

Scrutiny Review of the proposal to redesign Inpatient Mental Health Services in East Sussex

Report by the Health Overview and Scrutiny
Committee (HOSC) Review Board

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Health Overview and Scrutiny Committee (HOSC) – 23rd September 2021

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Recommendations

1	<p>The Committee endorses the reasons for developing a new inpatient mental health facility to replace the Department of Psychiatry. In particular:</p> <ul style="list-style-type: none"> • that dormitory wards are outdated and should be replaced with a like for like number of single en suite rooms in a new facility with sufficient indoor and outdoor therapeutic facilities; • that the current location of the Department of Psychiatry is not a suitable site to develop a new inpatient facility with these criteria; • that a long term goal of creating a single centre of excellence is the preferred model that East Sussex Clinical Commissioning Group and Sussex Partnership NHS Foundation Trust should develop; and • that both Bexhill and Amberstone sites could be viable sites for the replacement of the Department of Psychiatry and also offer the potential to accommodate a centre of excellence in the future.
2	<p>The Committee recommends that whichever site is chosen for the new inpatient mental health facility, the East Sussex Clinical Commissioning Group and Sussex Partnership NHS Foundation Trust should take steps to ensure the following:</p> <ul style="list-style-type: none"> • be prepared to work with NHS England for a solution to any funding constraints well in advance should prices appear to be increasing dramatically and risking the viability of the scheme; • develop a design that takes advantage of high levels of modern methods of construction in order to ensure speedier construction and improved carbon footprint; • move forward with the construction of whichever site is chosen as soon as is reasonably practicable, for example, finalising the design of the building; pre-ordering as many prefabricated elements as possible; and submitting a planning application by Spring 2022; • ensure that the travel and access needs of patients, staff, families and carers are addressed as far as is practicable via the Transport and Travel Review Group; • ensure service users and their families and carers are involved in the more detailed design process, including ensuring that the new site has a range of digital communications available to enable patients to contact their families and carers; • produce a travel and transport strategy during the planning process that offers adequate parking for staff, families and carers, whilst being compliant with the local authority's planning requirements and which includes charging points for electric vehicles; • once a site has been agreed, investigate the possibility of new bus stops with the appropriate organisations, such as Stagecoach and East Sussex County Council; • develop a clear inter facility transfer agreement with South East Coast Ambulance NHS Foundation Trust to ensure patients are transferred from

	<p>acute sites to mental health inpatient wards in a timely manner as soon as is reasonably practicable;</p> <ul style="list-style-type: none"> • ensure the Urgent Care Lounge at the Department of Psychiatry is replaced on site at the EDGH once the Department of Psychiatry closes; and • continue to review demand for inpatient services and take steps to mitigate demand wherever possible.
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Background

1. Sussex Partnership NHS Foundation Trust (SPFT) provides a range of mental health services for the residents of East Sussex. This includes 136 inpatient mental health beds located across four different sites comprising 108 beds for working age adults, older people and dementia patients and 28 rehabilitation beds.
2. Two of the sites – the Department of Psychiatry (DoP) at Eastbourne District General Hospital (EDGH) and St. Anne's Centre at Conquest Hospital, Hastings – contain dormitory style wards. 40 of these beds are at the DoP and 16 are at the St. Anne's Centre.
3. In October 2020, the Government announced its National Eradicating Dormitory Programme that included more than £400 million capital funding over the next four years to eradicate dormitory accommodation from mental health facilities across the country and replace them with single ensuite bedrooms to “improve the safety, privacy and dignity of patients suffering with mental illness.”¹
4. In December 2020, SPFT, supported by East Sussex Clinical Commissioning Group (CCG), applied to the Department of Health and Social Care (DHSC) for capital funding to eradicate its dormitory style beds and replace them with sufficient capacity in modern, compliant accommodation. The DHSC confirmed a funding allocation of £46.67m for the replacement of the DoP which must be spent by March 2024.
5. The CCG (as the responsible NHS organisation) attended the Health Overview and Scrutiny Committee (HOSC) meeting on 4th March 2021, along with representatives of SPFT, to advise the Committee of the proposals to close the DoP and replace it with a new inpatient mental health site somewhere in the county. The CCG could not yet say where this would be, as the options appraisal process was not yet complete.
6. Following the completion of its options appraisal process, the CCG returned to the HOSC at its meeting on 10th June to provide a summary of its Pre-Consultation Business Case (PCBC) and consultation plan, titled Redesigning Inpatient Services in East Sussex (RIS:ES). The CCG proposed to close the DoP and build a new inpatient mental health unit at either a green-field site in Bexhill-on-Sea, or at Amberstone Hospital near Hailsham, with the Bexhill site its preferred option. The CCG announced the replacement of the DoP would be the first stage in a wider long-term vision to create a new, single ‘campus’ site to provide care for a range of mental health needs, although only stage one would be carried out for now. The CCG planned to run a public consultation for 12 weeks from 14th June to 6^h September on the proposed relocation of the services provided at the DoP.
7. The HOSC agreed the proposals constituted a substantial variation to services requiring formal consultation with the Committee under health legislation. HOSC established a Review Board to carry out a detailed review of the proposals and produce a report and recommendations on behalf of the Committee. The Review Board comprised Councillors Colin Belsey, Mary Barnes, Christine Robinson and Mike Turner and a community and voluntary sector representative, Jennifer Twist. The Review Board elected Cllr Belsey as the Chair.
8. The Review Board carried out the majority of its review during August 2021. This report sets out the evidence the Board considered, along with its conclusions and recommendations, and will be submitted to the CCG for consideration at its Governing Body meeting on 1st December 2021.

¹ “Over £400 million pledged to remove dormitories from mental health facilities”, GOV.UK, October 2020

1. The proposals for the future of the Department of Psychiatry

National plans to eradicate dormitory wards

9. Inpatient mental health beds are used by patients experiencing a mental health crisis, such as severe depression or suicidal behaviour, where staying in hospital – rather than being treated in the community – may be the best way to keep them safe and provide them with the level of treatment they need.

10. Patients will usually be admitted to a bed nearby to where they live, however, they may be admitted further away if there are no available beds nearby; they require more specialist treatment, such as for eating disorders; or they require admission to a Psychiatric Intensive Care Unit. Lack of available beds leading to out of area placements for patients who require non-specialist acute beds is a longstanding issue. The NHS Long Term Plan made a commitment to end acute out of area placements by 2021².

11. Some patients who are admitted to an inpatient ward will be admitted to a dormitory ward. Dormitory wards are wards where two or more patients share the same bedroom. Since 2000, all new-build acute mental health units have been required to incorporate single bedrooms, ideally with ensuite facilities, however, the Care Quality Commission (CQC) reported in 2019 that 25 of the 51 mental health trusts still have dormitory wards, amounting to around 1,176 beds, or 7% of the total number of inpatient beds. SPFT was ranked fifth highest in total number of dormitory beds.³

12. There has been a steady increase in calls for eradicating dormitory wards in recent years due to their effect on the wellbeing of mental health patients who are made to sleep in the same space as other mentally unwell patients. For example:

- The CQC said of the continued existence of dormitory wards in its report *The state of care in mental health services 2014 to 2017*: “In the 21st century, patients, many of whom have not agreed to admission, should not be expected to share sleeping accommodation with strangers – some of whom might be agitated. This arrangement does not support people’s privacy or dignity.”⁴
- The *Modernising the Mental Health Act – final report from the independent review* in March 2019 recommended “All existing dormitory accommodation should be updated without delay to allow patients the privacy of their own room”.⁵
- The Royal College of Psychiatrists published a report titled *Next Steps for Funding Mental Healthcare in England: Infrastructure* in August 2020 that included an action for “NHS mental health trusts to replace dormitory accommodation with single en-suite rooms”⁶

13. Many mental health trusts have been unable to replace dormitory wards with more appropriate facilities due to national constraints on capital funding. The NHS Long Term Plan published in 2019 promised to act on the Modernising Mental Health Act review and recognised

² NHS Long Term Plan, NHS England, January 2019, p.71

³ “Exclusive: Hundreds of patients kept in ‘distressing’ dormitory-style wards”, Health Service Journal, 17 June 2019

⁴ The state of care in mental health services 2014 to 2017, Care Quality Commission, 2017, p.43

⁵ Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983, GOV.UK, December 2018, p.157

⁶ Next Steps for Funding Mental Healthcare in England: Infrastructure, Royal College of Psychiatrists, 6 August 2020, p.14

“capital investment from the forthcoming Spending Review will be needed to upgrade the physical environment for inpatient psychiatric care”.⁷

14. In June 2020, the Government announced, as part of a £1.5bn NHS capital programme, up to £250m of funding for 2020/21 to progress the replacement of mental health dormitories with single bedrooms in England. In October 2020, the Government announced a further £400m over four years for eradicating dormitory wards. The news was welcomed by the President of the Royal College of Psychiatrists⁸ and by the mental health charity, Mind.⁹

15. In December 2020, SPFT, supported by the East Sussex CCG, applied to the DHSC for a share of the £400m capital funding to eradicate its dormitory style beds and replace them with sufficient capacity in modern, compliant accommodation. The DHSC confirmed a funding allocation of £46.67m for the replacement of the DoP with a new site at either Bexhill or Hailsham comprising 54 single bed ensuite rooms. The building must be complete by March 2024.

16. SPFT has received separate funding of £3.28m over three years to turn St Raphael Ward at Conquest Hospital into single bedrooms with ensembles by expanding it into the adjacent and empty St. Gabriel ward. This process will be undertaken separately and is not subject to the public consultation or HOSC review, as it is the upgrading of an existing ward.

Comment of the Review Board

17. The Review Board agrees with the principle that dormitories are outdated and not suitable places to care for people who are mentally unwell. There is a clear national priority to eradicate dormitories and funding has been made available for this purpose. The Board congratulates the Trust on receiving capital funding to replace all of its remaining dormitory beds with new, single ensuite rooms.

⁷ NHS Long Term Plan, NHS England, January 2019, p.71

⁸ “Over £400 million pledged to remove dormitories from mental health facilities”, GOV.UK, October 2020

⁹ “Mind responds to PM’s commitment to close mental health dormitories”, Mind, 30th June 2020

Department of Psychiatry

18. SPFT provides 136 inpatient beds across East Sussex as set out in the table below.

Location	Name	Service	Gender	Current beds
Uckfield Hospital, Uckfield	Beechwood Unit	Dementia Treatment 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	Female	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
Total beds				136

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19. 56 of these beds, or around 40%, are dormitory style beds. The DoP, which is located on the Eastbourne District General Hospital (EDGH) campus, contains 40 of the dormitory beds. The DoP's 54 beds are spread across three wards, of which two wards, Bodiam and Heathfield Wards, are solely dormitory wards with 18 beds each; whilst Heathfield Ward is made up of four dormitory beds and 14 single rooms with shared bathrooms. The remaining 16 dormitory beds are in the St Raphael Ward at the St Anne's Centre in the Conquest Hospital, Hastings.

20. In addition to the three wards, the DoP contains:

- internal communal space;
- external space consisting of two small, mostly concrete, internal courtyards. One is used as a growing garden and the other has no greenery;
- a small family meeting space;

^{10 10} Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.42

- a small Multi-disciplinary Team meeting room;
- an Electroconvulsive Therapy (ECT) suite;
- a health-based places of safety (HBPOS); and
- an Urgent Care Lounge (UCL).

21. There are approximately 165 members of staff, including acute and facilities staff, currently working at the DoP and the annual budget is £8.243m.

22. In addition to the DoP, the EDGH also hosts several other mental health services such as outpatient appointments, including for Child and Adolescent Mental Health Services (CAMHS); a Mental Health Liaison Team in the ED; and a Crisis Resolution Home Treatment Team (CRHT).

Patient admission to the Department of Psychiatry

23. The DoP is an acute service, so a patient will be admitted to the DoP to be looked after for a short period of time when they can no longer be safely managed by other SPFT services in the community, for example, if they have relapsed due to coming off medication, started taking drugs, or they are presenting with psychosis for the first time.

24. Not all patients are a risk to themselves when they are admitted, but some will be, and some will be a risk to others. They will either be admitted voluntarily, or will be detained there under the Mental Health Act based on the decision of a consultant psychiatrist. Voluntary patients will be admitted from a number of locations, including from the Emergency Department (ED) at the EDGH, where they may be assessed by the Mental Health Liaison Team once their physical needs have been met; by the community mental health teams; or from a referral by a GP. Patients cannot be admitted without a referral from a clinical professional, so a patient wishing to be admitted could not just travel to the DoP and ask for admission. Any patient who is admitted to the DoP from elsewhere will be taken there via secure transport provided by South East Coast Ambulance NHS Foundation Trust (SECAmb).

25. Patients at the DoP will have access to a range of talking therapies and medication and access to trained staff. There are also indoor and outdoor therapeutic treatments to aid them in their recovery. Electroconvulsive Therapy (ECT) may also be available as a third-line treatment in a very small number of cases following approval by a consultant psychiatrist and under strict oversight from a consultant, nurse and anaesthetist.

26. An inpatient unit is never the best place for someone to be long term, particularly when it is a dormitory ward where people may struggle with the lack of privacy. The national average length of stay in an acute mental health ward is 32 days.¹¹ Patients will only stay at an inpatient ward until they can once again be more safely managed in the community. When a patient is close to being ready to be discharged, the CRHT will help facilitate their timely discharge back home or to a family home, usually after three or four weeks. If a patient has a social care or housing requirement, then during the course of the stay someone from the East Sussex County Council assessment team will visit the patient to ensure a discharge plan is in place and emergency accommodation is available for them.

27. Once a patient has been discharged, they will be referred to a Community Mental Health Team, or, if it was an admission for psychosis, the Early Intervention in Psychosis Team. Only a very small proportion of patients are discharged back to the community without follow up care, as the majority are unwell enough to have been admitted in the first place, particularly those detained under the Mental Health Act.

¹¹ NHS Mental Health Implementation Plan 2019/20 – 2023/24, NHS England, July 2019, p.6

28. The Board heard from SPFT that where possible patients will be admitted as close to home as possible, unless they require more specialist services, or a bed is not available nearby. This means that patients from West Sussex would not normally be admitted to DoP unless provision in Worthing, Chichester or Crawley was full. Likewise, patients in Hastings would most likely be transferred to the Woodlands at Conquest Hospital in the first instance and patients in the Havens area would go to Mill View in Hove.

29. The Board saw evidence of the number of patients admitted to the DoP during the past two years and the location of where they are admitted from. The table below shows that although the DoP is in Eastbourne, only around 20% of patients admitted there are from Eastbourne and around 50% are from East Sussex.

	2018/19		2019/20	
	Number of Patients	%	Number of Patients	%
Brighton and Hove	38	6%	69	10%
Eastbourne	123	19%	139	21%
Lewes	59	9%	54	8%
Wealden	79	12%	76	11%
Hastings	53	8%	44	7%
Rother	25	4%	24	4%
West Sussex	46	7%	80	12%
Not known	231	35%	182	27%
	654		668	

Concerns about the Department of Psychiatry

30. The Trust and CCG have been clear in their PCBC and in their evidence to the Board about the shortcomings of the DoP. Dr Hamid Naliyawala, Consultant Psychiatrist at SPFT described the DoP to the Board as being already old fashioned when it opened 30 years ago and that it was from a safety, quality, patient and staff perspective not fit for purpose.

31. Dr Naliyawala, as well as other representatives of the Trust and the CCG described to the Board some of the many issues with the DoP in relation to the dormitory wards themselves; the indoor and outdoor therapeutic and communal spaces; and the layout of the building itself. Some of these issues are also detailed in the PCBC.

Issues with the dormitory wards

32. The Board heard that:

- patients are often upset and distressed about the quality of the facility, complaining on a daily basis about their sleep being affected by other patients; a lack of decency and privacy; and having to share rooms with other patients without personal toilet facilities;

- some patients have described the ward as a 'hostile environment', especially if it has a number of young males with a history of drug problems present on the wards;
- very unwell patients may not be admitted to the DoP due to the impact sharing a sleeping space with other patients may have on them, meaning admissions could be needed further afield;
- maintaining separate male and female wards is difficult as patients need to leave bedrooms to access sanitary facilities or outdoor space; and
- on occasion women cannot be admitted as the female dorm ward is full but there is space on the men's ward, or vice versa. This results in the DoP being 'full' when not all beds are occupied.

Lack of outdoor space

33. The Board heard that:

- outdoor communal spaces are limited in size and quality – lacking adequate gardening and exercise space – and are shared between male and female inpatients meaning they may be out of bounds to half the patients at any one time as patients need to remain segregated, more often than not for female patients; and
- because there is little outdoor space, some patients cannot go outside at all until they receive Section 17 permission to leave the hospital, resulting in them being inside in a confined environment for sometimes up to two weeks.

Lack of adequate indoor therapeutic space and other communal services

34. The Board heard that:

- there is a shortage of indoor therapy spaces such as counselling rooms to help patients' recovery and outcomes;
- there are no sensory rooms to provide a calmer environment for patients on the autistic spectrum;
- there are no purpose built de-escalation facilities and no private bedrooms (for working age patients) meaning the communal patient lounges sometimes have to be used as a makeshift private space for patients in distress, which closes them off to the other patients;
- it lacks a dedicated medical room;
- the family visiting room and multi-disciplinary team rooms are undersized; and
- food is heated up on site rather than prepared, although the Trust ensures it is balanced nutritionally and is prepared using safe infection control methods.

Issues with the layout of the building

35. The Board heard that:

- the layout of the facilities makes clinical management of patients more difficult and risky, as they are often out of line of site of staff; and

- whilst the wards are segregated by gender, patients upstairs must be escorted downstairs through the other ward to get outside.¹²

36. Due to the issues described above, the PCBC describes how the DoP does not adequately meet the needs of patients with protected characteristics, for example, cognitive impairment such as those on the dementia and autism spectrums or with learning disabilities; wheelchair users or bariatric patients; and the transgender and non-binary population.¹³

37. On the other hand, the Board did see that there was some stakeholder support for dormitory-style beds on the grounds that they “can work for some individuals as they are less isolating and enable social interaction”.¹⁴

Comments of the Board

38. The Board notes that patients may be admitted to the DoP from a number of locations around East Sussex and possibly from elsewhere in Sussex when SPFT does not have beds available more locally.

39. The Board agrees with the SPFT and CCG assessment, and concerns from patients, that the DoP is no longer fit for purpose due to its dormitory wards and inadequate therapeutic space and should be replaced.

Proposed options for replacing the Department of Psychiatry

40. The CCG and Trust have received capital funding to replace the DoP with a like-for-like facility containing 54 single ensuite rooms by March 2024. In addition to this initial first stage of replacing the DoP, the CCG and Trust have a longer term vision to develop the new site as a single ‘campus’ site containing all of their inpatient mental health beds. It is hoped this campus would become a “leading centre for mental health services to achieve outstanding outcomes for patients, and excellent teaching and research opportunities”.¹⁵

Choice of site

41. In order to find a suitable site for the new facility, the CCG undertook an options appraisal of 17 potential sites across East Sussex against a range of factors including location, size, tenure, availability and timing, access, transport links, sustainability, and flexibility. The assessment aimed to find a site capable of taking all phases of the single campus site, not just the DoP. This meant smaller sites were excluded as this would, by default, mean that the option to create a single site option in the future would be excluded.

42. The CCG shortlisted four possible sites and after more in-depth analysis concluded that there were two viable sites for the new inpatient facility:

- A greenfield site off Mount View Street, North East Bexhill, Bexhill-on-Sea.
- Amberstone Hospital, near Hailsham.

43. The Bexhill site is the CCG and Trust’s preferred site, but the Amberstone Hospital site could meet most of what they hope to provide so is a viable alternative site. The Board asked

¹² Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.46-7 // Discussions with SPFT and CCG representatives, 11 & 24 August

¹³ Ibid. p.46-47

¹⁴ Ibid.

¹⁵ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

why Bexhill would be the preferred site when it already owns the Amberstone site and was told the Bexhill site is larger, at 6-7 acres, and more topographically flat, making it less constrained and less complex to develop and so overall less expensive. More importantly, the health and wellbeing outcomes from the ability to develop larger parking and garden spaces on the Bexhill site, as well as the ability to develop the site long term, would be much greater, so the price differential is an important but not a determining factor.

44. The Board also asked whether the DoP could be refurbished, however, this was not possible because “direct access to gardens is recommended for Mental health inpatients and is considered to be a major contributor to recovery, which mean a much larger building footprint is required”¹⁶. ESH is redeveloping the entire site as part of the funding it is receiving through the Health Infrastructure Plan and there would not be space to accommodate a larger DoP on the current site. ESH confirmed it “welcome[d] the opportunity and the benefit arising from greater control/flexibility arising from the vacation of the DoP that ESH will have”.¹⁷ The Chief Executive of the Trust explained to the HOSC at its March 2021 meeting that “the building For Our Future capital funding is only for acute services, so there are no plans to build mental health beds on the new site as part of this funded capital programme”.¹⁸ The Board understands the DoP must be vacated by 2026 to make way for the acute hospital rebuild.¹⁹

45. The Board also understands that one of the two discounted options from the shortlist of four was a site in Lottbridge Drove, Eastbourne, i.e., a replacement site relatively close to the DoP. This was discounted, however, because “planning and environmental restrictions would have made development too costly and would have taken too long to implement”.²⁰

Services on the new site

46. The Board understands that the new site would provide the following services:

- 54 single ensuite rooms for patients;
- indoor therapeutic spaces including counselling rooms, purpose built de-escalation facilities and sensory rooms;
- separate indoor communal facilities for men and women so there will not be a need to share communal space;
- other social spaces including a gym, spiritual space, freshly cooked food facilities, art rooms, and assisted daily living kitchen;
- outdoor therapeutic space for gardening and other activities with easy ground floor access;
- onsite medical nurses and a pharmacy;
- onsite ECT treatment; and
- more space for parking for staff and visitors.

¹⁶ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

¹⁷ ESH's briefing to HOSC Review Board, 20th August 2021

¹⁸ Minutes of the HOSC Meeting, 4th March 2021

¹⁹ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

²⁰ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.17

Benefits of the new site to patients

47. The Board heard that the new ensuite single rooms and therapeutic environment, on whichever site is chosen, should help improve patient outcomes and reduce re-admission rates within 28 days of discharge²¹. The CCG and Trust conducted an Equality and Health Inequalities Impact Assessment (EHIA) that showed that overall the impact of the proposal was assessed as positive for all patient groups and all the protected characteristics will benefit from improved facilities.²² The CCG and Trust also produced a Quality Impact Assessment (QIA) that showed the proposals represent a positive impact across all three areas of safety, effectiveness and experience²³

48. In terms of specific benefits, the EHIA and QIA listed a number of benefits from the provision of en-suite bedrooms, including that they will:

- enhance the privacy and dignity of patients;
- enable all patients to meet with visitors, de-stress, eat, practise any religious or spiritual activities, control light and noise with their private space and avoid disturbance from other patients.
- improve infection and prevention control;
- provide flexible accommodation that can cope with changes in demand;²⁴
- improve safety through fewer safeguarding and reportable incidences due to improved lines of sight.

49. The EHIA and QIA also identified that provision of improved indoor and outdoor therapeutic and communal spaces should help:

- provide a calmer environment for patients and help ensure that no patient feels isolated;²⁵
- benefit those with religious beliefs through dedicated and improved spiritual spaces;
- benefit those with disabilities through compliant space with sensory rooms, appropriate lighting, better acoustics, accessible bathrooms and rehabilitation kitchen spaces;
- enable the wellbeing of all through fresh cooked food and enable a culturally diverse offer to patients and staff; and²⁶
- support patients so they can return home in the shortest time possible.²⁷

²¹ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

²² Equality and Health Inequalities Impact Assessment (EHIA) for Redesigning Inpatient Services in East Sussex (RIS:ES) project, 20th April 2021

²³ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

²⁴ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

²⁵ Ibid.

²⁶ Equality and Health Inequalities Impact Assessment (EHIA) for Redesigning Inpatient Services in East Sussex (RIS:ES) project, 20th April 2021

²⁷ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

50. The Board understands that there will be improved access to the building itself for people with disabilities, for example, the site will not be over two floors like the DoP.

Benefits of the new site to staff

51. The Board heard from Dr Naliyawala that, given the choice, the majority of staff are attracted to working in modern, purpose built inpatient units. The CCG and Trust are confident the new facility will be a better place for staff to work and the PCBC says the new site will:

- offer a safer, better place to work;
- improve staff morale and retention;
- reduce recruitment costs;
- improve continuity of care within clinical teams; and
- reduce vacancies and reduce the use of agency staff.²⁸

52. The QIA also identified that a sustainable building with lower emissions, lower costs and a modern, bright and vibrant setting should improve staff recruitment.²⁹

53. The Board sought reassurance staff were in favour of the proposals and received a summary of views expressed during engagement with staff. This explained that a majority of staff recognise the case for change; agreeing that DoP is not fit for purpose; and agree that a new hospital is needed to address dormitories and shared bathrooms, as well as lack of indoor and outdoor therapeutic spaces. The majority also agreed with moving to a new site, but with differences in opinion about where a new site should be.³⁰

54. The Board questioned whether a physically larger site with single ensuite rooms would require more clinical staff to manage than the DoP, and whether this would be a risk to recruitment and retention of staff. The CCG and Trust advised that the new site could operate with similar staffing levels because new builds are better designed, have reduced blind spots and are more efficiently laid out, meaning staff are better able to oversee patients. Ensuite rooms also help people to de-escalate quicker than in dormitory wards, meaning there may be fewer interventions from staff. On the other hand, more therapeutic activities will require more staff to manage.

Centre of excellence

55. The creation of a new hospital on a new site is seen by the CCG as the first stage of a planned process to create a single site for all inpatient mental health services in East Sussex, establishing a 'centre of excellence' for mental health care. This would involve expanding the site to accommodate 130-140 beds over time and the movement of other inpatient services to this site.

56. The Board also heard about some of the long-term benefits of a centre of excellence to recruiting and retaining staff. The Trust advised this was based on what has been achieved in other areas of the Trust where inpatient services have been consolidated and improved:

- there is potential to develop it as a teaching unit, like the Mill View Medical Education Centre, which provides a better learning environment that enables all staff, not just

²⁸ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.58

²⁹ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

³⁰ High level summary of staff views, SPFT, 20th August 2021

doctors, to improve their knowledge and understanding. This is likely to have a positive impact on attracting people who are not just interested in caring for people but also in doing research;

- clinicians will not have to travel to a different site for teaching, whereas at the moment teaching happens at the DoP but not at Woodlands Centre in Hastings, so clinicians from there must travel to Eastbourne;
- it provides better resilience as existing staff can cover wards more easily in the event of sickness or emergencies if they are co-located on one site; and
- Some ambitious doctors who wish to develop their career could be attracted if there was clear willingness, enthusiasm and funding by a trust to develop a new centre of excellence.

57. The Board was informed, however, that the above discussion points are aspirational and that for now the CCG is only proposing to move the DoP. Although a centre of excellence is the current overall vision for inpatient mental health services, any subsequent phases of reconfiguration would go through the same process as the first phase. This will involve demand modelling and engagement with stakeholders, providers and commissioners to check that it is still the correct vision for inpatient mental health services in East Sussex.³¹

Retaining multiple inpatient sites

58. The location of the new site is limited by its ability to accommodate a potential single site of all 130-140 beds in East Sussex in a future single 'centre of excellence', as explained above. The Board questioned whether retaining the model of multiple sites may be a better alternative, based on some of the representations received by the CCG and Trust and the Board in its own call for evidence, such as:

- the CCG and Trust's engagement showed overall views around refurbishment of existing sites versus a brand-new campus site were mixed among those who participated;³²
- some staff expressed concern about moving away from an acute hospital site, predominantly due to physical needs of patients and potentially for emergencies due to, for example, self-harm;
- some staff expressed concern about a return to large, 'Victorian-style' institutions, although when told that a larger site would allow for modern separate buildings, they were somewhat reassured;³³ and
- a representation said a single site would gain the stigma attached to the old asylums and that the point of locating mental health units on general hospital sites had been to ameliorate this.³⁴

59. In response to questioning from the Board on this point, the CCG produced analysis that identified weaknesses in the multiple site option, compared with the single site option including:

- Less flexibility of provision to meet changes in demand over time;

³¹ Minutes of the HOSC Meeting, 10th June 2021

³² Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.71

³³ High level summary of staff views, SPFT, 20th August 2021

³⁴ Response to HOSC Newsletter call for evidence

- the minimum standard for safety reasons is three wards per site. This would mean that there could only be two sites across East Sussex (Uckfield dementia ward is currently a single, isolated ward);
- smaller buildings mean fewer therapeutic activities could be supported;
- less efficient to operate with more travel for clinicians; and
- no ability to create a centre of excellence to enhance training and career opportunities for staff and improve outcomes for patients.³⁵

Clinical support for the proposals

60. The Board heard evidence that there is strong clinical support for the proposals. The CCG advised the proposal has been developed with significant clinical input, providing a clear Clinical Evidence Base. The clinical model has been informed by using a wide range of clinical evidence including national standards; clinical guidelines; and the expert knowledge of stakeholders, including a Governors' Advisory Group and an Assurance Group containing Experts by Experience. The Board received witness statements from both confirming their involvement. In his discussions with the Board, Dr Naliyawala also expressed his support of the proposals.

Public consultation

61. The Board saw initial feedback on the public consultation at its meeting on 24th August. The consultation had 171 responses to it with around 80% of them from service users, carers or family members, and NHS staff; the respondents were reasonably spread across the five local authority areas; 56% were aged 45-64 years; 79% were female; and 50% has a mental health condition.

62. Opinion Research Services (ORS), the company independently analysing the consultation responses, had provided a dashboard of the 171 responses. Key findings of the analysis showed:

- 92% of residents tended to agree or strongly agreed with the case for change, i.e., replacement of the DoP;
- 85% of residents tended to agree or strongly agreed with building a new hospital on a new site;
- 75% of residents tended to agree or strongly agreed with the long term vision of a single site centre of excellence for all inpatient services; and
- 54% of residents preferred Bexhill as the site for the new facility and 46% preferred Amberstone.³⁶

63. The Trust and CCG have not yet had access to the consultation responses, but ORS has said it is one of the most positive set of outcomes it has ever been involved with. The summary of the consultation responses will be provided to the Board after the 23rd September HOSC meeting.

³⁵ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

³⁶ Presentation: Re-provision of inpatient mental health services at the Department of Psychiatry – Public Consultation, 24th August 2021

Comments of the Board

64. The limited footprint of the DoP and planned rebuild of the EDGH site means that the DoP cannot be replaced with a suitable like-for-like facility on site containing single ensuite rooms and adequate indoor and outdoor therapeutic space, particularly in the timeframes and funding envelope available to the CCG.

65. The Board agrees with the proposal to develop a new hospital on a new site with single ensuite rooms and expanded indoor and outdoor therapeutic space given the benefits to patient experience and outcomes; staff recruitment and retention; clinical research; and sustainability and resilience of the service. There is also strong national, clinical, staff, patient and public support for this proposal.

66. The Board believes that replacing the DoP with a like-for-like replacement of the existing service in a new building without the space to expand to become a centre of excellence would be a missed opportunity given the additional benefits it could bring to patients and staff, and the potential future efficiencies and resilience it could provide to the service.

67. The Board agrees with the CCG's assessment that Amberstone or Bexhill are the only viable sites where a new facility could be built using the available funding by the deadline of March 2024 and that could also have the potential to support a single site centre of excellence in the future.

68. The Board notes that staff and public views appear split between the two sites, but that the reasons why Bexhill is the preferred option, such as a larger, more topographically beneficial site are also noted.

69. The Board agrees that whatever site is chosen, the proposed further engagement with interested stakeholders on the design of the service is to be encouraged.

Recommendation 1

The Committee endorses the reasons for developing a new inpatient mental health facility to replace the Department of Psychiatry. In particular:

- **that dormitory wards are outdated and should be replaced with a like for like number of single en suite rooms in a new facility with sufficient indoor and outdoor therapeutic facilities;**
- **that the current location of the Department of Psychiatry is not a suitable site to develop a new inpatient facility with these criteria;**
- **that a long term goal of creating a single centre of excellence is the preferred model that the CCG and Trust should develop; and**
- **that both Bexhill and Amberstone sites could be viable sites for the replacement of the Department of Psychiatry and also offer the potential to accommodate a centre of excellence in the future.**

2. Issues with the new service that should be addressed

70. During the course of its review, the Board identified several issues that the CCG should attempt to address regardless of which site they choose:

- the funding and timelines for replacing the DoP;
- access to the new site;
- the retention of other services at EDGH; and
- future demand for the service.

These are described in more detail below.

Funding for replacing Department of Psychiatry

71. The Board raised a number of queries relating to the adequacy of the £46.67m capital funding the Trust received from the Eradicating Dormitories Programme to replace the DoP and the achievability of the timeline for completing the works by March 2024.

Capital funding

72. The Board heard from the CCG and SPFT that the funding envelope had been approved by NHS England, which was calculated using their prescribed financial methodology. The figure was calculated using NHS England's inflation measurements and allows for significant inflation to take place before the funding becomes an issue. The funding envelope also included an optimism bias calculated using a standard NHS England formula, as well as a planning contingency fund of 10%.

73. The CCG advised the Board that the due diligence for both sites was completed in July 2021. This indicates that there are some significant infrastructure works that need to be completed before construction can commence, but that they are affordable and can be completed within the budget. The CCG said the risk and costs associated with the sites, while challenging in the timeframe allowed, are not unusual for greenfield or brownfield sites such as Bexhill and Amberstone, respectively.³⁷

74. Whilst the CCG is confident as it can be with current costs, the Board heard that there remains a high risk nationally of supply chain issues and ongoing increases to the cost of labour and materials that could conceivably affect both the whole of the eradicating dormitory wards project and the new hospital building programme.

75. The funding for the site is from a national programme, so resolving overspend caused by these inflationary pressures would need to be a national conversation. The CCG will continue to work with national NHS colleagues in NHS England about these risks and how they may be mitigated nationally, for example, through receiving greater levels of investment.

76. There would be scope to reduce the extent of the new service at the new site if inflation costs increased dramatically, for example, not moving over the ECT suite, not providing medical education facilities, and not moving over the Mental Health Act Team.

Planning application

77. The Board viewed a completion date of March 2024 as challenging and asked what had been done so far to begin the process of meeting that deadline, taking into account that a

³⁷ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

decision on the sites had not yet been made. The CCG and Trust confirmed that they had been involved in early, positive discussions with both planning authorities – Rother District Council and Wealden District Council – about both site proposals. Both planning teams agree with the concept of inward investment, provided there is high quality of building design and have no major concerns with the proposals at this stage. Subject to the proposals being agreed, planning permission would be submitted in Spring 2022.

78. The Board also asked about whether the building would be modular, i.e., built offsite then assembled on site to speed up construction. The CCG advised that a full modular build would not be viable due to the limited capacity in the industry, which requires significant upfront cost and lengthy timelines for delivery. Instead, there will be high levels of modern methods of construction used, which involve offsite construction of wall panels and the ability to stack future extensions on top of the existing building. The building is also modular in the sense that it will be built over time, as further stages are added. The individual wards can also be designed to look the same as there are not different clinical needs that need to be met, as is the case with an acute hospital. The CCG assured the Board that these sorts of modular builds are indistinguishable from regular builds, so the building would still have the aesthetic of one built using traditional methods.

79. The new building is also expected to be a greener, more efficient building than the DoP. The CCG's draft business case expects the new build will lower maintenance and facilities management cost per square metre; have lower carbon emissions in comparison to DoP; and reduce the Trust's energy costs.³⁸

80. SPFT is about to recruit a contractor to help develop the proposals further, subject to agreement of a site, and will be pre-ordering as much of the pre-fabricated elements of the building as soon as possible to meet the March 2024 deadline.

Revenue costs

The Board also queried the revenue costs. The project is a like for like replacement of the current services at the DoP, so there are no anticipated changes to the staffing costs or clinical costs. The Board heard, however, that the revenue costs of a new build are always higher than of an older building due to public dividend capital and capital depreciation costs. Consequently, the revenue costs of running the new site are estimated at £9.388m, which is a net increase of £1.12m. If revenue costs increased above those budgeted for in the business case, there is assurance that the CCG would not use non-mental health service funds to subsidise them. There is also confidence that the mental health budget, at £336m per annum, is sufficient to fund the increased costs and that efficiencies can be found through the review of unwarranted clinical variation.³⁹

Comments of the Board

81. The CCG and Trust appear to have produced a capital funding plan that has adequate contingencies built into it. The Board, however, believes the CCG should remain mindful about the rising costs of construction and be prepared to work with NHS England for a resolution well in advance should prices appear to be increasing dramatically and presenting a risk to the viability of the scheme.

82. The deadline for completion of March 2024 is very challenging. In order to achieve this deadline, the Board endorses the CCG's plans to develop a design that takes advantage of high

³⁸ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

³⁹ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.118

levels of modern methods of construction. The Board believes the CCG and Trust should move forward with the construction of whichever site is chosen as soon as is reasonably practicable, for example, finalising the design of the building; pre-ordering as many prefabricated elements as possible; and submitting a planning application by Spring 2022.

Access to the new site

83. Access to the new sites has been raised as a concern by staff, service users, and their family and carers. The CCG advised the Board that, as anticipated, travel and access are the areas people are most concerned about in the consultation feedback so far. The submissions to the Board by Wealden District Council and the Sussex Partnership Governor's Advisory Group also mentioned this as an issue, as did two of the representations received from members of the public.

Travelling to and from the site

84. The Board understands there are three main groups who might travel to the site: staff, patients, and their carers and families.

85. According to SPFT's engagement with staff, there was a slight preference for Amberstone and based on postcode analysis more staff live in Eastbourne and Wealden local authority areas, which is closer to Amberstone, than in other areas. Focus group discussions were more balanced but staff did express concern about increased travel times and the possibility that staff might not want to move to a new site and would look for job elsewhere. Staff raised the possibility of mitigation measures such as expenses to cover additional travel costs.

86. When these concerns were put to the CCG and Trust, the Board was informed that staff had been raising this issue of travel time as a query rather than as an objection or reason to be against the proposed changes. Due to the location of the two sites in relation to where staff live, not all staff would be impacted unfavourably by the change in location. For those who are, there is an NHS policy to remunerate staff who have to move place of work. SPFT, who would enact this policy as the employer, confirmed that where staff have longer travel times, there are measures in place that may mean they will be remunerated and there are also opportunities for them to work in other locations closer to where they live.

87. Family and carers of patients admitted to the new site would travel there either by private or public transport. The CCG advised the Board that a similar reconfiguration in West Sussex had shown that most access to the inpatient sites was via private transport, at around 80%, and a similar figure would be expected here. The draft business case says 85%-95% of patients and 96% of staff could reach either site within an hour via private transport, albeit a patient would be taken to the site via secure transport.⁴⁰

88. Furthermore, voluntary patients may be given leave from the hospital and all patients are eventually discharged when it is clinically appropriate to do so. The Board understands that discharge planning takes into account how an individual plans to get home and the majority of times it is through family or friends.

89. The CCG and Trust have undertaken some initial research on where bus routes are relative to the proposed locations, however, there had not been any detailed discussions as the site has not yet been chosen. Following the reconfiguration of West Sussex inpatient mental health beds, the West Sussex CCG had discussions with the West Sussex County Council and

⁴⁰ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021

with Stagecoach on the possibility of new routes or redirecting existing routes. A similar approach would be followed in East Sussex after the CCG makes its decision.

90. The CCG believes that whilst setting up a new route can be very expensive, the new housing earmarked for the Bexhill site would likely mean there would be a need for public transport links in the future. The CCG was fairly confident there could be public transport links to the Bexhill site subject to further discussions once the decision has been made, if the decision is made for Bexhill.

91. The Board was informed that the travel implications for both patients and staff will be reviewed by a Transport and Travel Review Group that will be established once the CCG has received all of the feedback from the consultation.

Comments of the Board

92. As the service provided at the DoP is countywide (and includes a large minority of patients from outside East Sussex), the change of location will not be unfavourable or significantly different to all staff, patients and the family and carers. Travel times and parking should also be understood within the context of the far superior service staff will work at and patients will be treated at.

93. Nevertheless, concerns about access are legitimate and the CCG should take appropriate steps to address them, including ensuring they understand the needs of staff, patients – who may leave the site either temporarily or permanently via public and private transport – and their families and carers via the Transport and Travel Review Group.

94. The Board recognises the financial cost of a new bus route, but the CCG should investigate the possibility of new stops with the appropriate organisations.

Parking

95. The Trust's engagement with staff highlighted parking as a major issue on existing sites and something that should be prioritised at a new location. Staff listed "ample space for parking" as necessary or desirable at the new hospital. It is also a key concern in initial public consultation feedback, and has been raised in representations sent to HOSC, given the majority of journeys to the site are via private transport. The CCG also lists provision of sufficient parking as a goal of achieving "opportunity for support from local family/carers"⁴¹

96. The Board questioned how much parking could be provided at both new sites and was informed that based on preliminary design work the size and topography of the Bexhill site will enable there to be more space for parking than Amberstone, however, the final number of spaces needed had not been determined and would be subject to agreement by the planning authority depending on their own transport policies. The Trust explained it would be necessary as part of the planning application to produce a travel and transport strategy that would set out the parking requirements for patients and staff. The proposals also include charging points for electrical vehicles.

Comments of the Review Board

97. According to feedback from staff, there is not very much space for staff to park at the current DoP, so there is no apparent risk of a loss of parking space for staff in moving to one of the two new locations. However, the likelihood that most people will access to the site via private transport makes adequate parking an important requirement.

⁴¹ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

98. The Board accepts that it is too early in the planning process to finalise the number of parking spaces. The travel and transport strategy should look to include adequate parking for staff, families and carers whilst being compliant with the local authority's planning requirements and should include charging points for electric vehicles.

Secure transport to the site

99. Patients requiring admission to the DoP would require secure transport to be admitted to the site from either the place of incident, i.e., a transfer from a community location, or from another facility, such as an acute ED, known as an inter facility transfer. Secure transport is provided by SECamb. SECamb advised that for patients taken from point of incident the activity identified during the 24-month review period equates to an average of 2 direct conveyances per week into the DoP currently. The ambulance trust confirmed that the proposed relocation of this department in Bexhill or Hailsham, is "unlikely to impact on our travel times based on the information known at this time."⁴²

100. SECamb, however, is only commissioned to take patients from the point of incident and not for inter facility transfers, i.e., from the Conquest Hospital or EDGH to an inpatient mental health facility. SECamb advised that this means it reviews each individual request for an inter facility transfer on a case-by-case basis.

101. SECamb is currently in the process of reviewing its commissioned position for mental health patients with the CCG. The Trust advised that "if the relocation of the DoP means that we will be receiving requests to undertake transfers from the EDGH to a new location (Bexhill/Hailsham), then we reserve the right to review this impact, and an understanding on these predicted activity numbers will be required from SPFT and may alter our views on the move having a minimal impact."⁴³ The CCG has said that they are committed to resolving the commissioning gap for inter facility transfers of mental health patients as soon as is practicable.

102. Any inter facility transfer will need to take account of the additional and more lengthy transfers of patients from the EDGH to Bexhill or Amberstone rather than the DoP, which is located on site. Currently, ESHT claim in their statement that "wherever it is clinical and practically possible and where the patient is able to consent, the Trust seeks the most optimal and pragmatic way of transferring a patient". This is illustrated with the scenario "post-assessment there may be the option to 'walk around' with the patient to the mental health facilities [the UCL] on site (subject to a range of checks including clinical risk evaluation and consent)".⁴⁴ In other words, they may ask patients to waive the right to secure transport and walk them from the ED to the UCL inside the DoP to avoid the need to wait for secure transport from the ED to the DoP. Presumably, from this point the patient can be moved from the UCL to a ward bed in the DoP if necessary.

103. The Board understands that the UCL will be retained by EDGH as it is separately commissioned service, however, there will still be a need to transfer patients from the UCL to the new hospital site if they require an inpatient stay. In terms of the impact this may have on SECamb, ESHT put the figure of the number of patients with mental health issues requiring assessment at the Eastbourne ED at between 1-2 a day.⁴⁵ The CCG and SPFT confirmed that this figure was correct, but also that most of these patients would not then require admittance to

⁴² SECamb statement to HOSC Review Board, 20th August 2021

⁴³ *ibid*

⁴⁴ ESHT's briefing to HOSC Review Board, 20th August 2021

⁴⁵ *ibid*

the DoP, meaning the number of additional conveyances for SECamb would most likely be less than one per day.

Comments of the Review Board

104. Moving the DoP to Bexhill or Amberstone could lead to more patients needing transport by SECamb, and the ambulance trust has said they reserve the right to reassess their view on the impact of the new site because of this fact. The Board, however, does not believe that the number of patients will be significantly higher than the 2 per week currently taken to the DoP by ambulance.

105. Nevertheless, there is a commissioning gap for the transfer of mental health patients between NHS facilities meaning patients are transferred on an ad hoc basis. The CCG should develop a clear inter facility transfer agreement with SECamb to ensure patients are transferred in a timely manner as soon as is reasonably practicable, taking into account the additional travel times to the new site when the DoP eventually closes, assuming that a decision is taken to close it.

Remote access

106. Provision of family spaces in the new site will enable better physical access for carers and families of patients than at the DoP. They will also be able to visit patients within their own private rooms. When a family member cannot physically visit a patient, however, remote access using video calls and other digital technology – particularly since COVID-19 – is an increasingly viable and accepted way of staying in touch with them.

107. There may be other reasons why remote contact is important, for example, Wealden District Council submitted a response to HOSC that highlighted the importance of digital solutions in “allowing family/carers to have remote access to Mental Health Tribunals if required and support discreet observation via use of telecare solution and patient independence”⁴⁶

108. The CCG and Trust have stated in the PCBC they are committed to develop a service at the new site that is “aligned to and facilitates the implementation of the Trust’s Digital Strategy to meet the needs of patients, carers and evolving models of care”.⁴⁷

109. The Board heard that the CCG and Trust will continue to engage with people about elements of the service that are not really part of the consultation but are crucial for the next steps, for example, what they want the building itself to look like; how services are arranged and provided within it; and whether people wish to see services like electronic access to loved ones admitted into the inpatient service. This will help ensure that the design of the site is adaptable and the best it can be at meeting the needs of patients.

Comments of the Board

110. Digital communications have come on leaps and bounds in the NHS in the past year and a full suite of digital communications should be made available to patients at the new site to enable their families and carers to keep in touch with them for emotional comfort, advocacy and safeguarding reasons.

⁴⁶ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

⁴⁷ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.48

Retention of other services at EDGH

111. The CCG was informed that the 24-hour Mental Health Liaison team is a separately commissioned and nationally mandated service so would remain at EDGH to assess and support patients with mental health problems at the ED. The UCL, where mental health patients may be taken for assessment by the liaison Team, is also not moving from ESHT, so the option to wait there before being admitted to an inpatient facility would remain.

112. The pathway for admission from the ED at the EDGH would therefore remain unchanged, although patients would be transported further to reach an inpatient bed as explained above.

113. Whilst the CCG and Trust has been emphatic that the Mental Health Liaison Team and UCL will remain at the ED, ESHT raised concerns about the pathway for moving patients from the ED to UCL and the importance of doing so to avoid distress to the patient and others waiting in the ED. This, it seems, was because the UCL is located at the DoP.

114. The new site will no longer be co-located at an acute hospital. The trust said it will maintain and upskill a registered General Nurse who can conduct blood tests and other medical interventions, following the addition of one to the DoP during COVID-19 pandemic. More serious physical health interventions would still be done following transfer to an acute hospital, but this is the case now.

Comment of the Review Board

115. Any services remaining at the EDGH should be replaced with a like for like equivalent where they are currently located in the DoP building. The CCG has said that the UCL and Mental Health Liaison Team are separately commissioned and nationally mandated and will remain at the EDGH.

Future demand for the service

116. The CCG's demographic forecasts show an increase in demand for inpatient mental health beds over the next 20 years. Without intervention by 2040, there will need to be an additional 69 beds in East Sussex to meet demand, predominately dementia and older people wards. Furthermore, the current inpatient site sometimes operates at near 100% occupancy (it is currently at around 93%), which is seen as unsustainable and results in some out of area placements. On top of this, the COVID-19 effects on mental health are also yet to be fully understood but could see an increase in adult referrals of up to 40% for the next five years.⁴⁸

117. The risk of no extra beds at a time of increasing demand was raised by some of the witnesses the Board contacted including Healthwatch and East Sussex Save the NHS. SECAMB also clarified their support for the proposals was based on current demand and that further modelling in the future could be required if patient activity numbers change.

118. The CCG has advised that it will mitigate this future demand by the development of enhanced community services via a Sussex-wide community mental health transformation programme. This will consist of two components:

- strengthening existing Community Mental Health Teams with the addition of emotional wellbeing services run in partnership with the voluntary sector and based around Primary Care Networks' (PCNs) footprints; and

⁴⁸ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.56

- developing specialist community mental health services that wrap around additional support and interventions when required and without the need for a referral.

The CCG says this will bring previously disconnected services across sectors together into a single integrated care pathway.⁴⁹ In addition, the Trust will continue to increase community-based services such as 24/7 crisis resolution and home treatment teams, which are mandated under the Five Year Forward View for Mental Health and the NHS Long Term Plan.⁵⁰

119. There is also an increase in funding for community services. For East Sussex in 2021/22 there is addition investment of over £1m in adult community mental health services with an expectation of future years' growth.

120. The Board also heard the new inpatient facility is expected to reduce readmissions and length of stay of patients through the improved ward arrangements and therapeutic services. Single bedrooms can be more responsive to demand, as they do not have the same issue of being limited to single sex dorms. The CCG and Trust have also said the future phases of the programme may also provide an opportunity to increase the number of inpatient beds if demand increases. In addition, subject to agreement and over the long term, the development of a single site centre of excellence will benefit from the advantages of economy of scale to treat patients and change the allocation of beds through working age, older people, dementia and rehabilitation as necessary.

121. The CCG expects one of the benefits of the reprovizion of the 54 beds at the three wards in East Sussex and implementation of new services models, including more therapeutic services for inpatients and more community services, is a forecast optimal bed occupancy levels of 90%.⁵¹

122. The Board was also assured by the CCG that forecasting demand is one of its key functions and that services would be commissioned according to need, for example, when undertaking these future phases, the CCG would take into account any projected future demand for the services and potentially adjust the plans accordingly.⁵²

Comment of the Board

123. The CCG and Trusts forecasts an increase in demand for beds and concerns about capacity are shared by the NHS and stakeholders alike. Increase in demand may also be made worse due to COVID-19 for several years. The CCG and Trust should continue to review demand and develop mental health community services, however, given the funding constraints and timelines for the project, the CCG and Trust should still proceed with the planned like-for-like replacement of the DoP.

Recommendation 2

The Committee recommends that whichever site is chosen for the new inpatient mental health facility, the CCG and SPFT should take steps to ensure the following:

⁴⁹ Community services presentation

⁵⁰ The Five Year Forward View for Mental Health, NHS England, February 2016, p.31

⁵¹ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

⁵² Minute of the HOSC meeting, 10th June 2021

- be prepared to work with NHS England for a solution to any funding constraints well in advance should prices appear to be increasing dramatically and risking the viability of the scheme;
- develop a design that takes advantage of high levels of modern methods of construction in order to ensure speedier construction and improved carbon footprint;
- move forward with the construction of whichever site is chosen as soon as is reasonably practicable, for example, finalising the design of the building; pre-ordering as many prefabricated elements as possible; and submitting a planning application by Spring 2022;
- ensure that the travel and access needs of patients, staff, families and carers are addressed as far as is practicable via the Transport and Travel Review Group;
- ensure service users and their families and carers are involved in the more detailed design process, including ensuring that the new site has a range of digital communications available to enable patients to contact their families and carers;
- produce a travel and transport strategy during the planning process that offers adequate parking for staff, families and carers, whilst being compliant with the local authority's planning requirements and which includes charging points for electric vehicles;
- once a site has been agreed, investigate the possibility of new bus stops with the appropriate organisations, such as Stagecoach and East Sussex County Council;
- develop a clear inter facility transfer agreement with SECamb to ensure patients are transferred from acute sites to mental health inpatient wards in a timely manner as soon as is reasonably practicable;
- ensure the Urgent Care Lounge at the Department of Psychiatry is replaced on site at the EDGH once the Department of Psychiatry closes; and
- continue to review demand for inpatient services and take steps to mitigate demand wherever possible.

Appendix 1

Review Board meeting dates

The Review Board met on:

- 11th August 2021 to agree its terms of reference and consider the CCG's proposals;
- 24th August 2021 to consider the public consultation, witness statements and to speak with a Clinical Psychiatrist, Dr Hamid Naliyalawa.
- 8th September 2021 to consider and agree the draft report and recommendations.

Witnesses

East Sussex Clinical Commissioning Group (CCG)

Jessica Britton, Executive Managing Director

Dr Paul Deffley, Medical Director

Jane Lodge, Associate Director of Public Involvement

Sussex Partnership NHS Foundation Trust (SPFT)

Simone Button, Senior Responsible Officer

Paula Kirkland, Programme Director

Dr Hamid Naliyawala, Consultant Psychiatrist

Richard Hunt, Communications and Involvement Lead

List of documents considered by the Review Board

Reports to HOSC

Redesigning Inpatient Mental Health Services in East Sussex report to HOSC, East Sussex CCG, 4 th March 2021

Redesigning Inpatient Mental Health Services in East Sussex report to HOSC, East Sussex CCG, 10 th June 2021

Documents provided to Review Board by the CCG

High level staff views of the proposals, 24 th August 2021

Table of location of Department of Psychiatry patients 2018/19 – 2019/20
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New model for community mental health services, Sussex Health and Care Partnership (SHCP) presentation
Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021
Equality and Health Inequalities Impact Assessment (EHIA) for Redesigning Inpatient Services in East Sussex (RIS:ES) project, 20 th April 2021, East Sussex CCG & SPFT
Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021
Public consultation document: Working with you to improve mental health in East Sussex
Presentation: Re-provision of inpatient mental health services at the Department of Psychiatry – Public Consultation, 24 th August 2021
Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11 th August 2021

Witness Statements

Witness statements received from the following organisations and groups.

East Sussex Healthcare NHS Trust (ESHT)
East Sussex Mental Health Redesign Assurance Group
Healthwatch East Sussex
South East Coast Ambulance NHS Foundation Trust (SECAmb)
Sussex Partnership Governor's Advisory Group

National documents referenced in the report

NHS Long Term Plan, NHS England, January 2019
<u>"Over £400 million pledged to remove dormitories from mental health facilities"</u> , GOV.UK, October 2020
<i>"Exclusive: Hundreds of patients kept in 'distressing' dormitory-style wards"</i> , Health Service Journal, 17 June 2019
The state of care in mental health services 2014 to 2017, Care Quality Commission, 2017

Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983, GOV.UK, December 2018
Next Steps for Funding Mental Healthcare in England: Infrastructure, Royal College of Psychiatrists, 6 August 2020
Press release: " Mind responds to PM's commitment to close mental health dormitories ", Mind , 30 th June 2020
NHS Mental Health Implementation Plan 2019/20 – 2023/24, NHS England, July 2019
The Five Year Forward View for Mental Health, NHS England, February 2016

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