

# Redesigning Inpatient Services in East Sussex

Report for: East Sussex Health Overview and Scrutiny Committee

<b>Date:</b>	15/02/21
<b>Version:</b>	V7.0
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## 1.0 Executive Summary

The purpose of this report is to inform members of East Sussex Health Overview and Scrutiny Committee of the need to change the way that mental health inpatient services are provided in East Sussex.

The report provides brief details of the Case for Change and a summary of the work that has taken place since January 2020 to work with stakeholders to firstly identify and then assess potential options to address current and future needs.

Health and social care organisations within the Integrated Care System (ICS), known as the Sussex Health and Care Partnership (SHCP), are committed to working together to deliver high-quality health and care services which improve the health of local people and make the most effective use of resources.

As part of this commitment, the NHS East Sussex Clinical Commissioning Group (CCG) and Sussex Partnership NHS Foundation Trust (Sussex Partnership) are working in partnership to improve the quality of inpatient services in East Sussex as they recognise that existing inpatient mental health facilities are currently not fit-for-purpose.

Therefore, a significant change is required to improve the quality of the environments in which inpatient services are delivered across four sites in East Sussex, including Department of Psychiatry at Eastbourne District General Hospital, Woodlands Centre at Conquest Hospital in Hastings, Beechwood Unit at Uckfield Hospital and Amberstone Hospital near Hailsham. In this context, Sussex Partnership is also among the worst Trusts in the country for the number of patients still being treated in dormitory accommodation and this issue must be rapidly addressed in line with national requirements.

To this end, the **Redesigning Inpatient Services: East Sussex (RIS:ES) Programme** was established to develop and deliver proposals which address the needs identified in a **Case for Change** and respond to feedback from a range of stakeholders, particularly service users, carers and their representatives, clinicians, and members of staff.

The Programme started work in January 2020 and has since reached a number of milestones.

- A Case for Change was developed which was subsequently approved by Sussex Partnership Board of Directors and East Sussex CCG Governing Body.
- A Clinical Working Group – established as part of the Programme and involved clinicians and service users – agreed the scope of the Programme.
- NHS England and Improvement (NHSEI) Stage One – Strategic Sense Check assurance was achieved in October 2020.
- An initial funding stream under the national eradicating dormitory accommodation initiative has been identified and pursued.
- There was a three month period of early involvement activity and an interim report on findings was completed.
- This fed into Appraisal workshops which agreed early draft proposals being identified, in principle.
- These early draft proposals have also now been reviewed by both Sussex Partnership Board of Directors and the NHS East Sussex CCG Governing Body and will now form the basis of a Pre-Consultation Business Case.
- Site finding and assessment has been completed and a final shortlist includes three sites, one each, in Eastbourne, Bexhill and Hailsham.

Development of the draft proposals to date:

- The vision for acute adult inpatient services in East Sussex is for new state-of-the-art facilities to cover all inpatient services, provided potentially on a single campus sufficient to service all of the mental health inpatient needs of the people of East Sussex, now and in the future

- The campus approach would, over time, address East Sussex inpatient needs, grounding it in clinical need and demographic change. This would enable the Trust to attract the best staff because it would be a leading centre for mental health provision, where excellent research and teaching happens and where patient outcomes are outstanding.
- The most likely way forward is to deliver the programme in phases, addressing the most pressing issues in the current provision as a first step.
- The first priority, however, is to take advantage of national funding available to eradicate dormitories. This will enable the services provided at the Department of Psychiatry in Eastbourne to move into new facilities on another site within the next three years.
- This early outcome would provide the backdrop for future expansions, the necessary momentum to carry through the longer-term outcomes and enable the impact of the Community Transformation Programme and other initiatives to be understood fully in supporting the wider improvements being delivered across mental health services.
- However, in order to achieve the longer vision, given the availability and deliverability of sites, there is a possibility that the DoP may be provided in an area other than Eastbourne. This change will require a public consultation.
- The programme team will continue to engage and consult with stakeholders as future phases develop and these may require separate public consultations at the relevant time.

The East Sussex CCG Governing Body, at its meeting on Wednesday 10 February 2021, noted these early draft proposals and that they would be shared with the East Sussex HOSC to explore whether they would want to consult with the CCG on any of the developing options. The CCG Governing Body also noted that a Pre-Consultation Business Case would be prepared on the basis of the early draft proposals above and this will be subject to an NHSEI Stage 2 Assurance Check Point and Sussex Partnership Board and CCG Governance processes before any potential public consultation would commence later in the year.

## 2.0 Current Services

RIS:ES is considering the potential need for mental health inpatient beds across all four inpatient service areas, i.e. working age adults, older age adults, rehabilitation and those living with dementia. Mental health inpatient stays tend to be unplanned except in a few specific circumstances.

These services are provided across four centres across the county. They are:

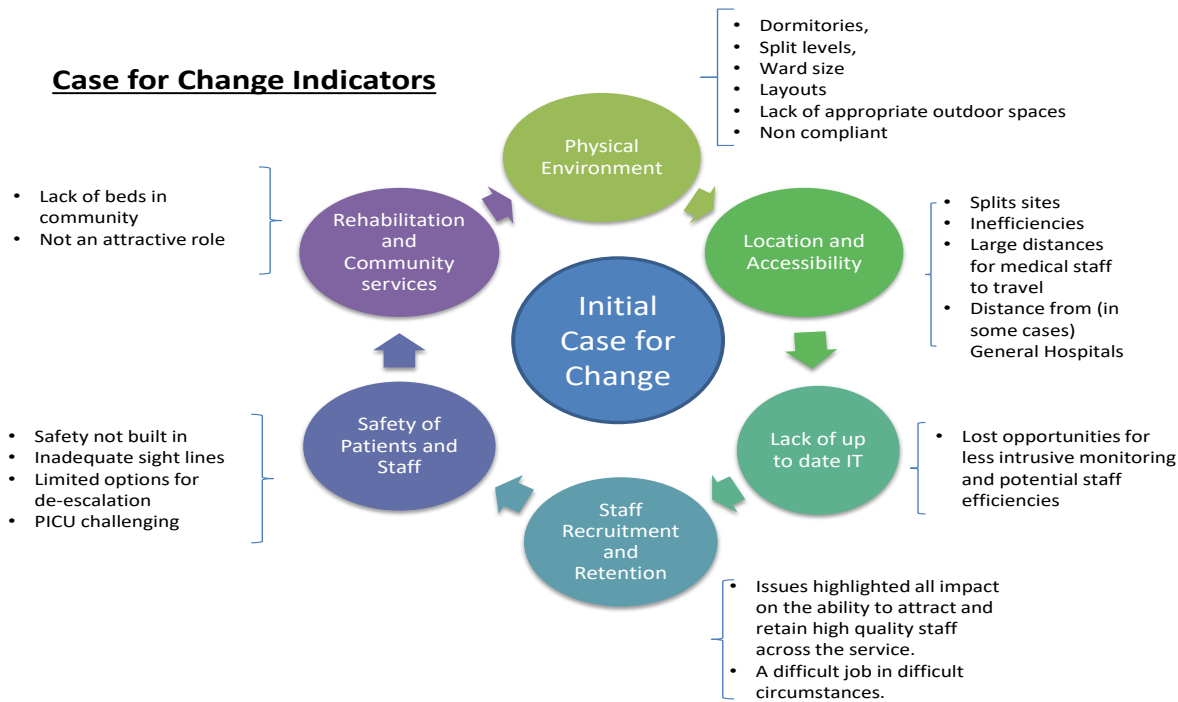
East Sussex - Adult Inpatient Mental Health Services				
Location	Name	Service	Gender	Beds
Uckfield Hospital, Uckfield	Beechwood Unit	Short-term inpatient care for people with dementia	Mixed	15
Eastbourne District General Hospital, Eastbourne	Department of Psychiatry	Amberley Ward - inpatient care for adults with mental health problems	Female	18
		Bodiam Ward - inpatient care for adults with mental health problems	Male	18
		Heathfield Ward - inpatient mental health care for older people or those with additional physical and wellbeing needs	Mixed	18
Conquest Hospital, St Leonards-on-Sea	St Anne's Centre	St Raphael Ward - acute mental health ward for older people or those with additional physical and wellbeing needs	Mixed	16
	Woodlands	Abbey Ward - inpatient care for adults with mental health problems	Female	14
		Castle Ward - inpatient care for adults with mental health problems	Male	9
Amberstone Hospital, Hailsham	Amberstone	4 wards for assessment and active rehabilitation for working age adults with severe enduring mental illness.	Mixed	28

## 3.0 Case for Change

A Case for Change (C4C) to the way that inpatient mental health services in East Sussex are delivered was developed in January 2020 and was subsequently approved by the RIS:ES Programme Board and endorsed by Sussex Partnership's Board of Directors and the East Sussex CCG Governing Body. It also received assurance at an NHS England and Improvement Strategic Sense Check in October 2020.

The C4C looked at the current state of inpatient mental health services in East Sussex for adults, older people and those living with dementia, assessed future demand for these services and examined how the Programme fits in with national, regional and local priorities. The C4C did not seek to identify any solutions at that stage but simply confirmed the need for change.

The main conclusion was that services need significant improvement, are not in a position to meet the identified priorities and are a major barrier to staff recruitment and retention. The following diagram provides a summary of the clinical and estates C4C indicators.



The C4C also confirmed that there is a sustained level of demand for services which will continue at least at current levels in the future and noted that demographic growth forecasts predict an increase in demand for services going forward.

This means that care cannot continue to be delivered to the high quality that patients, their carers and families deserve, and services do not have the flexibility they need to provide the optimum variety of therapeutic activity that should be available to all patients.

The C4C recommended that proposals should be developed to address the identified gap between the current "as is" position and a desired future state which will be to provide services that align with, and support, national and local priorities and ambitions. This means that improving inpatient services is a "must have" otherwise key commitments will not be delivered.

Development and assessment of options and business cases have and will continue to follow relevant NHS England and NHS Improvement guidance to ensure the process is robust and the outcome is co-produced with patients, carers, clinicians and operational teams.

A full copy of the Case for Change document is available on request.

## 4.0 Communications and Involvement Activity

To help develop early proposals, and make sure they have been co-produced with stakeholders, a period of early involvement activity was undertaken between October and December 2020. During this period, service users, carers and their families, clinicians, other service leads and other stakeholders from the charity and third sectors were invited to provide feedback through a range of methods.

To support the communications and involvement activity, Opinion Research Services were appointed as an external involvement advisor. Advice of this nature is highly-recommended by NHSE/I as part of its governance and assurance

process as it provides independent insight, analysis and oversight of communications and involvement activity throughout the duration of the Programme.

During the period of early involvement activity, ORS:

- attended meetings arranged by NHS partners and community organisations so their views about our proposals could be shared and discussed
- undertook one-to-one interviews with individuals recruited by ORS staff, and
- ran an early involvement online questionnaire, accessible through both Sussex Partnership and CCG websites.

A video conference workshop was also held for a group of Experts by Experience (EBEs) familiar with East Sussex mental health inpatient services, representatives from relevant charities and other community organisations and clinicians who work in local services.

This was followed by an options appraisal workshop where service users, carers, clinicians and operations staff came together to agree a shortlist of options which will be taken forward as part of a Pre-Consultation Business Case and a likely formal public consultation.

ORS have prepared an interim feedback report detailing the responses to the early involvement activity which contributed to the development of the proposals set out in this paper.

Throughout the early involvement activity, there was broad recognition and endorsement among all stakeholders of the challenges, vision and priorities identified, and of the need to make changes.

A copy of the report is available on request.

## 5.0 Options appraisal

To ensure robust engagement and co-production, two workshops have been held with stakeholders including clinicians, patients, carers, staff etc. to firstly consider possible options to deliver the change and then to assess them. There was strong clinical engagement throughout the process with workshops attended by members of the Clinical Working Group plus other consultants, matrons, ward manager, service managers and operational staff.

The assessment was made against a set of agreed (with participants) critical success factors (such as eradicating dormitory accommodation and providing sufficient capacity) and Programme Objectives (such as ability to improve inpatient outcomes and staff morale).

The Workshop looked at four options: do nothing, refurbish existing, two or more separate facilities or a single campus to accommodate all of the agreed scope.

The single campus option emerged as the most likely preferred way forward as this gives the greatest opportunity to meet all of the Programme Objectives.

The Workshop then examined the strengths and weaknesses of delivering the scope in a single implementation i.e. “big bang” or in a phased manner over a longer period of time. It was agreed that a phased approach was the most likely to succeed due to availability of funding at this time.

The phased approach also allows the impact of the Community Transformation, Rehabilitation Workstreams and Dementia Pathways to be understood before full investment is committed. Incremental delivery is also inherently less risky and lessons can be learned and adjustments made along the way.

A phased approach has the advantage of building momentum early in the Programme to enable benefits to start to be delivered and allow the impact of Covid and the work of the Community Transformation Programme to be fully understood.

The priority inpatient facility to be addressed through RIS:ES is the Department of Psychiatry (DoP) at Eastbourne District General Hospital.

Therefore, Phase 1 would replace the DoP in a new building on a new site to eradicate dormitories, improve the therapeutic environment and patient outcome but for there to be sufficient flexibility to accommodate the longer-term vision.

## 6.0 Early draft proposals

Therefore, following the options appraisal process, these early draft proposals were developed. These draft proposals cover, over time, all in-patient services for the whole population of East Sussex.

**To build new state-of-the-art facilities potentially provided on a single campus sufficient to service all of the mental health inpatient needs of the people of East Sussex, now and in the future**

**The most likely way forward is to deliver this campus in phases.**

This will attract and keep the best staff as it will be a leading centre for mental health provision, with excellent research and teaching and where patient outcomes are outstanding.

**However, the first priority is to take advantage of national funding available to eradicate dormitories. This will enable the services we provide at the Department of Psychiatry to be moved on to a new site within the next three years.**

**Sites in Eastbourne, Bexhill and Hailsham have been identified and their viability will be assessed in detail over the coming months.**

This early outcome will form the foundation for future expansion and provide the momentum to carry through the Programme's long-term plans, in conjunction with other initiatives such as the **Community Transformation Programme**.

## 7.0 Finding sites for new facilities

Availability of a deliverable site is a key requirement of the project. Stiles Harold Williams Partnership (SHW) LLP, a local, independent property consultancy specialising in property surveying and town planning, were commissioned to undertake a comprehensive site finding exercise.

This identified 17 sites across the county. Sites were shortlisted based on: (1) proximity to the main conurbations i.e. site close to the borders were deselected, (2) ability to accommodate the longer-term campus vision so sites over 6 acres, and (3) ease of delivery (i.e. likelihood of securing planning permission within timescales, and site topography).

There are three sites on the shortlist, one each in Eastbourne, Hailsham and Bexhill. Some travel time analysis has been completed and each of the sites has strengths and weaknesses in this regard.



Further feasibility work needs to be undertaken to check site conditions before a final site is confirmed. But there is a possibility that the DoP may be provided in an area other than Eastbourne. Should this be the case, this change will likely require a public consultation.

## 7.0 Timetable

A Pre-Consultation Business Case (PCBC) is being developed and will be subject to a NHSEI Stage 2 Assurance Check Point (ACP). This is planned to be completed in the first quarter of 2021/22.

Subject to development of the PCBC, should a public consultation be required, the PCBC and consultation documents will require review and approval by the Sussex Partnership's Board of Directors and the East Sussex CCG Governing Body prior to any consultation. This means any public consultation would likely commence towards the end of the first quarter of 2021/22.

**NB: no public engagement or meetings on our proposals will take place during the pre-election period between Monday 29 March and Thursday 6 May because of local elections.**

## 8.0 Conclusion

This paper sets out early draft proposals to address the issues highlighted in the Case for Change relating to mental health inpatient services in East Sussex for adults, older people and those living with dementia.

It highlights the work undertaken with service users, carers and their representatives, clinicians, commissioners and staff to identify and assess the potential options.

This work has resulted in a most likely way forward for a long-term Programme to deliver all adult inpatient services in East Sussex potentially on one campus-style facility on a site to be agreed. This will be delivered in phases as funding becomes available.

The first phase will be to relocate the services at Department of Psychiatry on to a new site which will be funded under the national eradicating dormitory accommodation initiative. There is a possibility, due to availability of deliverable sites, that this may be in an area other than Eastbourne which would likely require a public consultation.