

Public Document Pack

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16 February 2021

Health and Adult Social Care Scrutiny Committee

A virtual meeting of the Committee will be held at **10.30 am** on **Wednesday, 24 February 2021**.

Note: In accordance with regulations in response to the current public health emergency, this meeting will be held virtually with members in remote attendance. Public access is via webcasting.

The meeting will be available to watch live via the Internet at this address:

<http://www.westsussex.public-i.tv/core/portal/home>

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Agenda

- 10.30 am 1. **Declarations of Interest**
- Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it. If in doubt please contact Democratic Services before the meeting.
- 10.32 am 2. **Urgent Matters**
- Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances, including cases where the Committee needs to be informed of budgetary or performance issues affecting matters within its terms of reference, which have emerged since the publication of the agenda.
- 10.33 am 3. **Minutes of the last meeting of the Committee** (Pages 3 - 6)
- The Committee is asked to agree the minutes of the meeting held on 13 January 2021 (cream paper).

- 10.35 am 4. **Improving mental health services for adults and older people in West Sussex** (Pages 7 - 86)
- The Committee will consider the outcome of public consultation on proposals by the West Sussex Clinical Commissioning Group and Sussex Partnership NHS Foundation Trust.
- 11.50 am 5. **Forward Plan of Key Decisions** (Pages 87 - 96)
- Extract from the Forward Plan dated 15 February 2021 – attached.
- An extract from any Forward Plan published between the date of despatch of the agenda and the date of the meeting will be tabled at the meeting.
- The Committee is asked to consider whether it wishes to enquire into any of the forthcoming decisions within its portfolio.
- 12.01 pm 6. **Possible Items for Future Scrutiny**
- Members to mention any items which they believe to be of relevance to the business of the Scrutiny Committee, and suitable for scrutiny, e.g. raised with them by constituents arising from central government initiatives etc.
- If any member puts forward such an item, the Committee's role at this meeting is just to assess, briefly, whether to refer the matter to its Business Planning Group (BPG) to consider in detail.
- 12.02 pm 7. **Requests for Call-in**
- There have been no requests for call-in to the Scrutiny Committee and within its constitutional remit since the date of the last meeting. The Director of Law and Assurance will report any requests since the publication of the agenda papers.
- 12.03 pm 8. **Date of Next Meeting**
- The next meeting of the Committee will be held virtually on 23 June 2021 at 10.30 am.
- Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 8 June 2021.

To all members of the Health and Adult Social Care Scrutiny Committee

Health and Adult Social Care Scrutiny Committee

13 January 2021 – At a virtual meeting of the Health and Adult Social Care Scrutiny Committee held at 10.30 am.

Present: Cllr Turner (Chairman)

Cllr Walsh	Cllr M Jones	Cllr Bangert
Cllr Arculus	Cllr Markwell	Cllr Bennett
Cllr Atkins	Cllr O'Kelly	Cllr Bob Burgess
Cllr Boram	Cllr Pendleton	Cllr Karen Harman
Cllr Bridges	Cllr Wickremaratchi	Cllr Loader
Cllr A Jones	Katrina Broadhill	Cllr Peacock

Also in attendance: Cllr A Jupp

21. Declarations of Interest

21.1 There were no declarable interests.

22. Urgent Matters

22.1 The Chairman reported that since the publication of the agenda there had been one new appointment to the Committee.

22.2 Resolved – that the Committee notes the appointment of Cllr Roger Noel (representing Horsham District Council) to the Committee.

23. Minutes of the last meeting of the Committee

23.1 In response to a query around the delivery of the vaccination programme committee members were assured that they would be kept up to date through regular briefings to stakeholders by the West Sussex Clinical Commissioning Group.

23.2 Resolved – that the minutes of the meeting held on 11 November 2020 are approved as a correct record and are signed by the Chairman.

24. Adults and Health - Service Planning Overview

24.1 The Committee considered a report by the Executive Director of Adults and Health (copy appended to the signed minutes).

24.2 Summary of responses to committee members' questions and comments: -

- The Council is investing in reablement/reskilling models of care as suggested by the Local Government Association Peer Review and is working with individuals and communities to see how people's quality of life can be improved in their own homes

- There were no proposals to change the eligibility criteria as set out in the Care Act
- With the likelihood of ongoing financial constraints on the Council, the new models of working will make savings by delivering care in different ways
- Partnership working had increased during the pandemic and would continue to be important going forward
- The Council invests significantly in the voluntary sector to the best advantage of all
- Difficult decisions on prioritising services are being made, but this is informed by learning from localising services
- All customers have an annual care review and would also have an assessment if their care package was to change
- Reducing the use of single person services for customers where shared services may be suitable and is a procurement efficiency
- Significant changes to services would be subject to consultation and equality impact assessments – a Task & Finish Group (TFG) from this committee could then scrutinise revised proposals before they went to Cabinet for final approval
- A review had shown that Shaw and in-house day services, were underused before the pandemic and could be provided in a different way that would also deliver financial savings
- The Public Health Grant is ring-fenced, and the Council has to show how the money is used – if Public Health spend exceeds the grant, money would have to be found from other Council sources
- When planning services, the Council took into account the future demographics of the county based on housing plans developed by district and borough councils for the next two to five years
- There was a query about weight management in wellbeing programmes – **ACTION:** Keith Hinkley to provide the Committee with benchmarking information on weight management programmes
- Support for homeless people during the pandemic was a partnership with the County Council providing community support and the district and borough councils providing accommodation support
- All proposed key performance indicators (KPIs) could be benchmarked as there was national data on spend, but value for money couldn't be benchmarked as the current measures only looked at use of resources and not quality or outcomes
- An Adults and Health Plan could have its own set of KPIs which could include the following – Covid-19 vaccinations, mid-life health, deprivation of liberty safeguarding, inequality, Black, Asian, and Minority Ethnic life expectancy, effectiveness in mental health services and staff retention
- The Council did not have detailed information on care given to people who paid for their own care
- It was requested that any TFG looking at the service overview has access to consultation output, comments from the residents and families of Marjorie Cobby House and evidence of investment in reablement

24.3 Resolved – that the Committee: -

- i. Agrees to convene a Task and Finish Group to consider the proposed Adults and Health strategic savings 2021/22 prior to a final decision, receiving information about those services which are receiving investment such as technology and reablement services, also taking into account points made by the Committee during the discussion, in forming its terms of reference.
- ii. Is broadly content with the Key Performance Indicators as set out, but highlights the importance of value for money indicators, mid-life health and obesity, Black, Asian and Minority Ethnic life expectancy, effectiveness in mental health services and staff retention and asks that the development of the Adults and Health Plan 2021/22, has scrutiny involvement in relation to any further Key Performance Indicators, so that these points can be taken into consideration and ensure that the Committee can measure service performance effectively.

25. Appointment to Business Planning Group

- 25.1 Resolved – that the Committee appoints Cllr M Jones to its Business Planning Group to fill the minority party vacancy.

26. Possible Items for Future Scrutiny

- (a) Forward Plan of Key Decisions

- 26.1 Resolved – that the Committee notes the Forward Plan of Key Decisions.

- (b) Work Programme

- 26.2 Resolved – that the Committee notes its work programme.

27. Date of Next Meeting

- 27.1 The next meeting of the Committee will take place on 24 February 2021.

The meeting ended at 1.09 pm

Chairman

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West Sussex Health and Adult Social Care Scrutiny Committee

24 February 2021

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

Report by:

Jessica Britton, Executive Lead for Mental Health, Sussex NHS Commissioners, and Executive Managing Director, NHS East Sussex Clinical Commissioning Group.

Simone Button, Senior Responsible Officer, Sussex Partnership NHS Foundation Trust.

1. Summary

- 1.1 In January 2018, the NHS Coastal West Sussex, NHS Crawley and NHS Horsham and Mid-Sussex Clinical Commissioning Groups (CCGs) (now the NHS West Sussex Clinical Commissioning Group), in partnership with the Sussex Partnership NHS Foundation Trust (Sussex Partnership), began developing a preferred option to improve mental health services in West Sussex for adults and older people, including those with dementia.
- 1.2 The original preferred option focused on moving old, poor-quality and stand-alone wards with some dormitory accommodation in Chichester and Horsham to more modern, safer wards in Worthing and Crawley. It also gave the opportunity to create single-sex wards across West Sussex to meet national guidelines and to develop a Centre of Excellence for Dementia Care in Worthing.
- 1.3 The option supported our plans to strengthen community services to care for people in their own homes where possible by providing greater access to crisis and urgent care and home treatment services. We want our community services to keep the service user at the centre of everything we do. We will bring in specialist care to support the individual as needed, minimising duplication of information gathering. This will also help maintain continuity of staffing wherever possible, provide treatment as close to home as possible and ensure collaborative care plans set out a clear road map for the recovery journey.
- 1.4 As part of the vision and ambitions for the Mental Health Long Term Plan and our aspirations for the local system, we are proposing to set up a Centre of Excellence at the Swandean site in Worthing for people living with dementia. This would have a significant positive impact on the outcomes for people with dementia who have physical health needs as well as people with long-term physical health conditions who have cognitive and/or behavioural difficulties. It could also help streamline referral and assessment processes and smooth the pathway between services.
- 1.5 The CCGs and Sussex Partnership formally consulted on the preferred option for 12 weeks between July and October 2019, engaging with more than 500 people during this period, including members of the West Sussex Health & Adult Social Care Scrutiny Committee. A particular focus was on engaging with service

users, carers and their families, charities and interested parties such as MPs and individual members of the public.

- 1.6 Informed by an Equality and Health Inequality Impact Assessment, there was also a focus on engaging with representative groups from communities that can sometimes be less well heard, including people from the LGBTQ+, Black, Asian and Minority Ethnic and rural communities.
- 1.7 A Communications, Engagement and Equalities Steering Group was established with fortnightly meetings scheduled to oversee the public consultation and respond to questions from the public and media during this period. This included representation from West Sussex Healthwatch. Before consultation began, our documents and plans were independently reviewed and endorsed by the Consultation Institute.
- 1.8 Public Perspectives Ltd., a consultancy which specialises in research and community engagement in the public and third sectors, was commissioned to carry out an independent analysis of the feedback to the consultation.
- 1.9 All responses were independently analysed by Public Perspectives who presented a final report, which provided us with valuable feedback and input. This report, together with all other evidence and information, was used to inform a refined and revised preferred option which we believe better represents the needs of people in West Sussex.
- 1.10 One of the critical outcomes of the refined option has been a revised approach to single-sex wards, resulting in the retention of some mixed-sex wards with areas that are segregated between men and women. We also propose to retain mixed communal lounges alongside segregated female lounges to acknowledge individual choice. All wards for people with dementia will remain single-sex. These proposals remain compliant with all appropriate guidance.
- 1.11 In response to feedback around transport issues, we have proposals to support people who may be most adversely affected by the travel implications of our proposals, such as travel costs where needed for families visiting patients at the time of transfer and overnight stay facilities for relatives of patients.
- 1.12 The revised option also means making use of, earlier than planned, inpatient beds in the north of the county currently accessed by Surrey and Borders Partnership NHS Foundation Trust. This will provide three extra beds for adults of working age to support any increased demand.
- 1.13 Our revised option has been set out in a final Decision Making Business Case document which has been reviewed and agreed by NHS England and Improvement. An executive summary of this document is attached as Appendix 1.
- 1.14 Also accompanying this document is the independent analysis report on the findings of the consultation (Appendix 2) and the Equality Health and Impact Assessment (Appendix 3) which was reviewed throughout the consultation process and updated to reflect the revised proposal.

- 1.15 The finalisation of these proposals paused temporarily during the initial system response to Covid-19. The revised proposal was reviewed by Sussex Partnership Board in December 2020, recommending this to the West Sussex CCG Governing Body who approved the proposals at its meeting in February 2021, prior to submitting the outcome of this to the West Sussex Health & Adult Social Care Scrutiny Committee.

2. Focus for scrutiny

- 2.1 The Committee is asked to scrutinise the contents of this report. Key areas for scrutiny include:

- (1) Changes made to the original preferred option presented to the Health & Adult Social Care Scrutiny Committee at its formal meeting on Wednesday 12 June 2019.
- (2) Details of the activity undertaken during the public consultation, the issues raised and how they have been addressed in the final revised proposals.
- (3) A proposed implementation timetable.

3. Details

3.1 Changes to the original preferred option presented to the HASC at its formal meeting on Wednesday 12 June 2019.

- 3.1.1 The original preferred option has been revised following consultation in order to ensure the feedback informed the proposal. The table below compares the revised option, post-consultation, with the original pre-consultation preferred option.

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	Wards will remain mixed-sex rather than become single-sex.

3.2 Details of the activity undertaken during the public consultation, the issues raised and how they have been addressed in the revised option.

3.2.1 The public consultation ran for a 12-week period from Wednesday 17 July to Friday 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. The outcome of the consultation and feedback is detailed in the independent analysis report on the findings of the consultation (Appendix 2)

3.2.2 Throughout the design and consultation phase, we continually tested our proposals and consultation approaches against an Equality and Health Inequalities Impact Assessment (EHIA) which was reviewed and updated throughout the process, in line with good practice.

3.2.3 The final EHIA is attached as Appendix 3.

3.2.4 Public consultation – main themes

Transport and Travel	
Feedback Received	How we responded and how the feedback informed the final proposals
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	<ul style="list-style-type: none"> We decided to maintain the 16-bed Oaklands Ward in Chichester as a mixed-sex ward which means that there will still be inpatient facilities for women in the area.

<p>issue for residents of Chichester where access to public transport is already challenging. Having to manage travel inconveniences while a family member is unwell created more anxiety for people.</p>	<ul style="list-style-type: none"> • We have also decided to keep mixed-sex wards across the county for adults of working age and older people which means that service users based at Chichester will now only have to move to existing wards in Worthing, subject to bed availability and patient choice. • Those most affected by the need to travel further will receive help in the form of mileage and public transport allowances and possible community transport/minibus shuttles between relevant locations. There will also be provision for families to have overnight stay with the patients on hospital sites.
Single Sex Wards	
Feedback Received	How we responded and how the feedback informed the final proposals
<p>Concerns around the proposed changes to make all inpatient wards into single-sex wards. Feedback indicated that the proposals did not accurately reflect a real life environment for people while some felt that 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 mixed sex wards can offer a more stable environment.</p> <p>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 ensure these patients the privacy and dignity they deserve.</p>	<ul style="list-style-type: none"> • Following advice from the Care Quality Commission (CQC) and further support from Healthwatch West Sussex and Healthwatch England, we determined that we could keep all adult and older people wards as mixed-sex, although bedrooms, bathrooms and female lounges will be segregated and there will also be mixed-sex communal areas. • There will also be flexibility to accommodate the needs of any transgender or non-binary inpatients so they can maintain their dignity, privacy and safety. • All our dementia wards will remain single-sex.
Increased Bed Numbers	
Feedback Received	How we responded and how the feedback informed the final proposals
<p>Concerns were raised, that increasing the ward sizes, as set out in the preferred option, might have implications for the therapeutic environment and for staff morale and</p>	<p>We have reviewed the arrangement with Surrey and Borders partners to release 9 beds occupied at Langley Green Hospital from April 2021 (earlier than originally planned). Surrey and Borders have secured alternative provision locally for their patients in line with their</p>

any subsequent impact on recruitment and retention.	strategy for hospital improvements. This will provide a net increase of three beds for West Sussex over and above the original proposal.
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Strengthening Community Services	
Feedback Received	How we responded and how the feedback informed the final proposals
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.	In our DMBC we have set out how we intend to improve and strengthen community services in future, including investment in these services.
Parking & Traffic Concerns	
Feedback Received	How we responded and how the feedback informed the final proposals
Some people living near Sussex Partnership's Swandean site in Worthing said the site is at more than full capacity. The increase in cars due to the plans will make matters worse and cause road safety problems.	Sussex Partnership is developing a parking strategy to identify potential solutions and create more parking provision on the Swandean site to alleviate the pressure on surrounding roads. This will include engagement with local people. It will also enable staff to make use of any potential transport provision which is organised between the affected sites.
Continuing Involvement	
Feedback Received	How we responded and how the feedback informed the final proposals
Some service users, carers and staff said they wanted continuing involvement in refining the plans and influencing how they are implemented to reduce any negative impacts	<p>Both West Sussex CCG and Sussex Partnership are committed to making sure service user, carers, staff and governors' engagement will continue throughout any redesign of services and this will be reflected in the implementation plan for these proposals.</p> <p>We will carry out a post-project evaluation which will involve service users, carers and staff and a full range of wider stakeholders.</p>

3.3 Proposed implementation timetable is set out below.

3.3.1 Implementation February 2021 - July 2022:

Action	Date
Phase One	
Staff consultation	February/March 2021
Close Grove and Iris wards and transfer to newly refurbished unit at Swandean	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, Worthing.	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 any 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

Harpreet Kaur, Interim Head of Mental Health Commissioning, West Sussex Clinical Commissioning Group.

John Wilkins, Programme Director, Business Development and Project Management, Sussex Partnership NHS Foundation Trust.

Contact Officer:

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Appendices

1. Decision Making Business Case – Executive Summary
2. Improving mental health services in West Sussex: independent report of consultation results - October 2019.
3. Equality and Health Inequalities Impact Assessment.

Background papers

Delivering safe, effective, quality care: Improving mental health services for adults and older people in West Sussex - Decision Making Business Case (available on request).

The following documents regarding the public consultation can be found here:

<https://www.sussexpartnership.nhs.uk/west-sussex-consultation>

- Pre-consultation business case
- Report on pre-engagement activity
- Quality impact assessment
- Transport analysis
- Transport review group response
- Equality and Health Inequalities Impact Assessment.
- Data protection impact assessment
- Communications and engagement plan
- Community services overview
- Consultation Frequently Asked Questions
- Supporting Transgender Service Users policy.

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**

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.

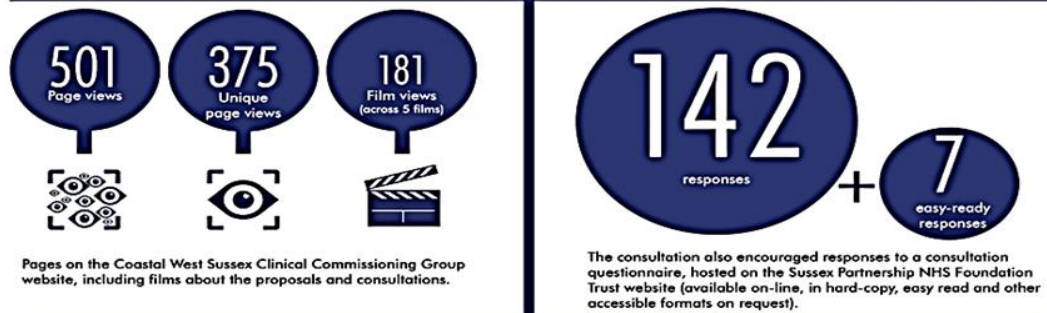
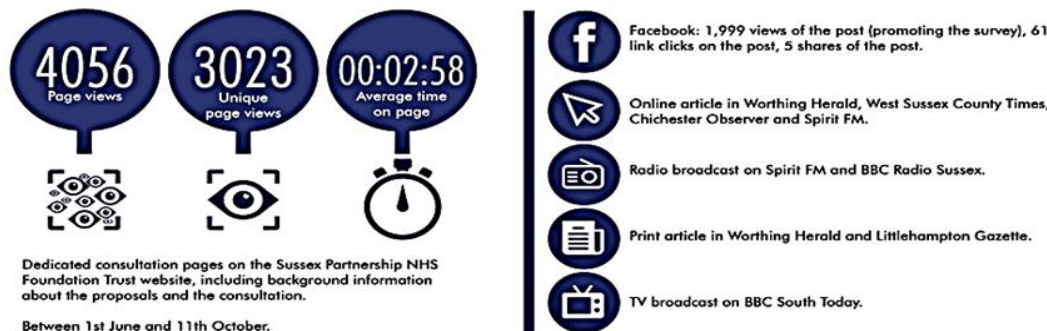
Public Consultation and Engagement

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;



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.



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:

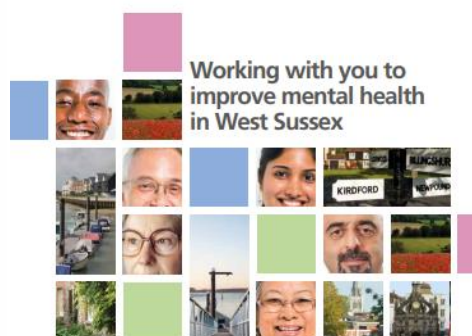
Action	Date
Phase One	
Governing Body (GB) to consider the Decision-Making Business Case in Public. West Sussex Health and Social Care Scrutiny Committee (HASC) meeting to review the CCG Governing's Body decision	February 2021
DMBC plan and proposals reviewed and decision made	February 2021
Staff consultation	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

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Improving Mental Health Services in West Sussex

Independent Report of Consultation results: October 2019



Working with you to
improve mental health
in West Sussex



West Sussex CCGs and
Sussex Partnership
working together



Research
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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.

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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.

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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.

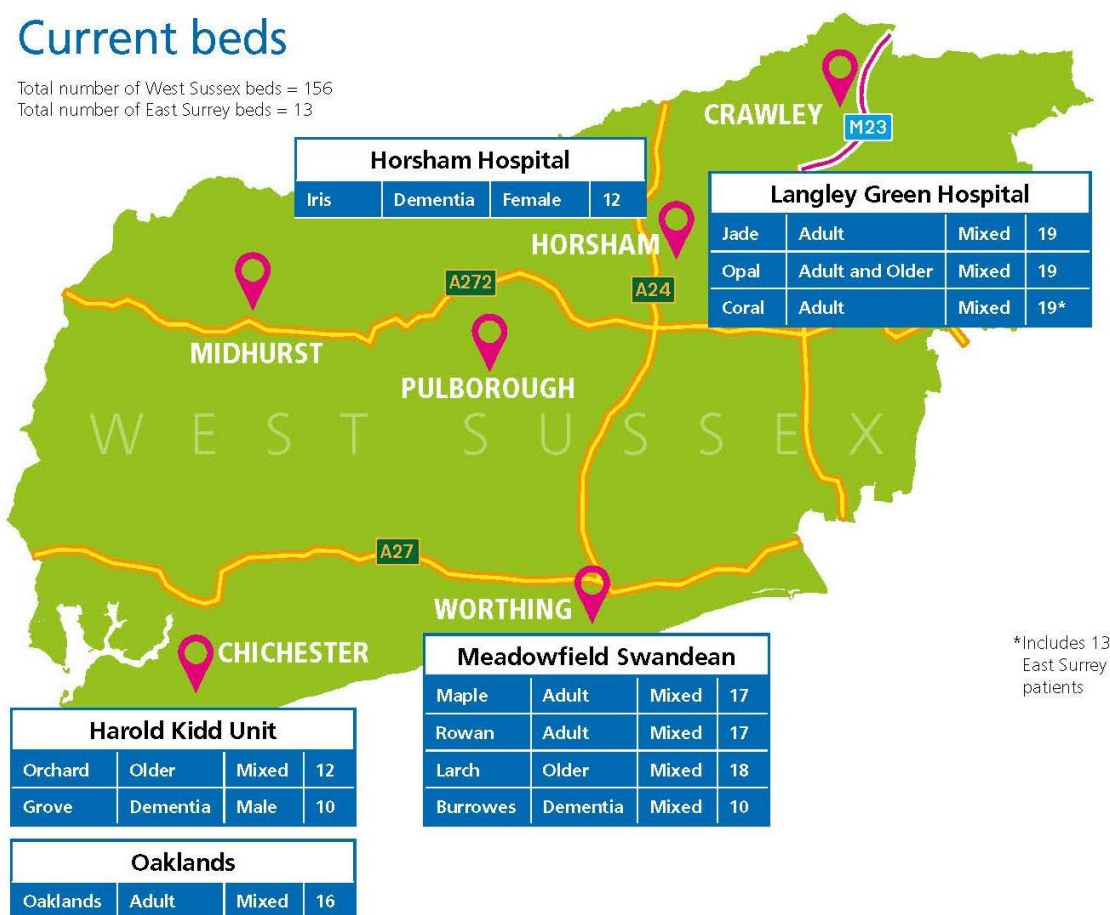
The number of hospital beds for people with mental health needs in West Sussex will remain the same under these proposals.

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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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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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

SOUTHWICK

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

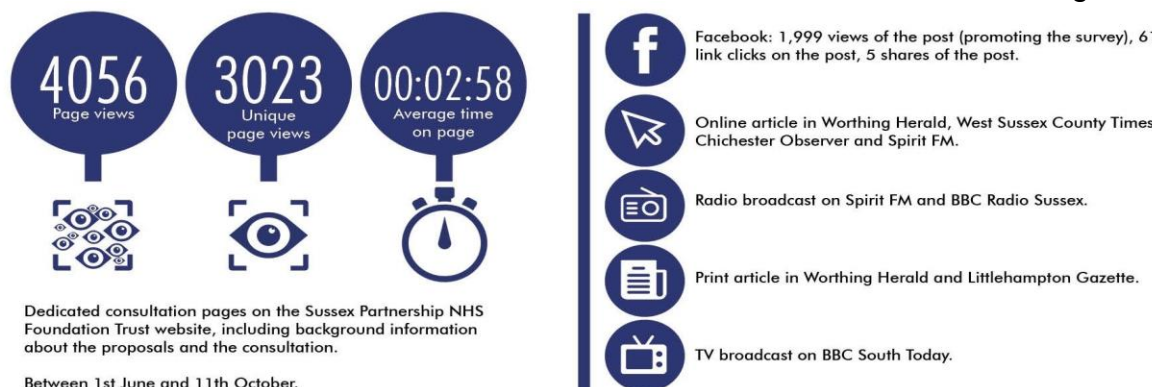
LITTLEHAMPTON

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

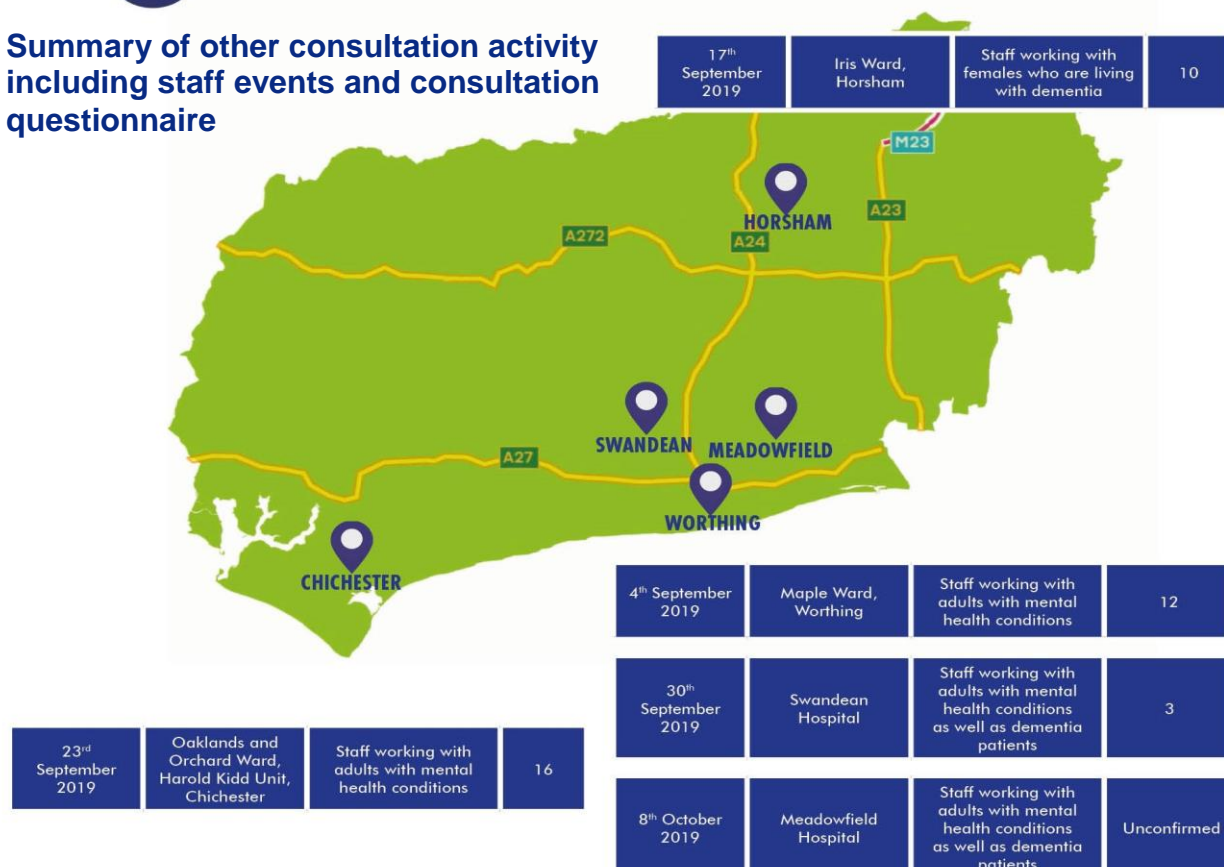
Saturday 21 September, 10 - 3.30 pm	SPFT AGM	General public, carers, voluntary sector, former service users	30
Friday 27 September, 11.30 - 1 pm	Capital Projects (Western)	Former and current mental health service users at SPFT, people with mental, physical and learning difficulties	30





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



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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*

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“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*

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“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.

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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:

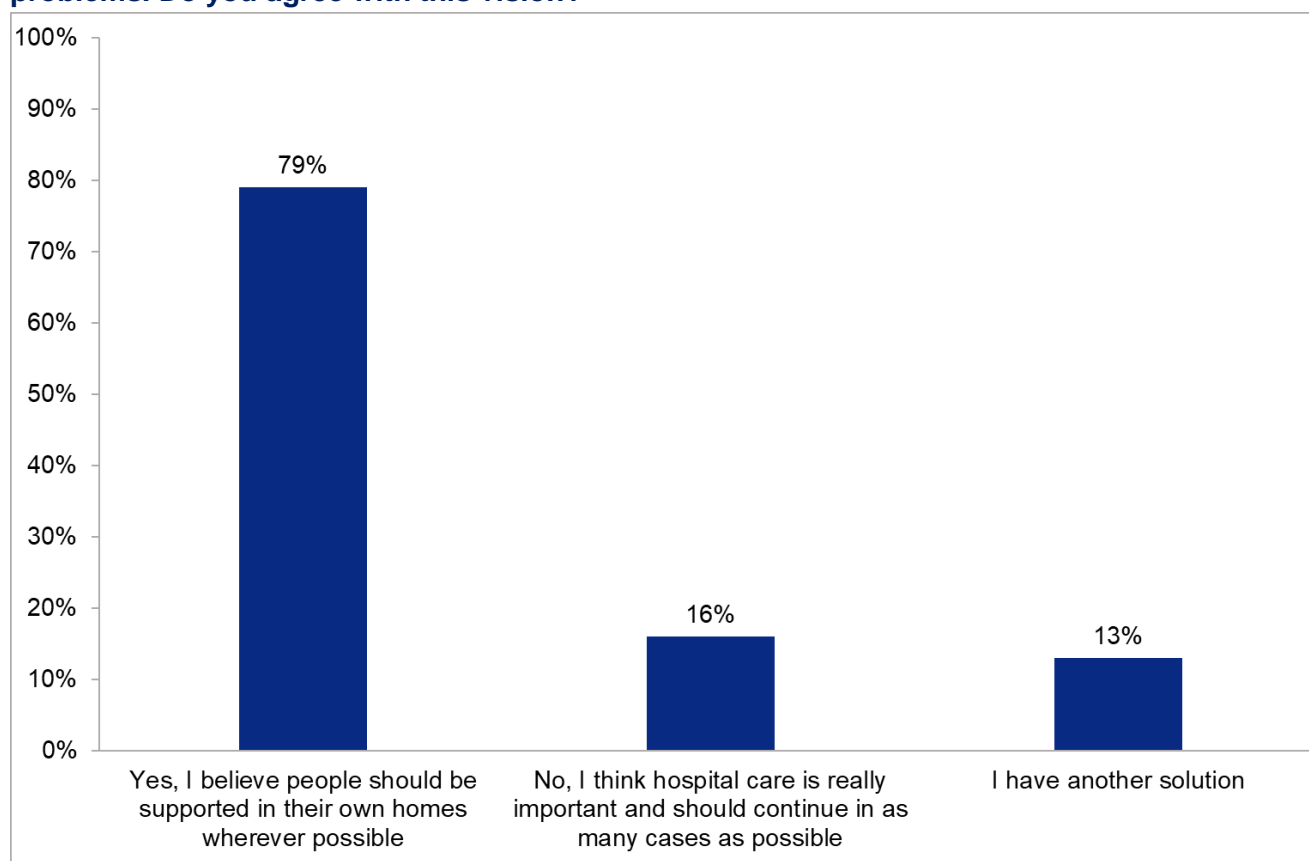
“ I think that it is the transition and arrangements from inpatient to community that is important not where the unit is. A poor discharge (from wherever) can really set people back. *Attendee, Crawley Open House (Homeless group)*

“ 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*

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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

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

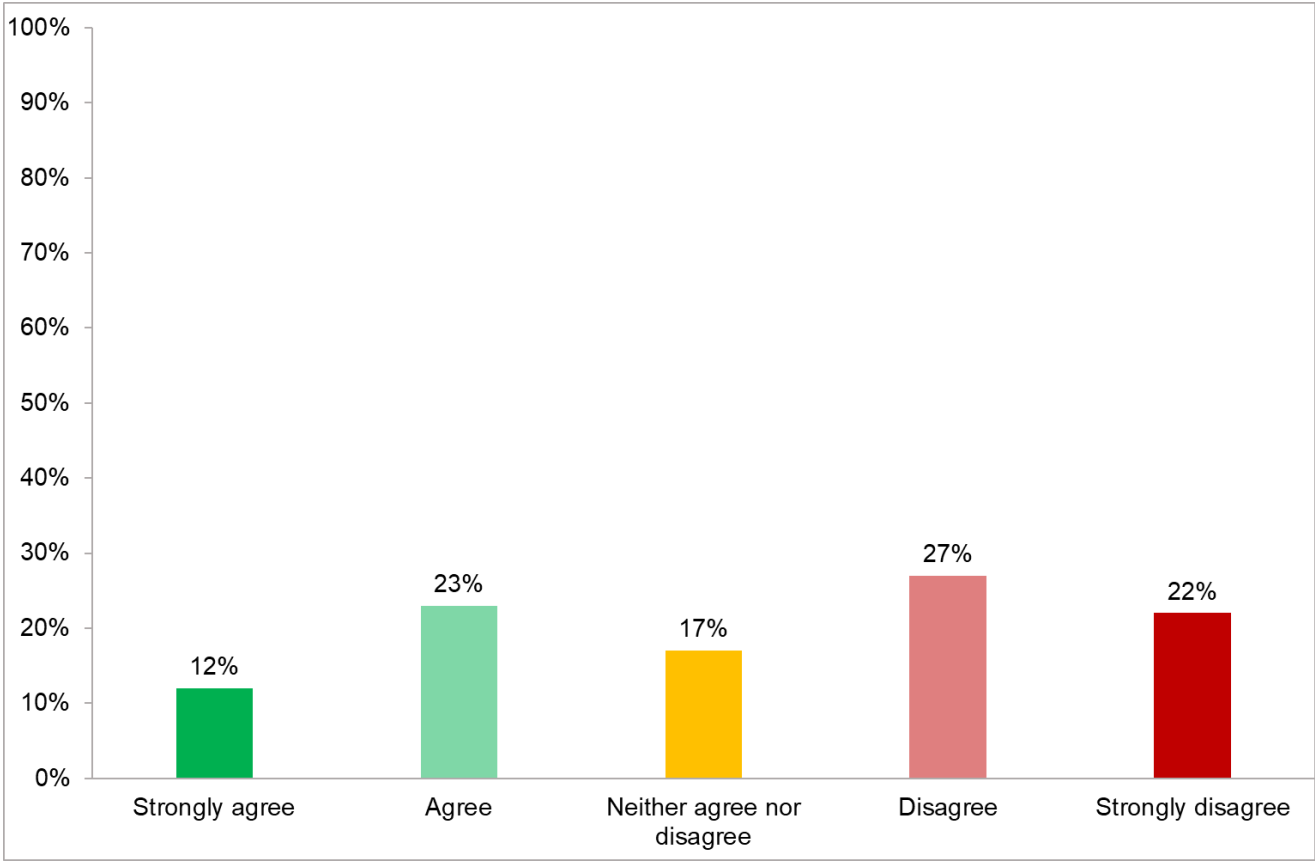
Support for the preferred option

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?



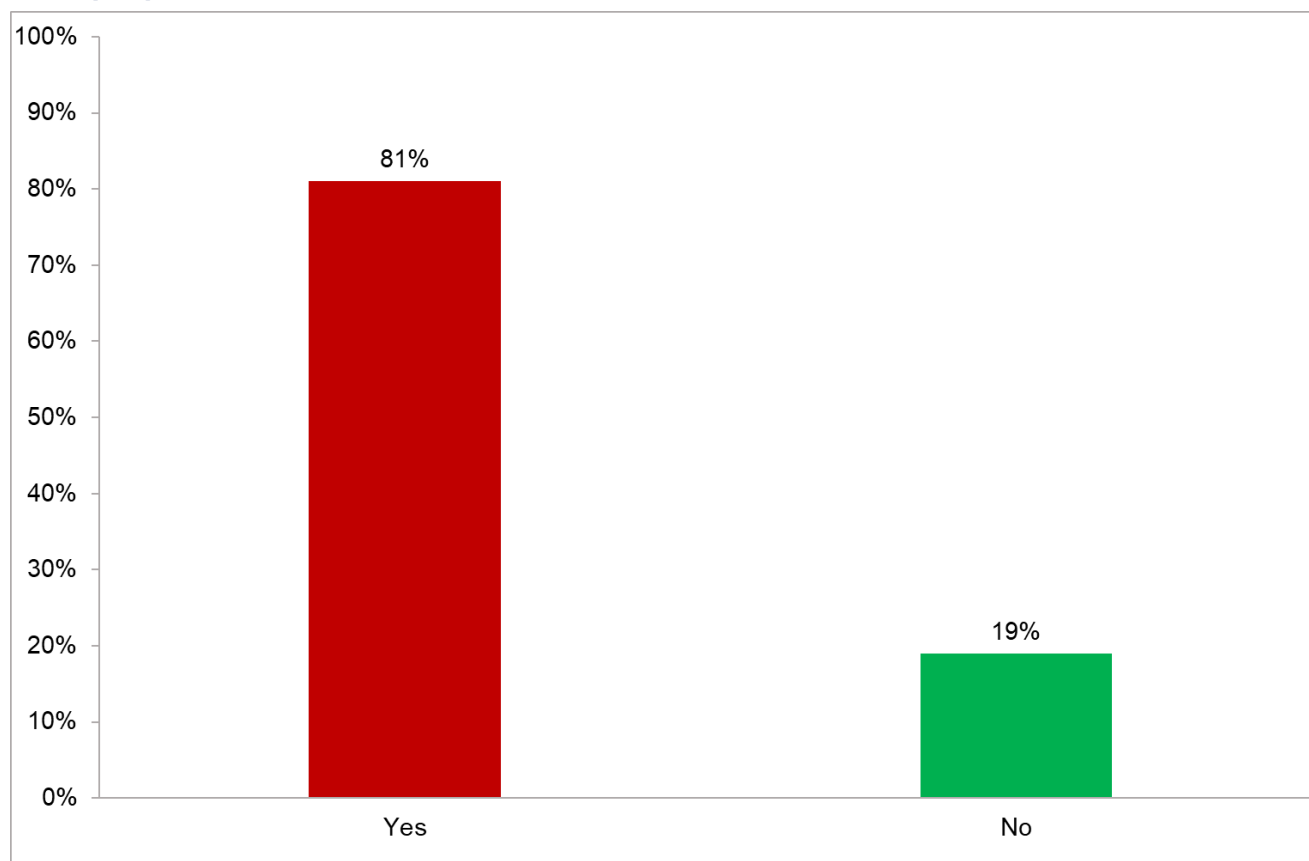
Number of respondents: 139
Source: Consultation questionnaire.

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:

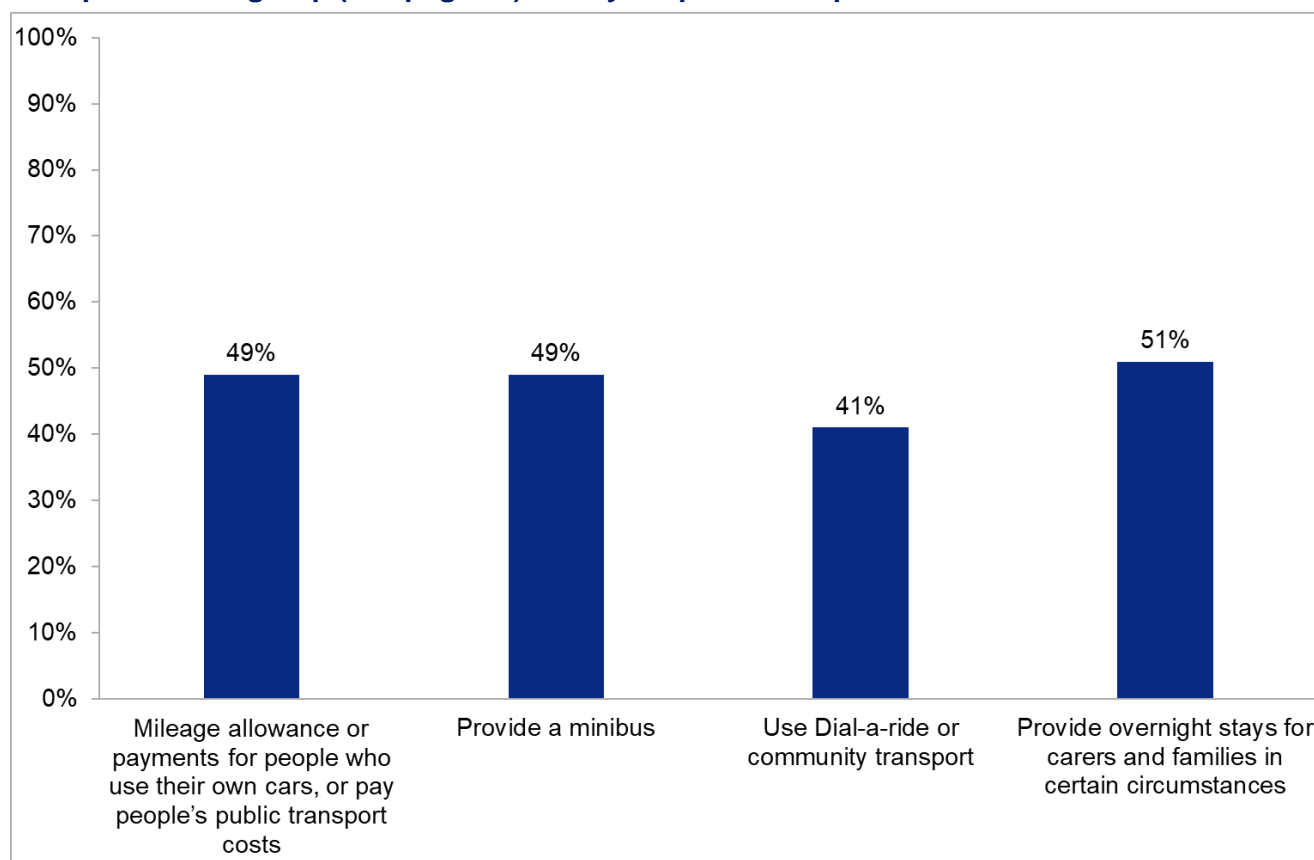
- **Provide local services:** Invest in improving and providing mental health and dementia services in existing or local locations to ensure equitable access to services across the area i.e. services to remain local. For example, one respondent asked if it is possible to expand provision at Oaklands 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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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:

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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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20 Camp View Road
St. Albans, AL1 5LL

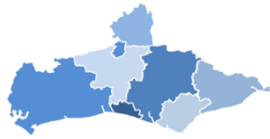
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Research
Evaluation
Community Engagement
Strategy Development



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Sussex and East Surrey Commissioners



EXTENDED
Equality and Health Inequalities Impact Assessment (EHIA)
MH inpatient bed consultation 2019

An EHIA is a tool to explore the potential for a policy, strategy, service, project or procedure to have an impact on a particular group, groups or community. This includes the impact on one or more of these groups:

- Protected characteristic groups (as outlined in the Equality Act 2010)
- Disadvantaged or marginalised groups or communities
- Deprivation and socio-economic disadvantage within local communities
- Local health inequalities for groups and communities

Please complete this Equality and Health Inequalities Impact Assessment when the proposed change has a potential negative impact on staff, patients, public or local communities.

Please note:

To comply with our agreed Equality Policy and Procedure and meet our requirements under legislation, all new policies and new and proposed services or strategies must be impact assessed before being introduced. Within this document, you will need to provide evidence to demonstrate:

- Consideration of the impact of your initiative for each protected characteristic and other disadvantaged groups and communities
- Assessment of the impact you have identified and a clear action plan to mitigate the issues and concerns which arise from this.

For further support or advice please contact:

- **Elaine Colomberg – Equality and Diversity Manager**
elaine.colomberg@nhs.net
- **Jane Lodge - Head of Engagement**
jane.lodge1@nhs.net
- **Nicky Cambridge – Stakeholder Engagement Lead**
nicky.cambridge@nhs.net

1. Introduction and overview

Title of EHIA	West Sussex Inpatient Reconfiguration of Mental Health Services				ID No.					
Team / Department	Communications & Engagement Team West Sussex – Mental Health Team				Assessor Completing the EHIA			Harpreet Kaur – Head of Commissioning Jane Lodge – Head of Engagement		
Date EHIA Started	Draft EHIA prepared April 2019 Full EIA started 15 th June 2019				Date EHIA Completed			28 th December 2020		
What is the focus of this EHIA?	Workforce Policies	Organisational strategy	Clinical services	Clinical policies	Other: Please state					
What is the status of this policy / function / practice or provision?	New X	Revised X	Monitoring X	End	Who will be affected?	Staff X	Carers X	Patients / service users X	Communities X	Other
Brief description of the aims of the service, policy, strategy, function that this EHIA relates to.	<p>The programme of work is to redesign the mental health services for adults of working age and older people in West Sussex. The proposal involves potentially relocating adult and older adult inpatient care currently provided at the Harold Kidd Unit in Chichester and Iris Ward at Horsham Hospital.</p> <p>The pre consultation business case outlines the rationale for change and the preferred option: https://www.sussexpartnership.nhs.uk/west-sussex-consultation</p> <ol style="list-style-type: none"> 1. Close the inpatient service currently provided at the Harold Kidd Unit in Chichester and Iris Ward at Horsham Hospital 2. Relocate the current inpatient bed provision on both sites to Langley Green Hospital in Crawley and Salvington Lodge at Swandean in Worthing 3. Establish single gender wards to meet national standards across at Langley Green Hospital, Meadowfield Hospital and Salvington Lodge. <p>Only existing staff, service users, members and carers would be relocated and their corresponding records and data would be transferred with their move in location as per details above.</p>									

<p>Outline the links to national and local policy and strategy.</p>	<p>The CQC has put a requirement on the Trust to eliminate mixed sex accommodation in order to meet the national standards. These are set out in the 2007/08 NHS Operating Framework for England (DoH 2006) and good practice guidance under Privacy & Dignity which states that CCG's should "ensure local implementation of the commitment to reduce mixed-sex accommodation.</p>
<p>What patient and public engagement has already taken place in relation to this proposal?</p>	<p>Since March 2018, the CCGs and SPFT in particular have carried out communications and engagement activity with a range of stakeholders including GPs, charities and other third sector organisations, West Sussex Health and Adult Social Care Scrutiny Committee, Healthwatch and other partners. There has been a particular focus on talking to service users, carers their families and/or representatives who have been involved in reviewing the options considered.</p> <p>Groups contacted include Crawley Mental Health Forum, Sussex Partnership Service User Working Together Groups (during July 2018 and March 2019) and Chichester Carers' Support Group. Sussex Partnership has also engaged with service user representatives through the Capital Project Trust and MIND.</p> <p>SPFT spoke to Carer Support branches in Crawley, Worthing and Littlehampton, Age UK and Worthing Churches and has received emails from several service users and carers requesting further information about the plans.</p> <p>There has been a significant and ongoing programme of staff engagement events during 2018. A video featuring the clinical director detailing the proposals has been viewed more than 350 times (one of the most popular on the Sussex Partnership YouTube channel).</p> <p>A series of more than 12 service user, carer and staff events were held between January and March 2019, as well as more informal engagement with as many of these stakeholders as possible. More than 70 service users, carers and their families attended Sussex Partnership's 'Working Together' groups during this period.</p> <p>We have also had contact with representative organisations such as the Dementia Alliance, West Sussex Carer Support and local carer committees. These meetings generated debate around:</p> <ul style="list-style-type: none"> • The pros and cons of moving from mixed to single sex wards • Transport issues and suggested solutions • Why we need to close down units, and • Wider general issues facing services users and carers, such as community services. <p>Feedback has been collated, and has contributed to the development of options and the consultation.</p> <p>An independently-led review panel was set up and chaired by an independent GP and made up of West Sussex GPs, other health professionals, service users and Healthwatch in December 2018 to review the proposals and the decision-making processes to date.</p> <p>The first Independent Panel was held on 18th December 2018 and the second on 8th January 2019 where the options were scored and an outcome reached. Recommendations were made, such as ensuring a community model being up and running prior to the implementation of the inpatient redesign and the trust to feedback on how to improve the impact on, and involvement of, carers.</p>

	<p>An Independent Transport Analysis was undertaken by West Sussex County Council in 2018 and feedback and recommendations from a Transport Review Group. The Review Group's membership included service users, carers, Trust Governors and Healthwatch.</p> <p>They suggested:</p> <p>Mileage allowance or payments for people who use their own cars, or pay people's public transport costs. The group recognised that this may be difficult to implement but suggested it could be targeted at those most seriously affected, for example the families of those who are inpatients at the time we move services to other wards.</p> <p>Minibus transport: A minibus which followed a specific route once or twice a day would be very helpful to carers and family members. Dial-a-Ride or community transport. The group recognised there is a huge demand for these services, but suggested looking at providing a volunteer transport scheme.</p> <p>Provide overnight stays for carers and families in certain circumstances: the group suggested that this could be for a limited time, for example during the first three or four days after a patient has been admitted.</p> <p>A full public consultation will run from early July 2019 until early October 2019, which will include details of the above.</p> <p>This EHIA is a post consultation update, indicating where the consultation identified feedback from inclusion groups and the proposed action as a result as in the Decision Making Business Case (DMBC), and where further action is needed when the DMBC is signed off.</p>
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2. Update on previous EHIA (where one exists) and outcomes of previous actions or if this is new, then record N/A.

What actions did you plan last time? (List them from the previous EIA)	How has this action progressed?	What <u>further</u> actions do you need to take? (add these to the Action plan below)
The draft EHIA was taken into account when preparing this full EHIA.		

3. Health inequalities

	YES	NO	DON'T KNOW	Provide evidence to support your assessment
<p><i>Will this initiative help to reduce health inequalities for any specific groups and communities?</i></p> <p><i>e.g. access to services, improved health outcomes</i></p>	X			<p>The proposals are aimed at improving the quality of inpatient facilities in mental health wards and creating a dementia centre of excellence. In doing so it is expected that the service will improve health outcomes for people receiving care and treatment through mental health in patient services.</p>

4. Impact assessment

Please consider each protected characteristic and consider whether the policy / function / practice or provision has the potential to impact on each protected characteristic group and / or community.

	Positive	Neutral	Negative	No Impact	Data to support your assessment This can be census data, research, complaints, surveys, reports etc.	Engagement / feedback information to support your assessment This could be focus groups, face-to-face meetings, surveys, speak out events etc.	Actions to take forward with a focus on <ul style="list-style-type: none"> advance equality of opportunity, eliminate discrimination foster good relations
Race		X			<p>Across West Sussex, there are differences in the numbers of Black, Asian and Minority Ethnic (BAME) population; in Crawley, 28% of the population are from a BAME background, whereas in Horsham and mid Sussex, numbers are substantially lower (under 10%). Across the Coastal West Sussex areas, the overall proportion of BAME residents is small, but there are pockets of communities across the area.</p> <p>Over the period Jan 2017- Dec 2018, 2.5% of patients in the Harold Kidd Unit (HKU) and Iris Ward were reported as BAME.</p> <p>Note that there is no data collected on Gypsies, Roma and Travellers.</p>	<p>The redesign is subject to a full 12-week consultation, therefore the population of West Sussex will be have opportunities to engage and to give their feedback regardless of protected characteristic. There will be a range of methods to engage, ensuring that all communities are able to respond, should they wish to.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Ensure any public facing information on the proposals is offered and provided in appropriate formats if required Ensure links have been made with local faith communities or cultural groups in order to obtain feedback during the consultation period. Ensure that Friends, Families and Travellers receive information on the consultation <p>Post consultation:</p> <ul style="list-style-type: none"> Develop a consistent mechanism of robust equalities based engagement to ensure continued feedback is sought and obtained appropriately

Sex	X				<p>Iris ward is an all female ward. Grove ward (HKU) is an all male ward. Orchard ward patients comprise 61% female and 39% male Jan 2017-Dec 2018.</p> <p>Current services do not meet the national standards of single sex wards. This redesign will address this by reconfiguring inpatient facilities to create single sex wards across west Sussex.</p> <p>According to the statistics more women may gain benefit from this redesign as they constitute the highest number of patients in respect of gender.</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>Any feedback in relation to the single sex wards will be collated during the public consultation.</p> <p>Consultation Feedback: It was strongly felt by some that to move to single sex wards would be detrimental to the wellbeing of adult and older people inpatients, and that it would not prepare for, and reflect the reality of, care after discharge.</p> <p>It was felt single sex wards may make it difficult for those who are non-binary or intersex to access mental health inpatient services.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Ensure that a range of opportunities are offered for people to provide feedback during the consultation, targeting gender specific groups where appropriate. Ensure that inpatients of the HKU and Iris ward are provided with opportunities to feed back. <p>DMBC proposal: It is proposed that all wards for adults of working age and older people with mental health problems – other than dementia - as mixed sex wards. To comply with national guidance, it is proposed to create enhanced segregated zones within existing mixed sex wards, with both segregated and communal lounges. There will be flexibility to accommodate the needs of people who are non-binary or intersex. All wards for those with dementia will remain single sex in order to address the particular clinical needs of these patients.</p> <p>Post consultation:</p> <ul style="list-style-type: none"> SPFT will ensure that patients and carers are involved in any implementation and post implementation to assess the impact of single sex accommodation.
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Gender reassignment		X			<p>No data available in relation to current inpatients.</p> <p>The redesign is subject to a full 12-week consultation.</p> <p>Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.</p> <p>Overall this proposal is likely to have a positive impact on transgender patients, who will continue to be treated appropriately in single sex wards in line with their gender identity. However, given the lack of evidence, the impact has been marked as neutral.</p> <p>Consultation Feedback People, including some staff, felt that plans to make wards single sex may make it difficult for transgender patients to access MH inpatient services. Some felt that single sex wards reinforced gender stereotypes.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Take measures to identify any Trans groups in the West Sussex area and target to obtain feedback <p>DMBC Proposals: It is proposed to maintain mixed sex wards for working age adults and older people. There will be flexibility to accommodate the needs of Trans people so they can maintain dignity, privacy and safety.</p> <p>Post consultation:</p> <ul style="list-style-type: none"> There needs to be recognition of the geographical clustering of this community, but also that there are Trans individuals living across the Sussex geography, and appropriate measures need to be supported to recognise and respond to this, especially when admissions are made to single sex wards. SPFT will ensure there is access to specific advice and information to ensure that Trans individuals are supported appropriately when admitted. There is a need to ensure sufficient, accurate diversity data from providers to ensure understanding of use of services and the need of this community. Staff will be expected to have undergone appropriate Trans awareness training Continue to engage transgender patients to feedback on their experience of single sex wards. 	Agenda Item 7
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Age		X			<p>The 50 plus population continues to rise and forms 61% of the overall patients accessing mental health services across West Sussex. There is also a large growth projected in the proportion of the population made up of people aged 75 and over. Key areas of decline over the next five years include the age ranges 20-29, 45-54, and 70-74.</p> <p>Over the period Jan 2017- Dec 2018, 39% of patients in HKU and Iris ward were aged 50 and below, 47% aged 51- 80 and 14% aged 81+</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>In the pre-engagement phase, we heard from groups and individuals that there are concerns centred on transport, particularly older people who may have to travel further to access dementia care, and also the provision of community services.</p> <p>Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Through the consultation include any actions agreed in the transport review and emphasise the mitigating proposals for older people, particularly affecting those likely to access the dementia centre of excellence. Ensure that older people's groups are reached and feedback obtained Whilst the numbers of those under 60 using these facilities are low, there is the need to ensure that the need of this younger cohort are met appropriately. Ensure that the consultation includes liaison with this younger cohort. <p>Post consultation:</p> <ul style="list-style-type: none"> Further work will be carried out post consultation to ensure we are obtaining feedback from both older people and the younger cohort, and acting on any points raised. Also, feedback will be sought from those aged 60+ as they comprise the larger cohort of service users. inpatient population?
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Religion and belief				X	Data is held on 941 patients of the relevant wards/unit, of which almost 50% (415) identify their religion as being Christian. 272 patients have not specified any religion and for 140 their religion is unknown.	There is an unlikely impact on people of a specific religion or belief. Any feedback on impact will be considered in developing final proposals.	<p>During consultation:</p> <ul style="list-style-type: none"> • Ensure any public facing information on the proposals is offered and provided in appropriate formats • Ensure links have been made with Faith communities in West Sussex <p>Post consultation:</p> <ul style="list-style-type: none"> • Consider the religious needs of patients in any post consultation redesign work.
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Disability	X		X		<p>No specific data is held on users of the wards/units currently however each patient with a disability will be assessed and their specific needs identified prior to admission.</p> <p>There is a proven link between physical and mental wellbeing.</p> <p>There will be a significant number of these inpatients with mental health issues and dementia who have co existing physical health issues.</p> <p>Some of these patients may also have other disabilities, which will need to be assessed.</p> <p>This data is not currently available.</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>There is likely to be an impact on patients and their families with disabilities who may need to travel further to access inpatient services.</p> <p>Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.</p> <p>Consultation Feedback It was felt by approximately 80% of those who contributed that people with mental health issues should be cared for in their own homes where possible. People supported community services with a focus on prevention and early help to reduce the demand for inpatient services.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Ensure that groups and communities working with disabled people are contacted and provided with the opportunity to engage, including using a range of formats/methods <p>DMBC Proposal The final recommendations detail how SPFT intend to improve and strengthen community services. Additional government funding has also been used to introduce new measures to support community services.</p> <p>Post consultation:</p> <ul style="list-style-type: none"> Any modernisation of facilities will ensure that required standards for access and care for those with physical and sensory disabilities are met We will continue to engage with patients following the redesign for feedback on how the estate meets their multiple mental health and care needs including disability. There is a need to ensure sufficient, accurate diversity data from providers to ensure understanding of use of services and the need of this community.
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Sexual orientation				X	<p>Only 1% of the patient population using these facilities currently identifies themselves as being gay/lesbian, bisexual. 38% do not specify sexual orientation.</p> <p>The redesign will not impact on sexual orientation</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>There is unlikely to be impact on those with differing sexual orientation.</p> <p>Sexual orientation. Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Ensure that LGB groups and communities are identified and provided with the opportunity to engage <p>Post consultation:</p> <ul style="list-style-type: none"> Continue to ensure that the needs of those with differing sexual orientations are met.
Marriage or civil partnership				X	<p>29% of HKU and Iris ward patients report as being married or in a civil partnership; 9% are divorced or separated, 42% are single, 7% widowed. 15% of patients have unknown marriage or partnership status</p>	<p>No impact expected</p>	<p>Through the consultation process, it is expected that feedback will be provided from those with a range of partnership status. Should any specific issues emerge, they will be highlighted.</p>
Pregnancy and maternity				X	<p>This data is not available</p> <p>Note that this work relates largely to older people and those with dementia, so unlikely to directly impact on this protected characteristic</p>	<p>The redesign is subject to a full 12-week consultation. There is unlikely to be an impact unless transport issues arise for an individual who is going through pregnancy or maternity. Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.</p>	<p>Through the consultation process, it is expected that feedback will be provided from a range of people. Should there be any issues specific to pregnancy and maternity, these will be highlighted.</p>

Other Disadvantaged or inclusion groups			X		There is likely to be potential negative impact on carers who may need to travel further to see the cared for (however it should be recognised that many of those who currently use the affected beds are from out of area, therefore carers and others would already need to travel).	<p>The redesign is subject to a full 12-week consultation.</p> <p>Any impact will be considered when developing final proposals and appropriate actions agreed.</p> <p>Carers have been spoken with through the pre-consultation engagement, and raised issues including transport and community support.</p> <p>Consultation Feedback: There was feedback from carers, families and friends- particularly those living in and around Chichester and Horsham that they may have to travel further in some cases to visit a loved one.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Carers and specific carer groups have been included in the schedule for engagement activity <p>DMBC Proposal: It is proposed to:</p> <ul style="list-style-type: none"> Pay travel costs for carers and families who will be visiting patients at the time of transfer Investigate the potential to provide community transport/mini bus services between locations Raise awareness about how patients and carers on benefits can get travel costs reimbursed Work with West Sussex County Council to discuss improving relevant bus routes. Look at travel options to improve access to Swandean site in Worthing. <p>Post consultation:</p> <ul style="list-style-type: none"> The recommendations of the transport review will be included in the consultation report and will be reviewed in the light of the decision made about future services to assess taking the recommendations forward.
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	Positive	Neutral	Negative	No Impact	Data to support your assessment	Engagement / feedback information to support your assessment	Any actions to take forward with a focus on	Agenda Item
Deprivation and socio-economic disadvantage			X		<p>Across West Sussex, there are some affluent areas and also some of the most deprived neighbourhoods in the country, for example, in Crawley, and pockets of the Coastal West Sussex area such as Littlehampton and Bognor Regis.</p> <p>Those from deprived areas or those already at socio economic disadvantage may be negatively affected by the proposed changes. This may include patients, carers/relatives and staff.</p>	<p>The redesign is subject to a full 12-week consultation.</p> <p>Any impact will be considered when developing final proposals and appropriate actions agreed</p> <p>Consultation Feedback: There was feedback from carers, families and friends particularly those living in and around Chichester and Horsham that they may have to travel further in some cases to visit a loved one, which may involve increased travel costs.</p>	<p>During consultation:</p> <ul style="list-style-type: none"> Engagement will seek further feedback on this issue to identify any further mitigating actions. <p>DMBC Proposal: It is proposed to:</p> <ul style="list-style-type: none"> Pay travel costs for carers and families who will be visiting patients at the time of transfer Investigate the potential to provide community transport/mini bus services between locations Raise awareness about how patients and carers on benefits can get travel costs reimbursed Work with West Susses County Council to discuss improving relevant bus routes. Look at travel options to improve access to Swandean site in Worthing. <p>Post consultation:</p> <ul style="list-style-type: none"> Particular attention will be paid on admission to the travel needs of the patient, family and carers. In addition, all patients and their carers will be given information and encouraged to apply for travel reimbursement through the DWP. 	

Community Cohesion		X			<p>Where hospital admission is appropriate, and should the preferred option be implemented, patients living in Chichester and North West Sussex will be admitted to the new centre of excellence at Salvington Lodge in Worthing. This could impact these patients, as they may feel isolated from their familiar community and reference points.</p>	<p>The redesign is subject to a full 12-week consultation. Any impact will be considered when developing final proposals and appropriate actions agreed</p> <p>Consultation feedback Some people including residents local to the Swandean site, said that the increase in the number of cars due to the proposals will exacerbate existing problems and potentially cause road safety issues.</p>	<p>During and post consultation:</p> <ul style="list-style-type: none"> Engagement will seek further feedback on views on current and planned community provision. This will inevitably be raised during the consultation, but will continue post consultation. <p>DMBC Proposal: SPFT have promised to meet with residents to see how concerns might be addressed. SPFT is developing a parking strategy to identify potential solutions and create more parking provision on the Swandean site, and will enable staff to use transport provision that is being put in place to travel between sites.</p>
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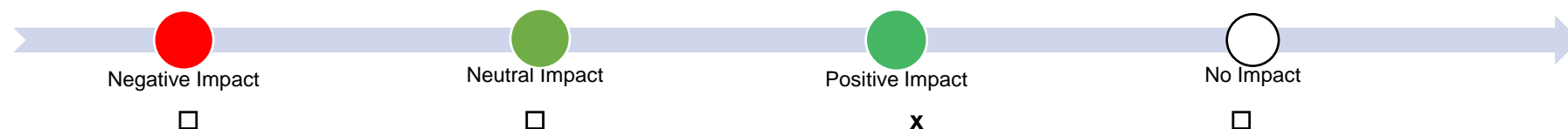
5. Cumulative Impact

What factors could increase the impact of this proposed change for some groups of people?	Which groups of people or communities are affected?	Are there any additional actions to include in this EIA?
<p>The relocation of the wards in key locations in Worthing and Crawley may have an overall negative impact on travel for some patients and their families and staff.</p> <p>There are transport solutions proposed to mitigate this risk.</p> <p>The length of stay as an inpatient will have a cumulative impact on the carer's ability to visit hospital. This could lead to an increased cost of travel.</p> <p>The single sex wards may be a positive factor in enabling patients to come into hospital on a voluntary basis as they may feel safer and more secure.</p>	<p>All patients and their family not living within the proximity of inpatient facilities could be affected by the travel time and additional expense, should the preferred option be implemented.</p> <p>Carers, friends and families.</p>	<p>No additional actions.</p> <p>Specific engagement with carers, friends and family.</p>

6. Equalities or health inequalities data gaps

	YES	NO	DON'T KNOW	Provide evidence to support your assessment and include this as an Action below.
<i>As a result of undertaking this EHIA, are there any gaps in equalities or health inequalities data or information?</i>				<p>There is no data available for gender reassignment, and on some BAME categories including Gypsies, Roma and Travellers. Data on disability or carer status are also not collected.</p> <p>Data on age, religion and sexual orientation is collected as routine.</p> <p>In future it will be a requirement of the provider to ensure that robust diversity data is collected on patients using these and other West Sussex facilities and services.</p>

7. Overall summary of impact. Please tick an overall equality impact grade for this initiative.



Please explain your decision

The proposals are likely to have a positive impact on quality of care for some patients and their families as there would be a major improvement in inpatient facilities along with a centre of excellence for dementia. There would also be a positive impact for those patients who would prefer a same sex environment for their care.

However, the proposed relocation of the wards means that there may be a negative impact for some people who would have to travel further to access services, e.g. carers and those who are socio economically disadvantaged.

8. Summary of Actions

Record all your EHIA assessment potential concerns (impact) and actions below:

We will be conducting a Public Consultation on the service redesign between 13th July and 11th October 2019. Any feedback in relation to this impact will be considered when developing final proposals and appropriate actions agreed.

Please try and prioritise your actions	Potential Impact	Actions to mitigate impact	Staff or Patient Engagement	Lead Person	Deadline
1.	Potential impact on those with faith/religious needs, differing sexual orientation, Trans people	Engage with these groups and communities to obtain feedback and identify any issues and potential mitigations	Ensure link with faith communities, LGB and T groups (seeking input from VCS outside of West Sussex, if appropriate)	Jane Lodge	During consultation period

2	Potential impact on other protected characteristic groups	Ensure that the reach of the consultation is wide and that information and the opportunity to provide feedback is offered in a range of formats.		Jane Lodge	During consultation period
3	Lack of robust diversity data relating to patient access in mental health inpatient beds across West Sussex.	SPFT will work to improve the collection of diversity data with support from the commissioners	Engagement will be required with staff to increase understanding of the need to collect diversity data	SPFT/CCG Commissioner	TBC
4	Impact on staff working in the mental health inpatient estates in West Sussex	Once the outcome of the consultation has been reviewed and an option agreed, we will assess the impact on the workforce and develop proposal to mitigate the impact as much as possible, including reviewing terms of employment.	Staff will continue to be involved through the consultation. Dependent on the outcome, there may be the need for formal staff consultation with those affected by the service redesign.	SPFT lead	TBC

EHIA Notes:

1. The content of this EHIA reflects the feedback received from our pre-engagement work, with a specific focus on those who may be impacted upon by the proposals.
2. This EHIA is a work in progress and will be updated during the consultation, as we consider feedback from all stakeholder individuals and groups.
3. We will communicate the outcome of the consultation in accessible formats, including different languages and easy read, where appropriate and where the requirement is indicated, in accordance with the NHS Accessible Information Standards.

EHIA written by:	Harpreet Kaur	Date:	2/4/19 5/07/2019 23/12/20
	Post consultation update: Jane Lodge		
EHIA reviewed by:	Jane Lodge Elaine Colomberg		5/7/19 5/8/19 12.08.19
EHIA authorised by: (manager)	Jessica Britton	Date:	12.8.19
EHIA approved: (governance)	YES	Date:	Original approved in 25 th and 27 th June 2019
Further comments	To be reviewed during consultation	Date:	17 th October 2020
EHIA published on the SES website	n/a Will be published on Consultation website	Date	
Person to review EHIA post implementation	Jane Lodge	Date	28 th December 2020

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Forward Plan of Key Decisions

The County Council must give at least 28 days' notice of all key decisions to be taken by councillors or officers. The Plan describes these proposals and the month in which the decisions are to be taken over a four-month period. Decisions are categorised according to the [West Sussex Plan](#) priorities of:

- **Best Start in Life** (those concerning children, young people and schools)
- **A Prosperous Place** (the local economy, infrastructure, highways and transport)
- **A Safe, Strong and Sustainable Place** (Fire & Rescue, Environmental and Community services)
- **Independence in Later Life** (services for older people or work with health partners)
- **A Council that Works for the Community** (finances, assets and internal Council services)

The most important decisions will be taken by the Cabinet. In accordance with regulations in response to the current public health emergency, Cabinet meetings will be held virtually with councillors in remote attendance. Public access will be via webcasting and the meetings will be available to watch online via our [webcasting website](#). The [schedule of monthly Cabinet meetings](#) is available on the website. The Forward Plan is updated regularly and key decisions can be taken on any day in the month if they are not taken at Cabinet meetings. The [Plan](#) is available on the. [Published decisions](#) are also available via the website.

A key decision is one which:

- Involves expenditure or savings of £500,000 or more (except treasury management); and/or
- Will have a significant effect on communities in two or more electoral divisions in terms of how services are provided.

The following information is provided for each entry in the Forward Plan:

Decision	A summary of the proposal.
Decision By	Who will take the decision - if the Cabinet, it will be taken at a Cabinet meeting in public.
West Sussex Plan priority	Which of the five priorities in the West Sussex Plan the proposal affects.
Date added	The date the proposed decision was added to the Forward Plan.
Month	The decision will be taken on any working day in the month stated. If a Cabinet decision, it will be taken at the Cabinet meeting scheduled in that month.
Consultation/ Representations	How views and representations about the proposal will be considered or the proposal scrutinised, including dates of Scrutiny Committee meetings.
Background Documents	The documents containing more information about the proposal and how to obtain them (via links on the website version of the Forward Plan). Hard copies are available on request from the decision contact.
Author	The contact details of the decision report author
Contact	Who in Democratic Services you can contact about the entry

Finance, assets, performance and risk management

Each month the Cabinet Member for Finance reviews the Council's budget position and may take adjustment decisions. A similar monthly review of Council property and assets is carried out and may lead to decisions about them. These are noted in the Forward Plan as 'rolling decisions'.

Each month the Cabinet will consider the Council's performance against its planned outcomes and in connection with a register of corporate risk. Areas of particular significance may be considered at the scheduled Cabinet meetings.

Significant proposals for the management of the Council's budget and spending plans will be dealt with at a scheduled Cabinet meeting and shown in the Plan as strategic budget options.

For questions contact Helena Cox on 033 022 22533, email helena.cox@westsussex.gov.uk.

Published: 15 February 2021

Forward Plan Summary

Summary of all forthcoming executive decisions in West Sussex Plan priority order

Decision Maker	Subject Matter	Date
Interim Director of Public Health	Accommodation Based Support for Alcohol/Drug Recovery Award of Contract	March 2021
Executive Director Adults and Health	Discharge to Assess with Reablement	February 2021
Executive Director Adults and Health	Community Reablement Service capacity increase - contract variation	February 2021
Cabinet Member for Adults and Health	Residential Care and Support Services Block Contracts Procurement	February 2021
Executive Director Adults and Health	Housing Related Support Award of Contract (Lot 1)	February 2021
Executive Director Adults and Health	Award of Block Contracts for Residential Care and Support Services	March 2021
Executive Director Adults and Health	Care and Support at Home Award of Contracts	March 2021
Interim Director of Public Health	Social Support Services for Older People Award of Contract	April 2021

Interim Director of Public Health**Accommodation Based Support for Alcohol/Drug Recovery Award of Contract**

In accordance with Key Decision [AH10 19/20](#) on 3 February 2020, a procurement exercise is being undertaken to replace the contracts for two Accommodation Based Support for Alcohol/Drug Recovery Services which expire on 30 September 2021 and contribute to the wider Prevention Strategy of West Sussex County Council, looking to support individuals with alcohol related difficulties earlier in their drinking history, and to prevent escalation of substance use related problems. An expected benefit will be an increase in local access to community settings for alcohol assisted withdrawal programmes.

Objectives of the service are:

- To maintain substance misuse recovery, and sustainable independent living
- Reduction in drug and alcohol related harm. Contributes to Public Health Outcome Framework indicators
- Improvement in the stability of people's accommodation
- Improvement in physical and mental health and wellbeing
- Improvement in social, family and community networks
- Increased engagement with education, training, volunteering and employment
- Reduction in offending and anti-social behaviour

The Interim Director of Public Health will be asked to award the contract to the successful bidder in March 2021 to start on 1st October 2021. The contract will have an initial term of 4 years with an option to extend for a further 2 years.

Decision by	Tony Hill - Interim Director of Public Health
West Sussex Plan priority	A Strong, Safe and Sustainable Place
Date added	1 February 2021
Month	March 2021
Consultation/Representations	Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Moir Jones Tel: 033 022 28694
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health

Discharge to Assess with Reablement

Discharge to Assess with Reablement services are designed for hospital patients who are medically fit for discharge, but unable to immediately return home; it is a model recognised by NHS England as facilitating earlier discharge and/or reducing the number and length of delays in discharge from hospital for older people. There is a focus on these services of reablement which supports people to relearn skills with the aim of supporting people to be able to return home and avoid long term admission to residential care.

The key objectives delivered through Discharge to Assess are:

- Reduction of delays and enablement of timely discharges from hospital;
- Reduced level of dependency for as many people as possible by reabling them to increase their independence;
- Ensuring that long-term decisions concerning people's care needs are not made in an acute hospital setting.

Contracts for the provision of Discharge to Assess with Reablement services were awarded in 2018, for an initial fixed term of 2-years with options to extend to a maximum of 5-years, through an EU Procurement exercise conducted following approval of Cabinet Decision [AH0117-18](#). The initial extended contract term comes to an end on 31st March 2021. The Executive Director Adults and Health will be asked to approve the proposed plans for the future of these contracts.

Decision by	Keith Hinkley - Executive Director Adults and Health
West Sussex Plan priority	Independence in Later Life
Date added	4 December 2020
Month	February 2021
Consultation/ Representations	Representations concerning this proposed decision can be made to the Executive Director Adults and Health via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 223748
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health

Community Reablement Service capacity increase - contract variation	
<p>West Sussex County Council has a contract with Essex Cares Limited (ECL) for the provision of Community Reablement Services. Reablement is the term to describe services, to support residents following a change in ability, most likely due to a medical condition or episode. A Community Reablement Service (CRS) is essential to prevent people requiring longer term support, enabling people to retain/regain independence and remain at home.</p> <p>The existing service expires on 30th November 2022. It is proposed that the capacity of the existing service is increased from April 2021 for the remainder of the contract period to enable more West Sussex residents to access the benefits provided by the service.</p> <p>The Executive Director Adults and Health will be asked to approve a contract variation to the existing contract in order to facilitate a change in Community Reablement Service capacity with the desired increase adhering to legal and procurement guidelines.</p>	
Decision by	Keith Hinkley - Executive Director Adults and Health
West Sussex Plan priority	Independence in Later Life
Date added	4 December 2020
Month	February 2021
Consultation/ Representations	Representation can be made via the officer contact in the month prior to that in which the decision is to be made.
Background Documents (via website)	None
Author	Jane Walker Tel: 033 022 27927
Contact	Erica Keegan Tel: 033 022 25060

Cabinet Member for Adults and Health

Residential Care and Support Services Block Contracts Procurement
<p>The County Council commissions a range of services to provide care and support to people with assessed eligible social care needs on a residential basis. The majority of these arrangements are made on an individual spot purchase basis to a high number of providers. The Council is facing increasing challenges in securing adequate provision of suitable services across the county.</p> <p>To provide an assurance of capacity, a number of block contracts shall be proposed to be developed to secure residential based care and support services in key locations across West Sussex to respond to local demand. The development of block contracts will also support service providers by providing an assurance of income whilst allowing the Council to seek financial best value.</p> <p>The Cabinet Member for Adults and Health will be asked to approve the plan for residential based care and support services and the procurement of a number of</p>

services. The Cabinet Member will also be asked to delegate the authority for award of contracts to the Interim Executive Director Adults and Health.	
Decision by	Cllr A Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	Independence in Later Life
Date added	26 August 2020
Month	February 2021
Consultation/ Representations	Interim Executive Director Adults and Health Director of Law and Assurance Director of Finance and Support Services Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 223748
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health

Housing Related Support Award of Contract (Lot 1)	
<p>In December 2018 the decision was made (report ref: AH11 18/19) to reduce expenditure on Housing Related Support to £2.3million by 2020/21. The reduction was to be implemented over the financial year 2019/20, allowing time to remodel services and explore impact mitigation with providers, District & Borough Councils and other partner organisations, ensuring that services are still able to meet the needs of vulnerable people.</p> <p>In accordance with the Key Decision taken on 14 August 2020 (Report ref: OKD26 (20/21)) a procurement exercise is being undertaken to replace the contracts for 3 Housing Related Support Services which expire on 31st March 2021 and contribute to the fulfilment of West Sussex County Council objectives for Best start in life, a Strong, Safe And Sustainable Place and Independence for Later Life.</p> <p>The Executive Director Adults and Health has awarded the contract(s) to the successful bidders in January 2021 for Lots 2 -6 (Report ref: OKD58 20/21). All contracts will commence on 1 April 2021. The contract(s) will have an initial term of 2 years with the option to extend for up to a further 2 years.</p> <p>The contract award for Lot 1: Adur & Worthing has been delayed allowing Adur & Worthing Councils time to complete necessary internal governance processes. Once these processes are complete, an additional Officer Key Decision Report will be submitted regarding the award of Lot 1.</p>	
Decision by	Keith Hinkley - Executive Director Adults and Health

West Sussex Plan priority	Independence in Later Life
Date added	23 December 2020
Month	February 2021
Consultation/ Representations	<p>West Sussex County Council (WSCC) has worked with its District and Borough Council partners as part of a task and finish group led by the Chief Executive of Crawley Borough Council and consisting of nominated officers across the partnerships. This task and finish group has worked to design the services in each area and agree the joint funding and contract management of these services. This is documented in a collaboration agreement drawn up between all parties.</p> <p>WSCC Finance and Legal Services teams have also been consulted in the drafting of this agreement.</p> <p>Representations concerning this proposed decision can be made via the officer contact, in the month in which the decision is due to be taken.</p>
Background Documents (via website)	Collaboration Agreement 2020 (Available upon request)
Author	Sarah L Leppard Tel: 0330 022 23774
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health

Award of Block Contracts for Residential Care and Support Services	
<p>The Council commissions a range of services to provide care and support to people with assessed eligible social care needs on a residential basis. The majority of these arrangements are made on an individual spot purchase basis to a high number of providers. The Council is facing increasing challenges in securing adequate provision of suitable services across the county.</p> <p>To provide an assurance of capacity, a number of block contracts shall be proposed to be developed to secure residential based care and support services in key locations across West Sussex to respond to local demand. The development of block contracts will also support service providers by providing an assurance of income whilst allowing the Council to seek financial best value.</p> <p>As a separate key decision process the Cabinet Member for Adults and Health will be asked to approve the commencement of a procurement of residential based care and support services. As part of the approval the Cabinet Member will be asked to delegate authority to the Interim Executive Director Adults and Health to award the contracts.</p> <p>Following receipt of this approval from the Cabinet Member the Executive Director Adults and Health will be asked to approve the award of contracts for residential based care and support services.</p>	
Decision by	Keith Hinkley - Executive Director Adults and Health

Agenda Item 5

West Sussex Plan priority	Independence in Later Life
Date added	26 August 2020
Month	March 2021
Consultation/ Representations	Cabinet Member for Adults and Health Director of Law and Assurance Director of Finance and Support Services Representations concerning this proposed decision can be made to the Executive Director Adults and Health via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 223748
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health

Care and Support at Home Award of Contracts	
<p>In February 2020 the decision (Report ref: AH11 19/20) was made to commence the procurement of commissioned Care and Support at Home Services with a focus on strengths based and outcomes focused services and an emphasis on a localised and community focused approach in line with the Council's focus on community led support. The decision included delegation of the authority to award the contract to the Executive Director of Adults and Health.</p> <p>The procurement was delayed as a result of the pandemic, and a decision (Report Ref: OKD46 20/21) was subsequently taken in November 2020 to extend the current framework to align with the updated anticipated commencement for the new commissioned arrangements on, 4 July 2021.</p> <p>In accordance with both decisions, the procurement has been undertaken and the Executive Director of Adults and Health will be asked to award the contracts to successful bidders in March 2021 prior to the commencement of the new commissioned Care and Support at Home arrangements in July 2021.</p>	
Decision by	Keith Hinkley - Executive Director Adults and Health
West Sussex Plan priority	Independence In Later Life
Date added	10 February 2021
Month	March 2021
Consultation/ Representations	Consultation has been completed with West Sussex Providers and the Cabinet Member for Adults and Health as part of the original decisions AH11 19/20 and OKD46 20/21 .

	Representation can be made via the officer contact prior to the month in which the decision is to be taken.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 223748
Contact	Erica Keegan Tel: 033 022 26050

Interim Director of Public Health

Social Support Services for Older People Award of Contract	
<p>In December 2020 the decision was made to award 11 new Social Support contracts for Older People. The new services will support older people to remain independent and maintain their health and well-being.</p> <p>In accordance with Key Decision AH10 20/21 in December 2020, a procurement exercise is being undertaken to replace the contracts for 6 Social Support Services which expire on 30th June 2021 and contribute to the fulfilment of West Sussex County Council objectives for A strong, safe and sustainable place and Independence for later life.</p> <p>The Interim Director Public Health will be asked to award the contract(s) to the successful bidders in April 2021 to start on 1st July 2021. The contract (s) will have an initial term of 5 years with the option to extend for up to a further 2 years.</p>	
Decision by	Tony Hill - Interim Director of Public Health
West Sussex Plan priority	Independence in Later Life
Date added	15 February 2021
Month	April 2021
Consultation/ Representations	<p>Consultation with Voluntary and Community Sector Organisations; District and Borough Councils and Health and Social Care Scrutiny Committee Task and Finish Group on 21 October 2020.</p> <p>Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.</p>
Background Documents (via website)	None
Author	Nikki Lewis Tel: 0330 022 26067
Contact	Erica Keegan Tel: 033 022 26050

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