

# Improving mental health services in West Sussex:

## A Public Consultation

A partnership between NHS Coastal West Sussex Clinical Commissioning Group (CCG), NHS Crawley CCG, NHS Horsham and Mid Sussex CCG and Sussex Partnership NHS Foundation Trust.

## FAQs

<b>Q1</b>	<b>Will these proposals mean that patients and carers who currently use Harold Kidd Unit (HKU) and Iris Ward will have to travel further to be treated and visit their families and friends?</b>
<b>A</b>	<p>West Sussex County Council analysis showed that:</p> <ul style="list-style-type: none"><li>• a significant number of inpatients were admitted from all over West Sussex</li><li>• only a limited number of people are local to HKU and Iris</li><li>• some patients and their carers are travelling long distances because we already have some single-sex wards.</li></ul> <p>The analysis also showed that</p> <ul style="list-style-type: none"><li>• the journeys of some patients and carers would be easier than their current journeys, but</li><li>• for others it would involve longer travelling times.</li></ul> <p>We looked at the number of inpatients 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>We found:</p> <ul style="list-style-type: none"><li>• there were a total of 183 people, ie 123 at Harold Kidd Unit and 60 at Iris Ward.</li><li>• At Harold Kidd, 13 per cent (16 patients) were from the Chichester area and 87 per cent were from other areas across West Sussex, East Sussex and further afield.</li><li>• At Iris Ward, 20 per cent (12 patients) were from the Horsham area and 80 per cent from other areas across West Sussex, East Sussex and further afield.</li></ul> <p>This analysis confirms that most inpatients and their carers were from outside the areas where HKU and Iris are located.</p>

<b>Q2</b>	<b>How do you plan to support those people who would be adversely affected by the transport impact of your proposals?</b>
<b>A</b>	<p>We set up a transport review group, which included service users and Healthwatch, to look at what solutions we could introduce to lessen the impact on those worst affected.</p> <p>Ideas included:</p> <ul style="list-style-type: none"> <li>• Mileage allowance/payments for people who use their own cars, or pay an individual's public transport costs.</li> <li>• Provide a Trust minibus to follow a specific route once/twice daily to and from each affected hospital or unit.</li> <li>• Using Dial-a-Ride or community transport.</li> <li>• Provide overnight accommodation for carers and families in certain circumstances.</li> </ul> <p>All of these had pros and cons and they will form part of the formal public consultation. We will be asking people what they think and if they have any other ideas we could consider.</p>

<b>Q3</b>	<b>Can you guarantee that these proposals will not mean any reduction in beds in West Sussex – and that you have enough beds to meet future demand?</b>
<b>A</b>	<p>Our bed modelling work shows the 'bed neutral' position for West Sussex is clinically viable. This is based on, among other things, the reduction of Surrey and Borders contract from 13 to 9 beds, the future availability of high-quality local inpatient environments and the proposed modernisation of acute and community services.</p> <p>We should meet demand, in particular for people with dementia, over the next two to three years. Also, once Surrey and Borders have undertaken their own redesign, the nine beds being used for East Surrey will become available for West Sussex.</p> <p>This means that, 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 to provide real alternatives to people being admitted to hospital.</p>

<b>Q4</b>	<b>Why are you going out to consultation with only one preferred option? This does not seem to be a real consultation.</b>
<b>A</b>	<p>We looked at nine options when considering how we might satisfy the main drivers for change and judged them by a strict set of criteria. These options, and how we decided on our preferred option, have been subject to rigorous and independent scrutiny throughout the governance and assurance process, not least from NHS England and HASC.</p> <p>An independently-led panel including GPs, clinicians, service users and Healthwatch also considered all the options against the same criteria - and came to the same conclusions as we did.</p> <p>We have outlined all the options and the reasons why they were discounted in the public consultation document so people can see the decision-making process in full. We are also seeking people's views on the transport implications of our proposals.</p> <p>We are keen to hear from people if they have other ideas and comments, though we do feel that our robust process has meant we have considered all options.</p>

<b>Q5</b>	<b>How did you involve service users and carers in developing your options?</b>
<b>A</b>	<p>We have involved service users and carers in reviewing the options. These included:</p> <ul style="list-style-type: none"> <li>• Crawley Mental Health Forum</li> <li>• Service User Working Together Groups</li> <li>• Chichester Carers' Support Group</li> <li>• Service user representatives through the Capital Project Trust and MIND</li> <li>• Carer Support branches in Crawley, Worthing and Littlehampton</li> <li>• Age UK and Worthing Churches</li> <li>• more than 12 service user, carer and staff events between January and March 2019, as well as more informal engagement with as many of these stakeholders as possible, and</li> <li>• representative organisations such as the Dementia Alliance, West Sussex Carer Support and local carer committees.</li> </ul> <p>These meetings generated debate around 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. Please see our pre engagement report on our website.</p> <p>Healthwatch West Sussex has participated and contributed to the transport review group and the CCG-led independently-chaired review panel.</p>

<b>Q6</b>	<b>How much money will it save?</b>
<b>A</b>	<p>We originally planned to make financial savings which could be reinvested in community services. However, in-depth analysis of our preferred options shows that we will not save as much as we planned but we will still save some £300,000.</p> <p>However, this was not the main driver of the proposal. We have buildings that are not fit-for-purpose and we have mixed gender wards which do not meet national standards. There have also been some safety concerns related to these wards. We need to address these problems as a matter of priority and look at how we can improve community services at the same time.</p>

<b>Q7</b>	<p><b>But, you said any money saved would be re-invested in community services. If you're not saving as much money as you thought, how will the improved services be funded?</b></p>
<b>A</b>	<p>While any savings that can be used to fund improvements in our community services are welcome, we remain committed to improving these services regardless.</p> <p>For example, we are developing plans to provide:</p> <ul style="list-style-type: none"> <li>• improved out-of-hours 'crisis cafes'</li> <li>• greater alignment of crisis team function into community teams and mental health acts</li> <li>• improved care pathway for people with personality disorders, and</li> <li>• growth of mental health crisis teams across West Sussex.</li> </ul> <p>These developments are being addressed as part of our wider community redesign work and should be in place by end of 2019/beginning of 2020. We are also seeking additional funding from the Sustainability and Transformation Partnership (STP).</p> <p>Information on our plans for community services can be found on our website: <a href="https://www.coastalwestsussexccg.nhs.uk/improving-mental-health-services-in-west-sussex">https://www.coastalwestsussexccg.nhs.uk/improving-mental-health-services-in-west-sussex</a></p>

<p><b>Q8</b></p>	<p><b>You say that this proposal will not mean any loss of beds in West Sussex but it will mean a loss of four beds in East Surrey.</b></p> <p><b>Why is that?</b></p>
<p><b>A</b></p>	<p>We have a contract with Surrey and Borders NHS Foundation Trust 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>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>To make up the shortfall, Surrey and Borders Partnership (SABP) will be improving and extending inpatient facilities which will, ultimately, increase the total number of beds across the Chertsey and East Surrey areas. When these works are 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><b>Q9</b></p>	<p><b>Doesn't closing Harold Kidd Unit - alongside the temporary closure of beds at Midhurst Community Hospital - mean an unacceptable loss of health provision in the Chichester and nearby areas?</b></p>
<p><b>A</b></p>	<p>Our proposals are wholly focused on patient safety and quality of service. Both these would be compromised if we kept <b>Harold Kidd Unit</b> open. It is an old building with poor layout, outdated dormitory accommodation, no en-suite bathrooms and safety risks.</p> <p>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 we own the building as part of a Private Finance Initiative makes any improvement works prohibitively expensive.</p> <p>At <b>Midhurst</b>, we are monitoring the progress being made by commissioners, the local community and the Sussex Community NHS Foundation Trust on developing services for people living in and around Midhurst.</p> <p>As we own the site in Midhurst, we will separately carry out an initial estates review to see how it could be used in the future. This work will also investigate what can be done with the PFI agreement which is in place for the Midhurst Community Hospital building and look at a full range of options about future use, including how new healthcare services could potentially be provided.</p> <p>This review will start shortly and should be completed later this year. No decisions have yet been made.</p>

<b>Q10</b>	<b>If these proposals are agreed, why would it take so long to move Iris Ward to Worthing?</b>
<b>A</b>	<p>Our proposals will mean that the 12 female dementia patients currently at Iris Ward will be transferred to high-quality accommodation at Salvington Lodge which is on our Swandean site in Worthing.</p> <p>However, the Sussex Community NHS Foundation Trust (SCFT) has a physical health continuing care unit based at Salvington Lodge as well as two outpatient units. We are working with them to accommodate the services provided by SCFT as well as the new ward we propose to house patients from Iris Ward.</p> <p>There is now a high-level design for the 1<sup>st</sup> Floor in terms of beds for both SPFT and SCFT. And a solution has been identified to enable SCFT's outpatient services to move out elsewhere on the Swandean site.</p> <p>We will continue to work with SCFT to make sure all the necessary work is completed in a timely fashion. However, there have been some delays so we are looking at completion by April 2021. This work will create a specialist dementia centre of excellence for West Sussex.</p>

<b>Q11</b>	<b>What benefits will a dementia centre of excellence bring to the people of West Sussex?</b>
<b>A</b>	<p>These proposals will create a specialist dementia centre of 32 beds, i.e. two 10-bed wards in the Burrowes Unit (ground floor) and one 12-bed ward with improved joint working between mental and physical health clinicians.</p> <p>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.</p> <p>It will provide improved physical environments which are modern, safe and of a high-quality for patients as well as providing better support for carers and families as they will have greater confidence in the care and treatment provided because of the expertise on offer. Also, the range of care will be wider and provide patients with improved choices about treatment.</p> <p>Initial conversations with West Sussex County Council have suggested that the council would see a centre of excellence as an opportunity to employ a hospital social worker dedicated to the one site. At the moment, they have to cover three sites.</p> <p>We believe this would have a positive knock-on effect on reducing length of stays and delayed transfers of care - but also enable us to have a better perspective on services across the area such as nursing homes and levels of need.</p>

<b>Q12</b>	<b>Why can't you invest money into improving the Harold Kidd Unit and Iris Ward, instead of moving patients to Crawley and Worthing?</b>
<b>A</b>	<p>Unfortunately, updating the Harold Kidd Unit would be far too expensive, and the structure of the building would not allow us to meet the standards we require.</p> <p>The option of refurbishing the Harold Kidd Unit was taken into consideration in our proposals, but it was not financially viable enough to be a preferred option.</p> <p>The Harold Kidd Unit is a very old building and of poor quality. It is badly laid out and its structural walls cannot be changed or removed in any way, which gives us very little to work with in order to ensure it meets the standards required to improve the services we deliver for our patients.</p> <p>The refurbishment of the Harold Kidd Unit would cost upwards of £13.1 million capital costs. This would be very expensive, would not meet value for money nor provide a return on investment costs. This option would also not be delivered within the timeframes needed.</p> <p>However, by moving patient beds from the Harold Kidd and Iris Ward to Crawley and Worthing, chosen as our preferred option, we would be spending much less (£5.1million), have a saving of £300,000 and a 6% return on our investment overall.</p>

<b>Q13</b>	<b>Why are you not increasing the number of beds being provided?</b>
<b>A</b>	<p>Our preferred option in the proposals to move patient beds from the Harold Kidd Unit and Iris Ward to Crawley and Worthing would mean that we maintain the same number of beds offered to patients across West Sussex.</p> <p>Some of the options originally explored meant that beds would be reduced in the county, so we are pleased to say that our preferred option means that we will maintain the number of beds provided for West Sussex. The beds available for the residents of East Surrey will decrease with this proposal; we are working with Surrey colleagues to ensure that adequate bed provision for East Surrey residents is available elsewhere in Surrey. Further beds are being established for Surrey residents over the next few years, which means that those beds in Sussex which are currently allocated for East Surrey residents will become available to Sussex patients in the next 2-3 years.</p> <p>However, we know that mental health service provision is not just about providing inpatient care. We are doing a lot of work to improve mental health community services in the area to support people to live well for longer at home, focussing more on prevention, so we can help people at the earliest opportunity. This involves developing more urgent care services to help people who are experiencing a mental health crisis and providing alternatives to hospital admission wherever possible.</p> <p>At the same time, we need to ensure that those people who do need to be cared for in hospital receive high quality care and treatment in a safe, modern environment that safeguards their privacy and dignity.</p>

<b>Q14</b>	<b>What do you plan to do with the Harold Kidd Unit building?</b>
<b>A</b>	<p>We own the building as part of a Private Finance Initiative so we need to look at our options as it still has 10 years to run. But we have made no decisions yet and we will take our time to decide what is best for the building as it may still play a role in providing local health services.</p> <p>Our priority is patient safety and quality care. We can't provide those at HKU which is why we propose closing it for inpatient care.</p>