

Briefing paper for West Sussex Health and Adult Social Care Select Committee

Wednesday 12 June

Proposals to improve mental health services in West Sussex

Recommendations

West Sussex Health and Adult Social Care Select Committee (HASC) is asked to:

- 1. consider the information set out in this report by West Sussex Clinical Commissioning Groups (CCGs) and Sussex Partnership NHS Foundation Trust (Sussex Partnership)**
- 2. agree whether or not the proposals set out constitute a substantial change or development of service, and**
- 3. consider whether or not the proposals outlined should be subject to a full public consultation and that, as a part of this, there should be consultation with HASC.**

1. Background

1.1 The NHS Coastal West Sussex, NHS Crawley and NHS Horsham and Mid Sussex Clinical Commissioning Groups (West Sussex CCGs) are working in partnership with Sussex Partnership NHS Foundation Trust (Sussex Partnership) to improve services across West Sussex for adults and older people with mental health problems – and those living with dementia.

1.2 There are a number of drivers for changing the current arrangements. The primary one is the need to improve some wards in West Sussex which are in a poor condition.

1.3 Harold Kidd Unit in Chichester is an old building with poor layout, outdated dormitory accommodation, no en-suite bathrooms and inherent ligature risk. The nature of the building (which cannot be changed) precludes improvement work such as creating en-suite bathrooms and open plan areas. Furthermore, the fact that Sussex Partnership owns the building as part of a Private Finance Initiative (PFI) makes any improvement works prohibitively expensive.

1.4 Iris Ward based at Horsham Hospital has eight single rooms with en-suite facilities. The remaining four beds are located in two bays separated by curtains. The ward is a stand-alone unit at Horsham Hospital with no other mental health services on site. This level of isolation is disadvantageous in terms of quality of patient care for a number of reasons, including:

- the absence of immediate support that can be called on from other mental health wards in the event of a serious incident or emergency

- a lack of staffing flexibility and capacity, particularly in relation to the support that inpatient teams on multi-ward sites are able to draw on to address short-term, unforeseen staffing problems or provide cover for training, and
- the additional difficulties this creates in recruiting staff, given the understandable appeal and career development opportunities associated with being part of a much wider clinical team.

1.5 Another driver for change is the need to eliminate mixed-sex inpatient wards for adults of working age and older people, including those living with dementia, so they can receive the privacy and dignity they deserve. Doing this means that Sussex Partnership will comply with Care Quality Commission (CQC) guidance on changing all wards to single sex.

1.6 A final driver is for Sussex Partnership to meet the broader aims of its Clinical Strategy, particularly in relation to strengthening community services and reducing hospital admissions where possible.

1.7 A specific element of this strategy, which is relevant to these proposals, is the development of an acute community care pathway to help improve the experience of people in mental health crisis and reduce the reliance on A&E to provide urgent mental health care support.

1.8 Sussex Partnership is making good progress to strengthening community services and crisis care and improvements will be in place before these proposals will be implemented fully.

1.9 For further information about the current adult and older people's inpatient beds, their location, and the implications of the current proposals, see **Appendix I**.

2. The proposals

2.1 In summary, the proposals developed by the West Sussex CCGs and Sussex Partnership are to:

- Close the Harold Kidd Unit in Chichester which has two wards for older people with mental health problems and male patients with dementia.
 - These patients will move to more modern single-sex wards at Langley Green Hospital, Crawley (older adult), Meadowfield Hospital, Worthing (older adult) and The Burrowes, Worthing (dementia).
- Close Iris Ward at Horsham Hospital which treats female patients with dementia.
 - These patients will move to a new ward at 1st Floor, Salvington Lodge on the Swandean site in Worthing.
- Remove all mixed sex wards in West Sussex and replace them with single sex wards, in line with CQC and national NHS guidelines.

- Put in place measures to strengthen our community services so that we can care for people in their own homes rather than send them to hospital unless it's absolutely necessary.
- It is important to note that these proposals keep the same number of inpatient beds for West Sussex and are supported by the community redesign plans.
- The proposals also provide the opportunity to set up a centre of excellence at Salvington Lodge for people living with dementia, as the Sussex Community NHS Foundation Trust has a physical health continuing care unit already based on site.

2.2 NHS England has approved these proposals in line with its 'Planning, assuring and delivering service change for patients' guidelines, published in March 2018.

West Sussex CCGs and NHS Trust Lead Officer Contacts:

CCGs:

Matt Powls, Director of Commissioning – Mental Health
Harpreet Kaur, Senior Commissioning Manager – Mental Health

Sussex Partnership:

Simone Button, Chief Operating Officer.
Dr Brian Solts, Clinical Director.
John Wilkins, Programme Director.

Appendix I – Maps showing current and proposed bed locations
Appendix II – Maps showing where patients live

3. Timescale and milestones

Activity	Date	Status
Sussex Partnership Board	Wednesday 22 May	Proposals approved for public consultation
West Sussex HASC	Wednesday 12 June	Awaiting decision
Coastal and West Sussex CCG Board	Wednesday 25 June	Awaiting decision
Crawley and Horsham and Mid Sussex CCG Boards	Friday 27 June	Awaiting decision
Public Consultation starts	Monday 8 July	To be confirmed
Public Consultation ends	Monday 30 September	To be confirmed
Staff Consultation starts	Tuesday 1 October	To be confirmed
Staff Consultation ends	Friday 20 December	To be confirmed – decision still to be made on length of consultation for staff
Final sign-off by NHSE (Decision Making Business Case)	September	To be confirmed
West Sussex HASC to agree its response to the consultation, if required	Thursday 26 September	To be confirmed
Final 3xCCG Boards sign-off (public)	November	To be confirmed
Final Sussex Partnership Board sign-off (public)	Wednesday 27 November	To be confirmed
Final option – implementation begins (subject to consultation outcome)	December 2019 – first phase (move to single sex wards and close HKU) April/May 2020 – second phase (close Iris Ward)	Subject to post-consultation feedback and responses

<p>4. Theme</p>	
<p>A. What are the reasons for the proposed change?</p>	<p>4.1 The primary driver for changing the current arrangements is the need to improve the environments which provide some in-patient services in West Sussex are provided.</p> <p>4.2 Harold Kidd Unit in Chichester is an old building with poor layout, outdated dormitory accommodation, no en-suite bathrooms and inherent ligature risk. The nature of the building (which cannot be changed) precludes improvement work such as creating en-suite bathrooms and open plan areas. Furthermore, the fact that SPFT owns the building as part of a Private Finance Initiative makes any improvement works prohibitively expensive.</p> <p>4.3 Iris Ward has eight single rooms with en-suite facilities. The remaining four beds are located in two bays separated by curtains. Moreover, the ward is located within a stand-alone unit at Horsham Hospital with no other mental health services on site. This level of isolation is disadvantageous in terms of quality of patient care for a number of reasons, including:</p> <ul style="list-style-type: none"> • the absence of immediate support that can be called on from other mental health wards in the event of a serious incident or emergency • a lack of staffing flexibility and capacity, particularly in relation to the support that inpatient teams on multi-ward sites are able to draw on to address short-term, unforeseen staffing problems or provide cover for training, and • the additional difficulties this creates in recruiting staff, given the understandable appeal and career development opportunities associated with being part of a much wider clinical team. <p>4.4 Another driver for change is the need to eliminate mixed sex inpatient wards for adults of working age and older people, including those living with dementia, to improve their privacy and dignity.</p> <p>4.5 Sussex Partnership needs to comply with CQC guidance on changing all wards to single sex. In its latest Inspection Report, the CQC advised that Sussex Partnership should make sure that all older adult wards comply with national guidelines on elimination mixed sex accommodation.</p> <p>4.6 A final driver is for Sussex Partnership to meet the broader aims of its Clinical Strategy, particularly in relation to strengthening community services and reducing hospital admissions where possible.</p> <p>4.7 A specific element of the Clinical Strategy which is relevant to these proposals is the development of an acute community care</p>

	<p>pathway to help improve the experience of people in mental health crisis and reduce the reliance on A&E to provide urgent mental health care support.</p> <p>4.8 Sussex Partnership is making good progress in strengthening its community services and crisis care.</p>
<p>B. How will the accessibility of services, and how they are delivered, change?</p>	<p>Accessibility:</p> <p>4.9 In developing its proposals, Sussex Partnership engaged with organisations representing service users and carers, staff and their trade union representatives, governors and partner organisations including third sector providers.</p> <p>4.10 From these discussions, it was clear that a key issue which needed further work to reassure everyone affected was that the proposals option would likely increase travel times for some service users and their carers and it was recognised that patients, carers and families - as well as staff – may have to travel further than they do now.</p> <p>4.11 As a first step, a group was established to look at this issue and suggest possible transport solutions. This, together with feedback from staff and other groups such as the West Sussex HASC BPG, led to the following suggestions:</p> <ul style="list-style-type: none"> • Mileage allowance/payments for people who use their own cars, or pay an individual’s public transport costs. • Provide a Trust minibus to follow a specific route once/twice daily to and from each affected hospital or unit. • Using Dial-a-Ride or community transport. • Provide overnight accommodation for carers and families in certain circumstances. <p>4.12 Following this, Sussex Partnership wanted to get a more in-depth picture of who would be affected and how. It commissioned West Sussex County Council to carry out an Independent Transport Analysis to assess the travel impact of the preferred option on patients, carers and their relatives.</p> <p>4.13 The analysis looked at the number of in-patients in the two wards at Harold Kidd Unit (Grove and Orchard) and Iris Ward on the first day of the month for a 12 month period between April 2018 and April 2019 – and where they came from.</p> <p>4.14 It found that there was a total of 183 people, i.e. 123 at Harold Kidd Unit and 60 at Iris Ward. At Harold Kidd, 13% (16 patients) were from the Chichester area and 87% were from other areas across West Sussex, East Sussex and further afield. At Iris Ward, 20% (12 patients) were from the Horsham area and</p>

80% from other areas across West Sussex, East Sussex and further afield.

4.15 This data confirms that most inpatients and their carers were from outside the areas where these wards are located. The analysis assumed that current carers and/or partners lived at the same address or close to the patient's address.

4.16 As illustrated in the maps in **Appendix II**, the analysis confirms that carers and their families travelled a wide range of distances during the last year, entailing many different travel times and journeys. For some carers, the proposals show shorter and easier journey times and for others it would be more problematic. SPFT has also undertaken a separate transport analysis of the impact on staff affected by the proposed service changes.

4.17 A Transport Review Group - consisting of senior clinical and operations staff, service users, carers, Healthwatch and representatives from the West Sussex CCGs - was set up to look at the analysis and come up with innovative and workable solutions to help those people who may face travel difficulties under the proposed change in services.

4.18 The transport analysis, the group's findings and possible transport solutions will be further reviewed as part of the public consultation process.

Service delivery:

4.19 Bed modelling work carried out by Sussex Partner indicates that a West Sussex 'bed neutral' position is clinically viable. This is based on:

- current bed use
- reducing the number of SABP beds from 13 to 9 beds
- the availability of high-quality inpatient environments
- comparatively low levels of out of area placements, and
- the proposed modernisation of acute and community services.

4.20 It should also meet demand, in particular, for people with dementia over the next two to three years. In addition, once SABP have undertaken their own service redesign, the nine beds being used for East Surrey will become available for West Sussex.

4.21 Therefore the re-design is 'bed-neutral' for West Sussex - if changes are agreed, there will be no reduction in beds in the area. At the same time, Sussex Partnership will continue to develop, with other providers:

	<ul style="list-style-type: none"> • improved out-of-hours 'crisis cafes' • greater alignment between crisis teams, community teams and mental health acts functions • improved care pathway for people with personality disorders, and • growth of mental health crisis teams across West Sussex. <p>4.22 These developments, among others, are being addressed as part of Sussex Partnership's wider community redesign work and are planned to be in place by end of 2019/beginning of 2020.</p> <p>4.23 The proposals will also provide the opportunity to set up a centre of excellence at 1st Floor, Salvington Lodge, Worthing for people living with dementia.</p> <p>4.24 Sussex Partnership is working with the Sussex Community NHS Foundation Trust (SCFT) which has a physical health continuing care unit based at Salvington Lodge.</p> <p>4.25 The proposals will create a specialist dementia centre of 32 beds, i.e. two 10-bed wards in the Burrowes Unit (Ground Floor, Salvington Lodge) and one 12-bed ward on the 1st Floor which will sit alongside SCFT's current 18 physical health beds.</p> <p>4.26 This would have a significant positive impact on the outcomes for people with dementia who have physical health problems as well as those with long-term physical health conditions who have cognitive and/or behavioural difficulties. It could also help streamline referral and assessment processes, and reduce unnecessary bureaucracy and access/care pathway difficulties between the two organisations.</p>
<p>C. How will patients be affected?</p>	<p>4.27 These proposals are wholly focused on patient safety and quality of service. They do not represent a major service reconfiguration. And, as already stated, will not entail any reduction in beds for West Sussex patients, although there will be a small reduction of four beds for East Surrey patients.</p> <p>4.28 The proposals aim to:</p> <ul style="list-style-type: none"> • create modern, safe and high-quality accommodation for all adults of working age and older people, including those living with dementia • close stand-alone, isolated units • eliminate mixed sex inpatient accommodation for adults of working age and older people, including those living with dementia • make sure that there are enough beds to meet current

	<p>and projected future demand</p> <ul style="list-style-type: none"> • improve recruitment and reduce vacancies from 17% to 10% (2019) and 5% (2020) to ensure adequate staffing levels • retain a contractual arrangement with SABP for East Surrey residents being admitted to our services (currently 13 beds), and • create a centre of excellence for dementia inpatient services. <p>4.29 Meeting these aims will improve the quality of care and patient safety by:</p> <ul style="list-style-type: none"> • providing high-quality inpatient environments • moving to single sex wards, improving privacy and dignity • creating safer facilities with reduced ligature risk, and • consolidating expertise in one place. <p>4.30 Sussex Partnership wants to treat people in their own homes rather than admit them to hospital, unless it's absolutely necessary. Which is why these proposals go hand-in-hand with plans to strengthen community services for people in West Sussex.</p> <p>4.31 So, for example, Sussex Partnership aims to make it easier for people to get home treatments and receive crisis support 24 hours a day, seven days a week.</p> <p>4.32 However, Sussex Partnerships has a contract with SABP to provide 13 beds for working age adults from East Surrey at Langley Green Hospital, Crawley. In 2019/20, this will be reduced from 13 beds to nine beds. This is a small reduction of four beds for East Surrey residents.</p> <p>4.33 To make up the shortfall, SABP will be improving and extending its inpatient facilities which will increase its total number of beds. When this work is complete in 2024, SABP will no longer need the nine beds at Langley Green. But, in the meantime, they want to keep the beds to maintain levels of inpatient care.</p> <p>4.34 This decision was made to ensure that there were no bed losses for West Sussex at a time when there are significant bed pressures across the county.</p>
<p>D. Will there be any impact on the</p>	<p>4.35 Sussex Partnership does not envisage that these proposals will have any economic or environmental impact locally. It believes that no other services will be needed from either health or social care resources in light of the proposed services</p>

**wider
community
and other
services?**

changes.

4.36 However, initial conversations suggest that West Sussex County Council would see a centre of excellence for dementia services as an opportunity to employ a hospital social worker dedicated to the one site. At the moment, it is having to cover three sites.

4.37 We will be consulting wider as part of the formal public consultation process to seek the views about how the proposals may affect other resources, e.g. police and ambulance services.

4.38 Any negative effects which result in the need for patients, carers and families to travel further will be mitigated by any proposed new travel arrangements which arise from the consultation. Ideas put forward by the Transport Review Group will feature in the consultation and include:

- **Mileage allowance or payments for people who use their own cars, or pay people's public transport costs.**
 - This may be difficult because some people would benefit and others wouldn't. So, the group suggested it could be targeted at those most seriously affected, that is those who are inpatients at the time they transfer to other wards.
- **Provide a minibus.**
 - A minibus which followed a specific route one or twice a day would be very helpful to carers and family members.
- **Using Dial-a-Ride or community transport.**
 - Because there is a huge demand for these services, this would be difficult to achieve but the group suggested looking at providing a volunteer transport scheme.
- **Provide overnight stays for carers and families in certain circumstances.**
 - This could be for a limited time, for example during the first three or four days after a patient has been admitted as this is often a traumatic and anxious time for everyone.

	<ul style="list-style-type: none"> • The group also suggested: <ul style="list-style-type: none"> ○ carers and families should be told how to apply for financial support when visiting people in hospital, and ○ speaking to the Red Cross to see if they can provide transport for hospital appointments.
<p>E. What are the views of key stakeholders?</p>	<p>4.39 In developing these proposals, we have spoken directly to people who use our services, carers and their representatives - such as Healthwatch West Sussex - as well as GPs, other clinicians and the voluntary sector.</p> <p>4.40 Their feedback helped us refine our proposals to the point where we are confident that they offer us the best opportunity to help meet the challenges we face to provide the best quality care for all our patients, both now and in the future.</p> <p>4.41 As part of the pre-consultation work undertaken to date, service users and carers have been involved in reviewing the proposals. These included Crawley Mental Health Forum, Sussex Partnership Service User Working Together Groups (during July 2018 and March 2019) and Chichester Carers' Support Group. SPFT has engaged with service user representatives through the Capital Project Trust and MIND.</p> <p>4.42 Sussex Partnership also contacted 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>4.43 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 almost 356 times. Staff, including senior clinical representatives from all disciplines, have been involved at an early stage in the development of the proposals – and this engagement led to the proposals being revised.</p> <p>4.44 For 2019, we have 30 staff engagement events planned. The issues that have arisen so far include:</p> <ul style="list-style-type: none"> • plans to improve community services • transport implications • job roles and responsibilities, and • the need for certainty about when plans would be implemented. <p>4.45 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</p>

	<p>as possible. We have also had contact with representative organisations such as the Dementia Alliance, West Sussex Carer Support and local carer committees.</p> <p>4.46 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 • why the need to close down units, and • wider general issues facing services users and carers. <p>4.47 These views have been collated and will feed into the formal public consultation process.</p>
<p>F. Do the proposals meet the NHSE five key tests for service change?</p>	<p>Support from GP commissioners</p> <p>4.48 These proposals have been developed by NHS Coastal West Sussex CCG, NHS Crawley CCG and NHS Horsham and Mid Sussex CCG (West Sussex CCGs) in partnership with Sussex Partnership and have the backing of all the relevant organisations.</p> <p>4.49 It was agreed that the West Sussex CCGs would, in partnership with Sussex Partnership, develop the service proposals and business case, in line with NHSE’s ‘Planning, Assuring and Delivering Service Change for Patients’ guidance.</p> <p>4.50 The three West Sussex CCGs currently hold weekly meetings with Sussex Partnership to oversee the development of these proposals. This meeting is chaired by the Sussex and East Surrey CCGs’ Interim Director of Commissioning, Mental Health, and its membership includes CCG Communications and Mental Health Commissioning Leads and Sussex Partnership’s Chief Operating Officer, Programme Director, Project Management and Communications Lead.</p> <p>4.51 The Sustainability and Transformation Partnership (STP) Executive Group has been updated about the proposals and its Mental Health Programme Board has discussed them in detail.</p> <p>4.52 It was agreed by all parties that, as part of the proposal development, the West Sussex CCGs would convene an independently-chaired Panel to consider the proposals within the context of a system redesign and complete an options appraisal.</p> <p>4.53 This was a commissioner-led panel, chaired independently by a senior London GP clinical commissioner – and independent of Sussex Partnership. Membership included GPs and/or GP clinical commissioners from each of the constituent local CCG areas, patient and service user representatives and Healthwatch.</p>

4.54 The Panel was charged with scrutinising and challenging how Sussex Partnership decided on its preferred option for the reconfiguration of services and provide assurances that this process was robust and fair. The Panel was also asked whether or not it agreed with Sussex Partnership's conclusions after following the exact same appraisal process which Sussex Partnership used.

4.55 The Panel made recommendations about specific topics that it feels should be covered within any future consultation process. It was agreed that the recommendations of the Panel would be presented to the Sussex and East Surrey CCG Alliance Governing Bodies and the Sussex Partnership's Board of Directors.

4.56 Membership of the Panel included:

- Independent GP Clinical Commissioning Chair
- GP representatives from the local CCGs
- Sussex and East Surrey CCG Alliance's Director of Mental Health Commissioning and Commissioning Leads
- Commissioning representatives from East Surrey and Coastal West Sussex CCGs
- SPFT Clinical Leads/Advisers
- Healthwatch
- Patient/Service User and Carer representatives

4.57 The proposals have now passed successful through the extensive NHS England assurance and approval process and it has been agreed that the proposals can now go to public consultation subject to the comment/approval of the West Sussex HASC, Sussex Partnership Board of Directors and the Boards of the three West Sussex CCGs.

4.58 Sussex Partnership gave its approval at its meeting on Wednesday 22 May. The CCG Boards will consider the proposals at their meetings on Thursday 27 June. Therefore, any decision made by the HASC today (Wednesday) remains subject to CCG Board decisions.

Strengthened public and patient engagement

4.59 As set out in 'What are the views of key stakeholders?', there has been significant engagement with a wide range of stakeholders, including service users, carers, their families and representative organisations.

4.60 There is now a communications and engagement plan in place for the public consultation. This will make sure that all interested parties know about the proposals, understand the reasons for the proposed changes and expected benefits – and

are able to take part and contribute to any discussions.

4.61 The consultation will be guided by the following key principles. It will be:

- visible - to ensure as many people as possible have their say
- open and transparent
- engaging and accessible
- proportionate, and
- designed to provide people with the opportunity to express wider views and individual preferences

4.62 This public consultation will be conducted in line with the Government's Code of Conduct on consultation. It will seek to comply with NHS England's guidance document, 'Planning, assuring and delivering service change for patients', published in March 2018.

4.63 The consultation will use a range of channels to target all interested parties, including those who are hard-to-reach. To know who to target, and how best to target them, there is a database of key stakeholders which can be used to track when people and organisations have been contacted and how their perceptions about the proposals may have changed following engagement activity.

4.64 The range of people on the stakeholder database include:

- Service users, their carers and families
- Staff members, their respective unions and other social care and mental health professionals (local authority employees)
- Our respective Boards and Council of Governors
- Sustainability and Transformation Partnership (STP) members
- Police and ambulance services
- Neighbouring Trusts and Clinical Commissioning Groups
- Pathfinder Alliance (consisting of local charities, carers' groups etc.)
- GPs and other primary care providers
- Local government politicians and officers
- MPs
- Healthwatch
- National health bodies
- Campaign and advocacy groups
- Media

4.65 Third parties will be approached to help engage more fully with all stakeholders, e.g. Healthwatch to reach service users, carers and families by using their own channels such as their access to GP surgeries.

4.66 It will be an important part of this public consultation to engage as much as possible groups that are either hard to reach, or seldom heard. That is why it is important to make sure that these groups receive special help to make sure they are engaged properly, e.g. producing specifically targeted information toolkits, materials in different languages and easy-read versions or braille.

4.67 Other interested parties, e.g. West Sussex HASC will be briefed regularly and all ad hoc meeting requests, e.g. from patient groups or local councils, will be responded to in an appropriate and proportionate manner.

4.68 The following channels will be considered to engage fully with all stakeholders:

- A dedicated consultation section on the Sussex Partnership website site, with links from other relevant websites, e.g. West Sussex CCGs).
- Targeted and timely press releases and other initiatives with local media, e.g. letters to the editor.
- An advertising campaign which will include newspaper and online advertising and social media activity.
- A regular newsletter, electronic or otherwise, published throughout the consultation period to update the public and other stakeholders about the latest activities.
- Possible use of TV screens in hospitals, GP surgeries and local authorities.

4.69 A range of materials will be produced and distributed to raise awareness of the consultation further. These will include a summary document, flyers, leaflets and posters and an animated video.

4.70 A proportionate number of public meetings will be held there will be opportunities for other events such as drop-ins, staff engagement and participation in other related activity, e.g. annual meetings.

4.71 Responses to the consultation will be independently analysed and the findings will be included in a report which will be provided to the respective governing bodies, HASC and the public. They will also accompany the final outcome report which will publish as soon as possible after the consultation ends.

Clarity on the clinical evidence base

4.72 While these proposals seek to address specific issues within West Sussex, they are being developed in the context of the Sussex Partnership's wider clinical strategy. This is also happening during a period of sustained, significant demand being

experienced across all our services. We need to ensure that any changes to clinical services do not further exacerbate this pressure.

4.73 Sussex Partnership carried out a detailed bed modelling exercise between April 2017 and March 2018 as part of the clinical case for change. This exercise reviewed how West Sussex adults of working age and older people, including people living with dementia, used existing in-patient beds across the Trust, their average length of stay and their gender.

4.74 The exercise also considered the use of the 13 beds for adults of working age at Langley Green Hospital, Crawley, provided to SABP for their East Surrey residents.

4.75 Between April 2017 and March 2018, the split between older people and working age adults shows that there were 10 additional adult beds and fewer older people's beds being used in West Sussex.

4.76 The bed modelling indicated that, based on usage in May 2018, patients in West Sussex occupied:

- 95% of available adult beds (85 beds)
- 93% of older adult functional beds (39 beds) and
- 89% of dementia beds (32 beds).

4.77 Historically West Sussex has had comparatively low levels of out of area placements (ECRs). During this period there were 740 bed days used by adults of working age (equivalent to approximately 2 beds per day) and 61 bed days used by older adults with mental health problems, equivalent to approximately 0.16 bed per day. There were no out of area placements (ECRs) for people with dementia during this period nor have there been historically for West Sussex.

4.78 The bed modelling work was used to assess the impact on the bed numbers and the gender split of wards for each option considered as part of the process to develop these proposals.

4.79 It also identified how many beds on each ward and the number of male and female wards were required to address a 'bed neutral' option for West Sussex. However this 'bed neutral' position for West Sussex could only be achieved by reducing the number of beds provided for East Surrey residents at Langley Green Hospital from 13 beds to nine beds.

4.80 The bed modelling work indicated that that the West Sussex 'bed neutral' position is clinically viable, based on:

- current use

- reduction of SABP beds from 13 to 9 beds
- available high-quality local inpatient environments
- comparatively low levels of out of area placements, and
- the proposed modernisation of acute and community services

4.81 It should meet demand, in particular, for people with dementia over the next two to three years. Also, once SABP have undertaken their own redesign, the nine beds being used for East Surrey will become available for West Sussex.

4.82 Therefore, West Sussex – if changes are agreed, there will be no reduction in beds in the area. At the same time, other work is going on to modernise acute and community services. The real work of the community has to be the provision of alternatives to psychiatric hospital admissions with real 'least restrictive options', ie safe alternatives to hospital admissions.

Patient pathways

4.83 Inpatient pathways will continue to be triaged by existing crisis teams who act as the gate-keepers for all admissions and assess suitability for less restrictive options.

4.84 Admission is considered where it is unsafe to manage risk in the community, where specialist services can only be delivered within an inpatient environment or where community teams require a period of planned assessment work that would require a 24 hour safe environment, e.g. taking people off medication or introducing a new medication regime.

4.85 For dementia, it is where the impact of the condition has increased, symptoms that cannot be managed outside of an acute environment or a period of assessment and intensive support and intervention is needed in order to maximise the options for the person returning to a less restrictive environment as possible.

4.86 Generally, admissions consider risk, treatability, carer burden, complexity of presentation and severity of symptoms, plus known history. Every patient is considered individually and our focus is always on providing the least restrictive option. That is why we decided that crisis team should continue their role as gatekeepers to acute services. Our strategy is to increase their availability and provide more capacity for face-to-face gatekeeping assessments.

Community care pathway

4.87 Over the next year, Sussex Partnership will continue to develop:

- improved out-of-hours 'crisis cafes'
- greater alignment of crisis team function into community teams and mental health acts
- improved care pathway for people with personality disorders, and
- growth of mental health crisis teams across West Sussex

4.88 Sussex Partnership is also looking at developing standards which will make sure that staff can better support patients as they return to GP care or voluntary sector support. It wants to reduce active caseloads for Assessment and Treatment Services clinicians to make sure patients receive more high-quality care.

4.89 These developments are being addressed as part of its wider community redesign work and is planned to be in place by end of 2019/beginning of 2020.

Consistent with current and prospective patient choice

4.90 Again, these proposals should be seen in the context of Sussex Partnership's wider Clinical Strategy and the work it is doing with the Sussex and East Surrey STP.

4.91 This work will determine how the voluntary sector, local authorities and NHS can work better together as a local health and social care system to provide greater choice when meeting the needs of the local community.

4.92 The proposals are underpinned by an approach to health and well-being that considers the impact that physical, psychological, financial, social, house and environmental factors have on people's health and well-being.

4.93 Sussex Partnership's recovery services aim to help people to understand how they have got to where they are and support them to make informed choices about the treatment and broader social care support they need to help to reach their full potential.

4.94 The development of an acute community care pathway' will also help improve the experience of people in mental health crises, increase choice for patients and reduce the reliance on A&E to provide mental health crisis support.

4.95 Sussex Partnership wants to keep people in their local communities for as long as possible and prevent unnecessary hospital admissions that separate people from the networks that work to keep them well. It also enables them to receive quick psychiatric treatment and care. This provides people a real choice and helps reduce the risk of matters escalating to the use of the Mental Health Act to enforce treatment.

4.96 Proposals which include plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it;
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

4.97 These proposals are bed-neutral for West Sussex, with a small reduction of 4 beds for East Surrey. In relation to West Sussex, the proposals:

- address the likely population growth in West Sussex to ensure they are future proof through strengthened community provision and looking at using beds in a different way, and
- allow for bed flexibility based on the current use of beds and average length of stay, as well as the proposed improvements in acute and community services.

4.98 Furthermore, the implementation of these proposals will be further reviewed following the public consultation and will not start until Sussex Partnership is satisfied that the necessary community transformation is in place to improved efficiency in the way beds are used.

4.99 Work is already underway to analyse and review the caseloads of all community teams and put extra support in place where this is higher than the optimum number.

4.100 Sussex Partnership will be improving community services, making the most of the opportunity to help people to remain at home rather than in hospital (unless admission is the most clinically appropriate option). This is a key part of its community pathway development work and the proposals must be seen in that context.

4.101 There is an investment plan in place for urgent care services across West Sussex during the next year. The STP Mental Health prioritisation process for 2019/20 has agreed to fund £1.3m for 2019/20 and £2.4m recurrently for investment in

urgent care services across Sussex. A clinically supported business case is being developed for the STP and will be presented for decision this month (June). The overarching aim will be for urgent care services in each area to meet core fidelity standards and resource will be allocated in response to shortfalls in existing service provision.

4.102 The STP has also agreed to fund 13 support and peer workers in Sussex and the recruitment process for these roles is currently underway.

Appendix I



Proposed beds



