Final decision on the future of South West London specialised mental health inpatient services

Introduction

1. This paper sets out the final decision required by NHS England on whether to proceed with the preferred service option for specialised mental health inpatient services in South West London\(^1\), approved in part by the relevant Clinical Commissioning Groups (CCGs)\(^2\). Mental health inpatient accommodation is provided by South West London and St George’s Mental Health NHS Trust (the Trust). The services are commissioned by Kingston Clinical Commissioning Group (CCG), Merton CCG, Richmond CCG, Sutton CCG, Wandsworth CCG and NHS England.

Recommendation

2. The proposal is for the reconfiguration of mental health inpatient services, to develop two centres of excellence. The purpose is to give people the best chance to recover in the best environment, significantly improve estates, support staff to deliver high quality care and ensure that services are sustainable in the long term. It is recommended that NHS England approves the preferred service model for specialised mental health inpatient services in South West London, as outlined below:

- Future mental health inpatient services to be provided at Springfield University Hospital, Tooting and at Tolworth Hospital, Kingston:
  - Springfield University Hospital:
    - Adult deaf inpatient services
    - Adult eating disorders service
    - Forensic services remain due to planning permission considerations
  - Tolworth Hospital:
    - Child and adolescent mental health services (CAMHS)
    - Obsessive compulsive disorder and body dysmorphia service

Decision-making

3. Of the services described above, NHS England is responsible for commissioning the following specialised services:

- Adult deaf inpatient services
- Eating disorder inpatient services (Adult and CAMHS)
- Forensic services
- Child and adolescent mental health inpatient services (CAMHS)

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\(^1\) South West London for the purposes of this proposal is defined as: the London Boroughs of Kingston; Merton; Richmond; Sutton; and Wandsworth.

\(^2\) The relevant CCGs (and their respective dates of approval) are: Merton CCG (26/2/15), Kingston CCG (3/3/15) and Sutton CCG (4/3/15). Richmond CCG and Kingston CCG are due to make their decisions on 10/3/15 and 11/3/15 respectively.
• Obsessive compulsive disorder/ body dysmorphia inpatient service.

<table>
<thead>
<tr>
<th>Springfield Hospital</th>
<th></th>
<th>Proposed Configuration</th>
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<tbody>
<tr>
<td><strong>Adult deaf services</strong></td>
<td>1 ward (15 beds)</td>
<td>1 ward (15 beds)</td>
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<tr>
<td><strong>Adult eating disorder services</strong></td>
<td>1 twin 12-bedded unit (24 beds)</td>
<td>1 twin 12-bedded unit (24 beds)</td>
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<tr>
<td><strong>Forensic Services</strong></td>
<td>3 medium secure wards (18, 16, 10 beds = 44 beds)</td>
<td>3 medium secure wards (3x 15 beds = 45 beds)</td>
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<tr>
<td></td>
<td>1 low secure ward (16 beds)</td>
<td>1 low secure ward (15 beds)</td>
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<tr>
<td></td>
<td>1 rehabilitation flat (1 bed)</td>
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<table>
<thead>
<tr>
<th>Tolworth Hospital</th>
<th></th>
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<tbody>
<tr>
<td><strong>Child and Adolescent Mental Health Services (CAMHS)</strong></td>
<td>1 acute ward (12 beds)</td>
<td>1 acute ward (12 beds)</td>
</tr>
<tr>
<td></td>
<td>1 deaf ward (6 beds)</td>
<td>1 deaf ward (7 beds)</td>
</tr>
<tr>
<td></td>
<td>1 eating disorders ward (10 beds)</td>
<td>1 eating disorders ward (10 beds)</td>
</tr>
<tr>
<td></td>
<td>Nil</td>
<td>1 PICU ward (8 beds)</td>
</tr>
<tr>
<td><strong>OCD / Body Dysmorphia</strong></td>
<td>1 ward (14 beds)</td>
<td>1 ward (15 beds)</td>
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It is recommended that NHS England supports the proposed configuration of specialised services, on the basis that the proposed provision of 8 new CAMHS intensive care (PICU) beds is dependent on the outcome of the national procurement of Tier 4 CAMHS in 2016/17.

4. The commissioning of specialised services in London falls under the delegated authority of the designated Area Director, which in this case is combined with the role of Regional Director. The scheme of delegation can be found on the following link: [http://www.england.nhs.uk/wp-content/uploads/2013/04/item6-3.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/04/item6-3.pdf)

**Background**

*Case for change*

5. Mental health inpatient services in South West London are delivered by South West London and St George’s Mental Health NHS Trust (the Trust). Inpatient services are currently provided at three sites: Springfield University Hospital, Tooting; Tolworth Hospital, Kingston; and Queen Mary’s Hospital, Roehampton. In addition to the specialised services listed in the table above commissioned by NHS England, CCGs in South West London commission general in patient mental health services.

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

7. 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. The final regeneration proposal received planning consent in 2012. Through stakeholder engagement more detailed proposals for new inpatient accommodation were developed from 2012 to 2014. The detailed process is described in Appendix A of the consultation document (Annex A). This and the case for change (Annex B) can be found on the following link: http://www.kingstonccg.nhs.uk/Downloads/Publications%20folder/SWL%20mental%20health%20consultation/The%20case%20for%20change.pdf

Discussion

Engagement

8. Commissioners ran a public consultation and a series of engagement events (described below) on these proposals between 29 September and 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 was supported by clinical representatives from the Trust. The commissioner-led engagement involved a wide range of local stakeholders and residents, to understand their views on, and experience of, current services, and to listen to their aspirations for services in the future. The consultation document can be found in Annex A. The report detailing the consultation feedback, prepared by the independent agency Participate, can be found in Annex C. Changes have been made to the original proposals to incorporate feedback.

9. The majority of responses received were supportive of the proposals. The stakeholders who were supportive agreed with the general principle of reconfiguring inpatient services across two sites:

“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

10. However, there were also concerns expressed, including the potential impact of the proposed relocation of the Adult Deaf Service on the Adult Deaf community; during the engagement it became clear that many people who use this service had moved to the Wandsworth area specifically to be close to the service:

“Having been based in the Wandsworth area for this long, the community at large is more accustomed to Deaf individuals shopping, eating and being around the area. A mentally ill Deaf person can appear quite frightening or alarming to individuals who have never seen a Deaf person before. Their presentation and body language can appear over the top, but transport staff and shopkeepers in the area have the familiarity and knowledge to deal with our patients as customers, and communicate appropriately with them. A new community
without this familiarity (only born of decades of experience) would be bewildering for our Deaf patients on leave and can hinder their recovery.” NHS Professional, Wandsworth

11. The overall outcome of consultation supports the location of the CAMHS campus at Tolworth Hospital because of the 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 potential impact on education to children using this service, and on travel and access times within South West London:

“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, Wandsworth

12. There were also concerns expressed about the impact on travel, particularly for patients who live in Richmond:

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

13. Although not part of the consultation, planning for community services and the linked flexibility around bed numbers was highlighted as an area that would benefit from clarification:

“[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 [consultation] 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

14. The programme has responded to these concerns and has either revised the proposals or obtained mitigations from the relevant organisation. Further detail on the proposed mitigations can be found in the post consultation report (Annex D Section 6.2). Specific examples of response to these concerns and mitigations include:

- With respect to moving adult deaf inpatient services: no longer moving services to Tolworth, instead to be located in the new accommodation at Springfield University Hospital because of their importance to the local deaf community.
- With respect to the potential CAMHS education impact: NHS England, as commissioners of CAMHS inpatient services, will continue to work with the Trust and the education providers in both Kingston and Wandsworth to mitigate any risks to the education
Kingston Education has already indicated their interest in providing educational support to the CAMHS campus at the Tolworth Hospital site, should the preferred option be approved.

- **With respect to increased travel times:** the Trust is providing clear information about travel options and is establishing community steering groups for the proposals, at which there will be specific discussions on transport improvements. The Trust has carried out a travel time analysis, the details of which are found in Appendix B of the consultation document (Annex A), and in the full travel time analysis report (Annex E).

### Process

15. The need to replace the older buildings on the Springfield University Hospital site is long standing; the Trust began to investigate the potential for regeneration of the site in 2004 and planning consent was granted in 2012 following appeal to the Secretary of State. Taking the case for change as the starting point, a series of listening events were held during the autumn of 2012, engaging with a wide range of stakeholders including service users and carers, members of Local Involvement Network(s) (now Healthwatch), MIND, Local Authority, Commissioners, Strategic Health Authority, and Trust Clinicians, service managers and Executive Directors. This series concluded with an options appraisal event, at which senior clinicians and Trust leaders worked with key stakeholders to evaluate alternative combinations of inpatient care, determining which should be reviewed in more detail and which should be considered as consultation options.

16. Event participants then recommended three options each for both two-site and three-site configurations. These six options were appraised in more detail examining quality, finances and travel, leading to two options that were put out to consultation. Further detail on the development of the options can be found in Appendix A of the consultation document (Annex A).

17. The process included the development and agreement of ‘stop-go’ criteria and the weightings for relevant criteria. 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.

18. The five CCG commissioners and NHS England assured themselves that the process met the four tests, as set out in the guidance on delivering services changes published by NHS England, and as described in the consultation document (Annex A).

19. The London Clinical Senate, with relevant expertise and no known or declared conflict of interest, provided external clinical assurance. The scope of this assurance review was to test whether a sufficiently robust clinical process was adopted by lead commissioners to arrive at the
recommended options, considering the clinical involvement and evidence used. In December 2014, the London Clinical Senate Council approved the Clinical Review Team report (Annex F), which found that the clinical case for change and proposed model of care were underpinned by a clear evidence base. The Clinical Review Team concluded that the clinical case for change and proposed model of care would deliver real benefits to patients. The report noted that the proposals demonstrated links to the relevant Joint Strategic Needs Assessments (JSNAs) and considered the current and future need of service users.

20. The independent Clinical Review Team also support the overall goals of improved hospital accommodation, alignment of services, and transfer of activity from hospital to the community, where appropriate.

21. 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 consultation included almost 200 participants at five events, over 70 meetings and forums, over 350 surveys, emails and letters and other activities.

22. A joint consultation steering group was established to oversee the management of the proposals and the public consultation. This had membership of the five CCGs, the Trust, NHS England, and the NHS Trust Development Authority.

Considerations

23. In taking the decision on whether to proceed with the preferred service option for specialised mental health inpatient services in South West London, there are a number of important considerations:

24. The options for approval are specifically about the location of new accommodation for mental health inpatient services, not about detailed bed numbers, although the consultation document does state that wards will be designed flexibly to have a range of beds to adapt to changes in clinical demand.

25. Two options were consulted on (beyond the ‘do-minimum’ approach); a two-site option (preferred) and a three-site option.

26. Implementation of the proposals is dependent on the approval of the 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.
**Financial considerations**

27. As commissioner for specialised services, NHS England has considered the financial and activity assumptions included in the Trust’s proposals. The Trust’s income and activity assumptions for specialised services for 2014/15 agree with the contract held with NHS England. The Trust’s assumptions for subsequent years for activity and income, currently commissioned by NHS England, appear reasonable although this paper does not give any warranties or guarantees on this issue.

28. The Trust’s plans show that the capital development will reduce its running costs by £2.8m per annum by 2021 when the development is complete. The breakdown of the cost savings are 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>
<th>Impact on Statement of Comprehensive Income and Expenditure £m p.a.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Affordability</td>
<td></td>
<td></td>
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<tr>
<td>Capital Charges - Increase on New Build</td>
<td>7.74</td>
<td></td>
</tr>
<tr>
<td>Capital Charges - reduction on disposals</td>
<td>(5.84)</td>
<td></td>
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<tr>
<td>QMH Exit Savings</td>
<td>(4.16)</td>
<td></td>
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<tr>
<td>Revenue Impact of Estates moves</td>
<td>1.43</td>
<td></td>
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<tr>
<td><strong>Net Impact of Estate build &amp; moves</strong></td>
<td><strong>(0.83)</strong></td>
<td></td>
</tr>
<tr>
<td>Operational FM Savings</td>
<td>(1.97)</td>
<td></td>
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<tr>
<td><strong>Total Revenue Impact (Savings)</strong></td>
<td><strong>(2.80)</strong></td>
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</table>

**Commissioning for outcomes**

29. As lead commissioner of specialised mental health services, NHS England has considered the approach to improving outcomes for patients requiring these services. The case for change reflects national and local policy and guidance, and places emphasis on care delivered outside hospitals and improved access to community-based services. The London Clinical Senate 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 (who commission mental health services from the Trust) and NHS England Specialised Commissioning.
30. The development of proposals for new inpatient accommodation was led by the Trust between 2012 and 2014. In May and June 2014 early drafts of these proposals were shared with service users and stakeholders to gather feedback around the feasibility and potential outcomes, to alter the draft proposals as appropriate. The consultation was commissioner-led; the proposals and the preferred option have the support of clinical commissioners.

31. The preferred option was 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. The proposals were also developed to comply with clinical and quality standards, and with key national NHS objectives 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
- Mental Health Crisis Care Concordat, Improving Outcomes for People Experiencing Mental Health Crisis (Department of Health, 2014)

32. Kingston Clinical Commissioning Group (CCG), on behalf of Kingston, Merton, Richmond, Sutton and Wandsworth CCGs and NHS England (London) Specialised Commissioning, asked the London Clinical Senate to provide independent clinical advice on proposals for inpatient mental health services in South West London (see 14 above).

Equalities and inequalities considerations

33. The proposals concern the population of South West London (the CCG-commissioned services) and users of the services commissioned by NHS England (as described in section 3), on behalf of the region and nationally. The proposals were developed in line with the duty to fulfil the requirements of 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 13T NHS Act 2006).

34. Analysis has been conducted of the likely impact on different groups in the community; the characteristics include race, gender, age, disability, gender reassignment, marriage and civil partnership, sexual orientation and pregnancy and maternity as well as socio-economic duty and
human rights of vulnerable people. 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, their carers and families, based on the options put forward for public consultation. A further equality impact assessment has been carried out on the current recommendations, including the changes suggested as a result of the public consultation. Commissioners have a duty to pay regard to inequalities in accessing services and in clinical outcomes, and to ensure that services offer the same outcomes and experience to patients regardless of their backgrounds.

35. The assessments confirmed the following points:

- 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
- 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
- Proposals are designed to improve the clinical outcomes of people with mental health conditions (protected characteristic under the Act) by providing the best possible physical surroundings for care. The case for change for the new accommodation is supported by the clinical advice received during consultation
- The changes made to the proposals as a result of the consultation take account of the responses made by 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.

36. Further detail can be found in the equalities impact assessment (Annex H).

Implementation framework

37. NHS England and CCG Commissioners will ensure that, if approved, any service changes are managed safely and in a controlled manner. An outline framework for implementation will be agreed during 2019/20 in advance of anticipated service moves in mid-2021. The framework will be based on feedback received throughout the engagement period with stakeholders.

Conclusion

38. Subject to NHS England’s agreement on whether to proceed, NHS England (London) will work with CCG partners and the Trust to implement service changes safely, in a timely fashion and accompanied by a clear plan to achieve the expected benefits.

Recommendation

It is recommended that NHS England agrees the new disposition of specialised services as set out in Section 3.
Annexes (list of documents accompanying this paper)

I. **Annex A** – Consultation document
   - Appendix A: The options and how they developed
   - Appendix B: Analysis of travel times
   - Appendix C: The context – principles and priorities
   - Appendix D: List of stakeholders and organisations consulted
   - Appendix E: Glossary

II. **Annex B** - Case for change
    This is also available on the following link: [http://www.kingstonccg.nhs.uk/Downloads/Publications%20folder/SWL%20mental%20health%20consultation/The%20case%20for%20change.pdf](http://www.kingstonccg.nhs.uk/Downloads/Publications%20folder/SWL%20mental%20health%20consultation/The%20case%20for%20change.pdf)

III. **Annex C** – Engagement feedback report

IV. **Annex D** – Post-consultation report to commissioners

V. **Annex E** – Travel-time analysis report

VI. **Annex F** – London Clinical Senate: Clinical Review Team report

VII. **Annex G** – South West London 5 Year Strategic Plan

VIII. **Annex H** – SWL CCGs Equality Impact Assessment

IX. **Annex I** - Inequalities assessment (published alongside)

Further relevant documentation can be found on the consultation website for the mental health inpatient services in south west London: [http://www.kingstonccg.nhs.uk/have-your-say/inpatientmentalhealthservicesinsouthwestLondoproposalsforpublicconsultation](http://www.kingstonccg.nhs.uk/have-your-say/inpatientmentalhealthservicesinsouthwestLondoproposalsforpublicconsultation)