

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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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 • that dormitory wards are outdated and should be replaced with a like for like number of single en suite rooms in a new facility with sufficient indoor and outdoor therapeutic facilities; • that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 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 offer the potential to accommodate a centre of excellence in the future.
2	<p>The Committee recommends that, for whichever site is chosen as 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, of which 108 beds are for working age adults, older people and dementia patients, and 28 are 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 beds. 40 of these beds are at the DoP and 16 are at the St. Anne's Centre.
3. In October 2020, the Department of Health and Social Care (DHSC) announced more than £400 million capital funding to eradicate dormitory accommodation from mental health facilities across the country and replace them with single ensuite bedrooms. SPFT, supported by NHS East Sussex Clinical Commissioning Group (CCG), successfully bid for £46.67m of this funding to replace the DoP.
4. The CCG and Trust developed a proposal – titled 'Redesigning Inpatient Services in East Sussex (RIS:ES)' – that involved using the funding to replace the DoP with a like-for like-new facility containing 54 ensuite single bedrooms and modern indoor therapeutic spaces and gardens. This new facility will be located either in Bexhill, near to the A2690, or at the Amberstone Hospital near Hailsham – with Bexhill the preferred option. The new facility is planned as 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 and Trust ran a public consultation on the proposal for 12 weeks from 14th June to 6th September 2021.
5. The NHS is required under regulations to consult with the local health scrutiny committee(s) on any proposal that is deemed by the committee to be a substantial variation or development to existing services. Representatives of the CCG and Trust attended the East Sussex Health Overview and Scrutiny Committee (HOSC) meeting on 10th June to explain the plans to replace the DoP.
6. The HOSC agreed the proposals constituted a substantial variation to services and 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.
7. This report, which was endorsed by the full Committee, 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.

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

National plans to eradicate dormitory wards

8. 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.

9. Patients will usually be admitted to a bed nearby to where they live, however, they may be admitted further away if there are no beds available 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 and one the NHS Long Term Plan made a commitment to end by 2021¹.

10. 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 only include single bedrooms, ideally with ensuite facilities. The Care Quality Commission (CQC) reported in 2019, however, that 25 of the 51 mental health trusts in England 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.²

11. 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. For example:

- the CQC said in 2017 that “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”;³
- 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”⁴; and
- 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”.⁵

12. 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

¹ NHS Long Term Plan, NHS England, January 2019, p.71

² “Exclusive: Hundreds of patients kept in ‘distressing’ dormitory-style wards”, Health Service Journal, 17 June 2019

³ The state of care in mental health services 2014 to 2017, Care Quality Commission, 2017, p.43

⁴ Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983, GOV.UK, December 2018, p.157

⁵ 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”.⁶

13. In June 2020, the DHSC announced, as part of a £1.5bn NHS capital programme for 2020/21, up to £250m of funding to replace mental health dormitories with single bedrooms in England. In October 2020, the DHSC announced a further £400m over four years for eradicating dormitory wards. The news was welcomed by the President of the Royal College of Psychiatrists⁷ and by the mental health charity, Mind.⁸

14. In December 2020, SPFT, supported by the East Sussex CCG, applied to the DHSC for a share of the £400m capital funding. The Trust received £46.67m to replace the DoP with a like-for like-new facility containing 54 ensuite single bedrooms.

15. At the same time, SPFT also received separate funding of £3.28m to turn the dormitory-style St Raphael Ward at Conquest Hospital into single ensuite bedrooms 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

16. 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.

⁶ NHS Long Term Plan, NHS England, January 2019, p.71

⁷ “Over £400 million pledged to remove dormitories from mental health facilities”, GOV.UK, October 2020

⁸ “Mind responds to PM’s commitment to close mental health dormitories”, Mind, 30th June 2020

Department of Psychiatry

17. 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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18. 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 spread across three wards. 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.

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

- internal communal space;
- external space consisting of two small, mostly concrete internal courtyards with one used as a growing garden;
- a small family meeting space;

⁹ 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).

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

21. There are other mental health services besides the DoP located at the EDGH including outpatient appointments, a Mental Health Liaison Team in the Emergency Department (ED), and a Crisis Resolution Home Treatment Team (CRHT).

Patient admission to the Department of Psychiatry

22. The DoP is an acute service so a patient will usually only be admitted when they can no longer be safely managed by community mental health services, for example, if they are suffering from psychosis. Patients will either be admitted voluntarily to the DoP or will be detained there under the Mental Health Act 1983. Voluntary patients can be admitted from a number of locations, including from the 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 or detained without a referral from a clinical professional, so an individual wishing to be admitted could not just arrive at the DoP and ask for an admission.

23. 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. 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.

24. An inpatient ward is never the best place for someone to be long term, so patients will only stay at the DoP until they can be more safely managed in the community. The national average length of stay in an acute mental health ward is 32 days.¹⁰

25. When a patient is close to being ready to be discharged, the CRHT Team will help facilitate their timely discharge back home or to a family home. If a patient has a social care or housing requirement, then someone from the East Sussex County Council assessment team will visit them to ensure a discharge plan is in place and emergency accommodation is available for them.

26. 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.

27. 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.

¹⁰ NHS Mental Health Implementation Plan 2019/20 – 2023/24, NHS England, July 2019, p.6

28. 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 17% of patients admitted there are from Eastbourne and 55% are from East Sussex.

	Aug 19 to Jul 21	
	Number of Patients	%
Brighton and Hove	276	20%
Eastbourne	237	17%
Lewes	151	11%
Wealden	84	6%
Hastings	132	10%
Rother	151	11%
West Sussex	161	12%
Other - outside Sussex	42	3%
No Fixed Abode	30	2%
No Data	110	8%
	1374	100%

Concerns about the Department of Psychiatry

29. The Trust and CCG have been clear in their Pre-Consultation Business Case (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.

30. 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; 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

31. 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 DoP 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 they may end up being admitted 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 ward is full whilst 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

32. The Board heard that:

- outdoor communal spaces are limited in size and lack adequate gardening and exercise space;
- outdoor space is shared between male and female inpatients and so is out of bounds to half the patients at any one time in order to maintain gender segregation – more often than not it is the female patients who cannot access the communal space; 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

33. 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

34. 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.¹¹

35. Due to the issues described above, the CCG and Trust argues that the DoP does not adequately meet the needs of patients with protected characteristics. This includes patients with 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.¹²

36. 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”.¹³

Comments of the Board

37. 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.

38. 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 indoor and outdoor therapeutic space and should be replaced.

Proposed options for replacing the Department of Psychiatry

39. The CCG (as the responsible NHS organisation for service reconfigurations) and Trust have received £46.67m of capital funding to replace the DoP by March 2024 with a like-for-like facility containing 54 single ensuite rooms. 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”.¹⁴

Choice of site

40. In order to find a suitable site for the new facility, the CCG assessed 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.

41. 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; and
- Amberstone Hospital, near Hailsham.

¹¹ 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

¹² Ibid. p.46-47

¹³ Ibid.

¹⁴ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

42. The Bexhill site is the preferred option of the CCG and Trust. The Board heard this was because it will be able to accommodate larger gardens than the Amberstone site and so provide better health and wellbeing outcomes. In addition, the Bexhill site is less costly to develop, despite the Trust owning the Amberstone site, because it is larger and more topographically flat, making it less constrained and less complex to develop on.

43. The Board enquired whether the refurbishment of the DoP was a viable alternative option. The CCG and Trust said this was not possible because direct access to gardens plays an important role in the recovery of mental health inpatients, and the DoP footprint is too small to accommodate 54 ensuite single rooms and adequate outdoor space. In addition, the Board understands the DoP must be vacated by 2026 anyway to make way for the rebuild of EDGH that is being funded by the Building For Our Future capital programme.¹⁵ The Chief Executive of the ESHT 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”.¹⁶ ESHT reiterated this in their submission to the Board, confirming the Trust “welcome[d] the opportunity and the benefit arising from greater control/flexibility arising from the vacation of the DoP that ESHT will have”.¹⁷

44. 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”.¹⁸

Services at the new facility

45. The CCG and Trust have developed the proposals using a wide range of clinical evidence including national standards; clinical guidelines; and the expert knowledge of stakeholders, including clinicians at the Trust, a Governors’ Advisory Group, and an Assurance Group containing Experts by Experience.

46. The Board understands that the new facility 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

¹⁵ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

¹⁶ Minutes of the HOSC Meeting, 4th March 2021

¹⁷ ESHT’s briefing to HOSC Review Board, 20th August 2021

¹⁸ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.17

- more space for parking for staff and visitors.

Benefits of the new facility to patients

47. The CCG and Trust conducted an Equality and Health Inequalities Impact Assessment (EHIA) that showed that the impact of the proposal was assessed as positive for all patient groups and all people with protected characteristics will benefit from improved facilities.¹⁹ 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 experience.²⁰

48. In terms of specific benefits, the EHIA and QIA listed a number of benefits that en-suite bedrooms will provide, 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; and
- improve safety due to improved lines of sight, resulting in fewer safeguarding and reportable incidences.²¹

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;²²
- 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; and²³
- support patients so they can return home in the shortest time possible.²⁴

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

¹⁹ Equality and Health Inequalities Impact Assessment (EHIA) for Redesigning Inpatient Services in East Sussex (RIS:ES) project, 20th April 2021

²⁰ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

²¹ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

²² Ibid.

²³ Equality and Health Inequalities Impact Assessment (EHIA) for Redesigning Inpatient Services in East Sussex (RIS:ES) project, 20th April 2021

²⁴ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

Benefits of the new site to staff

51. The CCG and Trust are confident the new facility will be a better, safer place for staff to work that will improve staff morale and retention. The QIA also identified that a sustainable building with lower emissions, lower costs and a modern, bright and vibrant setting should improve staff recruitment.²⁵ It is believed that this will have the benefit of reducing vacancies and recruitment costs; improving the continuity of care within clinical teams; and reducing the use of agency staff.²⁶ In his discussions with the Board, Dr Naliyawala also expressed his support of the proposals.

52. The Board sought reassurance staff were in favour of the proposals and received a summary of views expressed during engagement with staff. This demonstrated that a majority of staff recognise that the DoP is not fit for purpose and that a new facility is needed to eradicate dormitories and improve the lack of indoor and outdoor therapeutic spaces. The majority also agreed that moving to a new site would be necessary to achieve this, but with differences in opinion about where a new site should be.²⁷

53. The Board questioned whether a physically larger site with single ensuite rooms would require more clinical staff to manage than the DoP. The CCG and Trust advised that this would not necessarily be the case as new builds are better designed, have reduced blind spots, and are more efficiently laid out, meaning the same number of staff are better able to oversee patients; ensuite rooms also help patients to de-escalate quicker than in dormitory wards, meaning there may be fewer interventions from staff. More therapeutic activities, however, would require more staff to manage. This would mean overall the new site could operate with similar staffing levels.

Centre of excellence

54. 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.

55. The Board heard about some of the long-term benefits of a centre of excellence to recruiting and retaining staff based on what has been achieved by SPFT when it has consolidated and improved other inpatient services:

- 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 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;

²⁵ Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021, East Sussex CCG & SPFT

²⁶ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.58

²⁷ High level summary of staff views, SPFT, 20th August 2021

- 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.

56. 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.²⁸

Retaining multiple inpatient sites

57. Initial engagement by the CCG and Trust with stakeholders showed views around refurbishment of existing sites versus developing a brand-new campus site were mixed.²⁹ The Board explored the arguments in favour of retaining the current model of multiple inpatient sites, these included:

- when asked, 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;³⁰ and
- a submission received by the Board 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.³¹

58. 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;
- 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.³²

²⁸ Minutes of the HOSC Meeting, 10th June 2021

²⁹ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.71

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

³¹ Response to HOSC Newsletter call for evidence

³² Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

Public consultation

59. The CCG and Trust ran a public consultation on the proposals for 12 weeks from 14th June to 6th September 2021. Opinion Research Services (ORS) provided an analysis of the consultation and the Board received a presentation summarising the findings.

60. According to ORS, the consultation had 330 responses with 84 responses received from service users, 84 from carers or family members, 79 from NHS staff, 62 from local residents and other individual responses, and 21 from members of organisations. The consultation also included a number of focus groups and group discussions with services users, carers and SPFT staff; in-depth interviews and engagement with service users; workshops and in-depth interviews with stakeholder organisations; and public meetings and 'roadshow' outreach activities.³³

61. Participants showed strong support for the proposals, for example:

- 89% of service users, 96% of carers and family members, 91% of NHS staff and 96% of residents and other individuals agreed with the proposal to replace of the DoP;
- 81% of service users, 82% of carers and family members, 82% of NHS staff and 90% of residents and other individuals agreed with building a new hospital on a new site; and
- 78% of service users, 74% of carers and family members, 70% of NHS staff and 82% of residents and other individuals agreed with the long-term vision of a single site centre of excellence for all inpatient services.³⁴

62. There were mixed views about the location of the new facility, although on balance participants felt that North East Bexhill would be the most suitable location. Figures showed 61% of service users, 64% of carers and family members, and 53% of residents and other individuals preferred Bexhill, but 53% of NHS staff preferred Amberstone. 14 organisations preferred Bexhill compared to three that preferred Amberstone. Postcode analysis of respondents showed they tended to favour whichever site was closest to them, although a substantial minority (42%) of people living closer to Amberstone preferred Bexhill.³⁵

Comments of the Board

63. 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 the current site that contains single ensuite rooms and adequate indoor and outdoor therapeutic space, particularly in the timeframes and funding envelope available to the CCG and Trust.

64. 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.

65. 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.

³³ Presentation: Re-provision of inpatient mental health services at the Department of Psychiatry – public consultation findings, 8th November 2021

³⁴ *ibid*

³⁵ *Ibid*.

66. 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.

67. 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.

68. 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 offer the potential to accommodate a centre of excellence in the future.**

2. Issues with the new service that should be addressed

69. During the course of its review, the Board identified several issues that the CCG and Trust should address, regardless of which site they choose.

Funding for replacing Department of Psychiatry

70. The Board questioned the CCG and Trust over whether the £46.67m of funding would be sufficient to replace the DoP and whether the new facility could be completed by the deadline of March 2024, identifying the risk of inflation, planning process and revenue costs as potential issues.

Risk of inflation

71. The Board asked the CCG and Trust whether the national supply chain issues and ongoing increases to the cost of labour and materials could, due to their inflationary effect, conceivably increase the cost of the new facility beyond the funding envelope.

72. The CCG and Trust informed the Board that the funding envelope for the new facility has been approved by NHS England and calculated using NHS England's prescribed financial methodology, which includes inflation measurements, an optimism bias, and a planning contingency fund of 10%. The CCG and Trust expressed confidence that this would mean significant inflation would need to occur before funding becomes an issue.

73. The funding for the site comes from NHS England via a national programme and not local capital expenditure. If inflation did begin to cause issues, the CCG would need to work with NHS England to resolve the problem, for example, by agreeing to increase funding levels. In addition, 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 and building

74. 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, even though a 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 agreed with the concept of building the facility and had no major concerns with the early plans. Subject to the proposals being agreed by the CCG Governing Body, the CCG and Trust aim to submit planning permission in March 2022.

75. 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 and Trust 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 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.

76. 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.³⁶

77. Due diligence work on both sites had also been recently completed and showed that significant infrastructure works would be needed before construction could commence. The Board heard that this was not unusual for greenfield or brownfield sites such as Bexhill and Amberstone and the CCG and Trust are confident the works were affordable and can be completed within the budget.³⁷

78. 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

79. 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 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.³⁸

Comments of the Board

80. 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.

81. 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 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.

Travel and transport to the site

82. Staff, service users, and their family and carers have all raised concerns to the CCG and Trust during stakeholder engagement about the issue of travel and transport; it was a major concern highlighted in the public consultation responses; and the Board was contacted directly about travel and transport concerns by several organisations and individuals.

³⁶ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

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

³⁸ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021 p.118

Staff

83. The CCG and Trust's draft business case says 96% of staff could reach either site within an hour via private transport. According to SPFT's engagement with staff, there was a slight preference for Amberstone as the site for the new facility, and this may be because, according to postcode analysis, more staff live closer to Amberstone than to Bexhill. Public consultation responses by NHS staff also showed a preference for Amberstone for the same reason.

84. During the Trust's engagement, staff expressed reservations about increased travel times, the possibility of looking for alternative jobs closer to home, and whether expenses might be paid to cover additional travel costs. When these concerns were put to the CCG and Trust, the Board was informed that staff had raised them as queries rather than as firm objections to the proposals. The CCG and Trust pointed out that the location of the two sites in relation to where staff live meant not all staff would be impacted unfavourably by the change in location. For those who are, there are NHS policies in place that allow staff to either change role or have increases in their travel expenses covered. SPFT, as the employer, confirmed staff would be offered remuneration for travel or potentially be able to work in community-based positions closer to home if they wished.

Patients, Family and carers

85. Patients would be taken to the new facility via an emergency ambulance or a secure ambulance (see below para 97), rather than travel there alone via public or private transport. However, voluntary patients given leave from the hospital and patients who are medically fit for discharge would need to get back to their home address – or to a family or friend – from the facility on their own. The Board understands that a patient's discharge plan includes how they will get home and most of the time it is through a lift from family or friends in a private vehicle.

86. 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 reconfiguration of inpatient services in West Sussex had shown that 80% of visitors accessed inpatient sites via private transport, and a similar figure would be expected in East Sussex.

87. For those who may require public transport, the CCG and Trust have undertaken some initial research on where bus routes are relative to the proposed locations. The CCG and Trust believe 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.

88. Once the CCG takes the decision on which site to build the facility, it will begin an engagement process with East Sussex County Council and bus providers like Stagecoach about the possibility of new routes or redirecting existing routes. If Bexhill is chosen as the site for the facility, the CCG is fairly confident that new bus routes or stops could be added.

89. The Board was informed that the travel implications for both patients and staff are being reviewed by a Transport and Travel Review Group that has been established following the conclusion of the public consultation. It includes service users, Experts by Experience, SPFT Governors, Healthwatch and the Eastbourne Access Group. The Group's report will be included as an appendix to the CCG's Decision Making Business Case.

Comments of the Board

90. 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.

91. 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 report of the Transport and Travel Review Group.

92. 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

93. Staff highlighted parking as a major issue at the DoP. During engagement with the Trust, they listed “ample space for parking” as necessary or desirable at the new hospital and something that should be prioritised at whichever new location is chosen. It is also a key concern highlighted in the public consultation analysis and has been raised in representations sent to HOSC. The CCG also lists provision of sufficient parking as a way to achieve “support from local family/carers”³⁹

94. 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 would enable there to be more space for parking than at Amberstone. The final number of spaces needed, however, had not been determined and would be subject to agreement by the planning authority and would depend on the local authorities’ transport policies. The CCG and 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, which will include charging points for electrical vehicles.

Comments of the Review Board

95. 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 the site via private transport makes adequate parking an important requirement.

96. 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.

Inter facility transfers

97. Patients requiring admission to the DoP are conveyed there via either an emergency ambulance provided by SECamb – where the individual is deemed to be of low risk – or a secure ambulance provided by specialist providers – if the patient is high risk. The patient would be transported either from 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. SECamb advised that it currently carries out two direct conveyances per week from the place of incident to the DoP. As a consequence, 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.”⁴⁰

³⁹ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

⁴⁰ SECamb statement to HOSC Review Board, 20th August 2021

98. 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.

99. The Board understands that currently a patient may present at the EDGH Emergency Department with mental health symptoms and then be transported to the UCL, which is located at the DoP on the EDGH campus a short walk away from the ED. In its submission to the HOSC, ESHT said that this transfer may be undertaken on foot rather than via ambulance if the patient consents, so long as they are not deemed high risk. As the UCL is at the DoP, there is not then a need to transfer the patient via ambulance from the UCL to an inpatient bed if a patient requires an inpatient stay. This means that any inter facility transfers (from the ED to the UCL) are currently quite short and apparently may be undertaken on foot instead of ambulance in certain circumstances.⁴¹

100. If the proposed changes are made, there will be a need in the future to transfer patients presenting at the ED at EDGH to the new facility if they do 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 one or two a day.⁴² The CCG and SPFT confirmed that this figure was correct, but also that most of these patients would not then require admittance to the DoP, meaning the number of additional inter facility conveyances from the EDGH to the new facility for SECAMB would most likely be considerably less than one per day.

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, 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.

Comments of the Review Board

102. 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 two per week currently taken to the DoP by ambulance.

103. 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.

Co-location of other services

104. The CCG was informed that the UCL and 24-hour Mental Health Liaison Team – who conduct the assessments of patients at the ED – are a separately commissioned and nationally

⁴¹ ESHT’s briefing to HOSC Review Board, 20th August 2021

⁴² *ibid*

⁴³ *ibid*

mandated service. This means a service will remain at the EDGH after the DoP closes (assuming it closes) to assess and support patients with mental health problems who present at the ED and provide them with a place to wait before being admitted to an inpatient facility.

105. ESHT raised concerns in its submission to the Board about the challenges with the current pathway in transporting patients who need a mental health assessment from the ED to the UCL, which, although on the same campus, is not in the same building as the ED. The EDGH is due to be extensively rebuilt in the next few years and the location of the UCL will need to be considered as part of that rebuild.

106. The proposals will also involve ending the co-location of the inpatient mental health services with acute health services, which was raised as an issue by some people both directly to the Board and during the CCG and Trust's pre-consultation engagement. When asked for assurance this would not put patients at risk, SPFT said it manages several other inpatient facilities elsewhere in Sussex that are not co-located with an acute hospital and the Trust is confident there are no issues at these facilities in meeting physical healthcare needs of their patients. Furthermore, since the COVID-19 pandemic, the Trust has had a General Nurse onsite at the DoP who can conduct blood tests and other medical interventions, and the Trust is committed to maintain and upskill this nursing capacity at the new facility. In addition, more serious physical health interventions would require the transfer of a patient from the facility to an acute hospital, however, this is no different to the current pathway (as there are no medical beds in the DoP itself) and the nearest acute hospital – Conquest Hospital – is only a short ambulance ride away.

Comment of the Review Board

107. The CCG has said that the UCL and Mental Health Liaison Team are separately commissioned and nationally mandated and will remain at the EDGH. The UCL is currently located in the DoP building, so will need to be replaced with a like for like equivalent somewhere else on the hospital site, ideally close to the ED.

Remote access

108. 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.

109. There may also 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”⁴⁴

110. In response to the new expectations around digital communication, 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”.⁴⁵

⁴⁴ Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11th August 2021, East Sussex CCG & SPFT

⁴⁵ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.48

111. 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, including around remote access.

Comments of the Board

112. 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.

Future demand for the service

113. 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.⁴⁶

114. 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.

115. The Board heard that the new inpatient facility may reduce bed occupancy levels even if there are no additional beds by reducing 28-day readmission rates and length of stay of patients. This is because patients will receive a better experience and so recover quicker and because single bedrooms can be more responsive to demand, as they do not have the same issue of being limited to single sex dorms.⁴⁷

116. The CCG and Trust have also said the future phases of the programme may provide an opportunity to increase the number of inpatient beds if demand increases. Furthermore, 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. This

117. In addition to improved inpatient facilities, the CCG advised that it will mitigate future demand by the development of enhanced community services via a Sussex-wide community mental health transformation programme that 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
- developing specialist community mental health services that wrap around additional support and interventions when required and without the need for a referral.

⁴⁶ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.56

⁴⁷ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

The CCG says this will bring previously disconnected services across sectors together into a single integrated care pathway.⁴⁸ The Trust will also 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.⁴⁹ These new community services are being funded by an additional investment of over £1m in adult community mental health services, with an expectation of future years' growth.

118. The CCG and Trust expects one of the outputs of this new inpatient and community service model will be a forecast optimal bed occupancy level of 90%.⁵⁰

119. 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.⁵¹

Comment of the Board

120. The CCG and Trusts forecasts an increase in demand for beds and concerns about capacity are shared by the NHS and stakeholders alike. The long term effects of COVID-19 may also increase demand for mental health services for the next few 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, for whichever site is chosen as the new inpatient mental health facility, the CCG and SPFT should take steps to ensure the following:

- **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;**

⁴⁸ New model for community mental health services, Sussex Health and Care Partnership (SHCP) presentation

⁴⁹ The Five Year Forward View for Mental Health, NHS England, February 2016, p.31

⁵⁰ Pre-Consultation Business Case: Reprovision of the Department of Psychiatry, Eastbourne Eradication of Dormitories, East Sussex CCG & SPFT, May 2021, p.58

⁵¹ Minute of the HOSC meeting, 10th June 2021

- **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.
- 8th November 2021 to consider the public consultation outcomes and agree any changes to the final report.

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

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

High level staff views of the proposals, 24 th August 2021
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
Presentation: Re-provision of inpatient mental health services at the Department of Psychiatry – Public Consultation, 24 th August 2021
Presentation: Re-provision of inpatient mental health services at the Department of Psychiatry – public consultation findings, 8 th November 2021
Presentation: Reprovision of the Department of Psychiatry Eradicating Dormitories, 11 th August 2021
Public consultation document: Working with you to improve mental health in East Sussex
Quality Impact Assessment: Redesigning Inpatient Services in East Sussex (RIS:ES) project, 19 September 2021
Table of location of Department of Psychiatry patients 2018/19 – 2019/20

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

<i>“Exclusive: Hundreds of patients kept in ‘distressing’ dormitory-style wards”</i> , Health Service Journal, 17 June 2019
<i>“Over £400 million pledged to remove dormitories from mental health facilities”</i> , GOV.UK, October 2020

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
NHS Long Term Plan, NHS England, January 2019
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