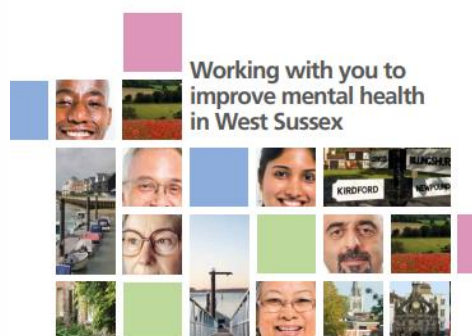


Improving Mental Health Services in West Sussex

Independent Report of Consultation results: October 2019



Working with you to
improve mental health
in West Sussex



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Executive Summary

Introduction and background

This report is a summary of consultation results about proposals and options to improve mental health services in West Sussex for adults, older people and those with dementia.

The proposals involve improving services and facilities by moving 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 both Worthing and Crawley. The proposals also include moving services from the Iris Ward at Horsham Hospital to a new modern ward for women with dementia in Worthing and creating a centre of excellence for dementia care in Worthing.

These proposals have been developed by the three West Sussex Clinical Commissioning Groups: NHS Coastal West Sussex, NHS Crawley, and NHS Horsham and Mid Sussex Clinical Commissioning Groups (CCGs), in partnership with Sussex Partnership NHS Foundation Trust (SPFT).

The 12-week consultation period started on Wednesday 17 July 2019 and finished on Friday 11 October 2019.

The results have been analysed and reported by independent research and consultation organisation, Public Perspectives Ltd: www.publicperspectives.co.uk.

The results of this consultation, along with other issues and information, will be considered by Sussex Partnership NHS Foundation Trust and the three CCGs. During November and December 2019, the final proposals will be submitted for approval to NHS England, the West Sussex Health and Adult Social Care Select Committee and the Boards of Sussex Partnership NHS Foundation Trust and the joint Board of the three West Sussex Clinical Commissioning Groups (CCGs).

Consultation methods

The proposals were developed with mental health professionals, G.Ps and other clinicians, and refined after a period of pre-consultation and engagement activity, which included discussion with service users, carers and other service user and stakeholder groups.

The consultation approach and materials were developed and delivered by the three West Sussex CCGs and Sussex Partnership NHS Foundation Trust. The consultation was guided by a Communications and Engagement Plan, which includes adherence to NHS and Government guidance around best practice consultation. The proposals and consultation have also been subject to an Equality and Health Inequalities Impact Assessment (EHIA), which helped ensure the consultation targeted key audiences.

The planning, implementation and governance of the consultation has been overseen by the Communications and Engagement Oversight Group, which included representation from the West Sussex CCGs, Sussex Partnership NHS Foundation Trust and Healthwatch West Sussex.

The consultation has included the following activities:

Dedicated consultation pages on the Sussex Partnership NHS Foundation Trust website, including background information about the proposals and the consultation. Between 1st June and 11th October 2019 this achieved:

- Page views: 4,056.
- Unique page views: 3,023.
- Average time on page: 2 mins 58 sec.

Pages on the Coastal West Sussex Clinical Commissioning Group website, including films about the proposals and consultation. This achieved:

- Page views: 501.
- Unique page views: 375.
- Film views: 181 views across five films.

Marketing and communication activity, including social media and print, radio and TV media:

- Facebook: 1,999 views of the post (promoting the survey), 61 link clicks on the post, 5 shares of the post.
- Online article in Worthing Herald, West Sussex County Times, Chichester Observer and Spirit FM.
- Radio broadcast on Spirit FM and BBC Radio Sussex.
- Print article in Worthing Herald and Littlehampton Gazette.
- TV broadcast on BBC South Today.

Face-to-face engagement activities involving 550 service users, carers, residents, staff and stakeholders engaged across 32 events located throughout the West Sussex area.

This included four keynote events at Chichester, Worthing, Horsham and Crawley and events and meetings with the public, service user and carer groups – see the introduction in the main report for full details.

Engagement with **staff** directly through **five events involving at least 41 staff members** (staff also attended the keynote events).

A Consultation questionnaire, available on-line and in hard copy, easy read and other accessible versions, achieving **142 responses, plus 7 easy read questionnaire responses**.

Key findings

Consultees tended to support the principles of improving care and modernising facilities, and there was general appreciation of the advantages of a Centre of Excellence for Dementia Care. However, there were some areas of concern, especially around travel and transport, single-sex wards and community provision, which present opportunities for West Sussex CCGs and Sussex Partnership NHS Foundation Trust to respond appropriately.

Improving care and modernising facilities

Consultees generally supported the principles of improving care and services and modernising facilities, including acknowledging that the facilities at the Harold Kidd Unit are in need of improvement.

Creating a Centre of Excellence for Dementia Care

In addition, most consultees supported, in principle at least, the proposal to create a Centre of Excellence for Dementia Care, given the complexity of the condition. This is because it would help centralise expertise and resources and consequently improve care, services and facilities.

Travel and transport

Some consultees raised concerns that moving services from some areas would increase the amount of travel required by service users, carers and family and friends, as well as some staff (although some consultees acknowledged that service users and carers already have to travel, while there can be benefits for some people with mental health difficulties receiving support out of area).

This issue is exacerbated in Chichester due to the perceived decrease in provision in that local area, especially for women with no in-patient mental health provision available for them in Chichester under the proposals.

Consultees were concerned that difficulties travelling to the proposed revised services could have a negative impact on health outcomes for both carers and service users, including speed of recovery, sustainability of recovery and long-term recovery as service users are further away from their usual support mechanisms.

Single-sex wards

There were mixed views about single-sex wards. Some consultees were supportive of single-sex wards to improve patient care, dignity and safety, while single-sex wards were also seen as being in-keeping with national guidance.

However, several consultees, including staff members, were concerned that single-sex wards would create an inequity of access to healthcare for transgender patients, non-binary patients, and intersex patients and are in contrast with an increasing acceptance of gender fluidity and diversity.

Similarly, some consultees said that single-sex wards do not reflect real life and can reinforce gender stereotypes.

Some staff said that single-sex wards can be more difficult to manage and volatile, and that dignity, privacy and safety can be achieved without moving to single-sex wards.

Previous service users also spoke of the benefits of having men and women in the same ward, as this provided for more balanced conversations around thinking and mental wellness.

Community provision

Consultees supported improved community provision and services. This includes a focus on prevention and early help to reduce the demand for in-patient mental health services. It also includes more joined-up working between community and in-patient services, including a clearer pathway around assessment, accessing services and discharge/post-in-patient support to maintain wellbeing and prevent relapses.

Consultees also said they wanted more detail and information about the current community provision and future plans, and that there should be an investment and improvement in community provision in the first instance to help facilitate change and mitigate against any potential negative impact of the proposals.

Other key points

Concerns about parking and traffic at Meadowfield, Swandean site: Some consultees, especially local residents at High Salvington, near the Meadowfield, Swandean site, said that the site is already at full or more parking capacity, and the increase in cars due to the new proposed services would make this worse and potentially cause traffic and road safety problems.

Continued involvement of service users, carers and staff: Many of the service users, carers and staff who gave feedback were keen to be further involved in refining proposals and influencing their implementation to maximise benefits and help mitigate against any potential negative impact of the proposals.

Main Report

Section 1: Introduction

Introduction and background

This report is a summary of consultation results about proposals and options to improve mental health services in West Sussex for adults, older people and those with dementia.

These proposals have been developed by the three West Sussex Clinical Commissioning Groups: NHS Coastal West Sussex, NHS Crawley, and NHS Horsham and Mid Sussex Clinical Commissioning Groups (CCGs), in partnership with Sussex Partnership NHS Foundation Trust (SPFT).

The 12-week consultation period started on Wednesday 17 July 2019 and finished on Friday 11 October 2019.

The results have been analysed and reported by independent research and consultation organisation, Public Perspectives Ltd: www.publicperspectives.co.uk.

The results of this consultation, along with other issues and information, will be considered by Sussex Partnership NHS Foundation Trust and the three CCGs. During November and December 2019, the final proposals will be submitted for approval to NHS England, the West Sussex Health and Adult Social Care Select Committee and the Boards of Sussex Partnership NHS Foundation Trust and the joint Board of the three West Sussex Clinical Commissioning Groups (CCGs).

The proposals in brief

The proposals aim to ensure that mental health services in West Sussex are fit for the future and provide patients with safe, high quality care in settings that provide high standards of privacy and dignity.

There are two units in Chichester and Horsham where the buildings are considered old and out-dated and consequently where there are concerns about quality of care and safety.

The proposals are to:

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

In making these changes, the aim is to:

- Meet national standards by making all adult and older people wards either male or female only.
- Further improve and strengthen community services so that people can be cared for 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.

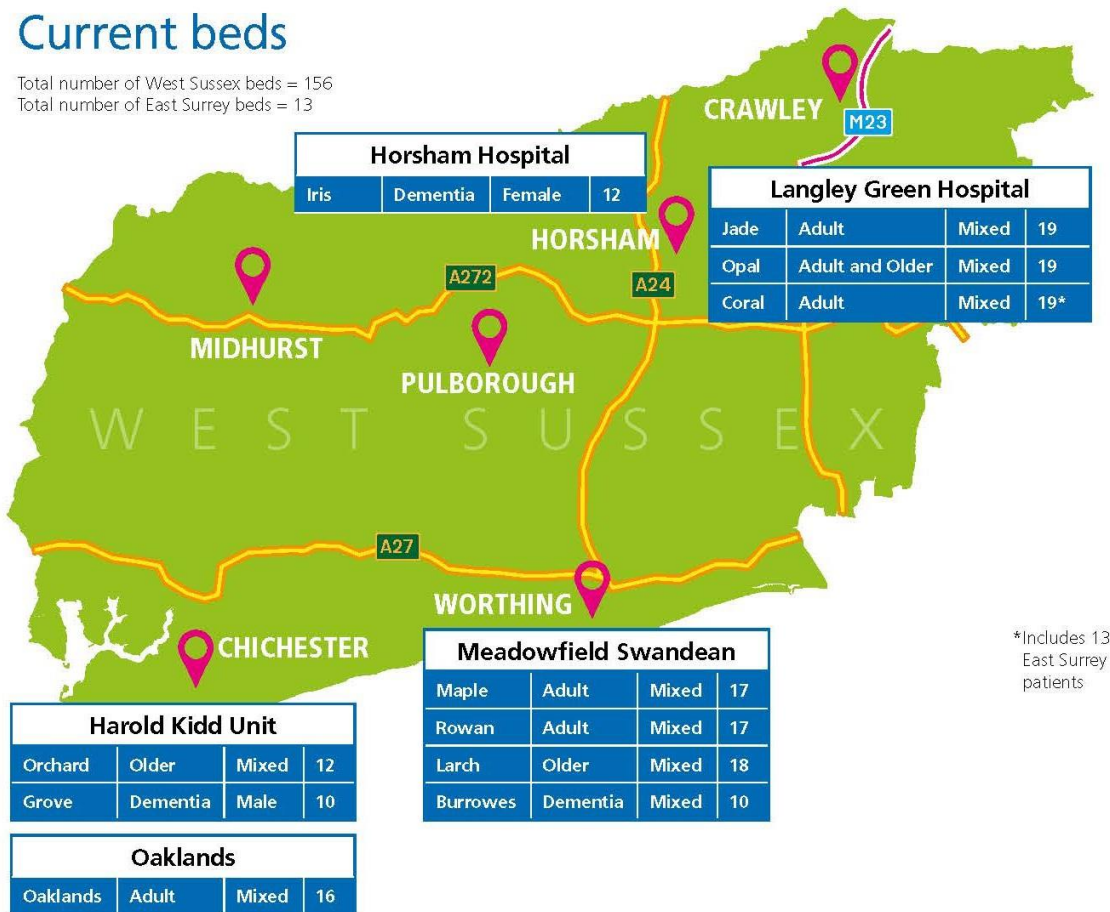
The number of hospital beds for people with mental health needs in West Sussex will remain the same under these proposals.

The proposals and the consultation were presented through a consultation document (Working with you to improve mental health in West Sussex) and hosted on the Sussex Partnership NHS Foundation Trust website.

A summary of the proposals can be seen below:

Current beds

Total number of West Sussex beds = 156
Total number of East Surrey beds = 13



Proposed beds

Total number of West Sussex beds = 156
Total number of East Surrey beds = 9



Consultation methods

The proposals were developed with mental health professionals, G.Ps and other clinicians, and refined after a period of pre-consultation and engagement activity, which included discussion with service users, carers and other service user and stakeholder groups.

The consultation approach and materials were developed and delivered by the three West Sussex CCGs and Sussex Partnership NHS Foundation Trust. The consultation has been guided by a Communications and Engagement Plan, which includes adherence to NHS and Government guidance around best practice consultation.

Advice and input was also provided by the Consultation Institute – www.consultationinstitute.org

An Equality and Health Inequality Impact Assessment (EHIA) was completed prior to the consultation and updated during the consultation process. The EHIA, and the Communications and Engagement Plan, have guided consultation to certain groups and communities, including:

Service users (past and present)
Carers
Staff
People living with dementia
People living with mental health difficulties
People living with learning disabilities
People living with physical health conditions, visual and/or hearing difficulties
People of different genders
People of different ages
People from different backgrounds including Black, Asian and Minority Ethnic (BAME) communities
People of different religious and belief backgrounds
People from the Lesbian, Gay and Bisexual communities
Transgender people
Voluntary and community sector organisations

The planning, implementation and governance of the consultation has been overseen by the Communications and Engagement Oversight Group, which included representation from the West Sussex CCGs, Sussex Partnership NHS Foundation Trust and Healthwatch West Sussex www.healthwatchwestsussex.co.uk.

The consultation involved the following activities:

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- Print article in Worthing Herald and Littlehampton Gazette.
- TV broadcast on BBC South Today.

Face-to-face engagement activities involving 550 service users, carers, residents, staff and stakeholders engaged across 32 events located throughout the West Sussex area.

This included four keynote events at Chichester, Worthing, Horsham and Crawley and events and meetings with the public, service user and carer groups.

Engagement with **staff** directly through **five events involving at least 41 staff members** (staff also attended the keynote events).

A **Consultation questionnaire**, available on-line and in hard copy, easy read and other accessible versions, achieving **142 responses, plus 7 easy read questionnaire responses**.

A **survey of Trans, Non-Binary and Intersex People's Experiences and Views on Hospital Care** was created, which received two responses.

60 e-mails and letters were received during the consultation, plus submissions from Healthwatch West Sussex following independent engagement with local people on the proposals, and observations of the public events detailed above.

The following graphics summarise the consultation activity (the numbers are those that attended each event).

Summary of face-to-face consultation activity

HORSHAM

Tuesday 20 August, 2pm - 4pm	Horsham Keynote meeting	Service users, carers, residents, staff and stakeholders	20
Thursday 10 October, 9.30 - 1 pm	Healthwatch Market Place	General public, carers, voluntary sector, former service users	50
Thursday 10 October, 1pm - 4pm	Working Together Group	Former Service Users	6

MIDHURST

Friday 20 th September, 11.45 - 12.15 pm	Midhurst GP Practice	General public, carers, patients, NHS staff	20
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BILLINGSHURST

Thursday 5 September, 11.45 am	Capital Projects Meeting	Former and current mental health service users at SPFT, people with mental, physical and learning difficulties	50
Wednesday 9 October, 2 - 3.30	Billingshurst Carers West Sussex	People diagnosed with dementia, and their carers	6

PETWORTH

Friday 20 th September, 11.45 - 12.15 pm	United Reform Church, Petworth	General public	30
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DURRINGTON

Wednesday 31 st July, 3.30pm - 4pm	MIND	Working aged adults	20
Monday 16 th September, 2 - 3pm	Customer and Carer Services Group	Professionals	18

CHICHESTER

Tuesday 13 August, 5pm - 7pm	Chichester Keynote meeting	Service users, carers, residents, staff and stakeholders	25
Monday 23 September, 3pm - 4.30pm	Working Together Group	Service users and staff at Oaklands Ward	12
Thursday 3 October, 10.30 - 12pm	Carers West Sussex Support Group	Carers of people with Mental Health condition	12
Thursday 3 October, 1.30pm - 3.30pm	Working Together Group	Former and current Service Users	8
Wednesday 9 October, 10.30 - 12	Sage House	People diagnosed with dementia, and their carers	14

SELSEY

Monday 16 th September, 4-5pm	Selsey Care Shop	Voluntary sector organisation working with older people diagnosed with dementia, and working aged adults/older people who are lonely and isolated	6
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CRAWLEY

Wednesday 4 th September, 2pm - 4pm	Crawley Keynote	Service users, carers, residents, staff and stakeholders	15
Tuesday 10 th September, 12 - 2 pm	Sangam Women (Alzheimer's Society)	BAME, women aged 30 - 90 years old	20
Thursday 12 th September, 2 pm	Crawley Thinking Group (Alzheimer's Society)	Older people diagnosed with dementia	16
Tuesday 17 th September, 11.30 am	Capital Projects (Northern)	Former and current mental health service users at SPFT, people with mental, physical and learning difficulties	15
Wednesday 18 th September, 2 - 4 pm	Crawley Carers Group	Carers of people diagnosed with Dementia and Alzheimer's Society Officer	15
Thursday 3 rd October, 2 - 3.30 pm	Crawley Open House (homeless community)	Homeless community	4

EAST GRINSTEAD

Saturday 28 th September, 10 - 4 pm	East Grinstead Rotary Fit4Life	General public, carers, voluntary sector, former service users	35
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SOUTHWICK

Friday 20 th September, 11.45 - 12.15 pm	Coastal West Sussex MIND (The Corner House)	Working aged adults	
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WORTHING

Monday 19 August, 6pm - 8pm	Worthing Keynote meeting	Service users, carers, residents, staff and stakeholders	30
Thursday 12 September, 10.30 - 2 pm	Capital Projects Meeting (Coastal)	Former and current mental health service users at SPFT, people with mental, physical and learning difficulties	15
Monday 7 October, 2 - 4 pm	Worthing Mental Health Awareness Week event	General public, carers, voluntary sector, former service users	3
Wednesday 9 October, 10am - 11.15am	Turning Tides Drop-in	Homeless community	4

LITTLEHAMPTON

Thursday 29 th August, 1.30 pm - 2 pm	MIND	Working aged adults	20
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BOGNOR REGIS

Saturday 21 September, 10 - 3.30 pm	SPFT AGM	General public, carers, voluntary sector, former service users	30
Friday 27 September, 11.30 - 1 pm	Capital Projects (Western)	Former and current mental health service users at SPFT, people with mental, physical and learning difficulties	30



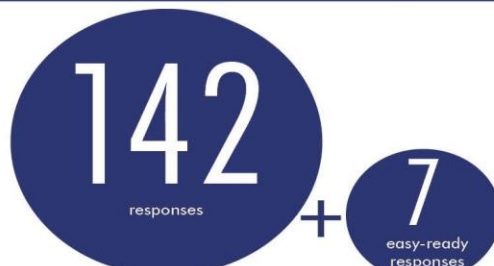
Dedicated consultation pages on the Sussex Partnership NHS Foundation Trust website, including background information about the proposals and the consultation.

Between 1st June and 11th October.

- Facebook: 1,999 views of the post (promoting the survey), 61 link clicks on the post, 5 shares of the post.
- Online article in Worthing Herald, West Sussex County Times, Chichester Observer and Spirit FM.
- Radio broadcast on Spirit FM and BBC Radio Sussex.
- Print article in Worthing Herald and Littlehampton Gazette.
- TV broadcast on BBC South Today.



Pages on the Coastal West Sussex Clinical Commissioning Group website, including films about the proposals and consultations.



The consultation also encouraged responses to a consultation questionnaire, hosted on the Sussex Partnership NHS Foundation Trust website (available on-line, in hard-copy, easy read and other accessible formats on request).



West Sussex's Health and Adult Social Care Select Committee was engaged, including a focus group held with 11 members of the Committee.



Meeting held about Community Transport.

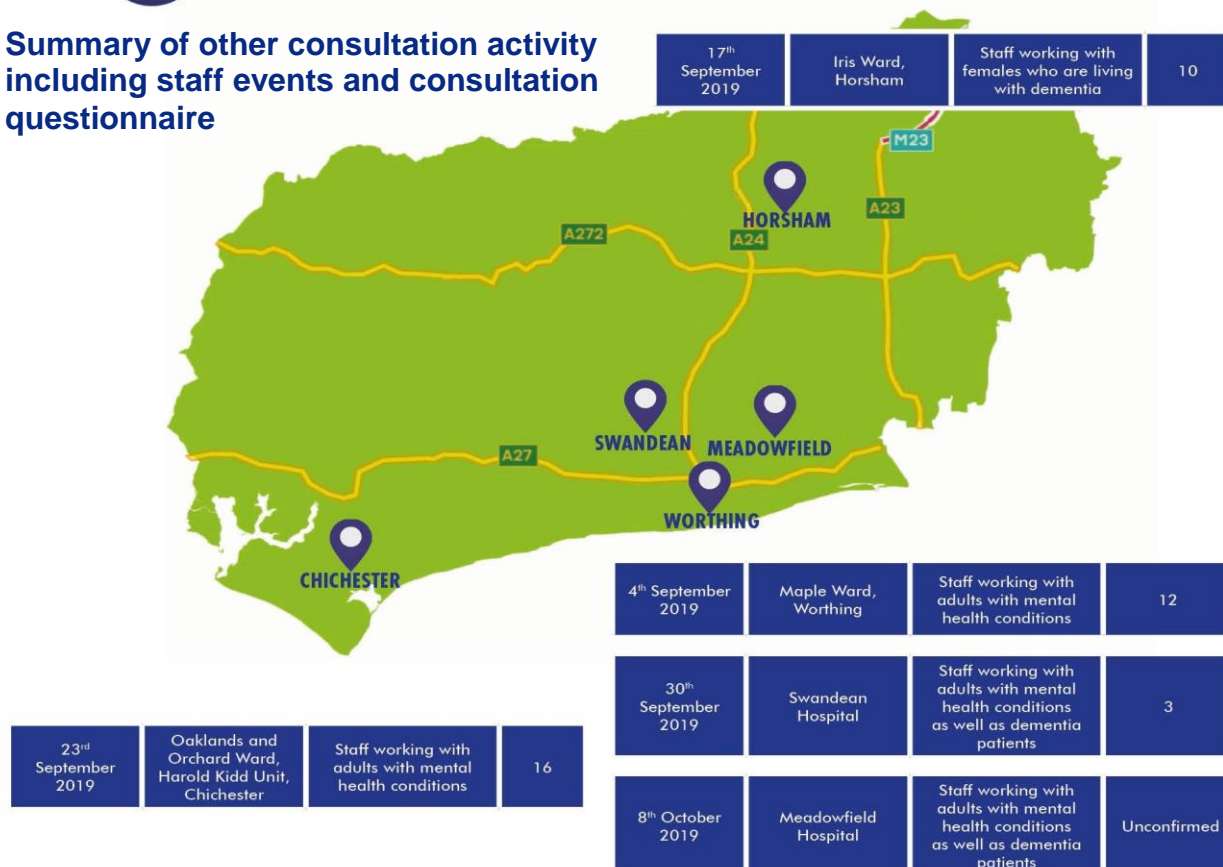


A survey of Trans, Non-Binary and Intersex People's Experiences and Views on Hospital Care was created, which received two responses.



60 e-mails and letters were received during the consultation, plus submissions from Healthwatch West Sussex following independent engagement with local people on the proposals, and observations of the public events.

Summary of other consultation activity including staff events and consultation questionnaire



The demographic breakdown of respondents to the consultation questionnaire is as follows (the full results in the form of a marked-up questionnaire are available in the appendices)¹:

Respondent type	Percentage of respondents to survey:
Background (respondents could fit into more than one of the groups below)	
Service users	14%
Carer or family member	28%
Local resident	44%
NHS employee	30%
Other	11%
Sex	
Male	30%
Female	60%
Prefer not to say	10%
Age	
16-25	2%
26-40	14%
41-64	56%
65-80	25%
81+	2%
Ethnicity	
White – British, Irish, any other white background	89%
Mixed	6%
Black	1%
Asian	1%
Chinese	1%
Other ethnic group	2%
Sexual orientation	
Heterosexual / straight	76%
Lesbian	5%
Gay	2%
Bi-sexual	2%
Other	1%
Prefer not to say	13%

¹ The consultation questionnaire was not designed to be a representative survey. However, there is a reasonably good mix of respondents across different demographics. This perhaps reflects that the consultation overall has targeted different demographic groups across West Sussex.

Respondent type	Percentage of respondents to survey:
Disability	
A lot	24%
A little	21%
None	46%
Prefer not to say	9%
Carers	
Yes	45%
No	42%
Prefer not to say	12%
Location	
Chichester	29%
Haywards Heath	6%
Horsham	14%
Bognor Regis	12%
Crawley	9%
Midhurst	2%
Pulborough	11%
Hove	5%
Littlehampton	8%

Analysis and reporting of consultation results

The following is an independent summary of the key results from the consultation.

The key findings of the keynote meetings and other face-to-face events and activities have been reviewed and summarised, including presenting exemplifying quotes.

The results of the consultation questionnaire are integrated alongside the above. These have been analysed by different demographics and types of respondents to assess whether groups will be affected in different ways. Tests of significance have been applied to ensure that any differences are statistically significant.

Open-ended responses to the consultation questionnaire have been reviewed and coded into key themes, with exemplifying quotes presented.

Section 2: Consultation results

Introduction

This section presents the key consultation results, including key findings from the face-to-face engagement events, the consultation questionnaire results and the results of other engagement activity.

Consultees tended to support the principles of improving care and modernising facilities, while in general there was support for creating a Centre of Excellence for Dementia Care. However, there were some areas of concern, which present opportunities for West Sussex CCGs and Sussex Partnership NHS Foundation Trust to respond appropriately. These include concerns around travel and transport, single-sex wards, and community provision.

Improving care and modernising facilities

Consultees generally supported the principles of improving care and services and modernising facilities. This includes some stakeholders that responded to the consultation questionnaire, including representatives of Coastal West Sussex Mind, Age UK West Sussex and Carers Support West Sussex.

Consultees tended to agree that current provision is not of appropriate quality and/or current buildings are out of date, especially the facilities at Harold Kidd Unit, Chichester. They also tended to support proposals to modernise facilities, including removing dormitories and providing en-suite facilities, which could help improve privacy and dignity:

“I’ve been in the Harold Kidd Unit, and I have to support the need to modernise – I’ve been there and it is not a good quality ward. *Attendee, Worthing Keynote Public Event*

“The current provision needs modernising and improving. Harold Kidd Unit is below standard. Therefore, I support all the proposals for modernising services, in what seems like the most cost-effective way to do it. *Consultation questionnaire respondent, Agree with proposals, Service user, Carer and Local resident*

Some consultees disagreed with the *approach* to improving care and modernising facilities, including calls to improve the existing services, facilities and buildings. For example, some consultees questioned why a building such as the Harold Kidd Unit cannot be updated or replaced locally:

“What would happen to the buildings you close down? Why can’t you renovate the existing sites instead of moving people elsewhere? *Attendee, Capital Projects Group (Coastal), Former and current mental health service users at SPFT, people with mental, physical and learning difficulties*

Creating a Centre of Excellence for Dementia Care

Most consultees supported, in principle at least, the proposal to create a Centre of Excellence for Dementia Care, given the complexity of the condition. This is because a centre of excellence would help centralise expertise and resources and consequently improve care, services and facilities:

“ I feel that care for those with dementia is highly specialised - it makes sense to have all the expertise in one place. Having a centre of excellence may also create more opportunity for setting up a carer's support network for friends and family with loved ones who are suffering from dementia - united in one place. *Consultation questionnaire respondent, Agree with proposals, Service user, Local resident and NHS employee*

Travel and transport

Some consultees raised concerns that moving services from some areas would increase the amount of travel required by service users, carers and family and friends, as well as some staff, disproportionately affecting some groups, such as people living in Chichester and women. These sentiments were shared by some stakeholders that responded to the consultation questionnaire, including representatives of Age UK West Sussex and Carers Support West Sussex. Similar concerns were also raised via 12 e-mails/letters, by West Sussex Health and Adult Social Care Select Committee and also by some staff (and service users) through staff and service user meetings at some of the affected wards:

“ I agree with the need to provide modern safe facilities but problems with travel, particularly for family and carers when visiting loved ones, will be a huge problem. Financial, lack of provision, travel for those who are older and/or frail themselves. This can result in a devastating break in lifelong relationships. *Consultation questionnaire respondent, Disagree with proposals, Carer and Local resident*

This issue is exacerbated in Chichester due to the perceived decrease in provision in that local area:

“ Carers in particular will find transport difficult when visiting. In general, the transport in this area [Chichester] is poor, especially around some of the smaller villages. Any solutions to transport would be welcomed. *Attendee, Chichester Keynote Public Event*

“The proposal risks setting the West of the County against the East. Not enough consideration has been given to carers and I feel that removing the Harold Kidd Unit in Chichester will increase the pressure on carers to 'cope' at home increasing the risk of carer burn out. There is also a presumption that carers can afford (physically and mentally) to travel to Worthing: the reality is that many carers have health conditions themselves. Transport connections from the Chichester locality are extremely difficult and in some cases non-existent already and as yet I have not seen any realistic plans for investment for this . . . the Chichester locality is far more than Chichester City with much of the area being Rural poor and hard to reach (metaphorically and physically). *Consultation questionnaire respondent, Disagree with proposal, Resident, Carer and Carer representative*

Some consultees said concerns around travelling to new provision was especially the case for women with no in-patient mental health provision available for them in Chichester under the proposals. They said the proposals would result in preferential treatment of men (and consequently inequality for women) who can be treated at more sites and therefore closer to home and family/friends (as Oaklands in Chichester is proposed to be a male only ward with no provision for women in Chichester):

“The option leaves the Chichester area poorly provided for mental health inpatient beds leaving women and older people with no chance whatsoever of receiving care nearer home. The issue for women is not even mentioned in the equalities impact assessment, leaving women in the area feeling ignored and under-valued. As women are the principle carers in most families the knock on of their being far from dependents of all ages is greater than for men. *Consultation questionnaire respondent, Disagree with proposals, Service user and Carer*

Consultees were concerned that difficulties travelling to the proposed revised services/locations could have a negative impact on health outcomes for carers and service users, including speed of recovery, sustainability of recovery and long-term recovery as service users are further away from their usual support mechanisms:

“What happens if relatives work late and cannot get there until the last minute? Are staff flexible with opening times? Travelling times for carers can have a negative impact on their health. Carers will not want to travel late at night. Opening times need to be flexible and extended. Carers want to spend time with the patient. *Attendee, Crawley Keynote Public Event*

“Having to travel far puts a stress on carers and could have a negative impact on the health and recovery of patients because they receive less visits and they're in unfamiliar surroundings. *Consultation questionnaire respondent, Disagree with proposal, Local resident and Carer*

Some consultees said that flexible visiting times would not necessarily mitigate against the impact of family members having to travel much further to visit patients.

Some consultees also raised concerns that some staff may find it difficult to travel to new provision, impacting on staff recruitment and retention. This issue was also raised by some members of the West Sussex Health and Adult Social Care Select Committee. Although a smaller number of respondents felt that centralised services could help attract, support and retain staff.

In contrast to the above concerns about travel and transport, a small number of consultees said that there can be benefits in people getting support out of area, especially if they have an addiction problem or their family and friends are a trigger for their mental health issues.

In addition, some consultees acknowledged that service users and carers already have to travel to access provision/visit people:

“We have to understand that the reality is that people are travelling further for mental health services anyway, it's a reality across the country. The most important thing for me is that the quality of services is higher, and there are community services more readily available for people such as the crisis cafes and voluntary sector support. *Attendee, Worthing Keynote Public Event*

Similarly, some consultees noted that some of the changes could make it easier for some people to access services or visit people:

“If I live in Horsham at the moment with a male relative in Chichester, I would need to travel less to visit this relative if in Worthing. So this will be an advantage for some people. *Attendee, Horsham Keynote Public Event*

Single-sex wards

There were mixed views about single-sex wards. Some consultees were supportive of single-sex wards to improve patient care, dignity and safety, while also seen as in-keeping with national guidance:

“It's been a long time coming but having mixed wards in mental health care can be frightening and detrimental especially to women. I cannot understand why it has taken so long. *Consultation questionnaire respondent, Agree with proposals, Service user, Carer and Local resident*

“There appears to be divided opinion about single sex wards – our communities would welcome this move, with an option of the sexes meeting in communal areas. Some people will have issues that could be adversely affected by the presence of the opposite sex. *Attendee, Sangham Women – Alzheimer’s Society Group*

However, several consultees, including staff members, were concerned that single-sex wards would create an inequity of access to healthcare for transgender patients, non-binary patients, and intersex patients and are in contrast with an increasing acceptance of gender fluidity and diversity.

“While the move towards single-sex ward areas is part of national policy, and so NHS trusts are expected to adhere to it, this policy itself is discriminatory and creates an inequity of access to healthcare for transgender patients, non-binary patients, and intersex patients. Overall, I am concerned that the single-sex policy will only serve to further stigma and discrimination towards transgender people, which itself will perpetuate the mental health difficulties that are already present in these populations. *Consultation questionnaire respondent, Neither agree nor disagree with the proposals, Service user and NHS employee*

“A single-sex ward is only as safe as the staff and other patients are affirmative, so would only be comfortable in the knowledge that clinical staff had received up to date (as in, last two years) trans training. *Respondent to the Experiences of Transgender, intersex and non-binary people in hospital survey*

Similar concerns were raised by staff (and service users) through staff and patient meetings at some of the affected wards, including concerns around managing conflict within single-sex wards and staffing single-sex wards. Some staff said that single-sex wards can be more difficult to manage and volatile, and that dignity, privacy and safety can be achieved without moving to single-sex wards:

“I much prefer working on a mixed ward, same sex gender client groups can often be very challenging. I’ve seen the opposite gender have a diffusing effect and often offer a sensible distraction. The friendships formed are natural. I’ve witnessed many alpha complex within same sex gender wards/groups...I strongly feel the mix works on the ward. *Staff member, Maple Ward*

“Blanket creation of new female single sex acute wards in mental health is going to bring significant further problems. Our female single sex wards are the worst to work on, and the worst to be admitted to, in comparison to their mixed and male counterparts. I believe we are more likely to have problems with staff sickness and retention, have more incidents and restrictive interventions. This is less of a problem with older age and dementia beds, but is significant in regards to the changes at Oaklands, Meadowfield, and Langley Green. We will be putting patients at increased risk and reducing the quality of their care by blanketly implementing the single sex accommodation standard in our mental health services. *Consultation questionnaire respondent, Disagree with proposals, Local resident and NHS employee*

“Having worked in acute for 24 years in all positions from HCA to management I feel very strongly that a move to having single sex wards throughout the Trust is the wrong decision. The wards on my unit have single rooms and private bath facilities and any gender issues can be managed safely on an individual needs led basis. In all my years of working in acute I have never had a complaint about a patient not being on a single sex ward and any issues have been managed . . . I am also aware that widespread single sex wards may cause recruitment issues and safety issues. I am aware that one female only acute has had to shut beds recently as the concentration of young female self-harming was causing an enormous strain on the environment , I have also heard staff stating that they would not want to work on an all female ward. Mixed gender is real life, therefore if we are trying to enable recovery and prevent institutionalisation surely we should be promoting reality. There are also the patients who are rapidly gender fluid or don't identify with a gender , then where does it leave them? *Consultation questionnaire respondent, Disagree with proposal, NHS employee*

Similarly, some consultees said that single-sex wards do not reflect real life and can reinforce gender stereotypes:

“I think it's a backwards step to split wards to same sex gender again. On mixed wards, you're not placed in bed facilities next to men and women, you are segregated to a certain extent, and you don't need to split people up again. Mixed gender is more comfortable and natural. As long as they have separate facilities for washing and sleeping, it should be ok. *Attendee, Capital Projects Group (Western), Former and current mental health service users at SPFT, people with mental, physical and learning difficulties*

Previous in-patients also spoke of the benefits of having men and women in the same ward, as this provided for more balanced conversations around thinking and mental wellness.

Healthwatch West Sussex has escalated concerns to Healthwatch England about the proposal to introduce single-sex wards because of local insight from this consultation, and for clarification over the NHS framework regarding gender mix and how this has been interpreted in the proposals. Healthwatch West Sussex believes this concern has over-shadowed other issues around the proposals, for example the argument that the Harold Kidd Unit is not 'fit for purpose' and the cost to modernise it is prohibitive or transport/travel issues and/or alternative solutions if there were no in-patient beds in the Chichester or Horsham Districts.

The West Sussex Health and Adult Social Care Select Committee raised mixed views about single-sex wards, with some supportive especially around dementia care and some suggesting caution around single-sex wards and working age patients, given that single-sex wards do not reflect real life.

Community provision

Consultees generally supported the importance of, and increased focus upon, community provision and care:

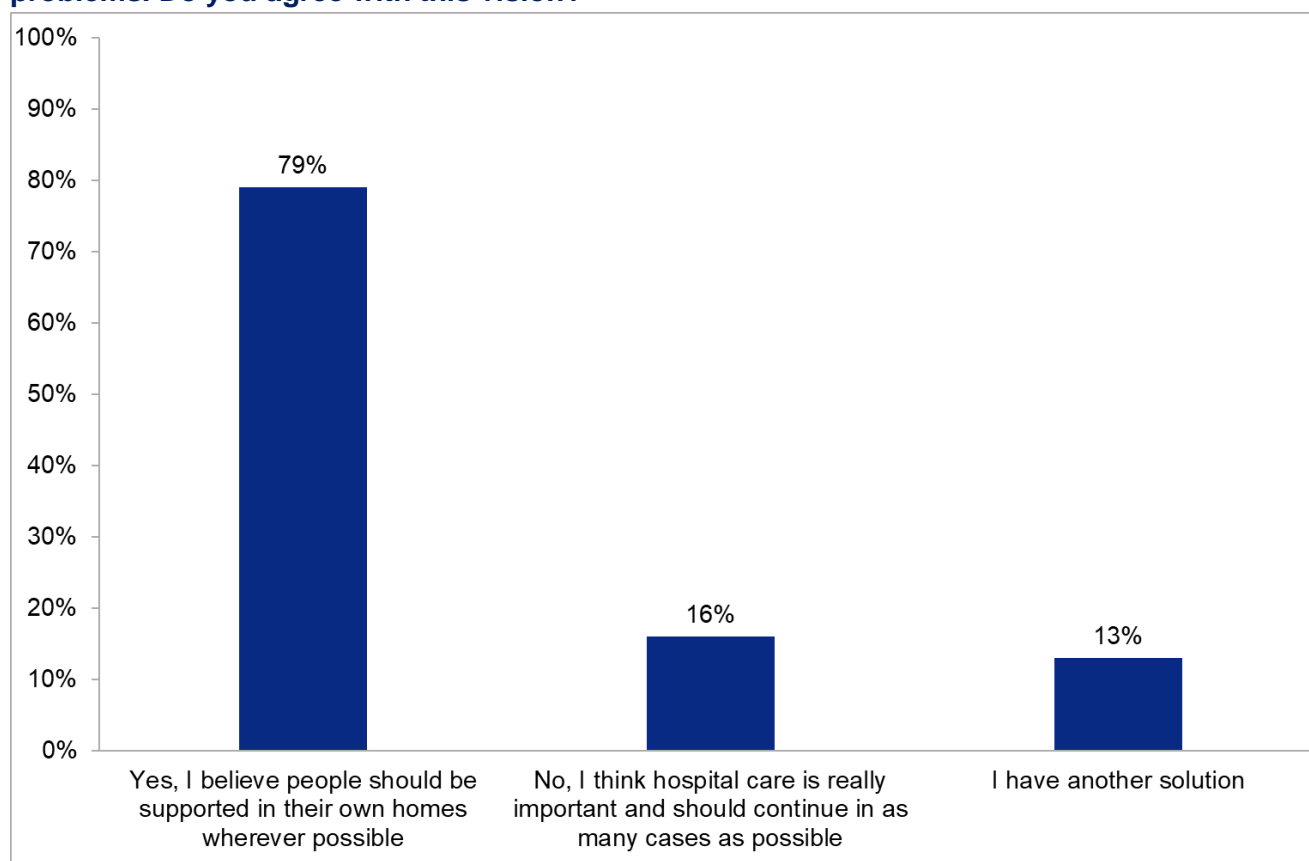
“ I think that it is the transition and arrangements from inpatient to community that is important not where the unit is. A poor discharge (from wherever) can really set people back. *Attendee, Crawley Open House (Homeless group)*

“ I'm supportive of there being better community provision, to stop people getting to the point they need to go into hospital and to help people recover better when they're out. But although there are suggestions that this will improve, there isn't enough detail on it for me to make a full and informed judgement. *Consultation questionnaire respondent, Neither agree nor disagree with proposals, Carer and Local resident*

79% of respondents to the consultation questionnaire said they believe people should be supported in their own homes wherever possible, while 16% think hospital care is really important and should continue in as many cases as possible. 13% said they have another solution.

Of the seven easy read respondents, 2 said they thought people with mental health should be supported at home, 2 said sometimes they should be supported at home, three said they needed more information and one said they did not know.

Figure 1: We have set out a vision for improved community services for people with mental health problems. Do you agree with this vision?



Number of respondents: 126. Note: Respondents could select more than one answer.

Source: Consultation questionnaire.

Consultees said they wanted more detail and information about the current community provision and future plans, and that there should be an investment and improvement in community provision in the first instance to help facilitate change and mitigate against any potential negative impact of the proposals:

“Support at home or the community is of course important, but hospital care should always be a safety net. Not all people can be cared for or recover at home. But community provision needs to be improved first, both its capacity and joined up working between community services and hospital services. There’s some vague mention of community services in the consultation document, but we need more detail about the current provision, changes and improvements planned. *Consultation questionnaire respondent, Neither agree nor disagree with the proposals, Service user and Local resident*

“We have been promised before that there would be more support in the community and a focus on prevention for people living with mental health problems, but these promises were not all carried out. Greater investment is needed for voluntary sector support. *Attendee, Capital Projects Group (Western), Former and current mental health service users at SPFT, people with mental, physical and learning difficulties*

As part of the focus on community provision, some consultees said that there should be support for carers to increase their resilience and capacity to support people:

“If there is an increasing focus on community support, there needs to be better and improved community services, including more support for carers so that we can cope with the increased demands and responsibilities.
Consultation questionnaire respondent, Disagree with proposals, Carer

“Staff should treat carers with more respect – carers should be involved in the patient’s recovery and should be listened to. *Attendee, Carers Support West Sussex meeting*

Consultees supported improved community provision and services. This includes a focus on prevention and early help to reduce the demand for in-patient mental health services. It also includes more joined-up working between community and in-patient services, including a clearer pathway around assessment, accessing services and discharge/post-in-patient support to maintain wellbeing and prevent relapses.

“The most important thing for me is that the quality of services is higher, and there are community services more readily available for people such as the crisis cafes and voluntary sector support. *Attendee, Worthing Keynote Public Event*

“The focus should be on prevention and early intervention to stop people entering into crisis and needing to go into hospital. *Consultation questionnaire respondent, Disagree with proposals, Carer and Local resident*

“There needs to be better integration between all mental health services, including community and hospital services. People need to be appropriately assessed and a clear pathway in place around the type of community and/or hospital support they receive. They also need to be supported once they leave hospital, so that their recovery is sustained and long lasting. *Consultation questionnaire respondent, Neither agree nor disagree with proposal, Local resident and NHS employee*

The West Sussex Health and Adult Social Care Select Committee raised similar points to those above.

Some staff at the staff engagement events also raised concerns about challenges coordinating community care, where community and in-patient care is not co-located.

Other key points

Concerns about parking and traffic at Meadowfield, Swandean site: Some consultees (including Salvington Hill Residents' Association), especially local residents at High Salvington, near the Meadowfield, Swandean site, said that the site is already at full or more parking capacity. They said the increase in cars due to the new proposed services will make this worse and potentially cause traffic and road safety problems:

“What is the provision for parking at Salvington Lodge? Many more beds means more visitors and staff. At the moment, the car parking is not in a good state – it's very overcrowded and no provision as it is. *Attendee, Capital Projects Group (Coastal), Former and current mental health service users at SPFT, people with mental, physical and learning difficulties*

“While I fully accept the need for appropriate provision of adult care, the proposed expansion of the hospital site at the base of Salvington Hill is misjudged and potentially dangerous. Unless there is an undertaking to provide sufficient additional parking for staff and visitors on the hospital site, the already congested Salvington Hill will become impassable. I am a resident of High Salvington and have to regularly run the gauntlet of trying to drive to the junction with the A27. Staff and visitors' cars associated with the Hospital are parked tightly for around 200 metres going up the hill from just after the junction. I often walk this route as well, which is also nerve wracking - there is no pavement for much of Salvington Hill, meaning I have to walk in the road beside the parked cars, putting myself in danger from traffic from both directions. I understand from the Residents' Association that we should be gaining double yellow lines for the lower part of the road and while this may alleviate some of the issues exiting the junction, unless the hospital provides suitable parking for its users, the problems will just shift to further up the hill. In my opinion, it is only a matter of time before there is a serious accident rather than just incidents of road rage occurring. *Consultation questionnaire respondent, Disagree with proposals, Local resident*

Concerns about increasing bed provision in wards and its implications for safety and staffing:

There were some safety concerns about increasing the number of beds per ward, with implications for staff burn-out and retention. This view was also shared by some staff through the staff engagement meetings.

Concerns about future proofing: Although consultees tended to say it is positive that bed provision has not decreased, there were some concerns (including from stakeholders that responded to the consultation questionnaire such as a representative of Coastal West Sussex Mind) that provision will not meet future demand across the area.

Question asked about Harold Kidd site: A small number of consultees asked what would happen to the Harold Kidd site, if the proposals went ahead.

Continued involvement of service users, carers and staff: Many of the service users, carers and staff who gave feedback were keen to be further involved in refining proposals and influencing their

implementation to maximise benefits and help mitigate against any potential negative impact of the proposals.

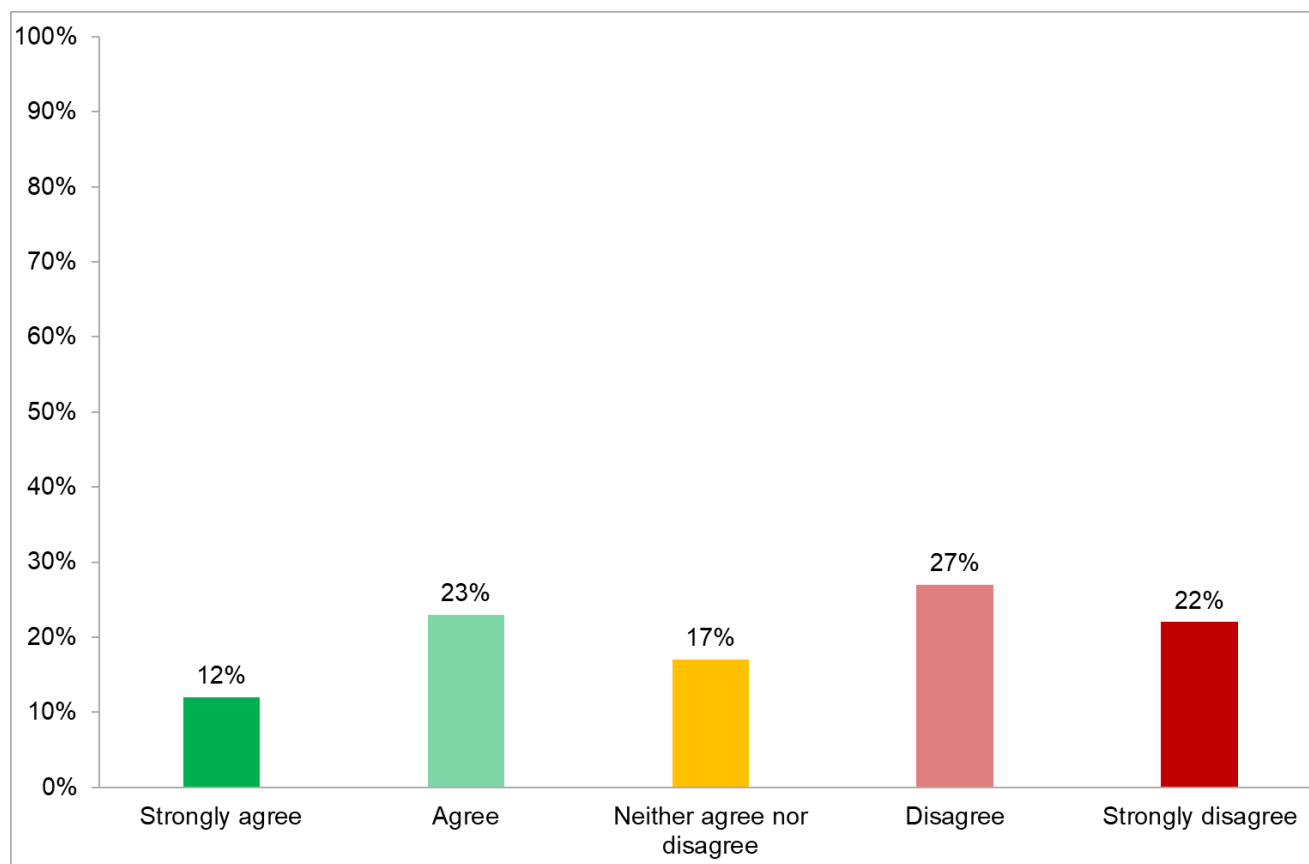
Support for the preferred option

The above themes and issues help explain the views of respondents to the consultation questionnaire about whether they support the proposals.

35% of respondents to the consultation questionnaire agree with the proposals, including 12% that strongly agree. 17% neither agree nor disagree and 49% disagree, including 22% that strongly disagree.

Of the 7 easy read respondents, one said they supported the proposals, 3 did not like the proposals, 2 required more information, one said they don't mind the proposal and one said they did not know.

Figure 2: To what extent do you agree or disagree with our preferred option for the provision of mental health care for adults, older people and those with dementia, as outlined on page 14 of the consultation document?



Number of respondents: 139

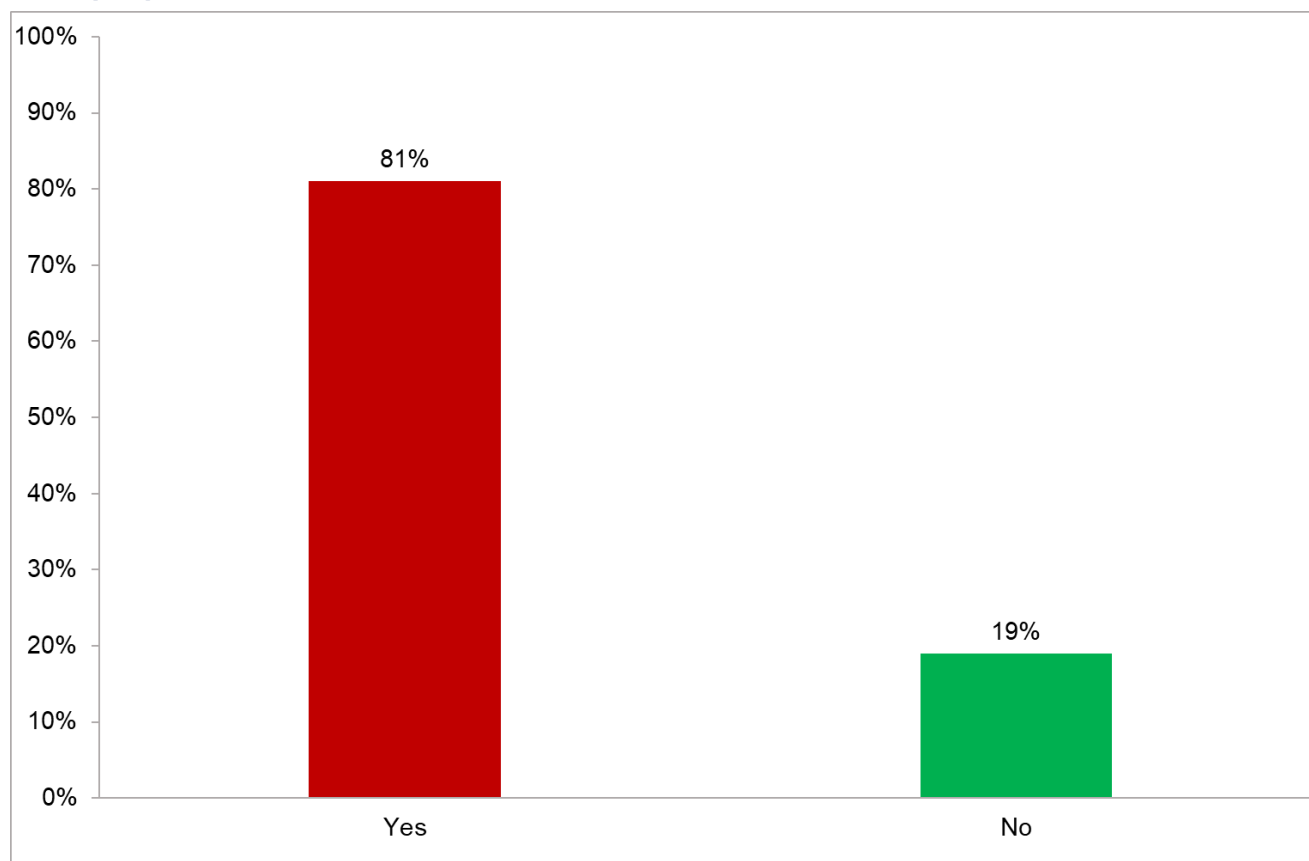
Source: Consultation questionnaire.

Impact of the proposals

81% of respondents to the consultation questionnaire said the proposals would have a negative effect on them or other people.

Of the 7 easy read respondents, 6 said they would require support if the changes were made, one said they did not know.

Figure 3: Is there anything about the preferred option that will have a negative effect on you, or other people?



Number of respondents: 131.

Source: Consultation questionnaire.

Types of negative impact:

The types of negative impact mainly and closely reflect the themes and issues raised above, with the main three reasons being **concerns about travelling far to access provision, single-sex wards and parking and traffic at the Meadowfield, Swandean site.**

In addition, a small number of respondents to the consultation questionnaire said there could be a **negative impact on staffing, with issues around recruitment and retention of staff.** This is because staff would have to travel longer distances and there could be staffing pressures on wards with more beds or on single-sexed wards.

Alternative suggestions or mitigating the impact of the proposals:

Respondents to the consultation questionnaire, and in several of the face-to-face engagement events, suggested ways to mitigate the impact of the proposals, or in some cases alternative solutions to the challenge of providing improved care and services and modernised facilities:

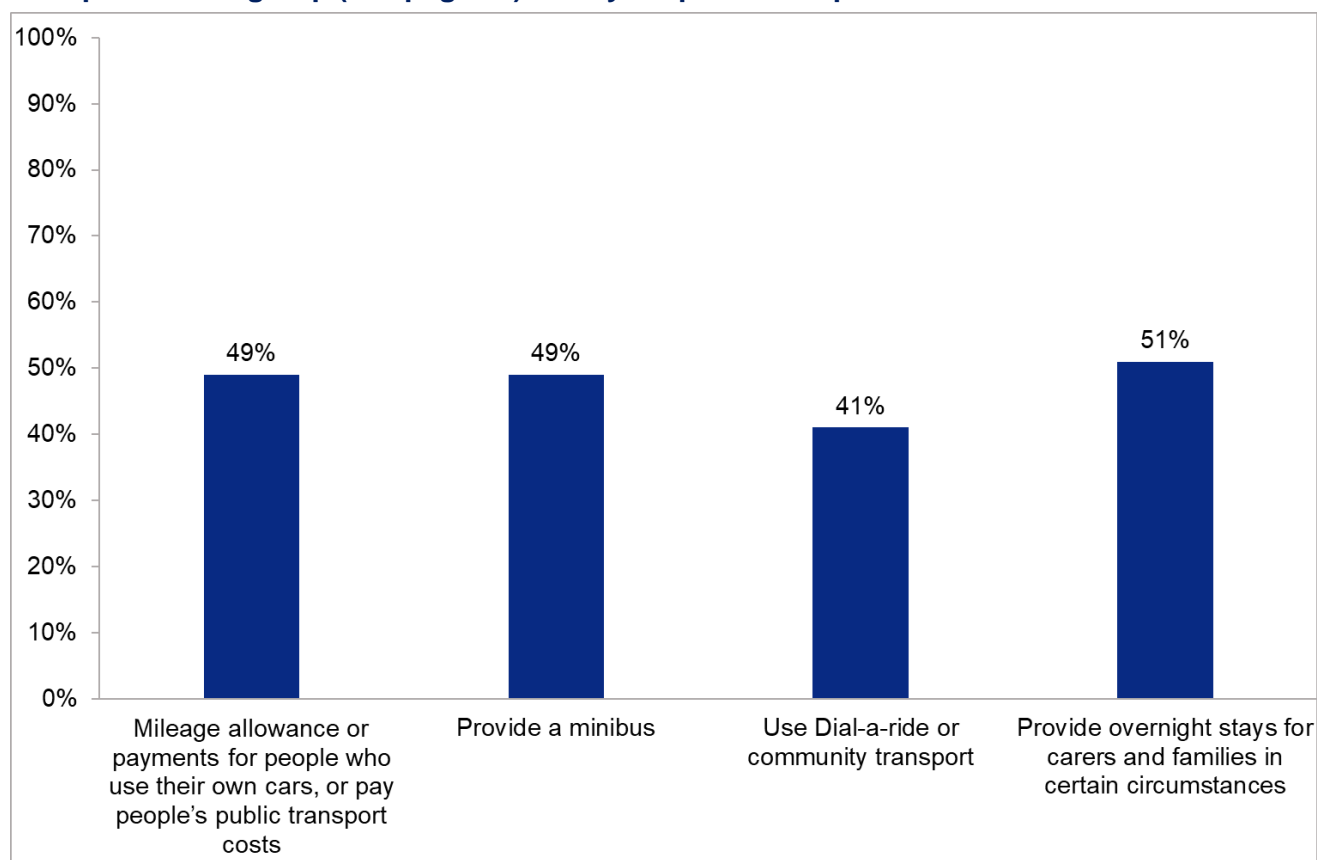
- **Provide local services:** Invest in improving and providing mental health and dementia services in existing or local locations to ensure equitable access to services across the area i.e. services to remain local. For example, one respondent asked if it is possible to expand provision at Oaklands to provide mental health services to both male and female service users.
- **Flexible single-sex ward policy:** Re-consider the strict single sex ward proposals by ensuring dignity and privacy through other measures.
- **Improve community provision:** More information/detail and/or investment in community provision required, with a focus on prevention and early intervention to avoid hospital stays. More joined-up working and a clear pathway between and within community provision and in-patient care and community rehabilitation provision to sustain wellbeing and prevent relapse.
- **Conduct a transport review and put in place mitigating measures:** Conduct a detailed transport review and implement mitigating measures to reduce the impact of the proposals, especially around residents/service users in Chichester.
- **Review/provide parking and traffic calming around Meadowfields, Swandean site:** Conduct a review of parking, traffic and travel around Meadowfields Swandean to reduce the pressure on the existing infrastructure due to the increased demand resulting from new services at the location.
- **Increase provision:** Provision should be increased to meet need – concerns that the proposals are not ‘future-proofed’ to meet future demand of an ageing population.
- **Continue to put patients first:** Calls for changes to be based on patient needs and for patients and carers to be consulted and supported through changes to mitigate any negative impacts. This view was also expressed by the Health and Adult Social Care Select Committee.
- **Review staffing numbers:** Re-consider staffing numbers/bed ratios and put in place measures to ensure the effective recruitment and retention of staff.
- **Continue to consult with staff:** Ensure staff are appropriately consulted and supported through any changes to maintain morale and reduce negative impacts on staff. This view was also expressed by staff through the various staff engagement meetings.
- **Review arrangement with Surrey and Borders Partnership NHS Foundation:** Re-consider the arrangement with Surrey and Borders Partnership NHS Foundation Trust to free up beds currently allocated to Surrey residents (although two respondents said they supported this provision, in part because it is income generating, as well as providing support to people in need).

Respondents to the consultation questionnaire selected the following transport options to make it easier to travel to the proposed new service provision:

- **Mileage allowance or payments for people who use their own cars, or pay people's public transport costs:** 49% (service users (73%) and carers (59%) were slightly more likely to select this option than other respondents (44%)).
- **Provide a minibus:** 49%.
- **Use Dial-a-ride or community transport:** 41%.
- **Provide overnight stays for carers and families in certain circumstances:** 51%.

Of the seven easy read respondents, three said they would need support to understand the changes, six said they would require a mini-bus to take them to the new service destination, 2 said they would like to be able to stay overnight and one said they wanted mileage money.

Figure 4: How do you think we could make it easier for service users, carers and families who may have to travel further because of these proposals? These are some suggestions suggested by the transport review group (see page 16). Tick your preferred option:



Number of respondents: 111. Note: Respondents could select more than one answer.

Source: Consultation questionnaire.

Comments/solutions about travel:

Respondents to the consultation questionnaire provided the following comments about travel and transport options to mitigate the impact of difficulties travelling to new sites:

- **Variety of options:** Consultees said that the potential travel options may help some, but not all and will not necessarily mitigate against the impact of increased travel. They said there should be a variety of options available to suit different circumstances.
- **Public and community transport:** A small number of respondents said the current public transport offer is limited and not sufficient to address travel concerns. Similarly, a few respondents said community transport provision is limited and would need to be expanded to meet demand.
- **Taxi:** A small number of respondents said there should be a door to door taxi service available.
- **Local:** A small number of respondents said to keep services local so people do not need to travel.
- **Do not use public money:** A couple of respondents said that they disagree with NHS/public money funding travel for carers and service users.
- **Car sharing and volunteer schemes:** A small number of respondents said to create a car sharing scheme between carers or a volunteer transport scheme.
- **Staff:** A small number of respondents said to provide travel options for staff too, so as to reduce the impact of the changes on them and facilitate staff recruitment and retention.

Appendices

Appendix 1: Marked-up consultation questionnaire

Improving mental health services in West Sussex: Consultation Questionnaire

Before answering this questionnaire, please make sure you have read the background consultation information at: www.sussexpartnership.nhs.uk/west-sussex-consultation

Confidentiality

This consultation questionnaire is being administered on behalf of the three NHS Clinical Commissioning Groups in West Sussex and the Sussex Partnership NHS Foundation Trust by independent research and consultation organisation, Public Perspectives Ltd. We are committed to safeguarding the information given to us in line with data protection legislation. You can see Public Perspectives' privacy policy notice at: www.publicperspectives.co.uk/privacy. The privacy notice provides information on how we handle and protect your personal information and how your individual rights are met.

Your response may be made available for public scrutiny if you are responding on behalf of an organisation or you are a representative of service users or the public, e.g. an MP or councillor.

If you are responding in a personal capacity, your response will be shared with decision-makers so they can consider your views fully but it will otherwise be kept confidential, as required by law. This means that your name, address or personal information will never be disclosed or reported alongside your responses.

Please do not put your name on the questionnaire or any other written response if you want to remain anonymous. But we would be grateful if you could fill in the other questions so we can see how representative respondents are and whether or not there are differences to the answers given by different groups of people.

If you would like to be kept informed about our work but want your response to remain confidential then please contact us separately with a request for you to be kept updated.

You can contact us at:

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Goring-by-Sea, Worthing
BN12 6BT

Email: westsussex.mh@nhs.net

Phone: 0300 304 0330

Please click 'Next' below to start answering the questionnaire.

Q1. To what extent do you agree or disagree with our preferred option for the provision of mental health care for adults, older people and those with dementia, as outlined on page 14 of the consultation document?

- 12% Strongly agree
- 23% Agree
- 17% Neither agree nor disagree
- 27% Disagree
- 22% Strongly disagree

Q2. Please give your reasons for your answer above.

N/A – Text response, analysed in report.

Q3. Whether you agree or disagree with our preferred option, are there parts of our proposals you do agree with?

N/A – Text response, analysed in report.

Q4. Are there parts of our proposals you disagree with. If so, which ones?

N/A – Text response, analysed in report.

Q5. Are there any other comments you would like to make on the preferred option?

N/A – Text response, analysed in report.

Q6. Is there anything about the preferred option that will have a negative effect on you, or other people?

- 81% Yes
- 19% No

If Yes, what is it and how will it affect you, or others?

N/A – Text response, analysed in report.

Q7. Please let us know if you have any other comments or suggestions – or if there is anything you think we may have missed.

N/A – Text response, analysed in report.

Q8. We have set out a vision for improved community services for people with mental health problems (see page 8 of the consultation document at: www.sussexpartnership.nhs.uk/west-sussex-consultation). Do you agree with this vision?

- 79% Yes, I believe people should be supported in their own homes wherever possible
- 16% No, I think hospital care is really important and should continue in as many cases as possible
- 13% I have another solution

If you have another solution, please outline below:

N/A – Text response, analysed in report.

Q9. How do you think we could make it easier for service users, carers and families who may have to travel further because of these proposals?

These are some suggestions suggested by the transport review group (see page 16). Tick your preferred option:

- 49% Mileage allowance or payments for people who use their own cars, or pay people's public transport costs
- 49% Provide a minibus
- 41% Use Dial-a-ride or community transport
- 51% Provide overnight stays for carers and families in certain circumstances

Please let us know if you have any further suggestions:

N/A – Text response, analysed in report.

About you

We would be grateful if you could fill in the following questions so we can see how representative respondents are and whether or not there are differences to the answers given by different groups of people. Your responses will be treated anonymously and confidentially. This means that your name, address and personal information will never be disclosed or reported alongside your answers.

Q10. Are you a:

- 14% Service user
- 28% Carer or family member
- 44% Local resident
- 30% NHS employee
- 11% Other

Q11. Are you representing an organisation in your answers?

- 88% No
- 12% Yes

If 'Yes', please state which organisation you are representing:

N/A – Text response, analysed in report.

Q12. What is your sex?

- 30% Male
- 60% Female
- 0% Intersex
- 10% Prefer not to say

Q13. Are you married or in a civil partnership?

- 53% Yes
- 29% No
- 18% Prefer not to say

Q14. How old are you?

- 0% Under 16
- 2% 16-25
- 14% 26-40
- 56% 41-64
- 25% 65-80
- 2% 81+

Q15. What is your ethnic background (please tick the box that applies to you)?

- 89% White – British, Irish, any other white background
- 6% Mixed – white and black, Caribbean, white and black African, white and Asian, any other mixed background
- 1% Black – black British, black Caribbean, black African, any other black background
- 1% Asian – Asian British, India, Bangladeshi, Pakistani, any other Asian background
- 1% Chinese
- 2% Other ethnic group

Q16. Which of the following options best describes your sexual orientation?

- 76% Heterosexual / straight
- 5% Lesbian
- 2% Gay
- 2% Bisexual
- 1% Other
- 13% Prefer not to say

Q17. Have you gone through any part of a process, or do you intend to (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery.

- 1% Yes
- 85% No
- 13% Prefer not to say

Q18. What is your religion?

- 31% No religion
- 5% Atheist
- 0% Buddhist
- 41% Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- 0% Hindu
- 1% Jewish
- 1% Muslim
- 0% Sikh
- 21% Prefer not to say

Any other religion, please state:

N/A – Text response.

Q19. Are you currently pregnant or have you given birth within the last year?

- 1% Yes
- 78% No
- 12% Not applicable
- 9% Prefer not to say

Q20. What is the first half of your postcode? (For example – BS1 or NE38)

N/A – Text response, analysed in report.

Q21. Are the day-to-day activities of you or anyone in your household limited because of a physical or mental impairment which has lasted or is expected to last at least 12 months, including problems relating to old age?

- 21% Yes, limited a little
- 24% Yes, limited a lot
- 46% No
- 9% Prefer not to say

Q22. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?

- 42% No
- 26% Yes, 1-19 hours a week
- 7% Yes, 20-49 hours a week
- 12% Yes, 50 or more hours a week
- 12% Prefer not to say

Q23. Do you live or work in, or near to:

- 29% Chichester
- 6% Haywards Heath
- 14% Horsham
- 12% Bognor Regis
- 9% Crawley
- 2% Midhurst
- 38% Worthing
- 1% Pulborough
- 5% Hove
- 8% Littlehampton

If somewhere else, please state:

N/A – Text response.

Q24. Would you like to hear more about this consultation? To help us stay in touch with you, please tell us a little more about yourself (Please note that we will only use this information to keep you informed about the consultation and next steps. This information will be treated anonymously and confidentially. This means that your name, address and personal information will never be disclosed or reported alongside your answers).

Name:

Address:

Postcode:

E-mail:

Telephone number:

We are committed to protecting your privacy, in accordance with the Data Protection Act 2018 and will not use any information we may hold about you for any purpose other than that for which it was collected. Under no circumstances is your data used for anything other than the purpose for which it has been collected. We will not distribute personal information collected to any third party, other than in limited cases where it is bound by law to do so. We may analyse statistical trends based on responses to help to improve services; however, this analysis will not include identifiable personal information.

Next steps

When the consultation closes at 5pm on Friday 11 October 2019, all the feedback will be analysed by an independent research organisation, Public Perspectives Ltd www.publicperspectives.co.uk. A report will be produced to be considered fully by Sussex Partnership NHS Foundation Trust and the three West Sussex Clinical Commissioning Groups.

We will publish this report on our website and make sure that people know when it is available.

The report will cover:

- major themes from the consultation
- an overview of the process
- a summary of the responses about the proposals, and
- an explanation of how the final decisions will be taken (including dates of meetings in public) and a timeline for implementation if agreed.

You can contact us at:

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Engagement Team
Coastal West Sussex CCG
The Causeway
Goring-by-Sea, Worthing
BN12 6BT

Email: westsussex.mh@nhs.net

Phone: 0300 304 0330

Thank you for completing the consultation questionnaire. To submit your responses, please click on the button below (upon submission you will be re-directed to the Sussex Partnership NHS Foundation Trust website)

Appendix 2: Themes from the face-to-face engagement events

The West Sussex CCGs and Sussex Partnership NHS Foundation Trust have produced a summary of the findings from across all the face-to-face engagement activity. It covers the key themes and issues identified in the main report, as well as several other points to be considered. This has been reviewed and endorsed by Public Perspectives Ltd.

Theme	Comments
Travel, parking and transport	<ul style="list-style-type: none"> - The impact travel will have on carers and families travelling to the new proposed sites, as well as the impact on the patients themselves., and how to support people to travel. - Impact of travel on limited time “home leave”. - Parking at Salvington Lodge is already difficult and very limited – need to address this especially if there will be extra beds at the site, meaning more visitors. There is a local campaign group that has been active for years made up of local residents opposing the poor parking facilities, which means their streets and driveways are clogged up. - Environmental impact of increased parking and congestion which will affect local residents and the environment at the Salvington Lodge. - Salvington Lodge is also poor for access by public transport. The bus doesn’t currently go into the site itself, and the pavement where you are dropped off is not safe to use. - Concern for rural areas and travel to Swandean / Langley Green. - CEO of Sussex Community Transport raised concerns about the independent Transport Review as the Transport Department at WSCC had not contacted.
Same sex wards and communal areas	<ul style="list-style-type: none"> - The impact of same-sex wards upon all communities and patients, particularly those from the LGBTQ+, trans and non-binary people. - Some patients like mixed sex wards as this is reflective of “society”, others feel that single sex wards, with communal areas, is a good idea. - Some religions and faiths prefer same sex wards. - Positive feedback that bedrooms will have ensuite facilities and also will mostly be single bedrooms, increasing privacy and dignity for the patients. Positive feedback that there will no longer be dormitories. - Concerns over staff not being same sex on same-sex wards. - Concerns that “traditional” gender stereotypes might arise if the wards became single-sex.
Staffing issues	<ul style="list-style-type: none"> - Further engagement may be needed with staff working on the wards that are affected by the proposed changes in the consultation about how they will be affected, and whether any staffing issues may occur such as under-recruitment, travel, etc. - Greater consistency needed for night shift staff including having more permanent night staff instead of bank and agency. - There are currently staffing shortages and many open vacancies going unfilled – SPFT need to think creatively about recruitment and the roles within the Trust, as well as the use of technology, such as Skype consultations. - The proposals would provide an opportunity for staff to gain a greater insight into different mental health conditions, which may result in retaining staff.
Access	<ul style="list-style-type: none"> - Issues regarding accessibility of current and planned wards; need to be wheelchair accessible, have specialist equipment such as hoists, wet rooms, etc, to help avoid having to place patients inappropriately. - Staff need to be trained in manual handling and supporting patients with extra access needs. - 111 service needs to be accessible to all, including Deaf people. VRS should be

	made available for 111 and not just the text message service.
Carers and family	<ul style="list-style-type: none"> - How young carers as well as adult carers will be affected. - Carers should be better supported throughout the patient's journey, including how the Trust provide information and signposting, making them feel part of the patient's recovery and greater recognition for what they do. - Carers of dementia patients and people with mental health conditions to be given greater guidance and information in a timely manner on expectations of how the person's health will be affected. - Carers to be fully listened to about patient's conditions and behaviours. - Families can sometimes be part of the problem and distance is sometimes part of the therapy. - Suggestion for more family rooms to be made available. - Pregnant inpatients to have access to maternity services, particularly when they are further away from their usual place of residence. - Patients who are moved to a ward far away from must be supported to maintain links with their family and assured transition upon discharge. - Carers and family to have access to Skype calls to communicate with patients, without the need to travel long distances.
Faith / Religion	<ul style="list-style-type: none"> - The needs of people with particular faiths should be taken into consideration on the new wards, such as ensuring that female/male staff are available for female/male patients when requested, appropriate food for different cultures and if there are faith rooms for prayer etc. - Some religious groups have felt positively about the proposed relocation of the wards, as if admitted they would be further away from their community, which would reduce the stigma associated with mental health that their community may express. - Some religions and faiths have been very positive about same-sex wards.
Mental Health Community Services	<ul style="list-style-type: none"> - The Trust need to focus more on prevention of poor mental health, such as a greater investment in peer support workers, crisis cafes, mental health and wellbeing community hubs, safe havens and resources. - Ensure there is a robust communications and engagement campaign to raise awareness of the new 111 service, which launches in March 2019. - There is a need for extended community mental health services over the weekend. - GPs need greater awareness training on community support services for mental health issues and where to signpost to what's available locally. - GPs need to offer community mental health support within the Primary Care Networks, including drop-ins, coffee mornings, etc. - Community and voluntary sector organisations need to have sufficient additional investment to ensure they can continue to provide mental health support in the community. - The Trust and the CCG need to work with the voluntary sector, in particular the homeless community, to ensure that community services and information is available and accessible to all.
Centre of Excellence	<ul style="list-style-type: none"> - Need for greater clarity in the explanation of what a Centre of Excellence will mean, what it provides, how it links to other services, etc.
AWOL Policy	<ul style="list-style-type: none"> - The AWOL policy for mental health inpatient services should be reviewed and fully incorporated into the care pathway. - Concerns about the process of supporting and finding patients who are on a ward out of area and go missing.
Cohesive Communities	<ul style="list-style-type: none"> - Taking patients out of their communities and familiar area could be detrimental to them.
Number of	<ul style="list-style-type: none"> - Generally positive reactions to there not being a reduction in beds, though the need for mental health services is increasing so many have suggested that bed

beds available	availability should also increase.
A&E and Police	<ul style="list-style-type: none"> - Positive feedback on any alternative to accessing A&E. - Sussex Police and Hospitals need to be kept up to date with the consultation developments.
Estates	<ul style="list-style-type: none"> - The buildings should be renovated rather than closing them down.
Discharge and aftercare	<ul style="list-style-type: none"> - Discharge planning after leaving hospital needs to be reviewed. - More support is needed for carers and families to find suitable care packages before and following a stay in hospital - not very accessible at the moment.
East Surrey	<ul style="list-style-type: none"> - Concerns over what the proposals will mean for East Surrey patients.
Quality of Care	<ul style="list-style-type: none"> - Patients should be given a good quality of care. - Greater understanding of LGBTQ+ issues is needed from staff – training to be made available.
Oaklands	<ul style="list-style-type: none"> - Oaklands already has a male and female corridor, which could easily be renovated to create two separate single-sex wards, which would ultimately be a mixed ward. - Serious concerns about changing Oaklands to a male only ward - feeling that women in the Chichester area will be disadvantaged in comparison to West Sussex residents in East and North West Sussex. - Undertaking assisted home leave will be more complex if Oakland's closes. - The increase in the number of beds will have a negative impact on patient safety. The staff to patient ratio needs to be reviewed.
Voluntary organisations	<ul style="list-style-type: none"> - A number of community voluntary organisations are not being sufficiently funded to provide essential lifeline support to patients and their carers.

Appendix 3: Background and consultation documents

The following documents are available upon request:

- Consultation booklet: Working with you to improve mental health in West Sussex
- Pre-consultation business case
- Report on pre-engagement activity
- Quality impact assessment
- Transport analysis
- Transport review group response
- Equality and health impact assessment
- Data protection impact assessment
- Communications and engagement plan
- Community services overview
- Consultation Frequently Asked Questions
- Experience of transgender, non-binary and intersex people survey
- Supporting Transgender Service Users policy

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