Proposed modernisation of mental health inpatient services in South West London: for decision

Report to mental health commissioning bodies and to South West London and St George’s Mental Health NHS Trust
“When a person walks through the doors of this Trust, we want them to feel welcome and to feel that they are in a professional, safe and caring environment.

This can only be achieved through getting out of dilapidated asylum buildings and investing in modernised accommodation which will support the healthcare of tomorrow. We must not accept the status quo, we must surely act now.”
Dr Emma Whicher, Medical Director, South West London and St George’s Mental Health NHS Trust

“… We are still delivering some mental health services using buildings first constructed over 150 years ago. Whilst such environments do not stop us from providing high quality care, operating our services from such premises continually forces us to make compromises.

We compromise on the dignity and respect of the people we look after at an incredibly vulnerable time in their lives.

We compromise on the efficiency of our services …We compromise on the motivation of our staff by demanding their very highest standards whilst asking them to work in an environment we know is difficult…

We believe that the end of the era of compromise is long overdue.”
Dr Phil Moore
On behalf of CCGs and NHS England

“The current facilities are completely unsuitable for the provision of high quality care. The buildings are Victorian in design and in a poor state of repair. Easier to rebuild facilities which met the needs of modern mental health care”
Response to consultation
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1. Overview and recommendations

1.1 Introduction

This report sets out

• proposals for the location of sites for inpatient mental health services in south west London, including some services commissioned by NHS England
• proposals for the configuration of services across those sites
• the process used to develop and consult on these proposals, and
• the results of that consultation.

Its purpose is to enable NHS commissioning bodies (the commissioners) to decide which proposals they wish to implement. The commissioners are Kingston Clinical Commissioning Group (CCG), Merton Clinical Commissioning Group, Richmond Clinical Commissioning Group, Sutton Clinical Commissioning Group, Wandsworth Clinical Commissioning Group and NHS England.

This report, together with a record of the decision made by each of the commissioners, will also be made available to the standing Joint Health Overview Scrutiny Committee of the London Boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth who are providing local authority scrutiny of the process.

1.2 Background

Mental health inpatient accommodation in South West London is provided by South West London and St George’s Mental Health NHS Trust (the Trust). With a few exceptions, this accommodation does not comply with NHS and Care Quality Commission standards and there is agreement between commissioners and the Trust that this situation is not sustainable in the long term.

The case for change is supported by commissioners, by the results of consultation and by independent advice from the London Clinical Senate of NHS England.

Refurbishment of the existing accommodation is not realistic. It would not solve the fundamental difficulties of ward layout and design which compromise the delivery of good care, and would also be prohibitively expensive at £60 million.

The preferred option is to develop new mental health accommodation at two sites, Springfield University Hospital, Tooting, and Tolworth Hospital, Kingston, where planning allows for the preferred option to be implemented. At Springfield University Hospital, the new accommodation would be built close to the most modern of the existing wards and the remainder of the site, the former asylum, would be developed for much-needed housing and a new public park to serve the people of Tooting.
The proceeds from this development would fund the capital investment at Springfield University Hospital and Tolworth Hospital. The development of the new accommodation would therefore not be a call on day to day NHS funds. In addition, the new accommodation would be up to £2.8 million a year cheaper to run at today’s prices and at the same time provide the best environment for excellent care. As part of this option mental health inpatient services would no longer be provided at Queen Mary’s Hospital, Roehampton.

If the proposals are approved, the resulting accommodation would be some of the best in the country for mental health inpatient services and would put these services onto a longterm sustainable footing. Most importantly, it would support the continued delivery of the best possible clinical care to service users and carers.

Commissioners have supported the Trust’s estates strategy and Strategic Outline Case for this development, subject to the outcome of public consultation and having sight of the Trust’s Outline Business Case. Commissioners ran public consultation into the proposals between 29 September and 21 December 2014.

The Trust has developed the Outline Business Case for the estates programme, which will go forward for Department of Health and Treasury approval subject to the support of commissioners.

1.3 Changes as a result of consultation

The consultation was about the service changes to enable the reconfiguration of the estate:
• The option to provide services from two sites (Springfield University Hospital and Tolworth Hospital) or three sites (Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital)
• The preferred configuration of some services. This is because within the existing planning consent, the future buildings at Springfield University Hospital will not be able to accommodate all the local and specialist mental health inpatient services currently based at this hospital.

The outcome of public consultation supports the preferred two-site option, provided that community mental health services are developed and maintained as outlined in the consultation document. There is feedback about travel and access to inpatient services especially from people living in the northeastern part of the catchment area (currently served by the wards at Queen Mary’s Hospital, Roehampton). There is feedback about the best location for the child and adolescent mental health service (CAMHS), and the location of the adult deaf service. The findings of the consultation and the feedback received are included in section 6 of this report.
As a result of the feedback received, this report now recommends changes to some of the proposals (discussed in full in section 6). These are:

**Flexibility on bed numbers**

*Feedback from consultation:* A theme throughout the consultation responses is the need to ensure that appropriate community services are in place before the new inpatient accommodation opens, and that there will always be sufficient inpatient mental health beds to meet the demand.

*What we have changed:* The development of community services is set out in section 6. In addition, it is now recommended that Commissioners and the Trust should retain the flexibility within the overall developments to plan for an extra ward should the demand for inpatient beds be greater than described in the current proposal. This would increase the number of inpatient mental health beds from 108 to 126.

The final decision on the number of wards will be made by commissioners and will depend on the planned reduction of inpatient bed use being achieved in practice, coupled with the provision of robust community mental health services to support people at home through Home Treatment Teams. All clinical commissioning groups have now made a commitment to invest in Home Treatment Teams that meet Department of Health guidance levels. The impact of this investment on the reduction of length of stay on our acute wards will be monitored closely and bed capacity will be reviewed in October 2015.

**Travel and access**

*Feedback from consultation:* Access to the proposed new accommodation is a theme across all responses. People living in Richmond and parts of Wandsworth are concerned about the additional travel time to Tolworth Hospital under the preferred option, and people living in Sutton and Merton are concerned about the travel time to Queen Mary’s Hospital if the three-site option is retained (this option means that local mental health inpatient services would move from Tolworth Hospital to Queen Mary’s Hospital).

*What we have changed:* The Trust has included a visitor room for each ward in proposed new accommodation. The Trust has included travel improvements as part of the planning consent for the redevelopment at both sites and is setting up community steering groups for the proposed developments at Springfield University Hospital and Tolworth Hospital.

The recommendation is that Commissioners and the Trust establish a steering group specifically to investigate improvements to the public transport and access arrangements and to develop a plan before the new inpatient accommodation opens.
Future use of the wards at Queen Mary’s Hospital

Feedback from consultation:  
Service users and carers have mixed views of the mental health inpatient wards at Queen Mary’s Hospital. There is feedback that while these wards are not best suited to clinically excellent mental health care, their location is convenient for people living in Richmond and part of Wandsworth and that the hospital is a valued community asset.

What we have changed:  
Although not part of this consultation, commissioners accept the importance of maintaining an appropriate range of health services at Queen Mary’s Hospital. The Trust has made a commitment to keep community mental health services in Roehampton, The recommendation is that commissioners work with representatives of the local community on options for the best future use of these wards, should the preferred option be adopted, as a basis for detailed discussions with NHS Property Services who manage the space at Queen Mary’s Hospital.

Adult deaf inpatient services

Feedback from consultation:  
It has become clear that many people who use this service have moved to the Wandsworth area specifically to be close to the service. This was a theme of specific responses to the consultation and at meetings during the engagement and consultation period.

What we have changed:  
The original proposal was to locate this service at Tolworth Hospital. It is now recommended that the adult deaf inpatient services should be located in the new accommodation at Springfield University Hospital because of their importance to the local deaf community. This has an impact on the other services that can be located at Springfield University Hospital (see section 6).

Child and adolescent mental health inpatient services (CAMHS)

Feedback from consultation:  
The overall outcome of consultation supports the location of the CAMHS campus at Tolworth Hospital because of the much greater availability of secure outdoor space and the opportunity to provide greater separation of CAMHS from other specialist mental health services. However, some respondents were concerned at the impact on the provision of education to children using this service and on travel and access times within South West London.

What we have changed:  
Tolworth Hospital is considered to offer clinical benefits to this very vulnerable group of service users and their families through greater access to outdoor space and increased separation from other services. The planned service configuration at the Springfield site would provide a critical mass around secure services and intensive adult services whereas the planned service configuration at Tolworth Hospital would provide a critical mass for CAMHS. NHS England has explored the option to retain the campus at Springfield but the Trust calculate that it would cost an additional £15 million capital and runs the risk of not receiving planning approval.
On balance therefore NHS England believes that moving the campus to Tolworth is the correct recommendation on the basis of the Trust’s initial estimate of the additional capital cost of providing the service from Springfield. This is to be confirmed by the Trust undertaking further work on those capital costs prior to NHS England making its final decision.

NHS England has heard the issue of education provision at Tolworth. NHS England as commissioners of the CAMHS inpatient service will continue to work with the Trust and the education providers to mitigate any risks to the education service. Kingston Education have indicated their interest in providing educational support to the CAMHS campus at the Tolworth Hospital site should the preferred option be approved.

**Older people’s mental health services**

**Feedback from consultation:**
The original proposal was for one ward for older people, to be provided at either Springfield University Hospital or at Tolworth Hospital. There was no clear preference from the consultation to the preferred location. Several responses suggested the service should be available at both hospitals.

**What we have changed:**
The recommendation is now that the older people’s mental health ward should be based at Tolworth Hospital, and additionally that extra-care accommodation is provided at Springfield University Hospital as part of the wider development of that site. The Trust is investigating with local partners and stakeholders the feasibility of using part of the Barnes Hospital site for ongoing clinical services. This work is at a very early stage and the detail is to be developed.

**Obsessive compulsive disorder (OCD) and body dysmorphia service**
The feedback from consultation has not suggested that the recommendation to provide this service at Tolworth Hospital should be changed.

If the proposals together with the results of consultation are agreed, the new configuration will be as follows:

**Springfield University Hospital will provide**
- Adult acute inpatient services
- Adult deaf services
- Adult eating disorder services
- Psychiatric intensive care unit (PICU)
- Forensic services

Although outside the remit of this consultation, it should be noted that within the Master Plan for the Springfield University Hospital site, there is provision for extra care facilities. The Trust is working with potential partners to facilitate this initiative as a dementia care pathway.
Tolworth Hospital will provide
- Adult acute inpatient services
- Older people’s inpatient services
- Child and adolescent mental health inpatient services (CAMHS)
- OCD and body dysmorphia service

This configuration supports the establishment of two centres of clinical excellence, each with a related set of specialisms and services. The required skill mix and clinical expertise at each location would provide good critical mass for staff to deliver high quality care. Service users and their carers will be assured of the best possible clinical outcomes, care and support through this configuration of clinical services.

The capital investment required for this redevelopment will come from the disposal of surplus NHS land within the ownership of the Trust.

1.4 Recommendations

The recommendations are grouped by those for a decision by South West London clinical commissioning groups, and those for a decision by NHS England.

A. Recommendations for South West London Clinical Commissioning Groups

1. That commissioners adopt the preferred option for the future location of mental health inpatient services at Springfield University Hospital, Tooting and at Tolworth Hospital, Kingston.
2. That commissioners support the number of beds described in the proposal. It is recommended that the Trust has flexibility to increase the number of inpatient beds within the overall development at Tolworth Hospital, should the demand for inpatient beds increase over time. Subject to the planned reduction of inpatient bed use being achieved in practice, coupled with the provision of robust community mental health services to support people close to home through Home Treatment Teams, the commissioners will reconfirm the number of inpatient beds. This work will be completed well in advance of the Trust’s Final Business Case (FBC) being completed.
3. That the older people’s mental health ward should be based at Tolworth Hospital, and additionally that commissioners and the Trust should work with providers in partnership to provide extra-care accommodation at Springfield University Hospital as part of the wider development of that site.
4. That inpatient mental health services are no longer provided at Queen Mary’s Hospital once the new configuration of services is in place, and that commissioners work with representatives of the local community on options for the best future use of these wards, should the preferred option be adopted, as a basis for detailed discussions with NHS Property Services (who manage the space at Queen Mary’s Hospital).
5. That commissioners and the Trust establish a steering group specifically to investigate improvements to the public transport and access arrangements and to develop a plan before the new inpatient accommodation opens.
6. That commissioners provide a letter of support to the Trust on the financial assumptions and activity analysis in the Outline Business Case, to enable these proposals to go forward.
7. That commissioners announce this decision to all partners and agencies involved in the provision of these services; to service users, carers, and their representatives; to staff, and to those who responded to the consultation and requested a response; and to the general public.

8. That commissioners communicate this decision to the JHOSC of the Boroughs of Croydon, Kingston, Merton, Sutton, Richmond and Wandsworth for the purposes of scrutiny.

B. Recommendations for NHS England

1. That CAMHS be located at Tolworth Hospital, Kingston.
2. That the adult deaf inpatient service be located at Springfield University Hospital.
3. That the OCD and body dysmorphia service be located at Tolworth Hospital.
4. That the forensic services remain at the Springfield University Hospital site due to planning permission considerations.
5. That the adult eating disorders service remain at Springfield University Hospital due to the ‘Marzipan Pathway’ with St George’s acute hospital.
6. That NHS England provide a letter of support to the Trust on the financial assumptions and activity analysis in the Outline Business Case, to enable these proposals to go forward.
7. That NHS England publish this decision to all partners and agencies involved in the provision of these services; to service users, carers, and their representatives; to staff, and to those who responded to the consultation and requested a response; and to the general public.
1. That NHS England communicate this decision to the JHOSC of the Boroughs of Croydon, Kingston, Merton, Sutton, Richmond and Wandsworth for the purposes of scrutiny.
2. Background and context

2.1 The role of commissioners to support service improvement

The purpose of this report is to set out proposals for for the location of inpatient mental health accommodation in south west London, including some services commissioned by NHS England, and to set out the process used to develop and consult on these proposals, so that NHS commissioners can decide on the proposals for implementation. The commissioners are Kingston Clinical Commissioning Group, Merton Clinical Commissioning Group, Richmond Clinical Commissioning Group, Sutton Clinical Commissioning Group, Wandsworth Clinical Commissioning Group and NHS England.

This report, together with a record of the decision made by each NHS commissioning body, will also be used by the standing Joint Health Overview Scrutiny Committee of the London Boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth to provide local authority scrutiny of the process.

The NHS has a legal responsibility to ensure that services are of high quality, sustainable and, as a publicly funded institution, provide value for money to the taxpayer.

The legal duties placed on commissioners are set out in full in the National Health Service Act 2006 (‘NHS Act’) as amended by the Health and Social Care Act 2012 (‘HSCA’) and also in the HSCA itself. The duties include: to secure continuous improvement in the quality of services provided and in the outcomes that are achieved; a regard to the need to reduce inequalities between patients in respect of their ability to access health services and of the outcomes achieved for them; to promote the involvement of patients, carers and their representatives; to involve patients and the public in the development and consideration of proposals for change; under the Equality Act 2010 to discharge the public sector equality duty and advance equality of opportunity; and to meet the Four Key Tests for service change as set out in the Mandate.

This report describes how the proposals for inpatient mental health change in South West London were developed and taken forward for public consultation using the guidance of ‘Planning and Delivering Service Changes for Patients’. It then sets out the results of the public consultation so that commissioning bodies can decide on the proposal for implementation based on all the evidence available.

The duties laid down in the Act and the guidance from NHS England require commissioning bodies to make decisions that
• improve the quality and efficiency of services
• ensure service sustainability
• fit well with existing and future commissioning intentions and strategies and so meet the current and future needs of patients and the populations they serve. The outcome of public consultation is an important element in this decision-making process. However, commissioning bodies would be failing in their legal duty to improve quality of service and outcomes were they to implement a proposal which had public support but which could not demonstrate improved quality or sustainability.
Further information and guidance is contained in

- National Health Service Act 2006 (as amended)
- Health and Social Care Act 2012
- Equality Act 2010

2.2 The case for change

Mental health inpatient services in South West London are delivered by South West London and St George’s Mental Health NHS Trust (the Trust). Services are provided at three sites: Springfield University Hospital, Tooting; Tolworth Hospital, Kingston; and Queen Mary’s Hospital, Roehampton.

This inpatient service model dates to a time when mental health services were concentrated on hospital, rather than community, provision. New alternatives to hospital admission mean more and more people now manage their own mental wellbeing without having to come into hospital.

In addition, most of the existing mental health inpatient facilities in south west London are old (some built over 150 years ago), not suitable for modernisation, not designed for today’s mental health care and very expensive to maintain. They do not provide a good, supportive environment for patients and carers. They make it harder for frontline staff to deliver high quality care.

As a result commissioners and the Trust are convinced of the need to look afresh at the existing mental health inpatient facilities. The Trust and commissioners agree on the following points regarding the current inpatient buildings (with the exception of the Storey Building (the Wandsworth Recovery Centre) and the Phoenix Unit Centre at Springfield University Hospital:

- They do not deliver the best possible clinical benefits for patients. At Springfield University Hospital and Tolworth Hospital, the design, age and layout make it harder for staff to provide good quality care at all times, and the poor environment does nothing to help people recover or maintain their wellbeing. At Queen Mary’s Hospital, the design and layout challenges remain even though the building is modern
- They fall well below the standards for inpatient accommodation. The Care Quality Commission, NHS England and local commissioners are unlikely to accept continued non-compliance with quality guidance and best practice, and there is concern that the existing provision is not compliant with the Equality Act 2010

Proposed modernisation of mental health inpatient services
• The current configuration of services, heavily concentrated at Springfield University Hospital, does not easily support the development of clinical excellence across all sites. Both Queen Mary’s Hospital and Tolworth Hospital are relatively small in comparison to Springfield University Hospital. This means that:
• Tolworth Hospital would not in future comply with the requirement for a minimum of three mental health wards
• Queen Mary’s Hospital would require the further closure of five beds on two of its wards to meet the requirements for 18 beds per ward. With three wards the hospital will remain at the lower end of the range for being clinically safe as recommended by the Royal College of Psychiatrists.
• The continued bias towards Springfield University Hospital will detract from staff recruitment and retention at the other sites

With the exception of the Acacia unit at Tolworth Hospital (the proposed location for the CAMHS campus) refurbishment rather than replacement of existing buildings is not a solution. Without new buildings:
• The accommodation would still not be fully compliant with disability and equality legislation
• Full en-suite accommodation would not be possible
• Full separation of male and female areas would not be possible
• Wards cannot efficiently be reduced in size to the clinically-recommended maximum of 18 beds or fewer

Doing nothing is not a realistic option. This would result in a continued decline in the quality of these services:
• Patient care would continue to be provided in largely sub-standard facilities
• The experience of patients, carers and staff will continue to be compromised
• Tolworth Hospital would be below the minimum recommended size for a mental health unit
• The mental health wards at Queen Mary’s Hospital would be at the lower end of the range for being clinically safe, and the challenges associated with the layout of the wards will remain
• There will be an increased risk of mental health inpatient services being seen as ‘failing’, so much so that the NHS may turn to alternative providers for mental health services, perhaps based further away from people’s homes in South West London
• Service quality may be affected by lower staff morale, higher turnover, poor retention and recruitment and greater use of short-term staff
• The state of the accommodation would continue to deteriorate, and the existing problems would not be tackled
• The drain on the Trust and NHS resources would become unsustainable.

The opening of new wards at Springfield University Hospital in 2009 enabled the Trust and commissioners to compare the impact of the improved environment with older wards. Ward 3 at the Storey Building (opened 2009) experienced two serious incidents during the period 2009-13; Jupiter Ward, built in 1931, had 27 serious incidents in the same period. The wards care for people with similar conditions and have similar staffing ratios – the only difference between them is the quality of the physical environment.
The Care Quality Commission (CQC) carried out an inspection into the quality of services at South West London and St George’s Mental Health NHS Trust in early 2014 and published its report into this inspection in June 2014. This report was positive and recognised the work done by the Trust and its frontline staff to develop and maintain high quality services.

However, the CQC has also highlighted the need to reduce ward sizes to a maximum of 18 in line with the guidance issued by the Royal College of Psychiatrists. Achieving this consistent high quality of care is challenging because of the physical design and age of much of the existing accommodation.

2.3 Current inpatient provision

The current inpatient provision at each of the three sites is:

Springfield University Hospital, Tooting
- Adult working age: three wards, including the modern Storey Building (formally known as the Wandsworth Recovery Centre, opened in 2009), and Jupiter Ward
- Older adults: one ward (Crocus)
- Psychiatric Intensive Care Unit, Section 136 Suite
- Secure unit: three wards (Shaftesbury Clinic) and one ward in the Newton Building
- Eating disorder service: one ward (Avalon)
- Obsessive compulsive disorder and body dysmorphia service: one ward (Seacole)
- Adult deaf service: one ward (Bluebell)
- Child and adolescent mental health inpatient services (CAMHS): three wards (Aquarius; tier 4, Corner House; deaf young people, Wisteria; young people with an eating disorder)
- Rehabilitation: one ward (Phoenix)
- Step down care (Burntwood Villas)

Springfield University Hospital provides local services to the northern and eastern part of the catchment area and a range of specialist services. There is planning permission to build a new mental health inpatient facility on part of the site.

Springfield University Hospital is the largest of the Trust’s sites, covering 33 hectares. The original building, now listed and partly unused, was constructed in 1841 as a Victorian asylum. The site includes a large area of open space.

The site includes modern facilities at the Storey Building (formally Wandsworth Recovery Centre) commissioned in 2009 and the Phoenix Unit commissioned in 2007. Apart from these, none of the other wards are fully compliant with modern standards for inpatient services. They are designed for 23 beds rather than the recommended maximum of 18 and do not meet standards for privacy and dignity. They do not have ensuite facilities and they do not support easy separation of male and female accommodation. 82% of the buildings at Springfield University Hospital are functionally unsuitable.
**Tolworth Hospital, Kingston**

- Adult working age: one ward (Lilacs)
- Older adults: one ward (Jasmines)
- Continuing care ward (Fuschias)
- ‘Your Healthcare’ services (community health services not provided by South West London and St George’s Mental Health NHS Trust)

Tolworth Hospital provides local services to people in the south western part of the catchment area. The site covers 3.3 hectares. It is a relatively small hospital which has not been developed in a coherent pattern. The buildings are located piecemeal on the site which presents challenges to safety and security for patients, carers, staff and the local community. None of the mental health inpatient wards are fully compliant with modern standards.

Tolworth has 39 mental health beds in use and this number is likely to reduce as community services develop with the increased availability of Home Treatment Teams. With only two wards operational in future, Tolworth will no longer meet the minimum standard of three wards for inpatient mental health units as recommended by the Royal College of Psychiatrists.

**Queen Mary’s Hospital, Roehampton**

- Adult services: three wards (one of which is female only)

Queen Mary’s Hospital, Roehampton, provides local services to people in the north western part of the catchment area (older people with mental health needs are cared for either at Tolworth Hospital or at Springfield University Hospital). It is a modern hospital opened in 2008. The Trust does not own the site and rents the ward space from NHS Property Services.

Mental health services were included late in the hospital’s development and allocated to the upper floor. The wards were designed to have 23 beds each, compared to the current recommended maximum of 18. The unit has long corridors, without clear lines of sight from the nurses’ station to all parts of the ward, and in some cases are poorly lit. Access to outside space is limited to a single courtyard on each ward.

This design and layout compromises the experience for service users and carers and poses challenges for staff. Service users are not able to use alternative routes to and from their rooms to therapy and open spaces, which can create issues related to privacy and personal space. Nursing staff cannot easily observe the entire ward because of the poor visibility along the corridors. They have to work unnecessarily hard to overcome these shortcomings in order to provide quality care.

Two of the wards currently have 23 beds, whilst one has 18 beds. All of the wards could be made to comply with the recommended bed size of 18, by closing five beds on each ward. However this will not resolve the design and layout issues, nor improve the experience for patients. Due to the design and layout at Queen Mary’s commissioners and the Trust do not think it is possible to improve the surroundings there.
Queen Mary’s Hospital is also isolated from the Trust’s other main inpatient sites. This means it is more challenging to provide a ‘critical mass’ of staff at the site. At the Trust’s larger sites it is possible to have a number of staff available should someone require specialist or dedicated attention, especially out of hours. Having multiple sites also makes it difficult to provide enough staffing capacity, especially in terms of junior doctor and out of hours cover.
3. Development of the proposals

3.1 Development of initial options

The importance of replacing the older buildings at Springfield University Hospital was recognised from 2004, when the Trust began to investigate the potential for regeneration of the site.

Planning consent was granted in 2012 for a new mental health inpatient facility at Springfield University Hospital within a new residential area and a new public park. This opened up the possibility of funding the new inpatient facility through the disposal of those parts of the site which would be surplus to future NHS requirements. This potential re-investment was of sufficient scale that other sites as well as Springfield University Hospital could be considered for modernisation.

The development of proposals for new inpatient accommodation were led by the Trust between 2012 and 2014. The process is described in Appendix A of the consultation document.

Options were based on configurations including the three sites from which the Trust currently provides inpatient care and three other sites where inpatient care was previously provided. The full list of inpatient sites considered was:

- Barnes Hospital, Richmond
- Queen Mary’s Hospital, Roehampton
- Richmond Royal Hospital, Richmond
- Springfield University Hospital, Tooting
- Sutton Hospital, Sutton
- Tolworth Hospital, Kingston

During the autumn of 2012 a series of listening events was held when the Trust engaged with a wide range of stakeholders including service users, carers, commissioners, partners and charities. This concluded with an options appraisal event at which senior clinicians and Trust leaders worked with key stakeholders to evaluate alternative combinations of inpatient care and determine which should be reviewed in more detail and considered for selection as consultation options. Clinical leaders helped to model the capacity of each site and the staffing and management arrangements required to provide high quality care at each site.

Participants were drawn from:

- Service Users and Carers
- Members of Local Involvement Network(s) (now Healthwatch)
- MIND
- Local Authority
- Commissioners for each of the five local boroughs
- Strategic Health Authority
- Clinicians, service managers and Executive Directors from the Trust
The process included the development and agreement of essential ‘stop-go’ criteria against which to assess the options. These were:

a. Critical mass: the Royal College of Psychiatrists recommends that a safe model of care should involve provision of at least three wards on any site. Accordingly, no option should involve creation of a site with less than three wards
b. Affordability: the option must be within the Trust’s envelope of affordability
c. Deliverability: patients should be able to benefit from any proposed changes within a realistic period. Options should therefore be capable of delivery within five years of final approval
d. Space fit: the proposed future bed configuration must fit onto the selected sites
e. Compliance with Guidance: the option must comply with key Department of Health Guidance including the provision of single bed en-suites and access to outdoor space
f. Planning Permission: any option must be likely to achieve planning permission for necessary development
g. Travel time: sites must be accessible within a reasonable travel time by public transport from the localities they serve

When these ‘stop-go’ criteria were applied to the list of sites for consideration it was concluded that

• Springfield University Hospital must be one of the sites for inpatient services, since planning permission for some services, especially secure and forensic inpatient services, would be unlikely to be granted at any other location
• No single site was large enough to accommodate current and future needs for inpatient accommodation
• Options involving four sites or more were not affordable

Options including Richmond Royal Hospital were not taken forward. The last wards at the hospital closed in 1977. Richmond Royal Hospital’s listed status and age makes it impossible to develop an environment for inpatient care which meets modern standards. The Trust intends to continue providing community mental health services at Richmond Royal as part of the network of local services.
The remaining options were assessed against the agreed criteria, value for money and affordability:

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<td>51</td>
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<td>10</td>
<td>Springfield University Hospital, Tolworth Hospital, Queen Mary's Hospital</td>
<td>-177</td>
<td>6.82</td>
<td>-1,207</td>
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<tr>
<td>13</td>
<td>Springfield University Hospital, Tolworth Hospital, Sutton Hospital</td>
<td>716</td>
<td>7.07</td>
<td>5,062</td>
<td>41</td>
<td>4</td>
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</tbody>
</table>

Options including Sutton Hospital were not shortlisted. This is as a result of public consultation about inpatient services at Sutton Hospital in 2012 led by Sutton Primary Care Trust which concluded that inpatient services should no longer be provided at Sutton Hospital (inpatient services moved away from this site in 2009 because of health and safety concerns). It is unlikely that the Trust would receive planning consent for a development at this location that would be large enough to be clinically sustainable and safe in the long term. Mental health community services in Sutton are based at the Jubilee Health Centre in Wallington town centre with excellent transport links to other parts of the borough. No mental health services remain at Sutton Hospital.

Options including Barnes Hospital were not shortlisted. The Barnes Hospital Working Group report (2012) concluded that inpatient services for people living in and near Richmond could not safely continue at the hospital due to the fall in the number of patients being treated there, and noted that future inpatient use as part of a wider network of inpatient care across south west London would not be practical given the hospital’s location on the fringe of south west London. The report also includes the Trust’s stated intention to maintain mental health outpatient services at Barnes. The working group included local community representatives, the Barnes Hospital League of Friends and Richmond Primary Care Trust. The Barnes site has a number of buildings that are considered to be important to local heritage and which therefore could potentially restrict any new build there. Access is also constrained by the surrounding transport infrastructure and housing that is adjacent to the site. Due to these issues it would be difficult to build the type of design that the Trust envisages for its future inpatient provision. The Trust intends that mental health outpatient services will continue to be provided from Barnes Hospital, and from Richmond Royal Hospital, as part of the local network of services. Inpatient services are not currently provided at these hospitals.
3.2 Development of shortlisted options

After the initial evaluation described in section 3.1 the remaining options were therefore those that included Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital.

Options for these sites were developed in more detail by the Trust as part of the Estates Strategy (April 2014) with contributions involving staff, service users and external advisors in close consultation with health and social care partners. Alongside these options, and for comparison, a ‘do minimum’ maintenance only option was developed.

In March and April 2014 the Trust held workshops in each borough to outline the priorities for new services, in the context of developing new community-based services closer to home. These involved service users and carers, community representatives, local authority representatives and NHS commissioners.

In May and June 2014 early drafts of the proposals were shared with service users and stakeholders at meetings, by letters and through surveys to seek initial comments and ensure that any questions and concerns could be addressed. This included contacting the Trust’s 3,500 Foundation Trust members (drawn from service users, carers, staff and the general public in the area served by the Trust). The themes arising from this process, and the changes made, are listed below.

Response to patient and public involvement:

• Good community services must be in place before changes are made to inpatient services -
  The timescale for community changes is to make improvements by 2018 (Draft five-year commissioning strategy, published May 2014). The new inpatient facilities would be built by 2021, if these proposals are agreed.

• If services are relocated as proposed, arrangements should be made to help carers and friends who wish to visit. This is especially important for the nationally-commissioned services where carers may have to travel long distances -
  The proposals include rooms for carers and relatives to stay over. These will be free of charge. The Trust will discuss options for developing public transport links to future agreed inpatient locations with transport providers.

• The quality of services and the physical surroundings for care are the most important factors when planning services. The second most important factor is accessibility to services and providing care in the right place at the right time -
  Quality and surroundings were given high weightings when assessing the various options and developing the proposals. The proposals are designed to support improved local services provided closer to home – where most mental health care takes place.

• Transport considerations will be important in considering any proposed relocation -
  The Trust commissioned an independent survey of travel times to help people judge the impact of any changes as part of this consultation.
The proposals should relate to other health and social care services so that care puts patients first and is joined-up -

The proposals reflect the strategy for the NHS published in May 2014 by south west London commissioners. This strategy emphasises the importance of joined-up health and social care services and of ‘parity of esteem’ between mental health and other services. The Trust’s Strategic Business Case for estates modernisation was shared with commissioners in March 2014, and received their broad agreement in principle. The proposals in this consultation are based on that document.

3.3 Shortlisted options included in the public consultation

The final options included in the public consultation are described in full in the consultation document and summarised here for convenience.

Two sites, Springfield University Hospital and Tolworth Hospital

This is the preferred option (see section 3.4). This option would establish two centres of excellence for inpatient mental health services at Springfield University Hospital and at Tolworth Hospital. Each site would provide a range of services for people living in Kingston, Merton, Sutton, Richmond and Wandsworth, and specialist services which treat people from across the country.

This option represents an investment of £160 million in new accommodation at 2014 prices. This would come from reinvestment of the sale of surplus land, and so would not be taken from day to day NHS patient care funds.

Three sites, Springfield University Hospital, Tolworth Hospital, Queen Mary’s Hospital

This is not the preferred option, as it does not resolve the quality and clinical standards issues associated with the ward design and layout at Queen Mary’s Hospital. It would be more expensive to run and maintain services on three sites than two.

This option maintains inpatient services at three sites, Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital. It is closer to the existing pattern of inpatient services except that adult acute mental health inpatient services for people living in south west London will no longer be provided from Tolworth Hospital. This represents an investment of £140 million in new accommodation at 2014 prices. This would come from sale of surplus land.

Specialist services and services for older people

Public consultation included the location of some of the specialist inpatient mental health services, and on the location of a ward for older people with age related mental health conditions. This part of the consultation involves Springfield University Hospital and Tolworth Hospital. There was no proposal to locate any of these services at Queen Mary’s Hospital.
**Do minimum maintenance only**

The maintenance only ‘do minimum’ option includes carrying out essential maintenance on the existing estate of the Trust. This would cost £66 million at 2014 prices. As the existing buildings would be retained the opportunity to regenerate the Springfield University Hospital site for NHS use, and the creation of local housing, would be lost.

The funding associated with the land disposal would therefore not be forthcoming, meaning that the costs would have to be accommodated by day to day NHS resources. In the long term this is the most expensive of the options and delivers no benefits in terms of standards of care.

NHS commissioners are strongly committed to ensuring high quality care for patients. As this option delivers no benefits to patients this option was not recommended for public consultation.

<table>
<thead>
<tr>
<th>Appraisal</th>
<th>Do minimum</th>
<th>Springfield University Hospital and Tolworth Hospital</th>
<th>Springfield University Hospital, Tolworth Hospital, Queen Mary’s</th>
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<tr>
<td>Capital investment £m</td>
<td>66.08</td>
<td>160.10</td>
<td>148.00</td>
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<tr>
<td>Non-Financial benefits Score</td>
<td>4.70</td>
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<tr>
<td>Capital Cost Benefit (i.e. £m cost per benefit point)</td>
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<td>22.78</td>
<td>23.13</td>
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<tr>
<td>Net Present Value (NPV) £m</td>
<td>(26.10)</td>
<td>25.87</td>
<td>(17.34)</td>
</tr>
<tr>
<td>Ranking</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Option Appraisal Ranking Summary**

The table above sets out the investment required under each option; the scores for non-financial benefits (these are the weighted criteria developed by the discussions and workshop in 2012, with the emphasis on quality as the most important single factor); the cost of delivering those benefits, and the Net Present Value which calculates a value for each option. Net Present Value costs in brackets are negative values, in other words they represent a cost to the NHS. A positive Net Present Value, without brackets, represents an overall benefit to the NHS over the period. The rankings generated by these calculations are presented on the bottom row of the table.
3.4 The preferred option

The preferred option as described in the consultation document was to provide inpatient mental health services on two sites: Springfield University Hospital, Tooting, and Tolworth Hospital, Kingston.

This section includes the configuration as proposed in the consultation document, and as now recommended having taken into account the feedback from consultation.

Service configuration as originally proposed for Springfield University Hospital
- Adult services (three wards) for local people living in south west London
- Psychiatric Intensive Care Unit for local people
- Eating disorder service (two wards - national service)
- Low and medium secure services (four wards - south west London and Surrey)
- Rehabilitation and stepdown services (two wards for local people)
- Older adult acute ward (or at Tolworth) for local people
- Team-base for Wandsworth Home Treatment Team and community teams

Service configuration as proposed post-consultation for Springfield University Hospital
- Adult services (three wards) for local people living in south west London
- Psychiatric Intensive Care Unit for local people
- Eating disorder service (two wards - national service)
- Low and medium secure services (four wards - south west London and Surrey)
- Rehabilitation and stepdown services (two wards for local people)
- Adult deaf inpatient service (one ward – regional service)
- Team-base for Wandsworth Home Treatment Team and community teams

Service configuration as originally proposed for Tolworth Hospital
- Adult acute inpatient services (three wards) for local people living in south west London
- Adult deaf inpatient service (one ward - national service)
- Obsessive compulsive disorder and body dysmorphia service (one ward - national service)
- Child and adolescent inpatient services (three wards - specialist service)
- One older adult ward (or at Springfield University Hospital) for local people
- Team-base for Kingston Home Treatment Team and community teams

Service configuration as proposed post-consultation for Tolworth Hospital
- Adult acute inpatient services (three wards) for local people living in South West London
- Obsessive compulsive disorder and body dysmorphia service (one ward - national service)
- Child and adolescent inpatient services (three wards - national service)
- One older adult ward for local people
- Team-base for Kingston Home Treatment Team and community teams
Under this option as proposed post-consultation:

- Each site would provide a range of services for people living in Kingston, Merton, Richmond, Sutton and Wandsworth, and specialist services which treat people from across the country.
- Wards will be designed to operate flexibly between 12 and 18 beds to adapt to changes in clinical demand.
- All patients and their carers will be supported in accommodation that meets modern standards for safe, effective care and in surroundings that meet people’s needs for privacy and dignity.
- All accommodation will have ensuite facilities and access to a range of outside space.
- Adult mental health services for people living in south west London are provided equally at Springfield University Hospital and at Tolworth Hospital, with three wards at each location.
- Springfield University Hospital will broadly serve the northern and eastern part of the local catchment area. Tolworth Hospital will broadly serve the southern and western part of the local catchment area.
- Both hospitals will be well above the minimum requirement of three wards recommended by the Royal College of Psychiatrists. The two centres will be of comparable size. This means they will each be able to attract and keep the best staff who in turn will be able to provide the best possible care and support in excellent surroundings. No one will have to receive mental health care in small, relatively isolated facilities.
- Tolworth Hospital will be rebuilt as an integrated development with safe services, together with facilities available for local people to use. It would become a focus for expert mental health care in its own right, with a secure long term future.
- Some specialist services are proposed to be established at Tolworth Hospital as part of the new development. This will create a critical mass of comparable services at each location which will support the delivery of excellent care. By using the full extent of the site at Tolworth Hospital (3.3 hectares) both sites can support accommodation which will provide a high quality environment for patients, carers and staff.
- Mental health inpatient services will no longer be provided at Queen Mary’s Hospital, Roehampton. Patients and carers at Queen Mary’s Hospital are currently cared for in wards that do not meet modern standards and which, with only three wards, would remain at the lower end of the range for being clinically safe as recommended by the Royal College of Psychiatrists.
- Patients and carers who currently use Queen Mary’s Hospital, Roehampton will receive their inpatient care either at Springfield University Hospital or Tolworth Hospital, whichever is closer and more convenient based on patient choice.
- The wards currently used for mental health purposes at Queen Mary’s Hospital will be available to the NHS for other health care services.
- Alternatives to mental health hospital admission will be provided by the Trust’s Home Treatment Teams, which will reduce the number of people who require a hospital admission. Community mental health facilities will be developed in each borough, including mental health community ‘hub and spoke’ models of care provided by the Trust.
- The investment in the new hospital buildings is more than outweighed by the clinical benefits that would flow for patients, and by reductions in running costs.
The Springfield site: planning consent and its implications

At first glance the area of the existing Springfield University Hospital seems vast: open green space with plenty of room to redevelop facilities. The reality is that future mental health accommodation will be in a much smaller area near the centre of the existing site, and not all the services on the site today will be able to stay at Springfield University Hospital:

• Planning consent for the ‘Springfield Master Plan’ was granted in 2012. It includes housing and a new public park, with 2.5 hectares available for new mental health accommodation. This compares with the total area of 33 hectares today. So the new mental health accommodation will be in an area less than one tenth of the existing site.
• Apart from the Storey Building, known as the Wandsworth Recovery Centre, and the Phoenix Centre, mental health inpatient services at Springfield will be rebuilt.
• It has become clear during the development of the proposals and confirmed during consultation, that commissioners and the NHS nationally will not support new mental health developments of more than two floors in height.
• The planning consent is for two ward blocks of two floors each. One of these will be dedicated to the existing forensic wards currently based at Springfield University Hospital. These have to stay at Springfield because it would be very difficult to obtain planning permission for this service elsewhere.
• The second block will need to contain the adult eating disorder service which must stay at Springfield University Hospital because of its close working links with nearby St George’s Hospital, and the adult deaf service (based on the current recommendation to keep this service close to Wandsworth residents).
• There is sufficient space within the second block for one further ward: on the current recommendation this will be one of the adult acute wards providing essential local services for people in Wandsworth and nearby. This means in turn that the older people’s ward will be located at Tolworth Hospital. The Master Plan for the development of at the Springfield site provides a new resource for older people through extra-care facilities.
• The CAMHS campus (three wards and associated facilities including the school) cannot be accommodated within the footprint of the agreed Springfield plan without compromising the configuration of the other services specified above or having to submit a new planning application for these services. The preferred option is to locate the CAMHS campus at Tolworth Hospital which commissioners believe offers the maximum clinical benefits. This is discussed further in section 6.2.2.
Note on wards and bed numbers
Under the preferred option post-consultation the configuration would be

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<thead>
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<tbody>
<tr>
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<td>18</td>
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<tr>
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<td>24</td>
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<tr>
<td></td>
<td>Deaf Adult Acute</td>
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<td>15</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>OCD/BDD</td>
<td>14</td>
<td>0</td>
<td>15</td>
<td>15</td>
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<tr>
<td><strong>Total</strong></td>
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<td>199</td>
<td>126</td>
<td>25</td>
<td>325</td>
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</table>

**Current and proposed bed numbers for local services**

**Working age adult acute**
Current - wards at Springfield University Hospital, Queen Mary’s Hospital, and Tolworth Hospital, 141 beds in total
Proposed - six wards at Springfield University Hospital and Tolworth Hospital, 108 beds in total, with flexibility to include a seventh ward at Tolworth bringing the total to 126 beds

**Intensive care (PICU)**
Current - 13 beds at Springfield University Hospital
Proposed - 13 beds at Springfield University Hospital

**Older people’s mental health services**
Current - 38 beds at Springfield University Hospital and Tolworth Hospital
Proposed - 18 beds at Tolworth Hospital

**Rehabilitation services**
Current - 33 beds at Springfield University Hospital
Proposed - 33 beds at Springfield University Hospital
Currently commissioners support the reduction of adult acute beds as described in the Outline Business Case for six adult acute wards and have invested more resources into Home Treatment Teams to enable more people to be seen at home rather than in hospital.

However, the reduction of beds needs to be carefully monitored against a number of metrics including length of stay, occupancy levels, readmission rates, serious incident rates in the community. The Trust and commissioners will review the impact of the investment in the Home Treatment Teams in October 2015.

NHS England have indicated their support for the configuration of national services as described above, with the proviso that the provision of CAMHS intensive care beds is dependent on the outcome of their national procurement and tendering for these services in 2016-17.
4. Assurance and evidence base

This section of the report sets out the evidence to show how the proposals will improve the quality of mental health inpatient services and contribute to the development and delivery of high quality, sustainable services provided by the NHS in regard to these services.

4.1 Quality and clinical standards

The preferred option has been designed to comply with clinical and quality standards, and of key national objectives of the NHS, including:

- ‘No Health Without Mental Health’ (Department of Health 2011) the national strategy for mental health
- The Darzi Review (2009)
- ‘Closing the Gap’ (Department of Health 2014) which contains 25 priorities for achieving measurable improvements in mental health services by 2016
- ‘Everyone Counts: planning for patients 2014/15 to 2018/19’ (NHS England, 2013) which established the principle of parity of esteem for mental health services
- ‘Do the Right Thing, How to Judge a Good Ward, (Royal College of Psychiatrists, 2011) which sets an upper limit of 18 beds for a mental health ward
- ‘Not Just Bricks and Mortar’ (Royal College of Psychiatrists 1998) which set a standard of at least three mental health wards on any site to ensure cross cover for any emergencies
- The Equality Act 2010
- Mental Health Crisis Care Concordat, ‘Improving Outcomes for People Experiencing Mental Health Crisis’ (Department of Health, 2014) which states that ‘every community should have plans in place to ensure that no one in crisis will be turned away and services for people in crisis should be ‘the most community-based, closest to home, least restrictive option available, and should be the most appropriate to the particular needs of the individual’.

4.2 Relationship to other services and strategic intentions

The preferred option was finalised for public consultation after publication of the South West London CCGs five-year strategic plan (NHS South West London Collaborative Commissioning, June 2014).

The strategic plan sets out the objectives of the NHS to develop and maintain integrated services across primary, secondary and specialist care, and including physical and mental health. The plan lists the challenges for improving mental health services as

1. We need to ensure pathways are integrated to respond to both physical and mental health needs
2. We need to reduce inequalities in access to mental health care
3. We need to increase the amount of care delivered outside hospitals and improve access to community based services
4. We need to ensure that more patients suffering from mental health problems are identified earlier.

5. We need to improve the wellbeing and quality of life for all patients suffering from mental health conditions, and promote recovery.

6. We need to integrate the mental health model of care with the entire patient pathway.

Related to 3 above, increasing care delivered outside hospitals and improving access to community-based services, the plan sets out the major activities as:

- "widening the choice of crisis community mental health services to reduce the number of avoidable inpatient admissions and unnecessary lengths of stay in hospital"
- developing and bolstering existing home treatment teams to support patients with mental illness and a higher level of treatment acuity in the community
- increasing capacity to reduce waiting lists for services that support engagement in treatment and reduce the exacerbation of mental illness
- development of specialist community mental health services as an alternative to an unnecessary hospital stay
- developing partnerships between mental health providers and community pharmacists to identify and support people with moderate mental health needs that may require engagement with psychological services
- reviewing capacity and gaps in community service provision to improve the availability of services such as extended hours, specialist mental health nurses in primary care and integrated dementia care pathways
- develop integrated treatment pathways between mental health, primary care and social care services to support the management of patients in the community
- develop referral and discharge management plans and joint protocols to improve service delivery and promote better communication develop knowledge and skills within the secondary, primary and community workforce"

The benefits for patients will be:

- "patients not having to be treated and remain in hospital when they don't want to, unless it is clinically necessary"
- able to access a wider range of services in the community
- treatment pathways which are clear and easy to access
- an increased range of mental health treatment interventions
- primary and secondary staff are better informed and able to so support people with mental health issues”

The plan includes the milestone that from 2018-19 the developments in community mental health services will enable commissioners to reduce secondary (hospital) capacity as proposed by the Trust.

(Source: South West London 5-year Strategic Plan, NHS South West London Collaborative Commissioning, June 2014, Chapter four, Clinical Workstreams, Section four, Mental Health pp 123 to 144).
4.3 Sustainability

The preferred option put forward for consultation is based on providing the best possible outcomes for patients in surroundings that meet modern standards for mental health care, achieve parity of esteem between mental health and physical health services, and enable the NHS to deliver its public sector duty under the Equality Act 2010.

The development of new accommodation on this scale, one of the most significant single investments in mental health in the country with a present-day value of £160 million, must also be sustainable both in terms of capital development and revenue.

The proposed developments at Springfield University Hospital and at Tolworth Hospital achieve this goal. The new accommodation will be built without recourse to day to day NHS funds. Once operational, they will save £2.8 million each year at present values through reduced running costs, enabling these funds to be used for direct patient care.

Capital investment

The funds to build the new accommodation will come from the disposal of NHS surplus land. At Springfield University Hospital nine-tenths of the existing site will be disposed of under the agreed Master Plan for which planning consent was given in 2012. This will be used for regeneration including new housing (including affordable housing) and a new public park. Commissioners support the assumptions underlying the Trust’s planned disposal programme and consider that the programme will deliver the capital investment required for the new development.

The impact of this is that the new accommodation can be developed and brought into use without calling on day to day NHS funds. It is a self-funding investment programme.

Revenue affordability

The existing buildings at Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital are expensive to maintain. At Springfield University Hospital and Tolworth Hospital this relates to the age and condition of the accommodation which, with the exception of the Storey and Phoenix buildings at Springfield University Hospital, are old and unsuitable. At Queen Mary’s Hospital extra costs are incurred by that hospital’s PFI status.

The new accommodation as proposed in the preferred option will generate savings from two sources. One is a reduction on capital charges: these charges on the new accommodation will be more than offset by the savings in charges from the disposed buildings and by savings on the rent currently paid for use of the wards at Queen Mary’s Hospital. This amounts to £0.96 million a year at present values. The other source is reduced costs of facilities management associated with the new accommodation. This amounts to revenue cost improvements amounting to £1.9 million a year at present values.

Taken together, the preferred option generates total efficiency savings of £2.8 million a year at present values.
4.4 The ‘Four Tests’

Changes and developments to NHS services are required to meet four tests as set out in national guidance. The four tests, as set out in the 2014/15 Mandate from the Government to NHS England, are that proposed service changes should be able to demonstrate evidence of:

• Strong public and patient engagement
• Consistency with current and prospective need for patient choice
• A clear clinical evidence base; and
• Support for proposals from clinical commissioners.

NHS England has a statutory duty to seek to achieve the objectives in the Mandate. CCGs in turn have a statutory duty to exercise their commissioning functions consistently with the objectives in the Mandate (under s.3(1F) of the NHS Act 2006 as amended by the Health and Social Care Act 2012).

These ‘four tests’ are considered in turn:

4.4.1 Strong public and patient engagement

As described in the consultation document, people who use mental health services and their carers and advocates have been involved in developing these proposals. The first discussions about the need to replace the old buildings at Springfield University Hospital were held in 2004 and shaped the original proposals for regeneration of this site. These plans in their final form received planning consent in 2012.

Service users and community representatives developed the criteria for quality standards and the sites to be considered for the new services in December 2012. Between December 2012 and Spring 2013 they continued to be involved in developing the proposals that were put forward for consultation.

Throughout 2013 and 2014 the Trust chairman, medical director and other executive directors met at regular intervals with stakeholders including council leaders, MPs and clinical representatives from commissioners to share progress on the development of the modernisation proposals.

In March and April 2014 the Trust held workshops in each borough to outline the priorities for new services, in the context of developing new community-based services closer to home. These involved service users and carers, community representatives, local authority representatives and NHS commissioners.

In May and June 2014 early drafts of the proposals were shared with service users and stakeholders at meetings, by letters and through surveys to seek initial comments and ensure that any questions and concerns could be addressed. This included contacting the Trust’s 3,500 Foundation Trust members.
Public engagement continued throughout the public consultation process in order that service users and carers, their representatives, staff, stakeholders and community organisations and the general public were aware of and could contribute to the consultation (see also section 5). The outcome of the public consultation demonstrated strong agreement to the need for change and overall support for the preferred option of new accommodation provided at two sites. The findings of the consultation, and the issues raised in the responses, are set out in section 5, and further discussed in section 6.

4.4 Consistency with current and prospective need for patient choice

As described in the consultation document, the proposals are based on the quality and service standards developed through the engagement programme and consistent with the wishes of people who use mental health services to receive the majority of their treatment as close to home as possible. The proposed location of inpatient services has been designed to meet the priorities set by the NHS and by local commissioners to increase community-based care, reduce inpatient admissions and readmissions, and provide the best possible environment for care.

Commissioners and South West London and St George’s Mental Health NHS Trust agree that the current accommodation for mental health inpatient services in south west London does not meet the standards for modern mental health care. The development of high quality services, provided in the best possible surroundings, at the right place and the right time, are the key criteria to support change as identified by service users, carers and clinicians during the development of the proposals.

The engagement process also determined that Springfield University Hospital must continue to be one of the sites for mental health inpatient services, that services must be provided on more than one site and that services on four sites or more would not be sustainable on quality or financial criteria.

The proposals reflect the intentions of commissioners to prioritise community mental health services, to provide alternatives to hospital admission and to reduce hospital admissions. The provision of more mental health services closer to home is a stated preference of people who use these services and their carers.

4.4.3 Clear clinical evidence base to support the proposals

The proposals will enable mental health services in South West London to offer a high quality environment for the delivery of health care. They are designed to comply with national and local NHS policies and objectives including those listed in sections 4.1 and 4.2. These include the clinical and quality standards for the NHS set out by the Royal College of Psychiatrists and the Care Quality Commission.

The Care Quality Commission has highlighted to the Trust the requirement for these inpatient mental health inpatient services to be provided in wards of no more than 18 beds each in order to meet the clinical standards laid down by the Royal College of Psychiatrists (Royal College of Psychiatrists ‘Do the Right Thing, How to Judge a Good Ward, 2011). Commissioners and the Trust agree that with the exception of the Storey Building and the Phoenix Unit Centre at Springfield University Hospital, this 18-bed maximum cannot be sustainably achieved within the existing buildings at Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital.

Proposed modernisation of mental health inpatient services
In addition, the existing buildings cannot support the full segregation of male and female accommodation, nor the full provision of en-suite accommodation. With the exception of the Storey Building and the Phoenix Unit Centre, the existing buildings fall well below standards for inpatient accommodation and there is concern that they are not compliant with the Equality Act 2010.

The current imbalance of provision, heavily concentrated at Springfield University Hospital, hampers the provision of clinical excellence at Tolworth Hospital and at Queen Mary’s Hospital. The safe clinical minimum is for a mental health inpatient unit to have at least three mental health wards to ensure cross cover for any emergencies (Royal College of Psychiatrists ‘Not Just Bricks and Mortar’ 1998). Tolworth Hospital will fall below this minimum under existing arrangements, and Queen Mary’s Hospital will remain at the lower end of the range.

In the foreword to the consultation document Dr Phil Moore, writing on behalf of the South West London clinical commissioning groups and NHS England, summed up the inadequacies of the existing accommodation: “Whilst such environments do not stop us from providing high quality care, operating our services from such premises continually forces us to make compromises. We compromise on the dignity and respect of the people we look after at an incredibly vulnerable time in their lives. We compromise on the efficiency of our services because of the higher costs associated with overcoming the restrictions of the physical space. We compromise on the motivation of our staff by demanding their very highest standards whilst asking them to work in an environment we know is difficult.”

The preferred option is for inpatient services to be provided equally at two sites, both for people living in South West London and for specialist services for a wider catchment population. This supports the establishment of two centres of clinical excellence in accommodation which meets all current standards, complies with legislation, and which supports the effective and sustainable delivery of high quality care.

As part of the development of the proposals, commissioners and the Trust sought advice from the London Clinical Senate of NHS England. Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent.

The advice from the Clinical Senate is considered in section 4.5. In summary, the senate confirms that the proposals are based on clinical evidence and that the case for modernising inpatient services is clear. While not part of the formal proposals, the senate indicates the importance of commissioners and the Trust working together on the future development of services, including community services, and the implementation of longer term commissioning intentions (see also section 6.1). The senate agrees that the proposals will ensure that inpatient accommodation is compliant with Care Quality Commission standards.
The specific proposals for child and adolescent mental health (CAHMS) inpatient services are considered in section 6.2.2. In summary, while there has been investment to improve the environment for this service at Springfield University Hospital, this has only limited potential and is not considered sustainable in the long term. Reproviding this service in the new buildings proposed at Springfield University Hospital is not considered to be the best in terms of clinical benefits: it will create only limited access to open space in an enclosed courtyard, will place the new CAMHS inpatient unit adjacent to the new adult forensic wards (which is not considered good clinical practice) and will require other services, including adult acute services for people living in South West London, to be decanted to Tolworth Hospital. The preferred option, to reprovide the CAMHS inpatient service in new, purpose-built accommodation at Tolworth Hospital, enables this service to be provided in the best possible environment for clinical care, offers greater access to open garden space within a safe environment, and supports the provision of acute adult services for people living in South West London to be balanced equally between Springfield University Hospital and Tolworth Hospital.

4.4.4 Support for proposals from clinical commissioners
The proposals and the preferred option have the support of clinical commissioners, subject to the outcome of public consultation.

The proposals were considered by the five clinical commissioning groups at meetings held in public on
• 1 July 2014 - Kingston CCG
• 31 July 2014 - Merton CCG
• 3 September 2014 - Sutton CCG
• 15 July 2014 - Richmond CCG
• 9 July 2014 - Wandsworth CCG

A joint consultation steering group was established to oversee the management of the proposals and the public consultation. This has membership of the five CCGs, the Trust, NHS England, and the NHS Trust Development Authority. This steering group with the approval of the five CCGs and NHS England confirmed on 22 September 2014 that consultation could begin.

The clinical review team from the London Clinical Senate confirmed the support for the proposals from clinical commissioners.

4.5 Advice from clinical senate
As part of the development of the proposals, Kingston CCG, on behalf of the five clinical commissioning groups in South West London and on behalf of NHS England in respect of the specialist services included in the proposals, sought advice from the London Clinical Senate of NHS England.

Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent. The London senate is one of 12 senates, each one covering a specific geographical area. The London senate is the appropriate senate for South West London.
To provide the advice in respect of these proposals, the London Clinical Senate established a clinical review team drawn from a range of backgrounds including patient representation and from a range of organisations so as to access national expertise and best clinical practice. The report of the senate and a list of the review team members is available separately.

The senate clinical review team support the overall goals of improved hospital accommodation, alignment of services, and transfer of activity from hospital to community where appropriate. The proposals are generally consistent with commissioning plans and have the potential to reduce the equality gap that far too many mental health patients currently experience.

The case for modernising mental health inpatient facilities is described as well made and based on clear evidence. The case for change reflects national and local policy and guidance, and is based on good principles. The team found a clear correlation between the Trust’s plans, the South West London Collaborative Commissioning Five Year Strategic Plan, the commissioning intentions of the five South West London CCGs which commission mental health services from the Trust and NHS England specialised commissioning. The team found commissioners to be very supportive of the proposals.

The high level principles underpinning the proposals are considered to be sound, i.e:

- increased, enhanced and more integrated community provision with integrated recovery-focused models
- more care at home for service users of all ages
- a drive to reduce variation and enable equitable provision across each of the five boroughs
- consolidation of some skills and specialties across the pathways
- consolidation and reduction of inpatient beds in response to developing community-based care.

The clinical review team suggest that commissioners and the Trust continue to develop the detailed clinical model across the pathway of mental health care (continuing the approach already set by the clinical commissioning groups in the five-year strategy published in 2014) including plans for community based services. This is considered in section 6.1 of this report.

The review team note that improved inpatient accommodation by itself will not achieve full compliance with Care Quality Commission standards - the process of care must also be compliant. In this context board members are asked to note the report of the Care Quality Commission’s 2014 inspection of the services provided by the Trust. The report, from England’s Chief Inspector of Hospitals following an intense, week-long inspection involving over 50 experts, found services to be ‘safe’, ‘compassionate’ and ‘well-led’. Overall the report described staff as ‘caring and had a good approach to patient care and interacted positively and compassionately with people’. Inspectors also noted that much of the care delivered followed best practice guidance. The inspectors ‘judged that services were safe. There were systems to identify, investigate and learn from incidents. Staff at all levels of the organisation said that there was an open culture that supported them to report and learn from incidents. The Trust’s board had a focus on quality and this was reflected across the organisation.’
4.6 Equality analysis

4.6.1 The Equality Act

The Equality Act 2010 offers protection to nine characteristics. These are:
- Age
- Race
- Sex
- Gender reassignment status
- Disability (mental ill-health is classed as a disability under the Act)
- Religion or belief
- Sexual orientation
- Marriage and civil partnership status
- Pregnancy and maternity.

The Act also protects people who are at risk of discrimination by association or perception. This could include, for example, a carer who looks after a disabled person.

NHS commissioners have a duty under the Act to deliver their legal duties and obligations including the Public Sector Equality Duty (section 149 of the Equality Act 2010) and the duty to have regard to the need to reduce inequalities (section 14T of the NHS Act 2006) (CCGs) and section 13T NHS Act 2006 (NHS England).

By understanding the effect of a proposed reconfiguration on different groups of people, and how the NHS can be inclusive in supporting and open up people’s opportunities (including mitigating action to minimise any adverse impact), this will lead to services that are both more efficient and effective.

Commissioners must ensure their plans demonstrate their aims to:
- Eliminate unlawful discrimination,
- Advance equality of opportunity and
- Foster good relations

4.6.2 Equality assessments

The proposals, including the changes now recommended as a result of public consultation, have been developed in line with the duty to fulfil the requirements of the Equality Act 2010 and the NHS Act 2006.

- The proposed new accommodation for mental health inpatient services has been designed to be fully compliant with the standards set by the Care Quality Commission and the NHS for dignity and privacy including gender separation, separate bedrooms with ensuite facilities, and ward layouts which support easy access to facilities (i.e. shared areas, therapeutic space, open space and private rooms) and minimise potentially challenging confrontations within the ward.
- The proposed new accommodation will replace old and unsuitable surroundings with an environment that is designed to be at least equal to that available for NHS physical health services.
- The proposals are designed to improve the clinical outcomes of people with mental health conditions (one of the protected characteristics under the Act) by providing the best possible physical surroundings for care. The case for change in terms of the new accommodation is supported by the clinical advice received during consultation, including from the Clinical Senate.
• The changes made to the proposals as a result of the consultation take account of the responses made from individuals and groups who disclosed one or more of the protected characteristics, and how their individual and collective needs and rights can best be met.

The proposals are supported by a Design and Access statement (for the estates development) and by equality impact assessments on the implications for people who use these services and their carers and families, based on the options put forward for public consultation.

An equality impact assessment was also carried out on the consultation process. A further equality impact assessment has been carried out on the current recommendations, including the changes suggested as a result of the public consultation.
5. Overview of public consultation

5.1 Consultation Plan

Public consultation on the proposals, including the preferred option, ran from 29 September 2014 to 21 December 2014. The consultation was led by Kingston Clinical Commissioning Group on behalf of the five CCGs in South West London, with NHS England, and supported by clinical representatives from the Trust.

The objective of the public consultation was set out in the consultation plan as follows:

“This kind of public consultation is essential in the development of NHS services. It provides people with an opportunity to help shape proposals for change and improvement and to comment on those proposals before any final decisions are made. This includes those who use services, their carers and advocates; community organisations, local government; community leaders and stakeholders, NHS partners and NHS staff.

Public consultation is one of a number of methods used by the NHS to develop better care and better services. It sits alongside the development of NHS commissioning intentions to improve the health of the population, assessments by the NHS on the impact of services on public health, regular continuous monitoring of the quality and range of services provided to the population carried out by NHS commissioners, providers and external agencies including the Care Quality Commission, and underpinning all of these the day to day contact with patients to generate feedback and suggestions about how services might be improved.”


The consultation plan was developed using the Cabinet Office principles for public consultation (updated November 2013) and NHS England guidance ‘Planning and Delivering Service Changes for Patients’ (published in December 2013). Legal guidance was received from Capsticks.

The consultation plan was shared with all five local authority Heads of Democratic Services at a meeting in April 2014. They provided considered feedback based on lessons learnt from recent consultations which was incorporated into the plan before the start of consultation. The consultation plan was also shared with a consultation committee group on 1 July 2014 which included representation from service users, carers, and the voluntary and statutory sectors. The resulting comments were included in the final version (version 7) which was published by the commissioners at the start of consultation.
5.2 Distribution of materials

The consultation process included distribution of the consultation document and summary information in hard copy and online to service users, carers, their representatives, staff working in mental health services, Healthwatch, local authorities and NHS partners and to wide range of community organisations and individuals. A response form was included to enable people and organisations to make their comments, and in addition comments were also encouraged via email and in writing to a FREEPOST address.

The consultation document and survey was distributed to:
• a stakeholder database of 1,500 groups or individuals across the five boroughs including BME groups, community groups, faith groups, charities, GP practices, clinical commissioning groups, councils and carers
• Trust membership of approximately 3,500 people
• Prosper network, an enabling network for people with mental health problems across South West London, of approximately 1,000 people
• Trust staff, services, sites and wards
• Specialist services – CRGs/specialist services patient and public voice assurance group/Forensic services Recovery and Outcomes
• Clinical Commissioning Groups in South West London via communications leads
• Local authorities in South West London via democratic services

Individual requests for consultation documents were received across all five boroughs and clinical commissioning groups in the area and these were delivered.

To support the consultation, a dedicated website was created hosted by Kingston Clinical Commissioning Group. The website content included: information on the proposals and background information; the full consultation document, a summary of the consultation document, easy read summaries and summaries in Bengali, Gujarati, Polish, Tamil and Korean; an online response form (with downloadable version); the consultation plan; an equality and diversity assessment report; the Trust’s Estates Strategy and an independent report into the implications of the proposals on travel times commissioned from Ove Arup and Partners.

5.3 Public events and engagement programme

The consultation programme included five public events, one in each CCG and Borough area, and offers to local organisations to meet members of the consultation team to hear about the proposals in order to formulate their response.

The public events were
28 October 2014 – Kingston 7:00pm – 9:00pm, Kingston United Reformed Church, Richard Mayo Centre, Eden Street, Kingston Upon Thames, KT1 1HZ
06 November 2014 – Richmond, 7:00pm – 9:00pm, Riverside Room, Old Town Hall, Whittaker Avenue, Richmond Upon Thames, TW9 1TP
10 November 2014 – Merton, 7:00pm – 9:00pm, Wimbledon Guild, Drake House, 44 St. George’s Road, Wimbledon, SW19 4ED
These events were open to everyone, especially people who use mental health services, their carers and families. The venues were selected to make sure that as many people as possible had the chance to attend one of the sessions at a convenient time and place. They were advertised in the consultation document and online, and promoted through quarter-page colour adverts in the local press before each event. Deaf and hard of hearing service users and staff were invited to the Wandsworth meeting, which was attended by BSL signers. A total of over 100 people attended the five public events. NHS England ran a live online consultation event on 18 December 2014 for people using the specialist services, their carers and representatives.

The Trust commissioned an independent survey of service users, carers and staff. This produced almost 200 responses and was submitted as part of the public consultation.

As part of the consultation programme, commissioners and the Trust planned and implemented an engagement programme with local communities to raise awareness of the proposals and the consultation, offer to meet with individuals and groups to describe the proposals, and to encourage people and organisations to make a response.

Commissioners recorded 137 instances of local engagement with individuals and groups across the five boroughs. These included attendance at local community meetings, interest groups or organisations, one to one meetings with stakeholders, and requests to provide information. The South West London Clinical Commissioning Groups ran, attended or facilitated 61 meetings and events in their respective areas between August 2014 and December 2014 to raise awareness of, and encourage people to respond to, the consultation.

Comments, submissions, logs and notes from 74 meetings and forums were sent in as part of the consultation process. These included 31 submissions from service users and carer groups, 11 from community groups, 13 from commissioners and providers, four from voluntary organisations, 12 from the general public and 10 from MPs. Ten responses did not specify who they were from or represented.

### 5.4 Analysis of consultation

An independent third party provider, Participate, was chosen by competitive tender to manage the receipt of responses, analyse the findings and produce an independent report of the process and the outcome of consultation. Use of a third party provider in this way helps to ensure that the consultation process is robust and transparent, and that the outcome is presented to the NHS in an objective way.

The report from Participate is summarised in section 6.1. The issues arising from the consultation for consideration by commissioners are described in section 6.2.
6. Outcome of public consultation

6.1 Summary of the responses and findings of the consultation

This section summarises the responses to consultation and the main themes captured from all forms of feedback including

- The response form (the survey)
- Emailed and written responses, and
- The public events and engagement activity held during the consultation period.

A total of 359 formal responses were received. This was made up of 283 completed surveys submitted either in hard copy or online, and 76 other responses which did not use the survey form. In addition, notes or logs of 74 meetings and forums were received.

The percentages throughout the Participate report refer only to the feedback from survey responses. This is because only the survey required people to answer the specific consultation questions. The themes and issues for consideration by commissioners result from the analysis of all forms of feedback.

Overview of the consultation responses:

Proposal to redevelop inpatient services – there is a high level of support across all responses for the proposal that inpatient mental health accommodation in South West London should be reprovided.

Option 1 to provide services at Springfield University Hospital and Tolworth Hospital – Overall there is support for the proposals in Option 1. This is the preferred option in the consultation document. Themes in the feedback include the relationship of inpatient to community services, and travel and access.

Option 2 to provide services at Springfield University Hospital, Tolworth and Queen Mary’s – Overall there is not support for the proposals in Option 2. Themes in the feedback include the perceived importance of the hospital to people living locally, and travel and access.

Proposal to move children’s services – Overall there is a preference to locate this service at Tolworth Hospital and a recognition of the need for better accommodation. Themes in the feedback include the future provision of education and travel and access for people across South West London (however it should be noted this service has a national catchment area).

Proposal to move adult deaf services – Overall while there is no preference on the location for this service, themes in the feedback stress the importance of this service to service users who have moved to Wandsworth specifically because is service is based there.
Proposal to move obsessive compulsive disorder and body dysmorphia – Overall there is no preference on the location for this service.

Proposal for older people’s services to be located either at Tolworth or Springfield University Hospital – Overall there is a slight preference for Tolworth. Themes in the feedback include the importance of good services for older people and suggestions that inpatient services should be available at other sites.

These findings, and the key themes and caveats made during consultation, are set out in this section. The passages in quotes are taken verbatim from the consultation report produced by Participate. The full report is available separately.

6.1.1 Approach to consultation analysis

“Participate was commissioned to undertake the analysis of the responses collected via the online response form, FREEPOST response forms, emails, letters, consultation events and other feedback. In addition, Participate undertake an independent evaluation of the consultation events.

Participate primarily completed the following tasks:

• The analysis of all responses against each proposal
• Coding of responses to extract key themes that emerge from the consultation responses
• Analysis of quantitative responses to the consultation form
• Independent evaluation of the consultation events.

To aid the analysis of the qualitative responses Participate created a coding framework. Code frames were then constructed and responses assigned to different response categories. This process allows for the thematic interpretation of the responses as well as the identification of opportunities, alternative ideas and risks.”


6.1.2 Summary of consultation responses

The report from Participate includes feedback from the consultation survey and response form, the engagement activity, letters, emails and documents submitted during the consultation.

The consultation feedback included a formal response from the Trust, who commissioned an independent survey of nearly 200 service users and staff members. The results of this survey show broad and consistent agreement to the need for change, and support for the two-site option for future inpatient services.

A response was also received from the Trust staff side representatives and Unison, which on behalf of staff also supports the two-site option on the grounds that this will produce the best outcomes for service users and the best support for staff.

Not all respondents opted to disclose information about themselves. The list below sets out the recorded information about those respondents who chose to describe themselves:
• **Service users and carers:** 45% of survey responses and 25% of other responses came from people who described themselves as service users and carers and their representatives

• **NHS staff:** 30% of survey responses and 22% of other responses came from people who described themselves as NHS professionals, commissioners and providers

• **Local residents:** 30% of survey responses and 11% of other responses came from people who described themselves as local residents or members of the general public

• **Organisations:** 90% of survey responses came from people who described themselves as making a personal response. 23% of other responses came from people who described themselves as representing community groups, voluntary agencies or charities

Of those who opted to say where they lived (about two-thirds of those who responded to the survey opted to give this information):

• **Kingston:** 34% of survey responses and 9% of other responses came from people who said they lived in Kingston

• **Merton:** 14% of survey responses and 10% of other responses came from people who said they lived in Merton

• **Richmond:** 14% of survey responses and 10% of other responses came from people who said they lived in Richmond

• **Sutton:** 15% of survey responses and 4% of other responses came from people who said they lived in Sutton

• **Wandsworth:** 23% of survey responses and 23% of other responses came from people who said they lived in Wandsworth

Other information disclosed from those who opted to share this information in the survey:

• 73% were aged 45 years plus

• 76% considered themselves not to have a disability

• 59% were female

• 76% were White British

• 79% do not have children under the age of 18

The report describes the main findings in this extract:

“The following findings are … based upon a combination of the levels of agreement/disagreement captured through the survey and key themes from the qualitative (survey free text and discussions) findings from all forms of feedback.

**Proposal to redevelop inpatient services**

• 77% (213 out of 277) of respondents either agreed or strongly agreed with the proposal. 15% (41 out of 277) either strongly disagreed or disagreed and 10% (27 out of 277) neither agreed nor disagreed.

• However those who did agree through the survey, did so with caveats in terms of wanting to ensure that the best fit for all is achieved in terms of access.

• The main theme to emerge across all activity was that the current facilities are unsuitable as they are old, depressing, not fit for purpose, offer little staff interaction, poor privacy and are not holistic.

• However, some respondents felt that the current facilities could be refurbished rather than being completely redeveloped.
In terms of disagreement with the proposals, the main theme regarded concerns over access and travel with respondents questioning how service users, carers and staff would be able to access any redeveloped services especially from the Sutton and Richmond areas.

There were concerns that not all of the boroughs would have a satisfactory provision if services were removed from Queen Mary’s Hospital.

Respondents and participants also suggested that investment should be made into staff and services, rather than buildings, to ensure high quality care.

There were also concerns about how any development would be funded and whether the proposals were actually a cost-cutting exercise potentially resulting in fewer beds and poorer access.

Investment in robust community services was also seen as key in line with any inpatient redevelopment.

**Option 1 to provide services at Springfield and Tolworth**

- 62% (172 out of 276) either agreed or strongly agreed with Option 1. 26% (73 out of 276) either strongly disagreed or disagreed and 13% (35 out of 276) neither agreed nor disagreed.

- Those in agreement across all activity felt that Option 1 will reduce costs, enable better quality care across 2 sites, give necessary ‘critical mass’ for professionals to learn from each other, will develop centres of excellence and will enable investment in fit for purpose facilities.

- Some respondents/participants felt that Option 1 should also ensure that there would be adequate investment in community services to enable good local access across all boroughs and enhanced link up to inpatient services.

- There were also concerns raised about Queen Mary’s hospital in terms of its suitability to provide inpatient mental health services in the long term, meaning that Option 1 was seen as more favourable by some.

- Some respondents felt that the development of Option 1 would be an ideal opportunity for the Trust to be at the ‘forefront’ of mental health services and demonstrate its commitment to mental health and recovery.

- Disagreement with Option 1 was mainly due to concerns in regard to travel and access, again with concerns raised about the Sutton, Richmond and Barnes areas.

- Some respondents suggested that services should remain at Barnes hospital.

- There were also concerns raised about staff losing their inner London weighting on their salary, which it was felt may encourage more staff to leave the Trust.

- Those that disagreed with Option 1 were also concerned about losing services from Queen Mary’s Hospital and therefore preferred Option 2 for the reasons indicated below.

**Option 2 to provide services at Springfield, Tolworth and Queen Mary’s hospitals**

- 56% (155 out of 278) either disagreed or strongly disagreed with Option 2, 16% (44 out of 278) were unsure and nearly 30% (81 out of 278) agreed or strongly agreed.

- Those that disagreed with Option 2 across all activity felt that it would mean staff would be ‘spread too thinly’ across three sites and they felt that Option 1 would enable better care with a concentration of expertise.

- Concerns were also raised about Queen Mary’s suitability to provide inpatient mental health services and that the ‘three ward’ rule would put strain across three sites.
• Investment into Queen Mary’s when it is a PFI was also seen as a poor use of funding by some and they would prefer to see investment in new fit for purpose facilities.
• However, some respondents agreed with Option 2 as it would make best use of the PFI.
• Those that agreed with Option 2 felt that Queen Mary’s currently offers a high level of care that would be missed by service users.
• It was also felt that three sites would give better access for patients across the borough as poor public transport and congested road networks are seen as an issue for services users and their families.
• It was seen as important to all that any redevelopment would not mean a reduction in beds and therefore, the three site option was perceived as offering a commitment to bed numbers.

Proposal to move children’s services
• 56% (150 out of 270) of respondents either agreed or strongly agreed with the proposal, 26% (70 out of 270) were unsure and 19% (52 out of 270) either disagreed or strongly disagreed.
• Those that did agree across all activity, did so with caveats as they wanted to ensure travel was taken into account so that families could see their children.
• Sustained local access of community services was seen as important, as was consultation with parents on any changes to services and the provision of suitable outdoor space for children.
• Feedback from some parent groups focused on the need to improve the environment for children as it was felt that the current CAMHs service is good, but the facilities are too clinical in look and feel.
• It was also felt that the service for under 12s is minimal and it was asked how this would be addressed.
• Separating adult services from children’s services was seen as preferable to some, as long as it didn’t impede on services already at Tolworth.
• Those that were unsure, mainly felt that they didn’t hold enough knowledge or experience of the services to comment.
• Disagreement was mainly due to the CAMHs service already being in place in Springfield.
• It was felt that it should remain as it is, because it is viewed by some to be an excellent service with a good relationship with Wandsworth Education (that staff the schools). The schools have had excellent Ofsted reports and there were concerns that there would be no guarantee that this service would be replicated by Kingston Education.
• It was also stated that children’s services link into some adult provisions, such as deaf services and therefore they need to be co-located.
• Travel and access were key concerns as it was felt that there would be poor links at Tolworth and it would be expensive for families to travel.

Proposal to move adult deaf services
• 42% (113 out of 267) of respondents either agreed or strongly agreed with the proposal, 40% (107 out of 267) were unsure and 20% (52 out of 267) either disagreed or strongly disagreed.
• Those that did agree, felt that Tolworth may have better facilities with more outdoor space.
• The high percentage of people who were unsure felt that they did not have enough experience to comment.
• Even though the survey results gave overall agreement, there was strong disagreement from service users and other informed stakeholders throughout all other activity.
• It was felt that services should remain in Springfield Hospital because parking, transport and location are better.
• It was also felt that the location is also safer and there were concerns about moving interpreters and other deaf staff.
• There were further concerns about travel and access, plus being able to link to the community outreach services.
• In addition, a local population of deaf service users has been built around Springfield and local residents are accustomed to helping these users. It was felt it would therefore be detrimental to move the service to Tolworth.

Proposal to move obsessive compulsive disorder and body dysmorphia service
• 44% (117 out of 265) of respondents either agreed or strongly agreed with the proposal, 40% (105 out of 265) were unsure and 16% (44 out of 265) either disagreed or strongly disagreed.
• Again high levels of uncertainty were due to no knowledge or experience of the service.
• Those that agreed did so as they felt that Tolworth would offer more outdoor space and that the current facilities are not fit for purpose.
• Some users stated that they found the old Victorian facilities depressing.
• Those that disagreed, felt that access would be an issue and travel would be more difficult if services were moved to Tolworth.
• There were concerns about moving the Seacole Ward for OCD (which was stated to be the only ward that provides 24/7 support for OCD and BDD in the UK) in terms of impact on specialist staff.
• It was also felt that the service should be provided from where service users felt was most suitable.
• Further concerns were raised about ensuring this wouldn’t mean a cut back in inpatient bed numbers and that continued links to community services needed to be ensured.

Proposal for older people’s services either at Tolworth or Springfield
• 59% (120 out of 204) preferred Tolworth. 46% (93 out of 204) preferred Springfield. It should be noted that some respondents ticked both which is why the total is higher than 100%.
• It was felt that Tolworth would offer a better provision as it’s a smaller site with better links to community services.
• It was also felt that Tolworth is quieter and the facilities offer a better environment.
• Those that preferred Springfield did so as they felt it was a more accessible location and that it would be better to separate older people’s services from children’s services, which are also being proposed to move to Tolworth.
• There was also strong feedback which questioned why services couldn’t remain at both sites to give better overall access and more beds considering the older population is growing in numbers.
• It was felt that a one site option would only work is the necessary investment was made into community services and residential care to support older people with mental health conditions so that they are not admitted to inpatient care.
• It was also asked why services to support the physical health of adults with mental health problems of all ages have been neglected, when support has been given nationally and locally to dementia care for patients in acute hospitals.

Consultation process and questions
• Throughout all dialogue methods people questioned how long the redevelopment will take. What will happen to wards that work well? How will adequate staffing be ensured? How will the right mix of skills and facilities be decided? How will community services be supported? What will be done to ensure satisfactory travel arrangements and good access to services? What will happen during the transition period to minimise disruption? In terms of the consultation process, people asked how specific service users have been consulted. Has the voluntary sector been included? What facts and figures are the proposals based upon? Have carers and staff been consulted?

Main consultation events evaluation
• Overall the consultation events were found to be inclusive, with helpful staff and questions answered. However, it was noted that complex language and jargon was often used. The facilitators, whilst helpful, were obviously not wholly objective to the process and didn’t always manage the discussion groups well enough to ensure all were involved.

(Inpatient mental health services in South West London, Consultation Report, Main Findings, Participate Ltd, February 2015)

6.1.3. Themes arising from the consultation

A number of very detailed responses were submitted during the consultation from individuals, organisations and stakeholders. This section describes in more detail some of the main themes emerging from these responses and from the survey, using quotes from the responses.

While we do not suggest that any one response has greater weight than any other, commissioners may find it helpful to review these comments, made by those with personal knowledge, and by those who speak for their local communities and especially on behalf of people who use the mental health services covered by these proposals.

The quotes below in italics are taken from the responses to illustrate the key themes. The full analysis of the responses including the number of mentions for each theme is in the Participate report.

The themes are discussed further in section 6.2 to help commissioners reach an informed decision on the proposals.
Case for change

Many of the responses are clear in their support for the basic principle underlying the proposals; that new accommodation for inpatient mental health services is required:

The case for change, as amply documented in the consultation document of September 2014 and elsewhere, is overwhelming and indeed overdue...As the consultation document recognises, to do nothing is not a real option.
(Wandsworth Healthwatch)

The buildings are very old, sites could be developed to produce purpose built facilities which would benefit service users and enable better care
(Carer)

Lack of privacy and dignity  Layout is unhelpful  Shared bathrooms  Nowhere for visitors to talk in private
(Service user)

Surroundings strongly affect peoples moods/mental health, so it's important that buildings and wards etc. allow patients privacy and dignity whilst allowing staff maximum accessibility to deliver timely and effective treatment
(Carer)

Most of the wards do not fully comply with modern standards or are unfit for purpose. They are inefficient and costly to run, and, despite everyone’s best efforts do not always provide a good experience for patients or staff. There is an unacceptably high rate of serious incidents on some of the wards - which would be avoided in a modern, fit-for-purpose environment...The proposed changes should enable the MH Trust to invest in both inpatient and community services, to ensure that they provide services which are safe, efficient and effective.
(Carer)

Any person(s) who have mental health problems should be able to feel that they are in a safe and secure environment to help with their treatment and needs. If we do not provide this for them how are they going to feel better and receive the correct treatment to enable them to rejoin society.
(Local resident)

In general, there is an agreement among staff that the proposed changes will improve the quality of our wards and benefit the patients, carers and staff using this vital facility of the Mental Health Service. It is a very good opportunity to develop Springfield University Hospital and Tolworth sites and get the inpatient facilities to a high standard that will create a safe and healthy environment both for the patients and staff.
(Trust staff side and Unison response)

The current facilities are completely unsuitable for the provision of high quality care. The buildings are Victorian in design and in a poor state of repair. Easier to rebuild facilities which met the needs of modern Mental Health care
(Carer)
We must move to keep up with modern requirements for best mental healthcare. The best facilities in the right place
(Service user)

I know of families with young people, who have used Springfield University Hospital and were shocked how unsuitable it was for their young adolescent.
(Carer)

Other responses, while supporting the need for change, suggest refurbishing the existing buildings:

My ward is currently being improved to suit its purpose
(Personal response)

With modernisation, the buildings, location and surroundings are fine
(Personal response)

It is correct that the buildings need modernising but I do not agree to the closure of the sites or the reduction of patient beds
(Local resident)

Relationship between inpatient and community mental health services

This consultation is specifically about the provision of inpatient mental health accommodation in South West London and forms part of the submission to the Department of Health in support of the business case to fund what could be, if approved, one of the most significant investments in mental health in the country.

During consultation, both in the formal responses and at the public meetings and engagement events, a significant theme was the relationship between these inpatient services and the provision of effective community mental health care. This relationship is outlined in the consultation document and the responses ask for greater detail in terms of the service model to be adopted and assurances that commissioners will continue to invest in and maintain community services:

A major issue is the “absence of information about future accompanying community services to support inpatient services. There is understanding that there will be a reduction in beds overall and therefore tangible reassurance in the form of more detailed plans regarding the community services is necessary for people to feel more confident in their agreement to changes to inpatient services. This is particularly relevant in relation to the Trust’s preferred option of closing services at Queen Mary’s as it is people in Richmond who will be particularly affected. While there is a theme in the document of fewer people staying in hospital and for shorter time periods, there is a lack of clarity regarding how that will be supported with improved community services.”
(Richmond Council for Voluntary Services)

Proposed modernisation of mental health inpatient services
“The document comments generally and with little detail about the proposed development of community services which will support the changes to location and size of inpatient facilities. This does not help us make our comments. Improved community resources will need a firm commitment from CCGs to fund these developments. It is not simply up to the trust to find a way of shifting resources around. We expect to see clear intentions and a commitment from the CCG to invest in these developments. (Richmond Healthwatch)

Most people spend most of their time being supported in the community. Plans to improve community services, although outside the scope of this consultation, underpin the proposals, and need to be taken into consideration. (Carer)

Care in the community should be made more effective BEFORE reorganising in care. I disagree with the reduction in beds (Service user)

Like most members of the public who have attended meetings we are very dissatisfied that there is no information on increasing community services in Richmond. IF patients are to be kept out of hospital then there must be a much greater increase in community services with greatly improved resources. CCGs and the Mental Health Trust need to tackle this basic omission. Improved and innovative community services are essential. (Friends of Barnes Hospital)

Community care should be massively improved before cutting more beds. Beds do not need any more reduction in numbers (Service user)

Healthwatch must urge the Trust and the commissioning CCGs:
- to take the utmost care in making their forward plans for mental health services and in monitoring implementation and its impact;
- to avoid taking decisions to reduce existing levels of bed provision until it has become clear that the level of demand has reduced to permit this;
- to make appropriate contingency plans from the outset to provide the possibility that demand does not reduce to the expected extent;
- to develop and publish a "road map" identifying key milestones, review opportunities and decision points;
- and to report publicly on progress at regular intervals. (Wandsworth Healthwatch)

I agree that the right environment is important for patients, staff, volunteers and students. However, the SERVICE MODELS should be EVEN MORE IMPORTANT - early engagement, official referral assessment, pro active care plan and actions and good data monitoring (Service user)
I understand that ‘Option One’ includes the improvement and expansion of outpatient services, however I have yet to see evidence that this will adequately address the gap left by the loss of 40 beds. I urge the CCG to take this into consideration as part of this consultation and ask that no decision be made before funding for outpatient and community services can be identified and secured long term.
(MP)

It is very important to invest in community services. Inpatient services are the most expensive part of what the trust offers but actually most people who access trust services use community services. I think too much attention is paid to inpatient services and not enough is paid to community services.
(NHS professional)

Travel, access and the location of inpatient accommodation

A significant theme with regard to the location of inpatient services was the impact on travel times and access from people’s homes to the inpatient sites under consideration. This was considered by many to be as important as the physical environment of the inpatient wards.

Three sites ‘is a far better option because it will spread equally the services offered mainly to service users living in or round the 5 boroughs’
(Service user)

For local people near QMH, the closure of the facility there will cause major inconvenience for patients and relatives.
(Wandsworth resident)

The 3 sites are spread across the trust area and provide for patients who may be resident in these areas. Reducing the service to two reduces convenience for service users and their carers
(Personal response)

Tolworth is a nightmare to get to if you live in Richmond
(Service user)
Transport links from Richmond to both sites are the most problematic for SWL&StG’s catchment and this is our main concern… However, the accommodation at Queen Mary’s hospital is unsuitable in terms of layout and is on the first floor which is unsuitable for acutely ill mental health patients. Although there is some outside space it is limited in its adaptability… The document proposes that Richmond patients should use either Springfield University Hospital or Tolworth, depending on which is convenient as this is a borough with a wide geographical spread. This is acceptable but we would not wish to see Richmond patients simply being used to balance out where beds are vacant. Local services in Richmond need to be able to develop a relationship with one or other site for continuity of care. We would expect this to be taken into account when operating procedures are developed for the sites and services… We would also like to see visiting hours flexed to take account of travel issues and traffic congestion… We believe that the trust and the CCGs should take a multi-pronged approach to dealing with travel and transport issues to underpin the in-patient strategy. A simple approach to TFL may prove totally ineffective.

(Healthwatch Richmond)

On the basis of the evidence set out by SWL & St G MHT & CCG (Kingston) option 1 offers a more robust service…the problem over the PFI at QMH make it difficult for the trust/CCG to make changes/improvements

(Personal response)

I would want to be reassured that the quality of services at each site were both of high quality - no poor relation!…PFI constraints at QMH

(Service user)

Both Springfield University Hospital & Tolworth are too far from Richmond. The travel times by TFL are wildly optimistic. Important to keep the Barnes Hospital in the mix

(Richmond resident)

[Option one is] More accessible from Raynes Park/Wimbledon area by public transport. Also having 2 hospitals not 3, will be easier to manage, more focus, energies not spread too thinly… QMH would not be easy to get to by public transport from Raynes Park. Focus dispersed too much

(Merton resident)

It is of the utmost priority to keep mental health services and beds at Tolworth for local service users. Transport would be a big issue for patients as well as relatives

(Carer)

The provision of acute beds is the most important factor, though transport is another key issue - for whilst patients / carers want the best service possible, it needs to be tempered with practicalities of the non-clinical aspects. Transport links to Tolworth from the Sutton area are not straightforward, and the Springfield University Hospital site not much better. ‘Beefed up’ transport arrangements therefore will be needed, and consideration given to the practical, financial and communication aspects of just these two sites… the acute beds provision is paramount. To provide these on three sites is going to be financially prohibitive, and to bring QMH up to standard would mean lesser value going into the Springfield University Hospital and Tolworth sites. The other aspects of the response to Q2 also come into play here. QMH is even more of a transport issue for Sutton patients and carers. (Sutton Patient Reference Group)
We favour the 3 hospital solution which will ensure that a hospital will be in reasonable range of the north / northwestern areas and therefore easily accessible to patients, families and friends of patients. We believe that any necessary adaptations to QMH Roehampton could be carried out at a fraction of the cost envisaged for the Springfield University Hospital/Tolworth proposal, so preserving a smaller less threatening hospital accessible to families and friends of users.

(Friends of Queen Mary’s Hospital)

My constituents have always expressed a preference for local services in Sutton borough. It is in the interests of patients and their families for inpatient services to be as close as possible. However, I also appreciate that to create a centre of excellence, where services are clustered, some travel will be inevitable. In respect of travelling distances, there does not appear to be a significant difference between Springfield University Hospital & Tolworth so my priority would be for best quality services to be available for my constituents under the new arrangements.

(MP)

From the point of view of convenience of access for Wandsworth service users and their families, the three site option with adult wards at QMH and Springfield University Hospital is clearly preferable to the two site option which removes half the adult ward to Tolworth. But against this have to be weighed the undoubted clinical, safety and other benefits of newly designed and built facilities as well as the question of access for other people in other boroughs. This is an issue of overall balance which the collective south west London commissioners will have to take and answer for. Healthwatch Wandsworth are not in a position to come down firmly on one side or the other but believe that Wandsworth residents can be satisfactorily served under either option, given the right decisions on the other issues we have highlighted.

In any case as mentioned above we believe that a clear “road map” is needed setting out the main stages to be gone through to make the inevitably complex transition from the present facilities to the reconstructed ones, with appropriate provision for reviews and contingency plans. The final decision whether or not to surrender some or all of the wards at QMH is in our view likely to be one that needs to be kept open until a later stage in the reconstruction process.

(Healthwatch Wandsworth)

Whilst I would be biased and hope that Queen Mary's Hospital gets inpatient facilities as it is my nearest hospital, I think the development of Springfield University Hospital to provide better facilities is much more of a priority.

(Carer)

**Child and adolescent mental health services (CAMHS)**

The responses on the best location for the CAMHS inpatient accommodation include comments about the physical environment, the impact on travel and access if the service is located at Tolworth, and the future of the existing education service. Given the specialist nature of this service (which is commissioned by NHS England) it is not surprising that many respondents felt unable to comment due to lack of experience of this service.
it is felt that young people should not be on the same site as the secure and forensic adult services. If the Tolworth site can provide the necessary space for outside leisure, then this preferred. Transport is still an issue - extended hours, to allow collection of other children from school, etc. Financial and practical support - bus shuttles?
(Sutton Patient Reference Group)

A report was submitted to the meeting of the joint overview and scrutiny subcommittee of the 5 south west London boroughs on 18 November by the Director of Education and Social Services for Wandsworth (who is now responsible for children’s services) arguing that the future location of children’s and young people’s mental health services, including inpatient wards, should remain at Springfield University Hospital Hospital where the creation of an up to date and award-winning "young people’s campus" has already begun to be implemented, rather than at Tolworth as the consultation document proposes. The same case was briefly but effectively argued at the public meeting on 19 November by a senior Wandsworth education professional. Healthwatch Wandsworth find this case compelling and urge the CCGs and the Trust to revise their plans accordingly.(Healthwatch Wandsworth)

Moving this service to a smaller and more bespoke site will improve access for patients and families who will no longer need to travel deeper into London and navigate a busy large site. Access to medical support would be available easily from neighbouring Kingston Hospital.
(Kingston NHS Foundation Trust)

Children and young people need to feel safe. Also, having the extra outside space and better leisure facilities can help them in their recovery plan. Also, to be on a separate site from the secure and forensic adult services will help provide reassurance over the safety of the children / young people.
(NHS professional, Kingston)

Definitely correct to move away from adults. Also should be segregation between general psychiatric patients and eating disorder patients, as the mix does not work. I have learned my personal bitter experience. Only agree with this moving to Tolworth Hospital if it truly becomes a centre of excellence in a new modern day fit for purpose facility.
(Local resident)

We need to focus on the long-term benefits for the service over several decades. - ie that Tolworth would provide better, more spacious accommodation than could be provided at Springfield University Hospital. Objections to the move have been raised because of the recent capital investment in improving the wards and school rooms at Springfield University Hospital, where the hospital school has been rated "outstanding". I think the capital expenditure is justified because it will be several years before the new services will be completed. This means that several cohorts of young people will use the services in the interim period - and they deserve the best environment that can be provided (and in any event, I understand that the service might have to vacate this accommodation, even if it were to remain at Springfield University Hospital. There is some uncertainty about how education can be delivered, and whether the current "outstanding" rating can be maintained, should services move to Kingston (and also whether there will be a knock-on effect on other home and hospital provision in Wandsworth. I think this is a challenge, which I hope can be overcome.
(Carer)
...having worked in both sites I do feel Tolworth is a calmer more "child friendly" site and it has a nice community feel about it. Once they got used to it being in a place that feels more calm I think children and families may like it. However I understand that the whole School issue may be of concern as partnerships have already been formed with Wandsworth. Staff moving would get a lower rate of London allowance and it makes a big financial difference.

(NHS professional)

AAOT response includes: (Tolworth) "is generally perceived as “out of London” and would certainly deter many families from visiting and being part of clients' care and discharge planning, thus potentially lengthening admissions. It would be extremely difficult for clients from most of the 5 Boroughs to attend as day patients. iii) The same point is raised for clinicians and referring clinicians to attend CPA meetings from other boroughs. This would include local authority Social Workers, support workers and representatives from education. Location within easy public transport access on Springfield University Hospital site has enabled the team to achieve reasonably good attendance at meetings, by the acute nature of admissions, often arranged at short notice. This has facilitated good community support planning enabling the unit to reduce the length of hospital admissions. Unless there is a specific transport feasibility study with the addition of public transport for the area, the proposal cannot be considered in its existing form... Salary would not include “London weighting/High Cost Area Supplement” which again is a significant deterrent. Given the limited transport links and away from high density areas there will a more limited pool of CAMHS nurses to staff the 3 in patient units on site. More geographically remote unites from other trusts have great difficulties recruiting and retaining staff and run on agency nursing staff... if AAOT is based on a different site to Aquarius or on the other edge of a catchment area with poor transport links travel times for the team who see patients from 5 boroughs will be increased with less clinical time available or a reduction in the scope of work. Both are likely to reduce clinical effectiveness, activity and patient experience.

(AAOT staff response)

The inpatient units currently have an outstanding working relationship with Wandsworth Education, who staff the schools. The schools have had excellent Ofsted reports. There is absolutely no guarantee that this Service would be replicated by Kingston Education and the relationship between services could take years to become established. The role of the school is vital for the inpatient services and for the young people we work with and this cannot be overstated.

(NHS professional)

Education at the CAMHS Campus should be considered because a move to Tolworth risks the currently outstanding relationships between in patient stakeholders.

(Personal response, Lambeth resident)

We would like to know why Barnes hospital was not an option for children’s services. It would meet the principle of minimum three wards to a site, the accommodation would need some adapting but not a complete rebuild and there is adequate space, parking and public transport access.

(Healthwatch Richmond)
Adult deaf service

The main theme of responses about this service was the close ties between the existing service at Springfield University Hospital and the deaf community in Wandsworth. As well as the quotes below, this was a clear outcome of the public event at Wandsworth which was attended by members and representatives of the deaf community.

Service users are concerned that moving the regional service will make it less accessible to the people who need it because patients will have to travel a significantly longer distance to Kingston and may not be willing to make the journey.

(MP)

We understand that Springfield University Hospital has been a centre of excellence for deaf people’s mental health services for some years and that as a result both service users and highly specialist professionals have established roots in the local community such that the transfer of the services to Tolworth as proposed in the consultative document would be very disruptive and could put the continuing quality of services at risk. A sizeable number of deaf people attended the public meeting on 19 November and gave an example to the rest of us of committed involvement. Their deliberations were presumably recorded although not shared in detail with the rest of the meeting. While recognising that the planning consents so far received limit the overall footprint of reconstruction at the Springfield University Hospital site, Healthwatch Wandsworth believe that the needs of the deaf community should be given special weight in determining priorities for the location of services at this site.

(Healthwatch Wandsworth)

Moving services to Tolworth would make travelling easier and also offer multi services on one site accommodating various needs of s/u (service users)

(Carer, Kingston)

Deaf service users often turn up to seek help and see staff without an appointment and where possible we deal with them immediately when we can. They turn up in person because they are not able to contact us by telephone or email, as a hearing person would. The reasons for this are complex...It is not unusual that a Deaf person will seek support from our services first before their GP – in the wider Deaf community, Deaf people will encourage their Deaf friends and family to seek support from Old Church, they would not first think to access their GP due to the issues with access they face… There is a large, highly vulnerable population of Deaf service users within Wandsworth, having grown up around the existing Deaf services at Springfield University Hospital and previously at Old Church, Balham. Many clinicians - social worker, clinical psychologist, speech and language therapist, specialty doctor - work across both the Deaf Community and Inpatient Teams, going between them on a daily or near daily basis.

(NHS Professional)

The additional services that Wandsworth Council now provide (after years of building their knowledge through working with us) enables them to support additional needs our patients have, again aiding in the patients recovery and potentially shortening their stay

(NHS professional)
Obsessive compulsive disorder and body dysmorphia service

Themes in the responses to this proposal include the relative benefits of Springfield University Hospital and Tolworth Hospital to provide a suitable therapeutic environment, coupled with comments on travel and access.

*It is logical to have such a specialist service on one site*  
(Undisclosed response)

*I suffered with body dysmorphia and was put off treatment when i was referred to Springfield University Hospital*  
(Carer)

*More space would be good, less crowding for OCD. I would have liked that when i was in Springfield University Hospital and so would my friend who was also there*  
(Service user)

*There is no reason not to develop the site at Springfield University Hospital to continue delivery of the service on site. The service users most affected should be fully consulted and their views more actively sought in a manner easy for them to respond*  
(Personal response)

*Another regional service, and subject to the thoughts expressed in previous answers, this would have a minimum impact on patients and carers. The prospective of a more modern facility, with additional leisure space, should assist those patients in this grouping.*  
(Sutton Patients Reference Group)

*I would recommend that these services could be provided at Roehampton hospital. Not all patients with these conditions may be dangerous and it may be kinder and more caring to provide treatment for these disorders at a general hospital*  
(Service user, Richmond)

*I don't really know much about the issues. I can't see that is really matters which site is used. I think the Tolworth site will be lovely once it is fully developed. We need to find a good balance between provision on the 2 sites - to ensure that there is a "critical mass" of provision and staff expertise, enabling both sites to be centres of excellence which are attractive to staff.*  
(Carer)

*The national OCD/BDD service should be based at Springfield University Hospital due to its closeness to the tube and better links to national rail services. If the service based at Tolworth it will add to transport difficulties for family members coming from long distances and present challenges to providing easy opportunities for local community-based and transport training rehabilitation.*  
(NHS professional)

*OCD and BDD sufferers need somewhere that is quiet and with the people that understand these conditions and in this case Tolworth would be ideal*  
(Service user)
Keeping a specialist service together is beneficial. If relocating this service to Tolworth provides better facilities and frees space at Springfield University Hospital for improvements I strongly agree. However, there may need to be improvements in public transport access to Tolworth Hospital.
(NHS professional)

Older adult ward

The proposal here is for one ward, to be located at either Springfield University Hospital or Tolworth Hospital. A number of responses indicate a preference for two wards, one at each proposed location (or possibly including Queen Mary’s or Barnes hospitals). Otherwise, responses tended to be based on the location closest to where people lived.

Either location will require transport to be considered as travel, particularly for older adults and their carers is challenging
(Sutton Carers Centre)

I would like to see the option of a multi-level in-patient unit at Springfield University Hospital. Any disadvantages to this are outweighed by those of moving.
(NHS professional, Wandsworth)

Kingston Hospital specialises in the delivery of dementia medical care and so close location of a elderly care mental health unit would facilitate shared care packages for this vulnerable patient group…It maybe worth looking at some pathways for discharge from KHFT for dementia patients who have been medically stabilised to either Tolworth or in a shared care fashion to dementia care homes; for either newly diagnosed or existing known patients to best avoid readmission.
(Kingston NHS Foundation Trust)

Easier for families to get to Tolworth, has railway station and a bus that stops outside and parking
(Service user, Kingston)

Springfield University Hospital is more easily accessible by public transport…than Tolworth
(Service user, Sutton)

I can't see any logical argument for one or the other. If transport is laid on for patients and their visitors location may not be an issue. I think it is very important that older patients, who may be more isolated, are not cut off from their family, friends and carers.
(Service user)

We have been told that the approach to older adults' treatment is changing. If these apparently tentative plans materialise successfully, then one older adults' ward may indeed prove sufficient for south west London. But prudence suggests that contingency plans for a second ward need to be maintained at this stage.
(Healthwatch Wandsworth)
6.2 Issues arising from public consultation

This section considers the issues raised following consultation based on the themes highlighted from responses to consultation and in the independent report from Participate, together with information on how these have been addressed during the development of the proposals, during consultation or since the close of consultation.

The issues discussed in this section are:
- High quality mental health inpatient and community mental health services
- Inpatient child and adolescent mental health service
- Adult deaf services
- Obsessive compulsive disorder and body dysmorphia service
- Older people’s services
- Mental health services at Queen Mary’s Hospital, Roehampton
- Travel and access to services
- Providing inpatient mental health services at other sites
- Refurbishment rather than replacement of existing inpatient mental health accommodation

6.2.1 High quality mental health inpatient and community mental health services

A constant theme in all forms of feedback and in 77 % of the survey responses is support for the principle of providing new inpatient mental health accommodation to replace the old and outmoded facilities at Springfield University Hospital and Tolworth Hospital. This provides evidence of general patient and public support for the case for change.

Issues raised on this proposal are the need to ensure that appropriate community services are in place before the new inpatient accommodation opens, and that there will always be sufficient inpatient mental health beds to meet the demand.

Discussion

Commissioners and the Trust agree that the implementation of the proposals are linked with the availability of community mental health services so that people can be assured of support close to home, sufficient to meet their clinical needs without an admission to a mental health inpatient facility as far as possible.

The model for community services is described in the consultation document (chapter three) and in particular the commitment to develop community hubs - focal points for community mental health services in each borough - where these do not already exist, together with a network of local ‘spoke’ clinics in each borough. These services are commissioned by the South West London clinical commissioning groups.

Ward and bed numbers - The proposals before commissioners are specifically about the location of new accommodation for mental health inpatient services for people in South West London and for people who use the specialist inpatient services provided by the Trust. They are not about detailed bed numbers, although the consultation document does state that wards will be designed flexibly to have a range of 12 to 18 beds to adapt to changes in clinical demand.
The proposed number of beds within the Outline Business Case and taking into account the responses to the public consultation, is now as in the following table:

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For services commissioned by the South West London clinical commissioning groups, the 108 adult acute beds would be provided in six wards, shared between Springfield University Hospital and Tolworth Hospital (the remaining beds are for other local services and for the services commissioned by NHS England).

Currently commissioners support the reduction of adult acute beds as described in the Outline Business Case for six adult acute wards and have invested more resources into Home Treatment Teams to enable more people to be seen at home rather than in hospital.

However, the reduction of beds needs to be carefully monitored against a number of metrics including length of stay, occupancy levels, readmission rates, and serious incident rates in the community. The Trust and commissioners will review the impact of the investment in the Home Treatment Teams in October 2015.
Commissioners are committed to ensuring that sufficient inpatient mental health beds are available to support the needs of local people within South West London. As part of the modernisation of in-patient facilities, if the preferred option is adopted, the South West London commissioners have agreed with the Trust that key decision gateways will be built into planning which will allow assurance that the number of in-patient beds in the new accommodation will be appropriate to meet future demand. Should a need for new inpatient beds be identified commissioners understand that there could be flexibility within the current designs for the new development for an extra ward at Tolworth Hospital. This has provided assurance to commissioners that there may be additional capacity in the system should it be required following a review of the investment in Home Treatment Teams in October 2015.

The implementation of these proposals are dependent on the approval of the Trust’s Outline Business Case (OBC) by commissioners, the NHS Trust Development Authority, the Department of Health and the Treasury and subsequent approval of a Full Business Case (FBC). This subsequent approval will only be provided in the knowledge of detailed financial and activity information to underpin the business case.

Developing community mental services - Section 4.2 of this report shows the relationship of the proposals to the five year strategic plan of South West London commissioners for developing mental health services.

Commissioners have given their commitment within the NHS planning and operating framework to deliver mandated mental health services and to develop and maintain a range of community mental health services. Commissioners are expected to adopt, and have committed to, the principle that mental health services will be invested in line with national uplifts on mental health funding.

All clinical commissioning groups have now made a commitment to invest in Home Treatment Teams that meet Department of Health guidance levels. The preliminary projections are that commissioners are planning to increase overall mental health spending by £20 million to £157.2 million in 2019-20. This, coupled with the continuing decline in overall inpatient mental health bed spending in the period to 2023-24 (after the completion of the proposed inpatient development), indicates that commissioners will have significant funds available for additional investment in the community, including Home Treatment Teams and other types of community provision.

The clinical commissioning groups are working with the Trust on transforming community mental health services over the next two years. The Richmond commissioner and Wandsworth Commissioning GP mental health lead provide the commissioning lead for the South West London boroughs for this work stream. In addition to this Richmond’s Adult Social Care lead for Mental Health also sits on the service development group to ensure improved links and outcomes with social care. The work stream is leading on developing the service models and implementation plans for improving community services over the next two years, to better support people to manage their mental health in their communities. This facilitates accessing inpatient care only when necessary for people and facilitates more effective discharge.
South West London commissioners have also signed their commitment to deliver the national criteria and pan-London commissioning guidance for people experiencing a crisis in their mental health.

The Crisis Concordat sets out a shared statement signed by senior representatives from all organisations involved which covers what needs to take place when people in mental health crisis need help and anticipating and preventing mental health crisis wherever possible making sure effective emergency response systems operate in localities when a crisis does occur. The concordat consists of:

- Access to support before crisis
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well, and preventing future crisis
- No person experiencing a mental health crisis will be turned away from services.

**Recommendation** - Given that there could be flexibility within the proposals on bed and ward numbers, the recommendation to commissioners is therefore: That commissioners support the number of beds described in the proposal. It is recommended that the Trust has flexibility to increase the number of inpatient beds within the overall development at Tolworth Hospital, should the demand for inpatient beds increase over time. Subject to the planned reduction of inpatient bed use being achieved in practice, coupled with the provision of robust community mental health services to support people close to home through Home Treatment Teams, the commissioners will reconfirm the number of inpatient beds. This work will be completed well in advance of the Trust’s Final Business Case (FBC) being completed.

### 6.2.2. Inpatient Child and Adolescent Mental Health Services (CAMHS)

This service is commissioned by NHS England

There is considerable support for the provision of high quality accommodation in an environment which offers better space for children and young people, and an understanding of the clinical benefits which such an improved environment brings to this very vulnerable group of service users. 56% of the survey respondents either agreed or strongly agreed with the proposal to relocate this service at Tolworth Hospital, 26% were unsure and 19% either disagreed or strongly disagreed.

Issues raised on this proposal focus on the possibility of retaining the service at Springfield University Hospital rather than relocating to Tolworth Hospital; the importance of maintaining a high quality education service to young people using this service, given the existing relationship between CAMHS and the education service in Wandsworth; and issues related to staff travel and their continued ability to maintain levels of quality care if the service is relocated.

**Discussion**

**Location of the campus** - An investment of £3.7 million has been made by the Trust as an urgent measure to bring the existing CAMHS campus at Springfield University Hospital up to minimum standards. This has provided an interim solution for the CAMHS campus, addressing some of the QNIC and CQC requirements and best practice guidelines, to enable the service to continue to function until a new fully compliant facility can be built.
Following this refurbishment, the CAMHS campus still falls short of requirements and best practice guidelines for

- Gender separation de-escalation facilities
- Lack of single rooms for all service users
- Lack of en-suite facilities for any of the bedrooms
- Ward layout including lines of sight for staff, provision over two floors which is not considered good practice, and poor layout due to the constraints of the existing building
- Privacy and dignity with bedrooms that oversee busy roads and open courtyards
- Security and reception, including the lack of a single reception and entry point, and the location of the CAMHS school which necessitates leaving the secure ward environment and entering an insecure environment; this presents an increased risk
- Safety issues related to the age and design of the existing buildings.

Further refurbishment of the existing building is not considered possible. This means that a new campus is required under all options.

The preferred option for consultation, supported by NHS England, was to establish the new campus at Tolworth Hospital. This location was preferred because of the clinical benefits to this group of very vulnerable service users through

- Increased space, compared to the new accommodation at Springfield University Hospital, to create a purpose-designed CAMHS campus on a single floor
- Direct level access to garden space for each ward (not a courtyard) which is four times greater in area than can be achieved at Springfield University Hospital. This is important because many of the children and young people admitted to the campus may be under section and therefore require a safe and secure environment for open space
- The CAMHS Campus would be located in the Acacia building, which is a stand-alone building at Tolworth. All the CAMHS services would share the same space with its own dedicated single entrance, and there would be no mix with adults, keeping the preferred separation between CAMHS and adult services
- Separation from forensic and other high-dependency services, which could not be achieved at the proposed new Springfield University Hospital development
- All three CAMHS ward and the CAMHS School would be located on the same level on the ground floor with one shared entrance. The CAMHS PICU would be located in an adjacent purpose built facility, complementing the main CAMHS services
- The Acacia building has a large area on the first floor directly above the CAMHS wards that would be suitable to co-locate specialist CAMHS outpatient departments with the relevant wards. This would help to ensure a seamless discharge process.
- Proximity to an acute hospital (Kingston) if required. Kingston NHS Foundation Trust support this proposal
- Full compliance with NHS England, QNIC and CQC requirements
- For service users and their families the travel and access implications of this are considered to be relatively low given the national catchment for this service.
Retaining the campus on the Springfield site - Feedback from consultation included comments on the option of retaining the CAMHS campus at Springfield University Hospital. For this to be viable, assurances would be required covering
1. the feasibility of obtaining planning approval to extend the redevelopment footprint and, should planning consent be possible,
2. the impact of retaining the CAMHS campus at Springfield University Hospital on the overall affordability of the estates modernisation programme.
These points are discussed in the following paragraphs. The indications from the Trust are that there is a risk that such an application would not receive planning approval. The Trust also calculate that this option would cost an additional £15 million capital.

Locating the campus within the area currently zoned under the planning consent for mental health inpatient services is not realistic because

• The CAMHS service could not be fully separated from adult services and would have to share a building and entrance with these services
• The campus would be in close proximity to the new forensic wards, which is not considered good practice. Clinicians and service colleagues strongly advise against co-locating CAMHS facilities immediately adjacent to forensic wards
• The CAMHS wards would have no direct ground floor access to open space, only to courtyards which would be smaller than the secure gardens available at Tolworth
• There is limited footprint within the new non-forensic unit, due to the available size and shape at Springfield University Hospital determined by the conditions of the planning consent. It would not be possible to fit three CAMHS wards, the CAMHS School and a CAMHS PICU on the same level. This would necessitate the CAMHS facility being spread over at least two levels, possibly three
• Discussions with the TDA and NHS England suggest they could not support clinical facilities in buildings over two storeys high. The current design is already at this height and the addition of another level(s) runs the risk of the proposal being rejected by the TDA and NHS England
• Keeping the CAMHS campus at Springfield University Hospital within acceptable height restrictions would mean moving other services - for example local adult acute mental health wards for the people of Wandsworth - to Tolworth.

As previously discussed, refurbishment of the existing accommodation at Springfield would not bring this accommodation up to the required standards for the CAMHS service. To retain the service at Springfield University Hospital would therefore require a new building, separate from the inpatient accommodation included in the existing planning consent.

The existing CAMHS campus is outside the area zoned under the Springfield Master Plan for mental health in the planning consent of 2012. It is in an area zoned for residential development. Rebuilding the campus in its current location, or elsewhere on the wider Springfield site, would therefore require a fresh planning application.

The current assumption is that the planning authorities are keen to work within the existing Master Plan for Springfield to provide maximum opportunities for local housing development, and for the NHS to remain within the existing area zoned for mental health. Any further planning application for the CAMHS campus on the Springfield site would require alterations to the existing Master Plan. Indications from the Trust are that achieving such planning consent would be unlikely.
This option would also have a financial impact. Should planning approval be possible, the sale proceeds from the land disposal at Springfield would be reduced because the site of the CAMHS campus would be taken out of the housing zone. These proceeds are a main source of funding for the capital developments at Springfield University Hospital and Tolworth Hospital. Commissioners (NHS England and the South West London clinical commissioning groups) and the NHS Trust Development Authority would require assurance that the available funding would be sufficient to allow the overall developments at Springfield University Hospital and Tolworth Hospital to proceed. Indications from the Trust are this would add £15 million to the capital costs of the overall development.

**Providing education to the CAMHS service** - Some people who responded to the consultation asked about the future provision of education to children and young people using the CAMHS service and made clear their view that transferring the service to Tolworth, as proposed, would create significant issues for the teaching staff and possibly affect the quality of the education that would be provided in future.

This feedback has been considered by NHS England, the Trust, and by the two local authorities involved: the London Borough of Wandsworth (the current education provider) and the Royal Borough of Kingston Upon Thames (who would be the future provider if the preferred option were adopted). Kingston Education have confirmed they would be happy to provide educational support if the proposed move to Tolworth Hospital site is approved. NHS England as commissioners of the CAMHS inpatient service will continue to work with the Trust and the education providers to mitigate any risks to the education service.

**Staff travel and access to services** - Some feedback from staff suggest potential difficulties could arise if the in-patient service is based at Tolworth, with staff having to travel across the area in order to provide a comprehensive service. Commissioners will expect the Trust to have early and realistic discussions with staff representatives on ways of mitigating the impact on staff if the preferred option is adopted, including protecting salary where this is appropriate and within NHS guidance. This is in line with accepted human resources good practice and regulation.

**Recommendation** - The decision on the future location of the CAMHS campus is for NHS England.

NHS England has heard the issue of education provision at Tolworth. NHS England has explored the Springfield option but the Trust calculate that it would cost an additional £15 million capital and runs the risk of not receiving planning approval. On balance therefore NHS England believes that moving the campus to Tolworth is the correct recommendation on the basis of the Trust’s initial estimate of the additional capital cost of providing the service from Springfield. This is to be confirmed by the Trust undertaking further work on those capital costs prior to NHS England making its final decision. NHS England as commissioners of the CAMHS inpatient service will continue to work with the Trust and the education providers to mitigate any risks to the education service.

The emerging recommendation to NHS England is therefore: That CAMHS will be located at Tolworth Hospital, Kingston.
6.2.3. Adult deaf services
This service is commissioned by NHS England.

Feedback from people who use this service indicated a desire to maintain this service at Springfield University Hospital. Those who supported a move felt that relocation to Tolworth Hospital would bring benefits in terms of the improved facilities and accommodation that could be provided at Tolworth.

42% of survey respondents either agreed or strongly agreed with the proposal to relocate these services to Tolworth Hospital, 40% were unsure and 20% either disagreed or strongly disagreed.

Issues raised on this proposal concentrate on the current close relationship between the inpatient service at Springfield University Hospital and the deaf community in Wandsworth. Respondents who disagree with the proposal suggest there would be significant challenges for deaf service users if the inpatient service relocated, and for the staff of this service who currently work across the inpatient and community service. Consultation and the responses received have confirmed that a majority of clients of the adult deaf service are based closer to Springfield University Hospital than to Tolworth, and indeed that people have moved to the Wandsworth area specifically because of the existence of the adult deaf service provided by the Trust from Springfield University Hospital.

Discussion
The responses received during the consultation including the public event at Wandsworth clearly demonstrate the value placed on the service by people living in the Wandsworth area who have moved there to be close to this service and who value it greatly.

Relocating this service would have a negative impact in terms of meeting the needs and rights of this group of service users. Retaining the service at Springfield University Hospital would have positive impact.

NHS England, who commission this service, have indicated in discussions with the Trust their willingness to support retaining this service at Springfield University Hospital.

The implications for this service remaining at Springfield University Hospital are

- The current design within the area zoned for mental health under the planning consent allows for the creation of two new buildings, one for forensic services and one for non-forensic services. If the adult deaf service remains at Springfield University Hospital then it would need to be located within the non-forensic building which can accommodate four wards
- The original proposal was to use this building for the adult eating disorders service (which covers two wards), an adult acute ward and an older adults ward
- To include the adult deaf service on this site, one of the other currently allocated wards would need to be re-located to Tolworth. The adult eating disorders ward cannot move because of the clinical links between this service at St George’s Hospital.
The clinical and environmental benefits of relocating this service to Tolworth were described as:

- The area proposed for their relocation is a dedicated space for their own use
- At Tolworth the service would have immediate access to a larger ground floor garden area
- The Tolworth site is local to an acute hospital if required
- Having the Adult Deaf service at Tolworth achieves greater synergy with the other services proposed for the site.

**Recommendation** - The decision on the future location of the adult deaf service is for NHS England. The decision is linked to the overall developments proposed for Springfield University Hospital and Tolworth Hospital and affects the future accommodation for specialist and local services.

Given the importance of this service to a population of service users that has grown up close to the existing service, the recommendation to NHS England is therefore: That the adult deaf service is located at Springfield University Hospital.

### 6.2.4. Obsessive compulsive disorder and body dysmorphia service

This service is commissioned by NHS England.

Overall there is preference for this service to be located at Tolworth Hospital on the basis that Tolworth Hospital offers the prospect of better quality accommodation for these services than would be available on the Springfield University Hospital site. 44% of the surveys respondents either agreed or strongly agreed with the proposal to locate this service at Tolworth Hospital, 40% were unsure and 16% either disagreed or strongly disagreed. Those that were unsure tended to say that they had no knowledge or experience of this service.

Issues raised on this proposals were about the impact on care of any move and a feeling that the existing service meets people’s needs for care.

**Discussion**

This service will need to move to new accommodation because the existing building is outside the area zoned for mental health services under the planning consent for Springfield University Hospital.

Locating this service within the new proposed accommodation at Springfield University Hospital would require another service to be moved out (for example the adult deaf service, or an adult acute ward serving the local population). This is because commissioners will not support clinical facilities in buildings over 2 storeys high. The current design for Springfield University Hospital is already at this height and the addition of another level(s) to accommodate the OCD service is unacceptable to the NHS Trust Development Authority and to NHS England.

The view of NHS England is that the OCD and body dysmorphia service has a genuinely national catchment (rather than local to South West London). Overall, the impact on travel and access on a national level of travelling to Tolworth Hospital rather than Springfield University Hospital is not considered to be a significant enough factor to influence the decision.
The environmental and clinical benefits of locating this service at Tolworth Hospital are felt to outweigh the disadvantages of locating this service at Springfield University Hospital, especially considering its impact on those other services which do have a local focus at Springfield University Hospital, notably the adult deaf service and the adult acute service.

Recommendation - Given the national catchment for this service, the benefits identified from locating this service at Tolworth Hospital and the impact on other services of locating this service at Springfield University Hospital, the recommendation to NHS England is therefore: That the OCD and body dysmorphia service be located at Tolworth Hospital.

6.2.5 Older people’s services
This service is commissioned by the South West London clinical commissioning groups.

Overall there is a slight preference for Tolworth Hospital as the preferred location for this service. Respondents commented on the importance of good services for older people and there were some suggestions that inpatient services should be available at other sites. 59% of survey respondents preferred Tolworth as the location for this service.

Discussion
People who expressed a preference for either Tolworth Hospital or Springfield University Hospital as the location both cited access and convenience as part of their reason. This suggests there is not a strong preference one way or the other on this aspect of the consultation.

Issues were raised about the need for an older person’s inpatient facility at both sites, given the perception of increasing demand within the population and the importance of family and carers being able to visit with as little inconvenience as possible.

The importance of developing and maintaining a comprehensive and supportive older persons’ mental health services is accepted by commissioners and by the Trust. This will be provided by care close to home as much as possible including extra care services.

The Trust and commissioners agree that the future requirement, given the development of home and extra care services, is for one ward for older people’s mental health inpatient services.

Although outside the remit of this consultation, it should be noted that within the Master Plan for the Springfield University Hospital site, there is provision for extra care facilities. The Trust is working with potential partners to develop this initiative as a dementia care pathway. The Trust is also investigating with local partners and stakeholders the feasibility of using part of the Barnes Hospital site for ongoing clinical services. This work is at a very early stage and the detail is yet to be developed.

The consultation sought views on the best location for this ward: the outcome suggests there is no clear preference from the responses.
Implications for locating the service at Springfield University Hospital:

- People using this service would have to travel to Springfield University Hospital
- The ward would be adjacent to the new forensic building
- The ward would have access to courtyard space rather than a garden
- If, as suggested as a result of consultation, adult deaf services are located at Springfield University Hospital, and the eating disorder service remains, then the Springfield University Hospital accommodation would not support both the older adult service and the adult cute service. The reason for this is that to include both services would require a building providing clinical services on three floors which is not supported for new developments by the TDA and not considered good clinical practice. The planning consent only allows for a two-floor building at Springfield University Hospital
- If the older people’s service is located at Springfield University Hospital then one of the adult acute wards currently planned for the Springfield University Hospital site would need to be provided from Tolworth Hospital.

Implications for locating the service at Tolworth Hospital:

- People using this service would have to travel to Tolworth Hospital
- The extra care service at Springfield University Hospital would provide an enhanced level of care for people in Wandsworth which has the potential to reduce the need for as many hospital admissions, and to reduce the length of stay when admission is required.
- The service would be provided in new accommodation at Tolworth Hospital which will also provide a range of other specialist services requiring supportive care with relatively lower levels of dependency than the specialist services at Springfield University Hospital
- The environment at Tolworth would support greater ease of access to outside space than would be possible at Springfield University Hospital
- Providing the older people’s service at Tolworth enables Springfield University Hospital to continue to provide a full adult acute service, as proposed, for people living in and near Wandsworth.

Recommendation - Given the environmental benefits of locating the service at Tolworth Hospital and the proposed development of enhanced services at other locations including Springfield University Hospital, the recommendation to commissioners is therefore: That the older people’s mental health ward should be based at Tolworth Hospital, and additionally that commissioners and the Trust should work with providers in partnership to provide extra-care accommodation at Springfield University Hospital as part of the wider development of that site.

6.2.6 Mental health services at Queen Mary’s Hospital, Roehampton

This service is commissioned by the South West London clinical commissioning groups.

Overall the outcome of consultation supports the development of new accommodation at two sites and that the mental health wards at Queen Mary’s Hospital should not be retained, 30% of survey respondents agreed with the proposal to retain services at three sites, including Queen Mary’s Hospital.
They feel that this would provide a better geographical spread across the whole area and thus ease some of the difficulties of travel and access. Some responses suggested that retaining the wards at Queen Mary’s Hospital would safeguard the bed numbers available for mental health inpatient services. Most of the responses in favour of the three site option including Queen Mary’s Hospital came from people and organisations in the north and east of the area (those most likely to use Queen Mary’s Hospital at present).

Issues raised on the three site option were about the challenges of maintaining clinical cover across three sites, the unsuitable ward layout at Queen Mary’s Hospital which does not meet current standards for mental health inpatient services and cannot be rebuilt, and the resulting perpetuation of Queen Mary’s and Tolworth hospitals as small mental health units at the lower limits of clinical viability against Royal College of Psychiatrist guidelines.

Some responses suggested that the wards at Queen Mary’s Hospital could be used for the older adults inpatient service or some of the specialist services. A common theme was the impact on travel and access if the hospital was no longer used for mental health inpatient care.

**Discussion**

The three-site option is not supported by the majority of those who responded to the consultation. The balance of responses is firmly in favour of two sites (Springfield University Hospital and Tolworth Hospital) as described in the preferred option.

Retaining the wards at Queen Mary’s Hospital would not result in a higher number of inpatient mental health beds. The range of bed numbers is the same whether provided on two or three sites.

Retaining wards at Queen Mary’s Hospital would require the permanent closure of beds on the wards there to reduce each ward to a maximum of 18 beds (this maximum is required by the Care Quality Commission). However it would not resolve the design challenges at Queen Mary’s Hospital. These are described in the consultation document as, “The unit has long corridors, without clear lines of sight from the nurses’ station to all parts of the ward, and in some cases are poorly lit. Access to outside space is limited to a single courtyard on each ward.

“This design and layout compromises the experience for service users and carers and poses challenges for staff. Service users are not able to use alternative routes to and from their rooms to therapy and open spaces, which can create issues related to privacy and personal space. Nursing staff cannot easily observe the entire ward because of the poor visibility along the corridors. They have to work unnecessarily hard to overcome these shortcomings in order to provide quality care.

“Two of the wards currently have 23 beds, whilst one has 18 beds. All of the wards could be made to comply with the recommended bed size of 18, by closing five beds on each ward. However this will not resolve the design and layout issues, nor improve the experience for patients. Due to the design and layout at Queen Mary’s we do not think it is possible to improve the surroundings there.
“Queen Mary’s Hospital is also isolated from the Trust’s other main inpatient sites. This means it is more challenging to provide a ‘critical mass’ of staff at the site. At the Trust’s larger sites it is possible to have a number of staff available should someone require specialist or dedicated attention, especially out of hours. Having multiple sites also makes it difficult to provide enough staffing capacity, especially in terms of junior doctor cover.”

(Consultation document page 13)

Retaining an inpatient mental health service at Queen Mary’s Hospital would also mean that Tolworth Hospital would no longer provide a local acute mental health service to the people of Kingston. This is because Tolworth Hospital itself would then be so small as to be at risk of not providing a consistently high standard of clinical care. People in Kingston would receive their acute mental health inpatient care from Queen Mary’s Hospital or Springfield University Hospital.

Changing the service provided from these wards (for example to a specialist older person’s unit) would not address the considerations of design, environment or clinical effectiveness.

The concerns of the people who currently use Queen Mary’s Hospital’s mental health wards, and those of staff who provide this care, are made with feeling and are acknowledged. Commissioners and the Trust have given assurances that comprehensive mental health community services will be provided for people living in Richmond and the Trust has stated its desire to continue to provide community clinics at Barnes Hospital and Richmond Royal Hospital as part of the wider network of community services, and to work with service users, carers and their representatives to implement this network of locally-based care, close to home.

Commissioners will note the response from the Friends of Queen Mary’s Hospital about the contribution they and volunteers make to the mental health services which they fear will be lost if the inpatient mental health wards are not based there in future.

If the preferred option is adopted, the space currently occupied by the inpatient mental health wards at Queen Mary’s Hospital Roehampton would become available for other health purposes.

**Recommendation** - The recommendation is that commissioners work with representatives of the local community on options for the best future use of these wards, should the preferred option be adopted, as a basis for detailed discussions with NHS Property Services who manage the space at Queen Mary’s Hospital.

Some comments refer to the provision of services at other hospitals, reviewed in 6.2.7 below. Overall, commissioners are required to adopt proposals that will produce the best health outcomes for service users. The proposals are founded on the principle that the best outcomes are supported by inpatient care provided in the best possible environment. It is not clinically realistic, nor sustainable, to provide such facilities in each borough.
6.2.7 Travel and access to services
Issues around travel and access times to the inpatient services is a common theme in many of the responses, across all the proposals. A number of responses also indicate anxiety about the future level of community services, and the resulting pressure this would place on people seeking a hospital admission as an alternative. The issue of community services is addressed in section 6.2.1 above.

Although this is a common theme, the responses are at times contradictory. Some responses comment on the difficult transport links to Tolworth and Kingston, while others comment on the relative ease of access to Tolworth Hospital. There is a more consistent thread from people living in the north and east of the area about access to Tolworth, especially if the inpatient wards at Queen Mary’s Hospital, Roehampton, are not retained.

Comments are made about increased time required for staff journeys to and from the workplace, and on visits, if the preferred option is adopted. This relates mainly to the proposed relocation of specialist services.

Discussion
Commissioners acknowledge that there is no simple resolution of travel and transport issues for any services in a major conurbation such as greater London. This affects service users, carers and staff.

As part of the development of the proposals the Trust commissioned an independent study of travel times from Ove Arup and Partners which used data from Transport for London to map approximate travel times by public and private transport to each of the three current inpatient sites (Springfield University Hospital, Tolworth and Queen Mary’s Hospitals). While this data, and the resulting estimates of travel times, may not reflect people’s day to day experiences of making these journeys they do provide a comparison and they highlight the impact of the preferred option on journey times.

The Trust has made a commitment to negotiate public transport enhancements with transport providers if the preferred option is adopted: in this context the suggestion from the responses of establishing a shuttle bus service to Tolworth Hospital indicates how improvements might be made.

A review of the public transport arrangements at Springfield University Hospital has been carried out and includes proposals on car parking, traffic management and improvements to local bus routes, including re-routing buses and providing new bus stops.

The Trust has made available £500,000 for a detailed study into transport options at Tolworth Hospital as part of the planning consent for developments at that hospital.

The Trust has confirmed that extra accommodation for carers and families will be made available within the proposed new facilities, in recognition of the impact of travel and access issues. Overnight accommodation would be provided at Tolworth Hospital and would be free. All wards will have visitors’ rooms.
The Trust is establishing community steering groups for the proposed developments at Springfield University Hospital and Tolworth Hospital, with representation from local ward councillors, Healthwatch, local community, volunteer and faith groups, the Trust’s shadow council of governors and Trust staff. The groups would identify opportunities for the local community to become involved in these developments. Commissioners will expect there to be specific discussions on transport improvements.

Commissioners will expect the Trust to have early and realistic discussions with staff representatives on managing travel and access to the inpatient sites if the preferred option is adopted. This is in line with accepted human resources good practice and regulation.

Overall, commissioners are required to adopt proposals that will produce the best health outcomes for service users. The proposals are founded on the principle that the best outcomes are supported by inpatient care provided in the best possible environment. The evidence from clinicians and the NHS England Clinical Senate support the view that it is not not clinically realistic, nor sustainable, to provide such inpatient facilities on more than two sites in South west London, and this is supported by the analysis of the consultation responses provided to commissioners by Participate.

**Recommendation** - The recommendation to commissioners is therefore: That commissioners and the Trust establish a steering group specifically to investigate improvements to the public transport and access arrangements and to develop a plan before the new inpatient accommodation opens.

### 6.2.8 Providing inpatient mental health services at other sites

Some of the responses to consultation made reference to mental health services provided at other hospitals, including Sutton Hospital, Barnes Hospital and Richmond Royal Hospital.

As described in the consultation document, as a result of the consultation about inpatient services at Sutton Hospital in 2012 led by Sutton Primary Care Trust, the NHS decided that inpatient services should no longer be provided at Sutton Hospital (inpatient services moved away from this site in 2009 because of health and safety concerns). It is unlikely that the Trust would receive planning consent for a development at this location that would be large enough to be clinically sustainable and safe in the long term.

Mental health community services in Sutton are based at the Jubilee Health Centre in Wallington town centre with excellent transport links to other parts of the borough. No mental health services remain at Sutton Hospital. Options including Sutton Hospital were not, therefore, included for consultation and there is no change to this position.

Barnes Hospital no longer provides mental health inpatient services. The Barnes Hospital Working Group report (2012) concluded that inpatient services for people living in and near Richmond could not safely continue at the hospital due to the fall in the number of patients being treated there, and noted that future inpatient use as part of a wider network of inpatient care across south west London would not be practical given the hospital’s location on the fringe of south west London. The report also includes the Trust’s stated intention to maintain mental health outpatient services at Barnes. The working group included local community representatives, the Barnes Hospital League of Friends and Richmond Primary Care Trust.
The Barnes site has a number of buildings that are considered to be important to local heritage and which therefore could potentially restrict any new build there. Access is also constrained by the surrounding transport infrastructure and housing that is adjacent to the site. Due to these issues it would be difficult to build the type of design that the Trust envisions for its future inpatient provision.

The Trust intends that mental health outpatient services will continue to be provided from Barnes Hospital, and from Richmond Royal Hospital, as part of the local network of services. Inpatient services are not currently provided at these hospitals.

Some responses referred to Queen Mary’s Hospital, Carshalton. That site is not and has never been part of the proposals under consideration in this consultation.

6.2.9 Refurbishment rather than replacement of existing inpatient mental health accommodation

Some responses suggest that the existing accommodation should be refurbished by clearing the maintenance backlog and that this would provide a suitable environment for providing care, at a reduced capital cost. This was considered while developing the options for consultation and not taken forward. The overall outcome of the consultation responses, together with the clinical evidence supporting the case for change, does not change this position.

Refurbishment is not considered to be a viable option because

- Clearing the maintenance backlog would only preserve the existing buildings in a safe state. It would not modernise any of the existing wards, nor bring any clinical benefits to patients, carers or staff
- The proposals to develop new mental health inpatient accommodation at Springfield University Hospital and Tolworth Hospital would not be taken forward. This is because the existing buildings at Springfield University Hospital would be kept and the regeneration plan, for which planning consent has been granted, would not be implemented
- This option would cost the NHS £66 million to clear the backlog of maintenance and allow continued use of the existing premises, without making any improvements. Because the existing buildings would be retained there would be no associated land disposal, so this cost would fall on existing NHS resources. This would have a significant impact on future funding decisions for commissioners and on the Trust’s financial sustainability

Commissioners have indicated they will not support long term continued use of buildings for mental health inpatient services which remain non-compliant with quality and care standards. This remains the position of the South West London Clinical Commissioning Groups and of NHS England.
6.2.10 Summary of issues arising from consultation
The public consultation has
- Supported the proposal to provide inpatient mental health accommodation in new facilities
- Supported overall the option that these facilities should be located at Springfield University Hospital and at Tolworth Hospital
- Requested assurances about the future provision of appropriate community services to underpin the proposed inpatient service to be provided from the new facilities, especially when related to the increased travel times for some people to reach the new inpatient facilities
- Confirmed the importance of seeking to improve local transport links, especially to Tolworth Hospital, if the preferred option is adopted

As a result of the consultation, and in particular the responses about the location of specialist mental health services, it is now proposed that

Springfield University Hospital will provide
- Adult acute inpatient services
- Adult deaf services
- Adult eating disorder services
- Psychiatric intensive care unit (PICU)
- Forensic services

Although outside the remit of this consultation, it should be noted that within the Master Plan for the Springfield University Hospital site, there is provision for extra care facilities for vulnerable people. The Trust is working with potential partners to develop this initiative as a dementia care pathway.

Tolworth Hospital will provide
- Adult acute inpatient services
- Older people’s inpatient services
- Child and adolescent mental health inpatient services (CAMHS)
- OCD and body dysmorphia service

This configuration supports the establishment of two centres of clinical excellence, each with a related set of specialisms and services. The required skill mix and clinical expertise at each location would provide good critical mass for staff to deliver high quality care. Service users and their carers will be assured of the best possible clinical outcomes, care and support through this configuration of clinical services.

The capital investment required for this redevelopment will come from the disposal of surplus NHS land at the Springfield University Hospital site as well as others.

At Tolworth Hospital, the configuration now suggested brings together a range of specialist services with similar requirements for levels of therapeutic intervention based on longer-term recovery and support.

If the proposed configuration at each location is agreed, the required skill mix and clinical expertise required for the services at each location would enhance the potential for frontline staff to provide cross-cover between services, if required, while removing or reducing the need to travel from one hospital to the other.
The benefits of this is that it will
• Support staff development and training by having related specialisms co-located at each site
• Improve the effectiveness of care delivery by having appropriately skilled staff close at hand if additional cover is needed
• Improve the day to day working conditions for staff delivering this care by reducing the need to travel
• Provide good conditions for establishing and maintaining the all-important clinical critical mass to deliver high quality care and as a result of all the above
• Provide the conditions in which service users and their carers can be assured of the best possible clinical outcomes, care and support.

Proposed modernisation of mental health inpatient services
7. Outline Business Case for the development

7.1 Purpose of the Outline Business Case

The proposals for inpatient mental health accommodation in South West London are supported by an Outline Business Case (OBC) developed by the Trust.

If the proposals are approved by commissioners, the next action is to provide letters of support for the activity and financial information within the OBC from the South West London clinical commissioning groups and NHS England, which are required to be included by the Trust in its submission to the NHS Trust Development Authority (TDA) and thence to the Treasury. A recommendation to provide these letters of support is before commissioners today.

The proposals for new mental health inpatient accommodation are designed to deliver an environment of the best possible quality in which staff can deliver, and service users and their carers can receive, excellent care in the most efficient and sustainable way possible.

The purpose of the OBC is to show that the new accommodation can be built, funded and run within the resources available to the NHS (for the people living in South West London and for the specialist services commissioned by NHS England). The OBC sets out the strategic case for change, and details the underpinning economic, financial and management arrangements to ensure successful implementation. Elements of these data remain commercial in confidence and therefore only the headline figures are given in this summary.

The process and key dates are:

- May 2015 – submission of OBC to NHS Trust Development Authority (TDA) with approval from commissioners and the Trust board. TDA requires commissioners to agree the activity and financial assumptions in the OBC
- October 2015 – Treasury approval of the OBC
- April 2017 – development and approval of the Full Business Case by Treasury
- April 2017 onwards – development of new mental health inpatient accommodation

The OBC demonstrates that the building of the new accommodation can be paid for by reinvesting the proceeds of surplus land, and that the running costs will be cheaper than current costs because they will be modern, efficient and effective to operate.
7.2 Activity and financial background

7.2.1. Services commissioned by the South West London clinical commissioning groups

Section 4.2 of this report describes how the proposals for new inpatient mental health accommodation relates to the strategic plans of commissioners. Section 6.2.1 sets out the commissioner intentions to invest in community services, including Home Treatment Teams, such that the planned inpatient accommodation will be appropriate for future demand. These intentions have been subject to robust financial scrutiny and are achievable. Commissioners are planning to increase overall mental health spending by £20 million to £157.2 million in 2019-20. This, coupled with the continuing decline in overall inpatient mental health bed spending in the period to 2023-24 (after the completion of the proposed inpatient development), indicates that commissioners will have significant funds available for additional investment in the community, including Home Treatment Teams and other types of community provision.

Current and proposed bed numbers for local services

Working age adult acute
Current - wards at Springfield University Hospital, Queen Mary’s Hospital, and Tolworth Hospital, 141 beds in total
Proposed - six wards at Springfield University Hospital and Tolworth Hospital, 108 beds in total, with flexibility to include a seventh ward at Tolworth bringing the total to 126 beds

Intensive care (PICU)
Current - 13 beds at Springfield University Hospital
Proposed - 13 beds at Springfield University Hospital

Older people’s mental health services
Current - 38 beds at Springfield University Hospital and Tolworth Hospital
Proposed - 18 beds at Tolworth Hospital

Rehabilitation services
Current - 33 beds at Springfield University Hospital
Proposed - 33 beds at Springfield University Hospital

Currently commissioners support the reduction of adult acute beds as described in the Outline Business Case for six adult acute wards and have invested more resources into Home Treatment Teams to enable more people to be seen at home rather than in hospital.

However, the reduction of beds needs to be carefully monitored against a number of metrics including length of stay, occupancy levels, readmission rates, and serious incident rates in the community. The Trust and commissioners will review the impact of the investment in the Home Treatment Teams in October 2015.
Commissioners and the Trust agree that the Trust has flexibility to increase the number of inpatient beds within the overall development at Tolworth Hospital, should the demand for inpatient beds increase over time. Subject to the planned reduction of inpatient bed use being achieved in practice, coupled with the provision of robust community mental health services to support people close to home through Home Treatment Teams, the commissioners will reconfirm the number of inpatient beds. This work will be completed well in advance of the Trust’s Final Business Case (FBC) being completed.

### 7.2.2 Specialist services commissioned by NHS England

For specialist services, the proposals are as follows:

**Forensic services:**
Current - 3 medium secure wards (18, 16 and 10 = 44 beds); 1 low secure ward (16 beds), 1 rehabilitation flat. 61 places in total
Proposed - 3 medium secure wards and 1 low secure wards, each with 15 beds (60 beds). 60 places in total

**CAMHS:**
Current - 1 x 12 bed acute ward, 1 x 6 bed deaf ward, 1 x 10 bed eating disorders ward, 28 beds in total
Proposed - 1 x 12 bed acute ward, 1 x 7 bed deaf ward, 1 x 10 bed eating disorders, 1 x 8 bed PICU. 37 beds in total

**Adult deaf services:**
Current – 1x15 bed ward
Proposed 1 x 15 bed ward

**OCD / body dysmorphia –**
Current – 1 x14 bed unit
Proposed – 1 x 15 bed unit

**Eating disorder services:**
Current - 1 by twin 12-bedded unit forming 24 bed ward
Proposed - 1 by twin 12-bedded unit forming 24 bed ward

NHS England have indicated their support for this configuration of national services, with the proviso that the provision of CAMHS intensive care (PICU) beds is dependent on the outcome of their national procurement and tendering for these services in 2016/17.

### 7.2.3 Financial commentary

The financial impact of the proposals is as follows. On the capital costs of the development, the OBC describes how the proceeds from the disposal of surplus land and buildings no longer needed by the NHS, will be re-invested in the building of the new inpatient mental health accommodation at Springfield University Hospital and at Tolworth Hospital. As the first of the new buildings come on stream the resulting reduced maintenance costs will also be available to the Trust for capital re-investment. The assumptions in the OBC are considered to be realistic.
The revenue impact of the proposals brings a benefit, as set out in the table below:

<table>
<thead>
<tr>
<th>Estates Modernisation Programme Affordability Summary</th>
<th>£m's at current (14/15) price base</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue Affordability</strong></td>
<td><strong>Impact on Statement of Comprehensive Income and Expenditure £m p.a.</strong></td>
</tr>
<tr>
<td>Capital Charges - Increase on New Build</td>
<td>7.74</td>
</tr>
<tr>
<td>Capital Charges - reduction on disposals</td>
<td>(5.84)</td>
</tr>
<tr>
<td>QMH Exit Savings</td>
<td>(4.16)</td>
</tr>
<tr>
<td>Revenue Impact of Estates moves</td>
<td>1.43</td>
</tr>
<tr>
<td><strong>Net Impact of Estate build &amp; moves</strong></td>
<td>(0.83)</td>
</tr>
<tr>
<td>Operational FM Savings</td>
<td>(1.97)</td>
</tr>
<tr>
<td><strong>Total Revenue Impact (Savings)</strong></td>
<td>(2.80)</td>
</tr>
</tbody>
</table>

This demonstrates that the new inpatient accommodation, as now proposed, will be £2.8 million a year cheaper to run at present values. Should the additional acute ward be required the development would still be affordable as the additional revenue cost would be in the region of £0.3m, therefore reducing the savings at present values to £2.5 million a year.

The activity and financial assumptions in the OBC are considered to be realistic.

### 7.3 Recommendation

Commissioners are recommended to provide a letter of support to the Trust's for the financial assumptions and activity analysis in the OBC for the proposed development of inpatient mental health services. This letter will be provided by commissioners to the Trust, who will submit it with the OBC to the NHS Trust Development Authority. In turn the authority will send the OBC and the letters of support from commissioners to Department of Health and Treasury for approval.

On the basis of the OBC as provided by the Trust, and the assessment of the activity and financial assumptions available to commissioners, the recommendation is therefore: That commissioners provide a letter of support to the Trust on the financial assumptions and activity analysis in the Outline Business Case, to enable these proposals to go forward.
8. Next steps

8.1 Making the decision

This report is being taken to each of the commissioners who have responsibility for commissioning the mental health inpatient services included in these proposals. They are:
• Kingston Clinical Commissioning Group
• Merton Clinical Commissioning Group
• Sutton Clinical Commissioning Group
• Richmond Clinical Commissioning Group
• Wandsworth Clinical Commissioning Group
• NHS England (for the specialist services).

The CCGs will each discuss the report and the recommendations at meetings in public:
Merton Clinical Commissioning Group - 26 February 2015
Kingston Clinical Commissioning Group - 3 March 2015
Sutton Clinical Commissioning Group - 4 March 2015
Richmond Clinical Commissioning Group - 10 March 2015
Wandsworth Clinical Commissioning Group - 11 March 2015

NHS England will decide in March on the proposals for the location of specialist services at Springfield University Hospital and Tolworth Hospital.

The decisions made by commissioners will be shared with the JHOSC who are providing local authority scrutiny of the consultation.

8.2 Local authority scrutiny

Proposals for major service change in the NHS are subject to scrutiny by the appropriate local authority. Health scrutiny is a mechanism for ensuring the health and care system is genuinely accountable to patients and the public, and it brings local democratic legitimacy for service changes. NHS bodies have a legal duty to consult local authority health scrutiny functions in respect of major service changes.

The local authorities involved in these proposals for inpatient mental health services are
Royal Borough of Kingston upon Thames
London Borough of Merton
London Borough of Sutton
London Borough of Richmond on Thames
London Borough of Wandsworth

These authorities, together with the London Borough of Croydon, have established a standing Joint Health Overview Scrutiny Committee (JHOSC) to review all appropriate proposals within their area under s245 of the NHS Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) regulations 2013.
The committee agreed to establish an Inpatient Mental Health sub-committee to provide scrutiny for this consultation and this sub-committee met for the first time on 16 October 2014.

The sub-committee has provided feedback to commissioners and the Trust during the consultation period and has requested information on the development of community mental health services, the future availability of inpatient mental health beds and the future provision of the education service to the CAMHS campus. These subjects are set out in section 6.2 of this report, Issues arising from consultation.

The sub-committee is due to meet on 19 March 2015 to consider the outcome of the consultation process including the additional information requested.

A local authority may refer proposals for substantial developments or variations to the Secretary of State. Their grounds for so doing are if

• It is not satisfied with the adequacy of content of the consultation
• It is not satisfied that sufficient time has been allowed for consultation
• It considers that the proposal would not be in the interests of the health service in its area
• It has not been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.

The regulations also state that where a health scrutiny body has made a recommendation and the relevant NHS body or health service provider has disagreed with the recommendation, the health scrutiny body may not refer a proposal unless

• It is satisfied that reasonably practicable steps have been taken to try to reach agreement (with steps taken to involve the provider where NHS England or a CCG is acting on the provider’s behalf) but agreement has not been reached within a reasonable time; or
• It is satisfied that the relevant NHS body or health service provider has failed to take reasonably practicable steps to try to reach agreement within a reasonable period.

8.3 Outline Business Case submission

Commissioners are recommended to provide a letter of support to the Trust’s Outline Business Case for the proposed development of inpatient mental health services. This letter will be provided by commissioners to the Trust, who will submit it with the OBC to the NHS Trust Development Authority. In turn the authority will send the OBC and the letters of support from commissioners to Department of Health and Treasury for approval.
9. Conclusion and recommendations

9.1 Summary

This report sets out the proposals for an important and much-needed improvement in mental health inpatient services in South West London. Too many buildings where this care is provided are old, not supportive of good clinical care (despite the best efforts of staff), and not compliant with today’s expectations for privacy, dignity, human rights and safety. If ‘parity of esteem’ between mental and physical health means anything, then it is the responsibility of commissioners to take all appropriate opportunities to redress imbalances.

The clinical case for the proposals has been made, as confirmed by the independent clinical review carried out by the London Clinical Senate. Service user, carer and staff representatives, alongside community organisations and partner agencies, have had input into the development of the proposals. The proposals fit the medium and long-term objectives of the NHS and of commissioners. Evidence of the relation between inpatient and community services is given in section 6.

The capital costs of building the new accommodation will be re-invested from the disposal of surplus NHS land and will not, therefore, place a burden on the NHS. Evidence of the long-term sustainability of the proposals is given in sections 4.3 and 6.

The proposals have been subject to public consultation. The results of this consultation have been independently analysed and are covered in section 5. Issues raised by the consultation are discussed in section 6.

Commissioners are therefore asked to consider the recommendations below, after taking into account the information in this report and supporting information available separately.

The recommendations are grouped by those for a decision by South West London clinical commissioning groups, and those for a decision by NHS England.
9.2 Recommendations

A. Recommendations for South West London Clinical Commissioning Groups

1. That commissioners adopt the preferred option for the future location of mental inpatient services at Springfield University Hospital, Tooting and at Tolworth Hospital, Kingston

2. That commissioners support the number of beds described in the proposal. It is recommended that the Trust has flexibility to increase the number of inpatient beds within the overall development at Tolworth Hospital, should the demand for inpatient beds increase over time. Subject to the planned reduction of inpatient bed use being achieved in practice, coupled with the provision of robust community mental health services to support people close to home through Home Treatment Teams, the commissioners will reconfirm the number of inpatient beds. This work will be completed well in advance of the Trust’s Final Business Case (FBC) being completed

3. That the older people’s mental health ward should be based at Tolworth Hospital, and additionally that commissioners and the Trust should work with providers in partnership to provide extra-care accommodation at Springfield University Hospital as part of the wider development of that site

4. That inpatient mental health services are no longer provided at Queen Mary’s Hospital once the new configuration of services is in place, and that commissioners work with representatives of the local community on options for the best future use of these wards, should the preferred option be adopted, as a basis for detailed discussions with NHS Property Services (who manage the space at Queen Mary’s Hospital).

5. That commissioners and the Trust establish a steering group specifically to investigate improvements to the public transport and access arrangements and to develop a plan before the new inpatient accommodation opens.

6. That commissioners provide a letter of support to the Trust on the financial assumptions and activity analysis in the Outline Business Case, to enable these proposals to go forward.

7. That commissioners announce this decision to all partners and agencies involved in the provision of these services; to services users, carers, and their representatives; to staff, and to those who responded to the consultation and requested a response; and to the general public

8. That commissioners communicate this decision to the JHOSC of the Boroughs of Croydon, Kingston, Merton, Sutton, Richmond and Wandsworth for the purposes of scrutiny.
B. Recommendations for NHS England

1. That CAMHS be located at Tolworth Hospital, Kingston.
2. That the adult deaf inpatient service be located at Springfield University Hospital.
3. That the OCD and body dysmorphism service be located at Tolworth Hospital.
4. That the forensic services remain at the Springfield University Hospital site due to planning permission considerations.
5. That the adult eating disorders service remain at Springfield University Hospital due to the ‘Marzipan Pathway’ with St George’s acute hospital.
6. That NHS England provide a letter of support to the Trust on the financial assumptions and activity analysis in the Outline Business Case, to enable these proposals to go forward.
7. That NHS England publish this decision to all partners and agencies involved in the provision of these services; to service users, carers, and their representatives; to staff, and to those who responded to the consultation and requested a response; and to the general public.
8. That NHS England communicate this decision to the JHOSC of the Boroughs of Croydon, Kingston, Merton, Sutton, Richmond and Wandsworth for the purposes of scrutiny.