



**Commissioning Alliance**  
Brighton and Hove CCG  
Crawley CCG  
East Surrey CCG  
High Weald Lewes Havens CCG  
Horsham and Mid Sussex CCG



**Coastal West Sussex**  
Clinical Commissioning Group



**Sussex Partnership**  
NHS Foundation Trust

## Improving Mental Health Services for Adults and Older People in West Sussex

Quality Impact Assessment	
<b>Project Title</b>	West Sussex Service Redesign Project
<b>Project Manager</b>	Dr Brian Solts, Clinical Director, Coastal and North West Sussex John Wilkins Programme Director, West Sussex Richard Hunt – Communications Lead Margaret Bracey – Later life Lead Sophie Holmes / Jason Read – Psychosis pathway Lead Penny Fenton – Deputy Director, Coastal and North West Sussex Lisa West / Fiona Newman – Reviewing Nursing Practice
<b>Executive Lead</b>	Simone Button, Chief Operating Officer
<b>Service Director Lead</b>	John Child, Operational Director, Adult Services
<b>Change fit with best practice</b>	<ul style="list-style-type: none"> <li>- Fits with Trust's Vision and Clinical Model, providing services in fit for purpose estates and centralising expertise.</li> <li>- Provides fit for purpose and high quality inpatient environments</li> <li>- Eliminates the use of mixed sex accommodation</li> <li>- Together with other initiatives, will enable the Trust to achieve 85 per cent inpatient occupancy levels in all areas in line with the Royal College of Psychiatrist's guidance and Niche recommendations for community redesign</li> <li>- Reduces clinical and safety issues associated with isolated and stand-alone units</li> <li>- Together with other initiatives, will enable the Trust to improve recruitment and retention of staff</li> <li>- Will ensure compliance with CQC standards and inspection requirements</li> </ul>
<b>Additional benefits other than financial</b>	<ul style="list-style-type: none"> <li>- Making best use of estate</li> <li>- Being able to provide single gender accommodation</li> <li>- Supporting patients where possible in the community providing real alternatives to restrictive practice</li> <li>- Improved community crisis support</li> <li>- Improved throughput to pathfinder and other non-statutory services and support</li> <li>- No stand-alone wards</li> <li>- Making best use of limited staffing resource - recruitment and cross cover</li> <li>- Most routine referrals to access via pathfinder, potential therefore to shift to self-referral for routine</li> </ul>
<b>Potential risks</b>	<ul style="list-style-type: none"> <li>- Distance between community and inpatient services</li> <li>- Changes not supported by the "community", potential increase in complaints / negative media publicity</li> <li>- East Surrey population potentially disadvantaged because the estate prioritised for West Sussex residents.</li> <li>- Staff leave prior to any changes because of fear of change</li> <li>- GPs and the wider system are reluctant to accept patients back therefore caseloads continue to rise and community teams unable to change and reduce demand.</li> </ul>

	<ul style="list-style-type: none"> <li>- Service users and carers have mixed views about the necessity of single gender wards and therefore further engagement will be required</li> <li>- Delays to overall project could mean that the current in-patient environments deteriorate further</li> </ul>
<b>Impact in other areas</b>	<ul style="list-style-type: none"> <li>- All areas will need to reduce admissions (supported by the patient flow work)</li> <li>- Redesign of the community services in West Sussex will support the inpatient proposals and ensure a whole system approach.</li> </ul>
<b>Experience</b>	<ul style="list-style-type: none"> <li>- Improved patient and carer experience as services working holistically across the pathways in West Sussex with specialist support when required.</li> <li>- The development of a 'community acute care pathway' will help improve the experience of people in mental health crises and reduce the reliance on A&amp;E to provide mental health crisis support.</li> <li>- Improved quality of care and patient experience by delivering fit-for-purpose accommodation and complying with our own requirements and those of the Care Quality Commission (CQC)</li> <li>- Consultation with and involvement of service users and their carers continues and their feedback will inform the implementation of the service proposals.</li> </ul>
<b>Safety</b>	<ul style="list-style-type: none"> <li>- Inpatients – better estate and moving to single gender will reduce the level of incidents, in particular, mixed sex breaches</li> </ul>
<b>Overall effect on quality</b>	<ul style="list-style-type: none"> <li>- Quality will be enhanced for all those accessing services and support staff with manageable caseloads.</li> <li>- Privacy and safety on inpatient wards will be improved</li> <li>- Journeys for families and carers will in some cases be longer (although Transport Review Group has studied transport analysis and provided suggested solutions to reduce impact for consideration by Independent Panel and subsequent public consultation).</li> </ul>

 <b>Date: 12<sup>th</sup> March 2019</b> <b>John Child, Operational Director, Adult Services</b>	 <b>Date: 12<sup>th</sup> September 2018</b> <b>Penny Fenton, Deputy Service Director West Susses CDS</b>
 <b>Date: 6<sup>th</sup> November 2018</b> <b>Diane Hull, Chief Nurse</b>	 <b>Date: 3<sup>rd</sup> October 2018</b> <b>Rick Fraser, Chief Medical Officer</b>
 <b>Date: 28<sup>th</sup> September 2018</b> <b>Sally Flint, Chief Finance Officer</b>	