autism and/or who are neurodiverse. The environment in A&E can exacerbate and cause further deterioration in their mental health.**

We recognise a busy A&E is a challenging environment for mental health and/or neurodiverse patients. Reasonable adjustments can be made and alternative services to A&E are available for people in crisis. The escalation calls now in place should result in people with mental health needs who may also be neurodiverse waiting less time in A&E so that it is not used as a holding place although at times of increased demand it may still mean that some people have to remain in A&E for longer than we would like.

NHS Sussex has no role in the set up or environment of an NHS Provider, however, updates are required for any new construction projects. For existing environments, it is the responsibility of NHS provider organisations to ensure they follow national guidance on the built environment and undertake national risk assessments.

University Hospitals Sussex NHS Foundation Trust has an urgent and emergency care plan for each site where it delivers Emergency Department services. This includes investment, improvement, and innovations that will help provide better access to emergency and urgent care for patients. The Royal Sussex County Hospital, Brighton has started a £50 million acute floor reconfiguration programme with support from patient engagement group, involving community organisation leaders

representing different demographics including neurodivergence, non-English speaking and physical disability, along with Healthwatch.

**There is a gap in services for those who are not ill enough to be detained but who are too high risk to be sent home.**

A number of community services are provided across Sussex to support people who require mental health crisis support which include Text Sussex (24 hrs support), Crisis Resolution Team and staying well services. These services have been developed over recent years based on national guidance.

The Havens is an additional service provided across Sussex which provides a dedicated 24-hour mental health crisis assessment facility for people over age of 18 years.

Following clinical assessment, a patient who is not detained under the Mental Health Act but remains high risk to be sent home with community services support could be recommended for voluntary admission to an inpatient bed.

NHS Sussex will ensure SPFT undertake an audit of potential voluntary admission to test the pathway of services available. This will be delivered through quarter 1 2024/25.

**There is a significant wait time for referral to the Assessment and Treatment Service. Therefore, any therapeutic input is delayed, and this results in repetitive attendances at A&E when in crisis.**

NHS Sussex has oversight of all performance targets and waiting times and has assurance conversations monthly with SPFT. NHS Sussex has the overarching commissioning responsibility for the totality of the contract with the SPFT, however the flexibility within the services is the responsibility of the Trust. The Trust report to NHS Sussex on performance both internally and publicly and manage the risks within their services.

NHS Sussex has not received a formal report from providers that there is a significant risk for referral to the Assessment and Treatment Service.

NHS Sussex will monitor the waiting times for the Assessment and Treatment Service to identify delays and manage improvement through the Quality Review meeting with SPFT. A monthly Quality Review Meeting is held with the SPFT to review the overall safety, experience, and clinical effectiveness of SPFT services as part of the NHS Contract.

**Current gaps in service around psychosocial support for transgender, non-binary and intersex adults have been provided by third party charitable organisations. It is understood that much of their funding has recently been withdrawn by the ICB. This is of particular concern as Brighton is recognised as having one of the largest trans communities in the Country**

NHS Sussex has funded specific engagement projects to hear from and listen to the Trans, Non-Binary, or Intersex (TNBI) community via voluntary, community and social enterprise organisations. Through national health inequalities funding, there was specific funding for engagement to support Lived Experience insight for a Trans Healthcare Board in 2023-24. The Board included members from the transgender community. This was so that NHS Sussex could hear from the community about their experiences of healthcare in Sussex. This was limited one-year national funding.

NHS Sussex has continued funding some work with local community organisations who support TNBI people and their families, to make sure we continue to listen to and embed the lived experiences of this community into the services we offer. NHS Sussex has funded The Clare Project to support an engagement officer role, for an engagement event and to fund some targeted engagement for primary care materials

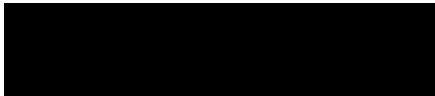
In 2022, we established a locally commissioned service (LCS) to ensure there was dedicated care and support in place. Through this service, in the last year, more than 5,000 people received direct healthcare and prescribing support in its first year, and 1,000 of these also received further health checks, to ensure their specific health needs were being met by local services. Across Sussex, there are 101 GP practices signed up to provide this healthcare support and they will actively engage with their registered patients. The financial spend on activity for both parts of the LCS 'prescribed and monitored' and 'annual review completed' is increasing each year.

Further to this, there is a Gender Identity Service and we have also continued funding to work with local community organisations who support TNBI people and their families, to make sure we continue to listen to and embed the lived experiences of this community into the services we offer.

Thank you for bringing your concerns to my attention. I hope that we have provided you and Matty's family with some assurance that NHS Sussex has taken steps to address the concerns outlined in your report and that we are continuing to take action to prioritise patient safety.

Thank you for raising this matter with me and please contact me if I can be of any further assistance.

Yours sincerely,

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**Chief Nursing Officer**

**On behalf of NHS Sussex**