

Delivering safe, effective, quality care

Improving mental health services for adults and older people in West Sussex

NHS West Sussex Clinical Commissioning Group and Sussex Partnership Foundation Trust

Working Together

West Sussex CCG

Brighton and Hove CCG

East Sussex CCG

1.0 Executive Summary

This Decision-Making Business Case (DMBC) was produced by NHS West Sussex Clinical Commissioning Group - following the merger of NHS Coastal West Sussex, NHS Crawley and NHS Horsham and Mid Sussex Clinical Commissioning Groups (CCGs) from 1 April 2019 - in partnership with the SPFT NHS Foundation Trust (SPFT).

It proposes changes to improve mental health services for adults and older people, including those living with dementia, across West Sussex. These proposals should also be considered in the context of SPFT's community redesign programme for West Sussex.

Case for Change – Strategic and Local context

The most pressing driver for change as outlined in the Pre-Consultation Business Case (PCBC) is:

- Poor quality of inpatient environments at both the Harold Kidd Unit, Chichester (which consists of two wards, Orchard and Grove), and Iris Ward at Horsham Hospital.
- The isolation of Iris Ward is another factor that needs to be addressed for both clinical and patient safety reasons.

Other primary drivers for change were:

- 1. the need to comply with Care Quality Commission guidance on eliminating mixed-sex wards
- 2. to make sure there are enough beds to meet current and projected future demand, and
- 3. to make sure that our proposals will enable us to enact the overall aims and objectives of SPFT's Clinical Vision and Strategy (outlined in section 3.3).

Therefore, following a comprehensive appraisal, scrutiny and governance process, we developed a preferred option (outlined in the Pre Consultation Business Case [PCBC]) which was subject to formal public consultation between July and October 2019. The preferred option was to:

- 1. Move services from the Harold Kidd Unit in Chichester to:
 - Dedicated dementia care wards for men and women in single-sex wards in Worthing, and
 - Modern single-sex wards for older people in Worthing and Crawley.
- 2. Move services from Iris Ward at Horsham Hospital to:
 - A new modern ward for women with dementia in Worthing.

In making these changes, we could:

- meet national standards that say that people should be cared for on single-sex wards
- further improve and strengthen our community services so we care for people in their own homes where possible and help people remain independent
- provide an opportunity to create a Centre of Excellence in Worthing for people living with dementia, and
- contribute to the overall success of SPFT's Clinical Vision and Strategy.

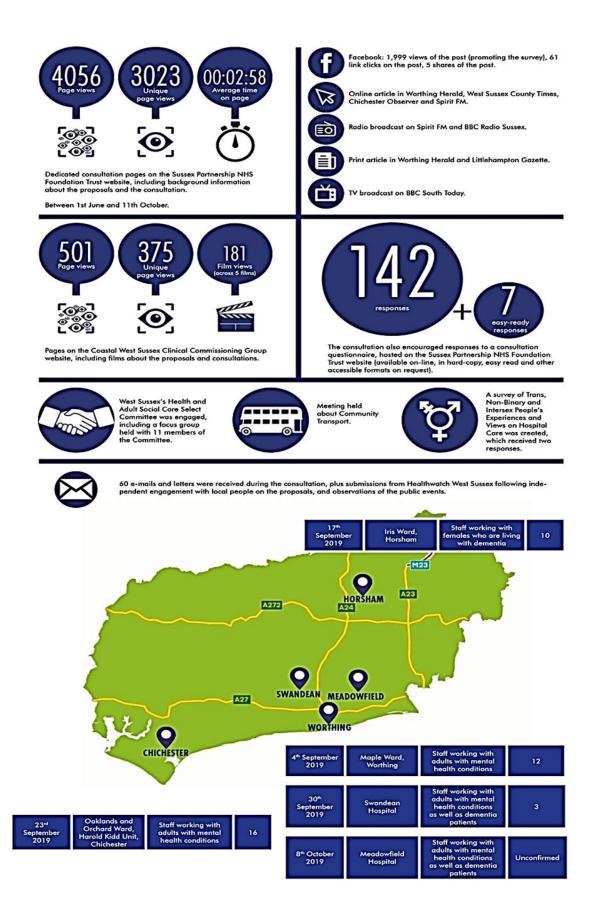
Public Consultation and Engagement

The public consultation relating to the improvement of inpatient bed provision in West Sussex began on Wednesday 17 July 2019 for 12 weeks, ending on 11 October 2019. This was preceded by a lengthy period of pre-consultation engagement with a range of stakeholders including service users and carers, their representative bodies, charities, staff and other interested people. This helped inform our proposals before, during and after the formal consultation was complete.

We have also engaged with West Sussex HASC and ensured feedback has informed our proposals.

Outcomes of the public consultation

The following engagement activities were undertaken and responses received as part of the public consultation process as illustrated in the table below;



The consultation feedback was pulled together into final report that identified six overarching themes. The full report is available on the CCG website and at Appendix 1 of this DMBC.

The six overarching themes were:

Transport and travel:

There was a general view that moving services from certain areas would increase the amount of travel for some service users, staff, carers and families. This presented a particular issue for residents of Chichester where access to public transport is already challenging. People also shared that having to manage travel inconveniences while a family member is unwell created more anxiety.

Single-sex wards:

Many respondents to the consultation (including staff) raised concerns around the proposed changes to make all inpatient wards into single-sex wards. In their view, the proposals did not accurately reflect a real-life environment for the patients while some felt that by creating single-sex environments might inadvertently reinforce negative gender stereotypes. How to meet the needs of trans or non-binary patients was also raised as a concern. Most staff expressed a view that patients in single sex wards can be more difficult to manage too.

Although there was considerable negative feedback for single sex wards, there was strong support for the need to have single-sex wards for those patients with dementia in order to give these patients the privacy and dignity they deserve.

Safety concerns about increased number of beds:

Concerns were raised that increasing the ward sizes, as set out in the preferred option, might have implications for the therapeutic environment and staff morale and any subsequent impact on recruitment and retention.

Importance of strengthening community services:

Almost 80 per cent of people who responded to the survey believe that people should be cared for in their own home wherever possible. They said that there should be investment and improvements in community provision to help mitigate against any negative aspects the final preferred option.

Parking and traffic concerns:

Some people, those living near SPFT's Swandean site in Worthing, said the site is at more than full capacity. The increase in cars outlined in the plans will make matters worse and cause road safety problems. In response, SPFT has agreed to meet local residents to discuss their concerns. They are also developing a parking strategy to identify potential solutions and create more parking provision on the site. This will enable staff to make use of any potential transport solution, which is organised, between relevant sites. Some service users, carers and staff said they wanted continued involvement in refining the plans and influencing how they are implemented to reduce any negative impacts.

Continuing involvement:

SPFT has responded positively and communicated a strong commitment to making sure service user, carer, staff and Governor engagement continues throughout any reconfiguration of services and for this to be reflected in any implementation plans. It is anticipated that a post-project evaluation will be undertaken which will involve service users, carers, staff and a full range of wider stakeholders.

Addressing themes from the public consultation and adapting our proposal

We have reviewed each of the public consultation themes to assess their impact upon the proposal as set out in the PCBC (this is described in detail in section 5 of the DMBC).

The consultation confirmed people's concerns that moving services to Worthing and Crawley may make it difficult for people living in and around Chichester and Horsham to travel to services in other parts of the county. We have ensured this feedback has informed our final proposals as outlined in section 5.

Our proposals remain consistent with all relevant strategies and plans put in place by the Sussex Sustainability and Transformation Partnership (now the Sussex Health and Care Partnership), the West Sussex Clinical Commissioning Groups (CCGs), the SPFT and the wider NHS.

The independent analysis report on the findings of the formal public consultation is included at Appendix 1 together with the Equality and health Inequalities impact assessment (EHIA) at Appendix 2. This has been reviewed throughout the consultation process to make sure we understood any differential impacts on our communities and has been further reviewed in line with these proposals. Also accompanying the document will be a travel and transport survey report for both service users and carers and is included as Appendix 3.

In summary, the post-consultation proposal is as follows:

Patient group:	Pre-consultation configuration	Preferred option - Patients were to move to	Post- consultation proposed action:	Patients to move to:
Older people with mental health problems	Move 12-bed mixed-sex ward at Harold Kidd Unit, Chichester (Orchard)	Single-sex wards at Meadowfield Hospital, Worthing and Langley Green Hospital, Crawley	Move 12-bed mixed-sex ward at Harold Kidd Unit, Chichester (Orchard Ward)	Mixed-sex wards at Meadowfield Hospital, Worthing, and Langley Green Hospital, Crawley
Male patients with dementia	Move 10-bed single-sex ward at Harold Kidd Unit (Grove)	Refurbished single-sex ward at Salvington Lodge (The Burrowes), Worthing	Move 10-bed single-sex ward at Harold Kidd Unit, Chichester (Grove Ward)	No change from Pre- Consultation Preferred option
Female patients with dementia	Move 12-bed single-sex ward at Horsham Hospital (Iris Ward)	New single-sex ward at 1 st Floor, Salvington Lodge	Move 12-bed single-sex ward at Horsham Hospital (Iris Ward)	No change from Pre- Consultation Preferred option
Male and female adults with mental health problems	16-bed Oaklands Ward, Chichester, to become 16-bed male only ward. All other wards at Meadowfield, Worthing, and Langley Green, Crawley, to become single- sex	Single-sex wards at Meadowfield Hospital, Worthing and Langley Green Hospital, Crawley	16-bed Oaklands Ward, Chichester, remains male and female. All adult wards at Langley Green, Crawley, and Meadowfield Hospital, Worthing, remain mixed- sex wards	No change from preferred option estates but wards will remain mixed sex

Proposed Implementation

At this stage, no decision on the post-consultation proposal has been made.

This DMBC presents our proposals following the public consultation feedback together with additional information and evidence that were collated as part of this

DMBC development and in response to the consultation. The purpose of the DMBC is to enable and support the CCG's Governing Body decision-making process.

Should the CCG's Governing Body support the post-consultation proposal and approve the DMBC, we will take the following steps to implement the decisions:

Implementation February 2021 - July 2022:

Action	Date
Phase One	
Governing Body (GB) to consider the Decision-Making Business Case in Public. West Sussex Health and Social Care Scrutiny Committee (HASC) meeting to review the CCG Governing's Body decision	February 2021
DMBC plan and proposals reviewed and decision made	February 2021
Staff consultation	February/March 2021
Close Grove and Iris wards	March/April 2021
Implement agreed transport solutions	March/April 2021
Project/Programme evaluation review	April 2021
Start environmental/estates upgrades for 1 st Floor, Salvington Lodge	April 2021
Additional nine adult working age beds provided through termination of Surrey and Borders contract	April 2021
Start environmental/estates upgrades for adult mixed gender wards	April 2021
Clinical and HR evaluation review of Dementia ward (Grove and Iris) moves	May 2021
Single gender zones created within adult mixed gender wards (following completion of environmental upgrades)	May 2021
Completion of environmental/estates upgrades for adult mixed gender wards	August 2021
Close Harold Kidd Unit and transfer Orchard ward to Opal ward, Langley Green Hospital	October 2021
Clinical and HR evaluation review of Opal ward move	November 2021
Project/Programme evaluation review	December 2021

Phase Two	
Completion of environmental/estates upgrades for 1 st Floor, Salvington Lodge	April 2022
Transfer back Worthing patients from Brunswick Ward, Mill View to dementia beds on Swandean Hospital site	May 2022
Create new West Sussex specialist dementia Centre of Excellence, Swandean Hospital site	June 2022
Final Project/Programme evaluation review	July 2022