Inpatient mental health services in South West London:
Proposals for public consultation

South West London Clinical Commissioning Groups
NHS England
South West London and St George’s Mental Health NHS Trust
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1. Foreword

Until the middle of the 20th century mental health care was concentrated in hospital-based services, often in Victorian asylums where people were very much ‘out of sight, out of mind’.

This system bred stigma and discrimination against mental health. With a few notable exceptions the emphasis was on controlling symptoms and containing people.

Since then there has been a transformation. New alternatives to hospital admission mean more and more people now manage their own mental wellbeing without having to come into hospital.

As a result we need to look afresh at our mental health inpatient facilities. One legacy of the Victorian approach is that 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 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.

We have an opportunity to modernise these services and to replace our old and unsuitable accommodation. This could involve an investment in new premises of up to £160 million at 2014 costs.

This consultation is about how we make this modernisation happen: it is about the best future configuration for these services for the benefit of service users and carers.

We believe that the end of the era of compromise is long overdue.
[Name]
[On behalf of CCGs]
Peter Molyneux, Chair
South West London and St George’s Mental Health NHS Trust
Mental Health Services in South West London

**Commissioners:** Clinical Commissioning Groups (CCGs) are responsible for commissioning local mental health services. In South West London there are five clinical commissioning groups, each covering the same area as the local London boroughs. They are Kingston, Merton, Sutton, Richmond and Wandsworth clinical commissioning groups.

NHS England commissions the specialised mental health services provided for people from all over the country who come to South West London for treatment.

**South West London and St George’s Mental Health NHS Trust:** South West London and St George’s Mental Health NHS Trust (the trust) provides care, treatment and support for people of all ages with mental health needs in Kingston, Merton, Richmond, Sutton and Wandsworth. This includes community services and inpatient services. The trust also provides a range of specialised inpatient mental health services.
2. Introduction: about this consultation

Mental health is important. One in four of us will experience some kind of mental health need. All the evidence suggests that the demand for mental health care is rising, and will continue to rise.

But the amount of public money available to us in the NHS will not rise by the same amount. So we must find ways to provide services in ways which deliver the greatest clinical benefits and the best possible experience for service users and carers in the most sustainable and cost-effective way.

In this document we set out proposals for public consultation on the future pattern of mental health inpatient services for Kingston, Merton, Sutton, Richmond and Wandsworth, together with a range of specialist mental health inpatient services.

The developments in alternatives to hospital treatment, described in chapter three, will change but not remove the need for these services. They must always be there for those people who require them.

The preferred option is to create two purpose-built centres of excellence at Springfield University Hospital and Tolworth Hospital, able to provide the highest quality surroundings for inpatient treatment, to attract the best people and to provide a first-class environment for care in ways that are sustainable for the NHS.

This would improve the quality of clinical care, improve the experience for service users and carers, bring the trust into line with current guidance and best practice, and support implementation of the Francis Report (2013) on safety, avoiding harm, adult and child safeguarding and transparency.

Another option is to provide services at three sites, Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital. This is closer to the current pattern of services. We do not believe this option provides as many benefits for service users, carers and staff. It is also more expensive for the NHS in the long term.

We also considered what would happen if we do no more than maintain the existing buildings, without investing in any new developments.

The proposals were developed through discussion between the trust, patients, carers, local organisations with an interest in mental health, and with NHS commissioners who decide how NHS money should be spent.

The money to pay for the proposed new buildings would come from the disposal of land that will not be needed by the NHS in future.

We believe this is a significant and an exciting opportunity to create new services. The purpose of this consultation is to get your views on our proposals, and to let us know if you think there are other options that should be considered before the NHS decides on the best way to provide these inpatient services.
Full details of how to do this are in chapters Seven and Eight. We look forward to hearing your views.

This consultation process has been designed according to guidelines published by NHS England.

Consultation runs from [date to date] 2014. During consultation we are offering to visit local groups to talk about the proposals and to get people’s views. There will also be a number of public events.

At the end of consultation the South West London clinical commissioning groups and NHS England will make their decision based on all the evidence available including the results of this consultation.

Please do take the time to comment. We want to make sure that our future services are the best possible and that they are developed, planned and provided in partnership with local people and the communities we serve.

[Name]

[Representing Commissioners]

David Bradley, Chief Executive
South West London and St George’s Mental Health NHS Trust
3. Transforming services

Mental health services in South West London have already changed to provide more care closer to home, and this is set to continue.

The rest of this chapter is about the development of services closer to home including alternatives to hospital admission.

The proposals for inpatient services are designed to reflect these changes. They are described in chapters four and five.

By 2018 the clinical commissioning groups in South West London intend to put in place more alternatives to hospital treatment which will

- provide better mental health care overall
- reduce the number of people who need to be admitted to hospital, and how long they normally stay in hospital
- put the right care in place outside hospitals to enable people who are admitted to be discharged home sooner, with proper care and support.

The alternatives to hospital admission are set out in the draft five-year commissioning strategy published in May 2014 by the clinical commissioning groups in South West London:

- widening the choice of crisis community mental health services to reduce the number of avoidable hospital admissions and long lengths of stay
- developing existing home treatment teams so that they can support more people, and more people with a higher level of need, outside hospital (where home treatment teams have already been introduced, in Merton and Sutton, acute mental health admission rates have fallen by half)
- shorter waiting lists for services which help people to engage in treatment and reduce the exacerbation of mental illness
- developing specialist community mental health services as an alternative to an unnecessary hospital stay
- developing partnerships between mental health service providers and community pharmacists to identify people with moderate mental health needs who might benefit from psychological therapies
- improve the availability of services including extended hours, specialist mental health nurses linked to primary care, and integrated care for people living with dementia
- better links between mental health, primary care and social care services to support people and their carers in the community
• develop discharge and referral arrangements to improve the way services are delivered
• development and training for people working in community, primary care and specialist mental health services

The effect of these developments will be to reduce the number of mental health inpatient beds required by about ten per cent from 2018 onwards, compared to 2014. The proposals for inpatient services in chapter five are based on these plans.

[Drafting note: the following case studies are intended to be presented within the document as individual examples rather than in a block as presented here]

People’s experiences
As new services are introduced closer to home, and new inpatient accommodation is built, the experience of patients, carers and staff will change for the better. The examples that follow are based on what the NHS will be able to achieve if the preferred option in this document is approved after consultation

Case study: new home treatment services
Noah has suffered from depression most of his adult life. Most of the time he manages with medication from his GP, regular appointments with the community mental health team and lots of support from his partner who acts as his carer.

But sometimes his condition gets so severe he has had to spend some time in hospital, usually for two or three weeks. Noah does not like going into hospital. He says he feels cut off from his partner and his friends and it takes him time to pick up his daily life again when he comes back home.

Last year a new intensive home treatment team was introduced where Noah lives. The next time he feels unable to control his mental wellbeing, he asks his partner to call the team, using the central phone number they have been given by the community mental health service, to get help.

Later that day, in response to their call, a specialist nurse and a therapist come to the house to see Noah. They assess how he is feeling, arrange for his medication to be changed, make sure his partner is supported and make an appointment to come back the next day. They make sure that Noah knows he can also phone them up at any time before that appointment for more help.

Over the next week the team help Noah and his partner to manage his feelings, check the medication is working and link up with social services to make sure everything is in place to support him.
At the end of the week Noah is feeling more in control again. The home treatment team have averted the immediate crisis and helped Noah to stay at home instead of going into hospital. He is able to start living a more normal life again. A couple of weeks later he agrees with the home treatment team that they do not need to visit him again and his usual community team can accept him back for routine appointments and follow up.

Noah and his partner are pleased not to have had to go into hospital again. He feels he got better faster at home, in familiar surroundings.

- Home treatment teams are being introduced in South West London. Where they are already in operation (see table, left), hospital admission rates have fallen by around half.

Case study: inpatient stay in new wards

Julie has a diagnosis of bi-polar disorder which sometimes makes her feel very unwell. When this happens she finds it hard to look after and care for her two young children. She has an agreement with her mental health community team that at these times a planned hospital admission is best for her and her family.

She is admitted to one of the new acute mental health wards. She likes the sense of light and space, and the way her room looks out onto a quiet garden area. Julie knows that if she needs support, the nurses are close by in the central nurses’ station.

There is a room set aside for her family to visit, and she is pleased that her community mental health team have worked with her husband to make sure that he (as her main carer) and her children are getting the support they need, too.

In the first couple of days especially, Julie likes to be on her own as much as she can. She appreciates that the she has more than one way of getting to and from the dining room and therapy rooms, so she can avoid having to pass too many people in the corridor if she does not feel like talking.

She feels safe and calm here, and that helps her to start getting better quickly. When she is ready to go home again she plans the discharge arrangements with the hospital team and with her community team back home. A new local clinic has opened less than half a mile
from her home in a nearby community centre, and she will go there for her regular appointments. It is much easier than having to go back to the hospital for a routine follow-up.

- Through a combination of more services closer to home, and high quality inpatient care when needed, people are spending less time in mental health inpatient services. The average will be around three to four weeks, instead of well over a month.

**Case study: Carer**

Rafi is a carer for his wife who has had depression since the birth of their son two years ago. He is reluctant to seek help at first and knows little about depression – he has never needed to contact local NHS mental health services before.

His faith leader (who had been trained in mental health support by South West London and St George's Mental Health NHS Trust) sees that he is having difficulty coping with the situation and arranges for a social worker member of the mental health team to visit the family.

Together they agree that Rafi’s wife needs to go into hospital for a short while. The social worker carries out a full carer’s assessment of Rafi’s needs to support him and his son, and with the faith leader links up with community groups to help them and to make sure Rafi knows where and how to get support.

At the hospital Rafi is pleased to see that his wife’s care is planned around her with proper respect for her and for the family’s religion and culture. He and his son are able to visit, and getting to the hospital is easier than in the past because of improved bus timetables that have been introduced by the NHS working with Transport for London.

He is able to learn more about mental health and depression, and to understand how he can call on his community network to support him and his wife when she comes home. He feels less isolated and less under pressure.

He knows that his wife’s depression may continue for some time but that with the right help she can regain her wellbeing. He also knows that as a carer he is not on his own any more.

**Case study: inpatient children's services**

Michelle is 15 years old and lives in Reading. Since the age of 12 she has been having emotional problems which started when she changed schools. These spread into her family relationships; she has become withdrawn and started to self-harm. Her local mental health services refers the family to the South West London and St George's Mental Health NHS Trust children’s inpatient service.
Michelle has a private room overlooking landscaped gardens in the children’s inpatient unit, which is in a separate building to the rest of the hospital. The specialist team at the unit assess her and agree a treatment plan with her, working with her family as well.

She carries on her education through the unit’s own school (which is rated excellent by Ofsted) and makes use of the unit’s gym. Slowly she starts to make friends with some of the other teenagers on the unit, and to understand that other young people have similar problems.

Her family visit, staying in rooms next to the unit set aside for relatives. That helps the family to rebuild their relationships and with the help of the mental health team, work out how to support each other. Being able to stay makes the travel much easier, and means they can spend more time together.

Her parents like the fact that the hospital has a café and small shop, and that it feels part of the local community and not like an institution.

After four months Michelle is ready to return home, and the hospital team link up with her local mental health service to take over her support for as long as she needs it.

**Community hubs and spokes**

South West London and St George’s Mental Health NHS Trust (the trust) is developing local services within each borough as part of the development of mental health services closer to home.

These will enable service users and carers to get the right support in the right place and at the right time. This will help people in their recovery and empower them to live as independently as possible.

Local services will be based around a community ‘hub’ providing a single point of access and a network of ‘spokes’ in each borough. This network, and particularly the location of the most local spoke clinics, will be developed with service users, carers, commissioners and local people.

Community hubs will co-ordinate local services. They will be the first point of contact for referral, and will be the team base for clinicians serving that borough. They will offer specialist outpatient therapy and support. There will be a hub in each of Kingston, Sutton, Merton, Richmond and Wandsworth.

Community spokes will be the most local clinics, and the place where the majority of people will go for their routine appointments. Teams will come out from the hubs to the spoke clinics to provide the support that people need. We will establish these clinics in GP practices, health or social care centres, and in other locations including places of worship,
libraries, leisure centres and so on.

This places services in the heart of local communities, as close as possible to service users and carers. This will bring mental health services closer to people and including those who in the past have found it hard to access and use services.

The benefits of the community hub and spoke services include

- More care closer to home: people tell us this is what they want and it is one of local and national priorities for NHS mental health services
- Improved access, shorter waiting times and streamlined referral systems
- Greater access and ability to provide services to people who have found it hard to access and make use of services
- Expert assessment and treatment for our service users closer to home
- Stronger, more consistent professional relationships with partner organisations including primary care and social care to provide integrated care pathways that are easier to navigate, deliver measurable outcomes and are based on the principles of personalisation, social inclusion, co-production and self-directed support
- Crisis treatment at home through alternatives to hospital admission where this is clinically appropriate.
- Closer links with general hospitals to improve support for people with mental health needs who also have physical health needs
- Improved local dementia services including memory assessment, support for people to live longer at home and support for those who need residential, social or continuing health care

The hubs are already being developed:

**Kingston:** The intention is to provide modern facilities for the community hub at Tolworth Hospital as part of the proposed new development there (see chapter five)

**Merton:** Commissioners will work with the trust on the development of the community hub at Mitcham with the intention of using the Nelson Local Care Centre (the current base for older people’s mental health services) as one of the spoke clinics.

**Sutton:** The community hub will be at the Jubilee Centre, Wallington, an existing focus for mental health services

**Richmond:** Teams are currently using Richmond Royal Hospital as a hub, but the age and layout of the buildings there do not lend themselves to this use. The local authority, Richmond Clinical Commissioning Group and the trust will work together with local people, service users and carers to find the best location for the hub in the long term. The trust intends to keep a community spoke clinic at Richmond Royal Hospital and one at Barnes Hospital as part of the network of local services.
Wandsworth: The intention is to provide modern facilities for the community hub at Springfield University Hospital University Hospital as part of the proposed new development there (see chapter five).

Treating more people at home, and reducing avoidable admissions and readmissions for mental health needs, is a priority for the NHS in South West London.

So the time is right to make sure that mental inpatient services are of the right quality and in the right place to support these new developments, including the new pattern of community hub and spoke services.

This means we must do something about the legacy of our unsuitable inpatient facilities, and design better inpatient facilities which will meet future needs. You can read about the proposals to improve inpatient facilities in chapters four and five.
Current pattern of local services provided by the trust

Local community mental health services to help people manage their mental wellbeing:

- community mental services for adults and older people
- child and adolescent mental health services
- early intervention
- psychological therapies
- addiction
- support and recovery
- assessment and brief treatment
- personality disorders and
- liaison services

Main sites:

- Springfield University Hospital (inpatient, specialist services, community hub)
- Tolworth Hospital (inpatient, community hub)
- Queen Mary’s Roehampton (inpatient)
- Richmond Royal Hospital (community hub)
- Jubilee Centre (community hub)
- Mitcham (community hub)
- Community beds in Merton and Wandsworth

[map to be redrawn with all sites added]
4 Inpatient services: the case for change

We need modern mental health inpatient facilities that are fit for purpose, give people the best chance to recover in the best environment, support staff to deliver high quality care, and are sustainable for the NHS in the long term.

Most of the existing mental health inpatient facilities in South West London are old, 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.

Better inpatient facilities are required to

- Support the local mental health services in Kingston, Merton, Sutton, Richmond and Wandsworth, and
- Continue to develop the specialist national mental health services offered by the trust.

Chapter three described how mental health care has changed and is changing from hospital-based care to services based on early intervention to support recovery, and care at or close to home. Clinicians now mainly support service users, their families, carers and friends at home or in a local clinic in their community.

The development of these community mental health services means that the traditional pattern of long admissions to mental health hospital services has also changed. People tend to stay in hospital for a few weeks, rather than many months or years. Their care is geared to enabling them to recover their independence so that, with support, they can be discharged as soon as possible.

Inpatient services are still a vital part of the network of mental health care. The developments and continuing improvements to community services means that now is the time to review how best to provide inpatient mental health support in the future.

What we require: standards for mental health inpatient services

The NHS has adopted standards for inpatient services which all providers, including South West London and St George’s Mental Health NHS Trust, are expected to meet. The standards are there to make sure that inpatients have the best chance to recover in surroundings which are safe, which respect their human rights and diverse needs, which offer privacy and dignity and which enable staff to deliver high quality care.
The standards are:

- Access to outside space for everyone
- Separate accommodation for men and women with appropriate standards for privacy and dignity avoiding inappropriate use of mixed-sex accommodation
- Access to natural daylight
- Meeting modern guidelines for staff to be able to monitor and observe patients by ‘line of sight’ and to support appropriate levels of staff cover
- Provide single bedrooms with ensuite facilities for all patients
- A maximum of 18 beds per ward – (Royal College of Psychiatrists ‘Do the Right Thing, How to Judge a Good Ward, 2011)
- At least three mental health wards on each site (Royal College of Psychiatrists ‘Not Just Bricks and Mortar’ 1998)
- Compliance with the Equality Act 2010

What we have: current provision of mental health inpatient services

The Trust currently provides inpatient services from three sites. These are described in turn:

- Springfield University Hospital, Tooting
- Tolworth Hospital, Kingston, and
- Queen Mary’s Hospital, Roehampton.

**Springfield University Hospital:**

- Adult working age 3 wards, including the modern Wandsworth Recovery Centre (opened 2009), and Jupiter Ward
- Older adults 1 ward (Crocus)
- Psychiatric Intensive Care Unit, Section 136 Suite
- Secure unit (four wards, the Shaftesbury Clinic)
- Eating disorder 1 ward (Avalon)
- Obsessive Compulsive Disorder and Body Dysmorphic Service 1 ward (Seacole)
- Adult deaf service 1 ward (New Bluebell)
- Child and Adult Mental Health inpatient services 3 wards (Aquarius, Corner House, Wisteria)
- Step Down 2 wards (Burntwood Villas, Phoenix Unit (opened 2007) )

Springfield University Hospital provides local services to the northern and eastern part of the local 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.

The Psychiatric Intensive Care Unit (PICU) must remain at Springfield University Hospital to support other inpatient and crisis care services.
The Eating Disorders Service (currently Avalon ward) must remain at Springfield University Hospital because of the physical support provided by St George’s NHS Trust (known as the ‘Marzipan pathway’). Kingston Hospital is unable to provide the required level of physical care, which means that this service must remain at Springfield University Hospital.

Forensic services are planned to remain at Springfield University Hospital. There is no advantage to relocating these services and planning consent for a move would be unlikely.

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 1840 as a Victorian asylum. The site includes a large area of open space.

The site includes modern facilities at the 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 meet standards for privacy and dignity. They do not have ensuite toilets and they do not support easy separation of male and female accommodation.

82% of the buildings at Springfield are functionally unsuitable.

**Tolworth Hospital, Tooting**

- Adult working age 1 ward (Lilacs)
- Older adults 1 ward (Azaleas)
- Continuing Care ward (Fuschias) - to be de-commissioned
- ‘Your Health’ services (community health services not provided by the trust)

Tolworth Hospital provides local services to people in the south western part of the local 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 wards listed above are fully compliant with modern standards.

At its present size Tolworth has 48 mental health beds in use and this number is likely to reduce further as community services develop with the increased availability of home treatment teams (see chapter three). 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 3 wards
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 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 pose 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 among the corridors. They have to work unnecessarily hard to overcome these shortcomings in order to provide quality care.

The wards could be made to comply with the recommended bed size of 18 beds by closing five beds on each ward. However this will not resolve the design and layout issues, nor improve the experience for patients. Because of the design and layout at Queen Mary’s it is not possible to improve the surroundings there.

The trust and commissioners agree that

- The current inpatient buildings (with the exception of the Wandsworth Recovery Centre and the Phoenix Centre at Springfield University Hospital):
  - Do not deliver the best possible clinical benefits for patients. At Springfield University Hospital and Tolworth, 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
  - 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
- 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
  - Tolworth Hospital will not in future comply with the requirement for a minimum of three mental health wards.
Queen Mary’s Hospital will require the closure of five beds on each ward to meet the requirement for 18 beds on each ward, and with three wards will remain at the lower end of the range for clinical viability 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.

- Refurbishment (rather than replacement) of existing buildings is not a solution. Without new buildings:
  - the accommodation will still not be fully compliant with disability and equality legislation
  - full en-suite accommodation will not be possible
  - full separation of male and female areas will 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 will continue to be provided in largely sub-standard facilities
- The experience of patients, carers and staff will continue to be compromised
- Tolworth Hospital will be below the minimum recommended size for a mental health unit
- The mental health wards at Queen Mary’s Hospital will be at the lower end of the range for clinical viability, and the challenges associated with the ward layout will remain
- There will be an increased risk of mental health inpatient services being seen as ‘failing’, so much so that the NHS will 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 higher use of short-term staff
- The state of the accommodation will continue to deteriorate, and the existing problems will not be tackled
- The drain on the trust and NHS resources will become unsustainable

There is a chance to turn this around, and to develop inpatient mental health services that will be the best in the country.

By disposing of land no longer needed by the NHS, we can invest in new accommodation – without touching day to day NHS patient care funds – to create centres of excellence in mental health inpatient care. The next chapter explains these proposals and the options for consultation.
Panel: the case for change

Case study: Wandsworth Recovery Centre:
Open in April 2009, the Wandsworth Recovery Centre shows what can be achieved in modern buildings. The Centre is an inpatient facility for adults, providing 18 beds in an admission and treatment unit and a 10 bed Psychiatric Intensive Care Unit (PICU), together with community team bases and outpatient/service user facilities. Having a ‘blank canvas’ enabled the trust to follow the principles of service user-centred design, by creating an environment based on the following principles that facilitates recovery:

- Respect privacy
- Facilitate communication, collaboration and trust
- Encourage service user and family participation
- Empower service users
- Promote safety and security
- Provide accessible accommodations
- Create a comfortable environment
- Facilitate healing
- Support staff’s goals through design
- Look for design opportunities to support unmet needs

The Centre won the mental health design category at the Design and Health International 2010 Academy Awards, and was highly commended for Best Mental Health Design in the 2010 Building Better Health Awards. It has been described by Care Quality Commission inspectors as: “an exceptional standard of accommodation and a design of a very high standard. The positive interaction between staff and patients [on Ward 1] is also noteworthy and highly commendable. [Ward 2] offers an appropriately ligature free ward, and despite being on the first floor, offers unfettered access to fresh air in courtyard space. Gender separation has been managed effectively and the visiting area is a little separate from the main part of the ward.”
5 Proposals for consultation

This consultation is about the best pattern of inpatient mental health services for the future to meet the needs of people in South West London and those who use the regional and national services provided by South West London and St George’s Mental Health NHS Trust.

The preferred option is to establish two centres of excellence for inpatient mental health services, each providing a range of local and national services. One centre would be at Springfield University Hospital, Tooting. The other would be at Tolworth Hospital, Kingston.

We believe this option delivers the most clinical benefits for patients, and the best surroundings for patients, carers and staff. In the long term we think it also makes the most effective use of NHS resources and is therefore the most sustainable for the future.

We want to hear your views on this option and on the range of services that might be based at each hospital.

Another option is to maintain services at three sites, Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital. This is closer to the current pattern of services. This option would concentrate more adult mental health beds in the northern part of the catchment area. We do not believe this option provides as many benefits for service users, carers and staff.

We also considered options involving Barnes Hospital and Sutton Hospital. We do not believe these are workable solutions because of clinical viability and planning considerations.

We include a description of what would happen if we do the minimum, which is to maintain the existing buildings without investing in any new developments. We do not believe this is a realistic option.

Consultation runs until [date]. You can find out how to give your feedback in chapters six and seven on pages xxxx

We want to make sure that people and organisations have the chance to comment on these proposals, and to suggest if there are alternatives that the NHS should consider before a final decision is made. That is the purpose of this consultation.

The trust intends to develop new inpatient services which will

- Provide the best possible experience for patients and carers, and for staff
• Meet national and local standards for mental health services
• Are purpose-designed for modern mental health care
• Enable staff to provide high quality care
• Are sustainable for the NHS in future with lower maintenance and running costs than existing inpatient services. This would help meet the trust’s financial targets and help preserve frontline hospital and community mental health services

The proposals are founded on guiding principles, developed with service users and carers, clinicians and local community representatives (see How the options were developed, below):

• The most important single factor is to ensure quality of care that helps people get better, that meets national clinical standards and that is provided in the best possible surroundings
• Inpatient services must be accessible to service users and carers and must provide the right care in the right place at the right time
• Inpatient services cannot be provided on one site because no single site is large enough. On the other hand, services spread across four or more sites are not sustainable
• Springfield University Hospital must be one of the sites for inpatient services
• Inpatient services must meet national standards for NHS care

In turn, the detailed designs to support the chosen option will adopt these principles:

• New accommodation will be flexible so that space can be used in different ways as services change and develop in future
• Wards will typically have a range of 12 to 18 beds, which could be brought into use as appropriate to meet the clinical needs of each service
• Staffing ratios will meet the standards set out in the Francis Report, which recommended a ratio of at least one staff member to four patients
• Inpatient accommodation will designed to dovetail with the community mental health services in each borough to provide a single service for people who need inpatient care and treatment

This consultation is about the best way to deliver these principles: about the location for future inpatient services and the range of services that should be provided from each location. It is not about precise bed numbers. This is because any new accommodation will be designed to be flexible and to adapt to changing clinical needs over time. Mental health clinicians will decide on the right numbers of beds for each service, and on each ward, to meet the needs of patients and carers.

There is space within the available land zoned for mental health care at Springfield University Hospital, and at Tolworth Hospital for future development and expansion to provide more beds if these are agreed to be clinically needed.
Although the proposed new accommodation will not be ready for patients for some time, we need to start planning now so that the NHS can secure the funds for the new investment, select the developers to work with the trust, patients, carers and staff on whichever option is agreed, and complete the detailed design and planning process.

The costs of building the new facilities would come from disposing of land which the NHS no longer needs and using the proceeds to build the new inpatient units. This would be an investment programme of up to £160 million at 2014 prices depending on the option selected.

The options
How the options were developed

For more details of how the options were developed please see Appendix A.

During 2012 planning consent was given for the regeneration of Springfield University Hospital, opening up the opportunity to re-invest the proceeds of surplus land disposal in new mental health inpatient facilities. This made the development of new accommodation a realistic and sustainable possibility for the NHS in South West London.

Through the autumn of 2012 the trust held a series of listening events to develop options for these new inpatient services. These events brought together a wide range of stakeholders including service users, carers, commissioners, partners and charities and developed the guiding principles listed above for the new developments. The events concluded with an options appraisal event with senior clinicians and trust leaders who worked with stakeholders to evaluate alternative combinations of inpatient care. This determined which options should be reviewed in more detail and considered for consultation. 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.

The full list of sites considered was:

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

Options including Richmond Royal Hospital were discounted at the beginning of the process. Inpatient services are not provided at this hospital. 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 to provide community mental health services at Richmond Royal as part of the network of local services.

The other options were evaluated against the guiding principles, value for money and affordability. The ranked results were:

<table>
<thead>
<tr>
<th>Inpatient sites</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Springfield University Hospital and Tolworth Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Springfield University Hospital, Tolworth Hospital, Barnes Hospital</td>
<td>2</td>
</tr>
<tr>
<td>Springfield University Hospital and Sutton Hospital</td>
<td>3</td>
</tr>
<tr>
<td>Springfield University Hospital, Tolworth Hospital, Sutton Hospital</td>
<td>4</td>
</tr>
<tr>
<td>Springfield University Hospital and Queen Mary’s Hospital</td>
<td>5</td>
</tr>
<tr>
<td>Springfield University Hospital, Tolworth Hospital, Queen Mary’s Hospital</td>
<td>6</td>
</tr>
</tbody>
</table>

Of these:

**Sutton Hospital**
Options including Sutton Hospital were not shortlisted. This is as a result of the 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.

**Barnes 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 of important to the 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. Because of 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 this hospital.

The remaining options therefore included Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital.

The option of using Springfield University Hospital and Queen Mary’s Hospital alone was not shortlisted. This is because there is no opportunity to develop additional mental health facilities at Queen Mary’s Hospital. This would result in unacceptable pressure on the available space zoned for mental health development at Springfield University Hospital. A two-site option using Queen Mary’s Hospital and Springfield University Hospital would require inpatient wards at Springfield to be on two or three storeys in order to accommodate all the service that will be required in future, which is not good practice for the provision of high quality inpatient care. It would also result in all the inpatient accommodation being concentrated in the northern part of the catchment area.

Two inpatient centres at Springfield University Hospital, Tooting; and at Tolworth Hospital, Kingston

This is the preferred option: to 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 local services for people living in Kingston, Merton, Sutton, Richmond and Wandsworth, and specialist services which treat people from across the country.

This 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.

This option includes the regeneration at Springfield University Hospital, granted planning permission in 2012. This will retain the most recent mental health buildings – the Wandsworth Recovery Centre and the Phoenix Centre – and provide new inpatient facilities in the area of 2.5 hectares zoned for mental health care by the planning consent. The rest of the site, including the location of the remainder of the existing inpatient premises at Springfield, will be developed for housing, leisure and retail purposes including new open space parkland. This means that the new mental health services will be integrated within a local community, ending once and for all the stigma of Victorian asylums on the site.

Wards will be designed to operate flexibly between 12 and 18 beds to adapt to changes in clinical demand.
Two inpatient sites – proposed configuration

<table>
<thead>
<tr>
<th>Springfield University Hospital</th>
<th>Tolworth Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult services (3 wards)</td>
<td>Adult services (3 wards)</td>
</tr>
<tr>
<td>Psychiatric Intensive Care Unit</td>
<td>Adult deaf services (1 ward)</td>
</tr>
<tr>
<td>Eating Disorder service (1 ward)</td>
<td>Obsessive Compulsive Disorder and Body Dysmorphia service (1 ward)</td>
</tr>
<tr>
<td>Low and Medium secure services (four wards)</td>
<td>Child and adolescent services (three wards and a psychiatric intensive care unit)</td>
</tr>
<tr>
<td>Stepdown services (2 wards)</td>
<td></td>
</tr>
<tr>
<td>Older adult acute ward (or at Tolworth)</td>
<td>One older adult acute ward (or at Springfield)</td>
</tr>
<tr>
<td>Base for community teams who will go out to local clinics and people's homes</td>
<td>Base for community teams who will go out to local clinics and people's homes</td>
</tr>
</tbody>
</table>

In this option:

- 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 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 such as a café and shop. 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 there. This is because the planning consent for Springfield only allows for mental health development in an area of 2.5 hectares. 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. This proposal is described in more detail in the section ‘The right services, the right place’ below

- 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 three wards will remain at the lower end of the range for clinical viability 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
- 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 2018 onwards by the trust and NHS commissioners 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 ‘hubs and spoke’ clinics 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. Overall, this option generates clinical and financial benefits to the NHS valued at £25.87 million over a 50-year life-span

The right services, the best place

No single site is big enough to take all the inpatient mental health services that the NHS will need in South West London – and service users and carers were clear when developing the site options that they do not want this either.

So one reason for this consultation is to get the balance right between the different mental health inpatient services and where they should be located. This includes both the services for people living in South West London and the specialist services which take people from all over the country.

Some services now at Springfield University Hospital must stay there. Others would offer better care to patients and carers if they were based at the new development at Tolworth Hospital where there is more room to create first-class facilities.

The proposals for consultation are that

Tolworth Hospital becomes the location for:

- Children’s inpatient services currently at Springfield. Providing these services at Tolworth would provide young people with valuable extra outside space and better
leisure facilities – something they and their families say is important to their care. Basing these services at Tolworth also ends the current situation where these services are on the same site as secure and forensic adult services. This is not best practice

- Adult deaf inpatient services currently at Springfield. Providing these services at Tolworth would offer more space for development and better quality accommodation. The community services for deaf people are not affected by this proposed move

- Obsessive Compulsive Disorder and Body Dysmorphia Service currently at Springfield. Providing this service at Tolworth would offer more space for development and better quality accommodation

Rooms are provided for carers and relatives to stay.

- Carers say it is important that they have somewhere to stay overnight when visiting their relatives. Overnight rooms will be provided at Springfield University Hospital and at Tolworth Hospital for people who may have travelled many miles from other parts of the country to see people who are using the specialist services provided by the trust

Services for older adults

- As alternatives to hospital admission continue to be introduced the trust intends to provide one ward for older adults. This could be located either at Springfield University Hospital or at Tolworth Hospital

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

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.

This represents an investment of £140 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.

This option includes the regeneration at Springfield University Hospital, granted planning permission in 2012. This will retain the most recent mental health buildings – the Wandsworth Recovery Centre and the Phoenix Centre – and provide new inpatient facilities in an area of 2.5 hectares zoned for mental health care by the planning consent. The rest of the site, including the location of the remainder of the existing inpatient premises at Springfield, will be developed for housing, leisure and retail purposes including new open
space parkland. This means that the mental health services will be integrated within a local community, ending once and for all the stigma of Victorian asylums on the site.

Wards at Springfield University Hospital and at Tolworth Hospital will be designed to operate flexibly between 12 and 18 beds to adapt to changes in clinical demand. The design of the wards at Queen Mary’s Hospital cannot be changed and will remain at 23 beds. At least five beds on each ward at Queen Mary’s Hospital will have to be closed to meet the recommended maximum of 18 beds per ward.

**Three inpatient sites – proposed configuration**

<table>
<thead>
<tr>
<th>Springfield University Hospital (redevelopment)</th>
<th>Tolworth Hospital (redevelopment)</th>
<th>Queen Mary’s Hospital (existing wards, no redevelopment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult services (3 wards)</td>
<td>Adult deaf services (1 ward)</td>
<td>Adult services (3 wards)</td>
</tr>
<tr>
<td>Psychiatric Intensive Care Unit</td>
<td>Obsessive Compulsive Disorder and Body Dysmorphia service (1 ward)</td>
<td></td>
</tr>
<tr>
<td>Eating Disorder service (1 ward)</td>
<td>Child and adolescent services (three wards and a psychiatric intensive care unit)</td>
<td></td>
</tr>
<tr>
<td>Low and Medium secure services (four wards)</td>
<td></td>
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</tr>
<tr>
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<tr>
<td>Older adult acute ward (or at Tolworth)</td>
<td>One older adult acute ward (or at Springfield)</td>
<td></td>
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<tr>
<td>Base for community teams who will go out to local clinics and people’s homes</td>
<td>Base for community teams who will go out to local clinics and people’s homes</td>
<td></td>
</tr>
</tbody>
</table>

Under this option:

- Adult mental health services will be provided equally at Springfield University Hospital and Queen Mary’s Hospital, Roehampton, three wards at each site. Springfield University Hospital will broadly serve the eastern part of the local catchment area. Queen Mary’s Hospital will broadly serve the western part of the local catchment area. Both hospitals are located in the northern part of the local catchment area.
The existing wards will continue in use at Queen Mary’s Hospital. They will not meet all modern standards for mental health inpatient services. This option does not resolve the challenges of providing high quality care at Queen Mary’s Hospital, because it is not possible to improve the design and layout of the wards there.

It would not be possible to use Queen Mary’s Hospital for additional general hospital services if mental health care is retained there.

All patients and their carers at Springfield University Hospital and Tolworth Hospital 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 at Springfield University Hospital and Tolworth Hospital will have ensuite facilities and access to a range of outside space.

Queen Mary’s Hospital with three wards will remain at the lower end of the range for clinical viability as recommended by the Royal College of Psychiatrists.

Springfield University Hospital and Tolworth Hospital will be well above the minimum requirement of three wards; however under this option Springfield will be substantially larger than either of the other two hospitals. It may be harder to attract and keep the highest quality of staff to Tolworth Hospital or to Queen Mary’s Hospital, since they will remain as relatively smaller hospitals.

The redevelopment of Tolworth Hospital will not include local adult mental health services. Some specialist services are proposed to be established at Tolworth Hospital as part of the new development there (see ‘The right services, the right place’ on page 28).

Patients and carers who currently use Tolworth Hospital, Kingston, will need to travel to Springfield University Hospital or Queen Mary’s Hospital for their inpatient care, whichever is closer and more convenient.

Alternatives to mental health hospital admission will be provided by 2018 onwards by the trust and NHS commissioners 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 ‘hubs and spoke’ clinics provided by the trust.

The day to day running costs of this option would be higher than the two-site option because of the costs associated with providing services from Queen Mary’s Hospital.

Overall the clinical and financial implications of keeping three sites works out at a cost to the NHS of £42.17 million more than the preferred option over a 50-year life span.

This option would be more expensive for the NHS to run. Maintaining services at three sites would require NHS commissioners and the trust to re-assess their priorities for funding and would have an impact on the trust’s long-term financial position.

The ‘do minimum’ approach – maintenance only

Instead of creating new buildings, the NHS could concentrate on clearing the backlog of maintenance at the existing inpatient sites. We call this the ‘do minimum’ approach because
it does not involve any new buildings or any longterm improvement in standards and conditions for patients or staff.

This is not considered to be a realistic approach 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 inpatient units 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.

- The do minimum option would cost the NHS £66 million to clear the backlog of maintenance and continue to use the existing premises, without making any improvements. 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 longterm continued use of buildings for mental health inpatient services which remain con-compliant with quality and care standards.

The options compared

<table>
<thead>
<tr>
<th>Two sites Springfield, Tolworth</th>
<th>Three sites: Springfield, Tolworth, Queen Mary’s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical care</strong></td>
<td></td>
</tr>
<tr>
<td>• High quality surroundings to</td>
<td>• Surroundings are not equal at all sites – Queen</td>
</tr>
<tr>
<td>support patient care at both</td>
<td>Mary’s Hospital ward layout and design cannot be</td>
</tr>
<tr>
<td>sites</td>
<td>improved</td>
</tr>
<tr>
<td>• Meets guidelines on minimum</td>
<td>• Queen Mary’s Hospital will be at the lower end</td>
</tr>
<tr>
<td>of at least three wards for</td>
<td>of clinical viability</td>
</tr>
<tr>
<td>mental health units</td>
<td>• Only Springfield and Tolworth benefit from</td>
</tr>
<tr>
<td>• Resolves challenges of ward</td>
<td>improved premises: challenges remain at Queen</td>
</tr>
<tr>
<td>design, layout and impact on</td>
<td>Mary’s Hospital</td>
</tr>
<tr>
<td>privacy, dignity and safety</td>
<td>• Services unbalanced across the sites: local</td>
</tr>
<tr>
<td>• Balanced range of local and</td>
<td>services will not be located at Tolworth.</td>
</tr>
<tr>
<td>specialist services at each</td>
<td>Springfield will be the largest site, Tolworth</td>
</tr>
<tr>
<td>hospital</td>
<td>and Queen Mary’s will each be</td>
</tr>
</tbody>
</table>
### Environmental quality
- Each centre would be designed to meet NHS standards and legal requirements for privacy, dignity, equality, room size, ensuite bathrooms, access to open space, observation and care
- More space at Tolworth Hospital would enable the trust to provide first class accommodation for the Children and Young People’s service (which would have its own dedicated campus within the new development), the Adult Deaf Service and the Obsessive Compulsive Disorder and Body Dysmorphia Service
- Queen Mary’s will not meet modern standards and requirements for privacy, access to open space, observation and care
- More space at Tolworth Hospital would enable the trust to provide first class accommodation for the Children and Young People’s service (which would have its own dedicated campus within the new development), the Adult Deaf Service and the Obsessive Compulsive Disorder and Body Dysmorphia Service

### Sustainability
- The running, staffing and maintenance costs of the proposed centres are sustainable for the NHS. Both centres would be built and owned by the trust
- No expensive long term running costs associated with maintaining or refurbishing old or unsuitable premises
- Overall this option generates a benefit to the NHS calculated at £25.87 million over 50 years
- Continued use of Queen Mary’s carries an additional cost partly because of the use of three sites rather than two, and partly because the trust does not own these wards, it rents them under the Private Finance initiative (PFI) arrangement at Queen Mary’s Hospital
- Reduced costs because there will be no operational older buildings at Springfield and Tolworth: these costs associated with Queen Mary’s remain
- Overall this option generates a cost to the NHS calculated at £17.34 million over 50 years

### Access
- Alternatives to hospital admission have been and will
- Alternatives to hospital admission have been and will
continue to be introduced. This will continue to reduce the need for people to go into hospital, and to reduce the length of time they spend in hospital if admission is needed.

- The two inpatient sites are in the north eastern half and the south western half of the local catchment area respectively
- Patients and carers using Queen Mary's Hospital will have services provided at either Tolworth Hospital or Springfield University Hospital, whichever is closer and more convenient for them

### Timescale

- The new developments will be open in around 2024: it will take up to five years to complete the detailed planning, design and financial approvals and another five for construction
- Beds at Queen Mary's Hospital will be reduced from 23 to 18 on each ward as soon as demand for these places reduces.
- The new developments at the other sites will be open in around 2024: it will take up to five years to complete the detailed planning, design and financial approvals and another five for construction
The table above shows that the most effective option in terms of quality and clinical standards is the two-site option which makes best use of Springfield University Hospital and Tolworth Hospital. This is also the option which provides the best value for money in terms of affordability.

The table 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. Springfield University Hospital and Tolworth Hospital, generates a positive figure which represents an overall benefit to the NHS over the period. The rankings generated by these calculations is presented on the bottom row of the table.

This is a £160 million modernisation programme at 2014 prices. The funds for this would come from disposing of land at Springfield University Hospital and other locations which the NHS will not need in the future. Once built, the two new centres would be cheaper to run than the existing three hospitals. This would enable the trust to prioritise its spending on staffing and frontline care.

The three site option is a £148 million modernisation programme at 2014 prices. The funds for this would come from disposing of land at Springfield University Hospital and other locations which the NHS will not need in the future. In the long term, however, the costs associated with the option are greater.

The maintenance only option is a £66 million programme at 2014 prices. Because existing buildings would be retained the opportunity to regenerate the Springfield site for NHS use.

### Table: Option Appraisal Ranking Summary

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Capital investment £m</td>
<td>66.08</td>
<td>160.10</td>
<td>148.00</td>
</tr>
<tr>
<td>Non-Financial benefits Score</td>
<td>4.70</td>
<td>7.03</td>
<td>6.40</td>
</tr>
<tr>
<td>Capital Cost Benefit (i.e. £m cost per benefit point)</td>
<td>14.05</td>
<td>22.78</td>
<td>23.13</td>
</tr>
<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>

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and for local housing would be removed – together with the funding associated with the land disposal meaning that the costs would have to borne 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. It is not supported by NHS commissioners. For this reason this option is not included for public consultation.

**Travel and transport**

Travel times and accessibility are important when considering any change to the location of services. The trust commissioned an independent study of travel times, using a tool developed by Transport for London, to compare the average travel times by car and by public transport from each borough to the three hospitals included in these options.

The points of origin for the travel times were based on Census Lower Super Output Areas (LSOA) and the destinations were the hospital sites. The point of origin within each Census LSOA used to calculate the travel times was based on the centre of population (not the geographical centre) as this offers a closer approximation of where people actually live. The average minimum travel time across all Census LSOAs was then calculated to produce an overall minimum travel time to the Hospital sites from each Borough. Appendix B has more details on the travel survey. A table of travel times to each site is on the next page.

[Note: maps showing travel times to follow]
Travel times from each borough to hospital sites, in minutes

<table>
<thead>
<tr>
<th>Borough</th>
<th>Mode of transport</th>
<th>Queen Mary’s Hospital</th>
<th>Springfield University Hospital</th>
<th>Tolworth Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingston</td>
<td>Car</td>
<td>37</td>
<td>50</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Public transport</td>
<td>56</td>
<td>60</td>
<td>35</td>
</tr>
<tr>
<td>Merton</td>
<td>Car</td>
<td>40</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Public transport</td>
<td>55</td>
<td>42</td>
<td>58</td>
</tr>
<tr>
<td>Richmond</td>
<td>Car</td>
<td>36</td>
<td>56</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Public transport</td>
<td>46</td>
<td>65</td>
<td>59</td>
</tr>
<tr>
<td>Sutton</td>
<td>Car</td>
<td>54</td>
<td>46</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Public transport</td>
<td>72</td>
<td>60</td>
<td>71</td>
</tr>
<tr>
<td>Wandsworth</td>
<td>Car</td>
<td>32</td>
<td>23</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Public transport</td>
<td>42</td>
<td>37</td>
<td>58</td>
</tr>
</tbody>
</table>

**Current provision of services to people in South West London**

Each person’s travel time is individual to them and the information in this document is an indication to help inform the consultation.

The number of admissions to each of the three hospitals in 2013-14, the latest information available, is set out below. Whichever option is selected, the actual number of admissions to the new inpatient units will be lower because of the improvements to community services and the introduction of alternatives to hospital admissions. The relative proportions of local people resident in each borough and using these services will remain broadly the same, however.
Springfield University Hospital: 850 admissions 2013-14. Of these, admissions from the five local boroughs\(^1\) were

- Kingston 27
- Merton 200
- Richmond 20
- Sutton 230
- Wandsworth 280

Queen Mary’s Hospital: 500 admissions 2013-14. Of these, admissions from the five local boroughs were

- Kingston 27
- Merton 16
- Richmond 147
- Sutton 19
- Wandsworth 243

Tolworth Hospital: 400 admissions 2013-14. Of these, admissions from the five local boroughs were

- Kingston 225
- Merton 23
- Richmond 54
- Sutton 23
- Wandsworth 22

If the two-site option of Springfield University Hospital and Tolworth Hospital is adopted, Springfield University Hospital would serve broadly the north western part of the local catchment area, and Tolworth Hospital the south eastern part.

People living in Merton and Sutton will be largely unaffected by the option selected: Springfield University Hospital will remain the closest and most convenient inpatient location for most residents in these boroughs.

People who today would expect to be admitted to Queen Mary’s Hospital would go either to Springfield University Hospital or to Tolworth Hospital depending on which is closest and most convenient to them and their carers. About half of these will be Wandsworth residents

\(^1\) Excludes admissions to the specialist services (based at Springfield University Hospital), admissions from elsewhere in London and those where place of residence is not recorded.
(243 at 2013-14 figures) and just under a third (147 at 2013-14 figures) will be Richmond residents.

If the three-site option of Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital is selected, local services will be provided from Springfield University Hospital and Queen Mary’s Hospital. Both of these are located in the northern half of the catchment area. People who today would expect to be admitted to Tolworth Hospital would go either to Springfield University Hospital or to Queen Mary’s Hospital depending on which is closest and most convenient to them and their carers. Just over half of these (225 at 2013-14 figures) will be Kingston residents.

The four tests
Proposals such as this one to change NHS services are required to meet four tests set by the Secretary of State for Health. These are:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. Clear clinical evidence base to support the proposals
4. Support for the proposals from clinical commissioners

Strong public and patient engagement
People who use mental health services and their advocates have been involved in developing these proposals. The first discussions about the need to replace the old buildings at Springfield 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 these representatives continued to be involved in developing the proposals that are published in this document.

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.

**Consistency with current and prospective need for patient choice**
The proposals are based on the quality and service standards expressed by 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 pattern 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 provision of 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 agreed 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 for service change reflect the intentions of commissioners to prioritise community mental health services, to provide alternatives to hospital admission and to reduce hospital admissions from 2017-18 onwards. The provision of more mental health services closer to home is a stated preference of people who use these services and their carers.

**Clear clinical evidence base to support the proposals**
The proposals take into account national policy, regulation and guidance 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) established the principle of parity of esteem for mental health services
- Professional Guidelines from the Royal College of Psychiatry
• Care Quality Commission standards

They also reflect the local commissioning intentions of the South West London CCGs as set out in the draft five-year strategy (May 2014) which indicates a continued trend towards more alternatives to hospital admission for mental health issues, and a reduction in admissions to mental health beds once these alternatives are in place from 2017 onwards.

The proposals were developed with input from clinicians and mental health professionals working in the mental health inpatient services. There is clear evidence of the clinical benefits of modernisation. The introduction of Home Treatment Teams in Merton and Sutton halved the admission rate between 2007 and 2012. Commissioners in South West London have indicated their intention to invest more into community mental health services to bring about a permanent reduction in mental health hospital admissions in all boroughs from 2016-17 onwards.

The opening of new wards at Springfield University Hospital in 2009 has enabled the trust to compare the impact of the improved environment with older wards. Ward 3 at the Wandsworth recovery Unit (opened 2009) had two serious incidents in 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.

South West London and St George's Mental Health NHS Trust has requested advice from the NHS England Clinical Senate on the proposals (this replaces the former National Clinical Advisory Team ‘Gateway’ review process) to inform the outcome of consultation and the preparation of business plans for the selected option.

The report of the Care Quality Commission inspection into the quality of services at South West London and St George's Mental Health NHS Trust (June 2014) is positive and has 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. The proposals acknowledge that achieving this consistent high quality of care is challenging because of the physical design and age of much of the existing accommodation. The proposals are designed to replace this accommodation with facilities that meet clinical guidelines and support the delivery of best practice in a sustainable manner.

Support for the proposal from clinical commissioners
The proposals have been developed in response to current and future commissioning intentions from the clinical commissioning groups in South West London and by NHS England.

The local commissioning groups in South West London agree in principle with the direction of travel as set out by the preferred option subject to the outcome of this consultation and
making their final decision. NHS England, which commissions the national services provided from the sites being considered, has also expressed support in principle for the modernisation of inpatient services.

The views of GPs will specifically be sought during the public consultation.

**Changes we have made**

These are the issues people told us about during the development of these proposals, and what we have done in response

<table>
<thead>
<tr>
<th>What people said</th>
<th>What we have done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good community services must be in place before changes are made to inpatient services</td>
<td>The timescale for community changes is to make improvements by 2018-19 (Draft 5-year strategy, published May 2014). The new inpatient facilities would be built after this, opening by 2024, if these proposals are agreed</td>
</tr>
<tr>
<td>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</td>
<td>The proposals include rooms for carers and relatives to stay over. These will be free. The trust will discuss options for developing public transport links to future agreed inpatient locations with transport providers</td>
</tr>
<tr>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>Transport considerations will be important in considering any proposed relocation</td>
<td>The trust commissioned an independent survey of travel times to help people judge the impact of any changes as part of this consultation. The main findings are in this document and the full report is available on request</td>
</tr>
<tr>
<td>The proposals should relate to other health and social care services so that care puts patients first and is joined-up</td>
<td>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</td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>
6 Taking the decisions

At the end of consultation, the NHS clinical commissioning groups for Kingston, Merton, Richmond, Sutton and Wandsworth, and NHS England, will decide on the best option to implement. They will take into account all the information available about the benefits and disadvantages of each option. The feedback from this consultation will be an important part of the information for them to consider.

This public consultation is one element of the process to decide what happens next. All these elements must be in place for the programme to happen:

- The NHS and the government must agree the business case for the new developments. These are due to go to the Department of Health and the Treasury in early 2015, provided they are agreed first by the NHS
- There must be planning consent for the proposals. The redevelopment of Springfield University Hospital has planning consent, granted in 2012. South West London and St George's Mental Health NHS Trust will seek planning consent for the proposed developments at Tolworth Hospital during 2014
- The NHS clinical commissioning groups in South West London and NHS England will decide which option they want to adopt at the end of this public consultation. When they do this they must take into account the option which makes the most improvement to people's health
- The proposals will be scrutinised by the local authorities in South West London to make sure that the consultation process has been sound and appropriate.

Who will take decisions?

The commissioners and the trust are jointly seeking your views on proposals to reconfigure the inpatient mental health services provided to the people of South West London, and the inpatient services commissioned nationally by NHS England from the trust.

Responses to the consultation will be carefully considered by the local CCGs, NHS England, the trust and our partners including local authorities. Together they will make sure that final recommendations put forward reflect views expressed in the consultation, meet local and national priorities for the NHS, and are consistent with good quality and integrated care provision.

The clinical commissioning groups and NHS England will make the final decision in December 2014, as the organisations responsible for commissioning mental health services in this area.
The process and timetable

<table>
<thead>
<tr>
<th>Process</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation period start and finishing dates</td>
<td></td>
</tr>
<tr>
<td>Independent report prepared analysing responses to the consultation</td>
<td></td>
</tr>
<tr>
<td>Review by CCGs, NHS England and the trust of the analysis of responses, leading to recommendations for decision</td>
<td></td>
</tr>
<tr>
<td>CCG, meet in public and make their decisions. NHS England makes its decision</td>
<td></td>
</tr>
<tr>
<td>Local authority Health Overview and Scrutiny Committees (HOSC) formerly advised of decision in public session. HOSC comments received</td>
<td></td>
</tr>
</tbody>
</table>
7. How to respond

This public consultation sets out the different options that we have developed as a result of listening to and working with patients, community groups, NHS and local authority partners. Now we are seeking your views on these proposals.

Public consultation runs from [date] to [date]. You can tell us what you think in a variety of ways:

- Filling in the form at the back of this document (no stamp needed)
- Online at [website address to be added]
- Writing to us at: [freepost address to be added]
  or by email to [email address to be added]
- Attending an event (see below for details)
- If you are a local group or organisation, you can request a speaker to attend your meeting. Please contact [name/address/contact details and phone number] to request this

The consultation runs from [date to date]. Responses are welcome at any time but they must in writing or email and they must be submitted in time to arrive by the closing date of [date].

Meetings

We are holding a series of public events where people can discuss the proposals and make your comments. The details are:

- 11 September 2014 – Richmond: 7.00 pm, Riverside Room, Old Town Hall, Whittaker Avenue, Richmond Upon Thames
- 15 September 2014 – Sutton: 7.00 pm, Large Hall, Sutton Salvation Army, 45 Benhill Ave, SM1 4DD
- 24 September 2014 – Merton: 7 pm, Wimbledon Guild, Drake House Hall, 44 St George's Road, Wimbledon SW19 4ED
- 29 September 2014 – Kingston: 2.00 pm, Acacia Unit, Tolworth Hospital
- 30 September 2014 – Wandsworth: 2.00 pm, Conference Room A, Springfield University Hospital
These events are open to everyone, especially people who use mental health services, their carers and families. We have chosen the venues to make sure that as many people as possible have the chance to attend one of the sessions at a time and place that is convenient for you.

Questions about the consultation?

If you have any questions or comments about the consultation process, please contact: [insert name and contact details]
8 Consultation response form
Response form

We Need Your Views Now

Please take a little time to answer as many of the questions set out here as you feel able. The deadline for receipt of your replies is 17 October 2014. Please feel free to use additional sheets of paper if necessary.

1. Do you support the development of more care close to home, backed up by appropriate inpatient services, as set out in this document?
   
   Yes/No
   
   Comments

2. Which option do you prefer:
   
   The preferred option: two inpatient centres at Springfield University Hospital and Tolworth Hospital hospitals?
   
   Three inpatient centres at Springfield University Hospital, Tolworth Hospital and Queen Mary’s hospitals?

3. Do you have any comments about the proposal to move the Child and Adolescent inpatient service to Tolworth Hospital?

4. Do you have any comments about the proposal to move the Adult Deaf Service to Tolworth Hospital?

5. Do you have any comments about the proposal to move the OCD Service to Tolworth Hospital?
6. Do you think that older people’s inpatient services should be located at Springfield University Hospital? Tolworth Hospital?

7. Are there any other options you think the NHS should consider?

8. Is there anything else you would like us to take into account?

Please tell us a little about yourself

Are you Male / Female

Please tick all boxes that refer to you: Service user / Carer / Local Resident

Are you responding on behalf of an organisation? (If so, please say which)

Under 12  12-16  17-25  26-35  36-45  46-55  56-65  65-80  81+

Age range

Ethnic background

White  Mixed
<table>
<thead>
<tr>
<th>British</th>
<th>White and Black Caribbean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irish</td>
<td>White and Black African</td>
</tr>
<tr>
<td>Any other White background</td>
<td>White and Asian</td>
</tr>
<tr>
<td></td>
<td>Any other mixed background</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>Asian or Asian British</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>Indian</td>
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<tr>
<td>Black African</td>
<td>Bangladeshi</td>
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<tr>
<td>Other Black</td>
<td>Pakistani</td>
</tr>
<tr>
<td></td>
<td>Any other Asian background</td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other ethnic group</td>
<td></td>
</tr>
</tbody>
</table>

Get involved - apply to become a member of the Trust

South West London and St. George’s Mental Health NHS Trust is applying to become an NHS Foundation Trust. You can find out more about this application at [www.swlstg-tr.nhs.uk/about-us/nhs-foundation-trust](http://www.swlstg-tr.nhs.uk/about-us/nhs-foundation-trust).

As an NHS Foundation Trust, service users and local people can become members and play a greater role in helping the trust to plan and develop services.

- Membership is free and available to everyone over the age of 12. You must be 16 to stand for elections to the council of governors
- Trust membership will be divided into 3 distinct categories, service users and carers, public and staff
- Service user membership would be open to anyone who has received our services in the five years before they sign up as members
Anyone who has been a carer to someone using our services in the last five years would be able to become a carer member.

Members’ involvement helps the Trust ensure that it is providing the very best service we can - a service built around the needs of the community.

To find out more, please email membership@swlstg-tr.nhs.uk or call 0800 085 2597.

To apply to join as a member, please fill in the following details when you return your consultation response questionnaire.

<table>
<thead>
<tr>
<th>Member type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>First name</td>
</tr>
<tr>
<td>Last name</td>
</tr>
<tr>
<td>Middle name</td>
</tr>
<tr>
<td>Date of birth</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Address</td>
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<tr>
<td>Postcode</td>
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<tr>
<td>Country</td>
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<tr>
<td>Home telephone</td>
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<tr>
<td>Mobile</td>
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<tr>
<td>Email</td>
</tr>
<tr>
<td>Preferred method of contact</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Do you consider yourself to be disabled?</td>
</tr>
<tr>
<td>How would you like to be involved?</td>
</tr>
<tr>
<td>Service preferences?</td>
</tr>
</tbody>
</table>
Appendices:

Appendix A: The options and how they were developed

This consultation will help to inform the decision about the sites from which our in-patient services could be provided in the future.

A wide range of different combinations of options for inpatient services has been considered, based on configurations in which the Trust's inpatient services are provided, initially from two, three and four sites. These included the three sites from which the Trust currently provides inpatient care at three sites and three additional sites at which 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 University Hospital, Tooting
- Sutton Hospital, Sutton
- Tolworth Hospital, Kingston

Through 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.

Option appraisal event – inpatient care

The option appraisal event was held on 4 December 2012. The objectives of the event were:

- To examine the current profile of services
- To agree on principles for future planning
- To appraise available options
- To recommend the most favourable options (i.e. those agreed in principle to be the most achievable, affordable and highest quality).

A wide-ranging group of stakeholders from across all five boroughs of the Trust’s catchment participated. In total around thirty individuals attended and joined one of six discussion
groups, each of which was facilitated by a member of the trust’s leadership team. 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 and service managers from the Trust
- Executive Directors from the Trust.

‘Stop-go’ criteria

Initially, a set of ‘stop-go’ criteria was developed to ensure that only options which were practical, delivered real benefits and would be likely to obtain planning permission were developed further. These criteria, which were agreed by participants, were:

<table>
<thead>
<tr>
<th>a) Critical mass: the Royal College of Psychiatrists recommends that a safe model of care should involve provision of at least 3 wards on any site. Accordingly, we propose that no option should involve creation of a site with less than 3 wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Affordability: the option must be within the Trust’s envelope of affordability.</td>
</tr>
<tr>
<td>c) Deliverability: we want our patients to be able to benefit from any proposed changes within a realistic period. We therefore propose a maximum period of 5 years for delivery of any options, once all approvals are in place</td>
</tr>
<tr>
<td>d) Space fit: the proposed future bed configuration must fit onto the selected sites.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>f) Planning Permission: it must be likely to achieve planning permission for necessary development.</td>
</tr>
<tr>
<td>g) Travel time: site must be accessible within a reasonable travel time by public transport from the localities they serve.</td>
</tr>
</tbody>
</table>

When the ‘stop-go’ criteria were applied to the list of sites, the following conclusions were agreed:
Must include Springfield University Hospital  

Springfield University Hospital is the largest inpatient site which the Trust operates, and is the only site which has, or would be likely to secure, planning permission for forensic services and the appropriate level of security. It was therefore agreed by a majority of the participants that only inpatient combinations which included Springfield University Hospital should be considered further.

No single site options  

It was agreed that no single site could accommodate all the required inpatient capacity (450 beds), which ruled out single site options.

No four-site options  

It was agreed that inpatient care spread across four sites would not be affordable, and no combinations with more than three sites were considered further.

Weighted quality criteria

Quality criteria were then agreed to evaluate the remaining options. Participants assigned a score to each criterion, and a summary ‘weighting’ was agreed for all criteria as shown.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Defining factors</th>
<th>Weighting (%)</th>
</tr>
</thead>
</table>
| Service Quality including compliance with CQC and Royal College of Psychiatrists’ guidelines | ▪ Improved health outcomes  
▪ Good care environment (appropriate facilities for purpose, appropriate privacy afforded, quality building fabric, clean)  
▪ Safe environment (appropriate design, clinical monitoring/supervision)  
▪ Disability Discrimination Act compliant | 33% |
| Accessibility of services | ▪ Easy contact and engagement of patients and their families with services  
▪ Good transport routes/ connections and appropriate travel times  
▪ Right services, right place, on time | 29% |
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Defining factors</th>
<th>Weighting (%)</th>
</tr>
</thead>
</table>
| Optimal Service Configuration                  | ▪ Facilitates delivery of desired service model  
▪ Supports desired ward configuration and sizes  
▪ Enables delivery of key service targets and standards  
▪ Benefits from co-located services (e.g. acute, community teams)  
▪ Co-location (ward synergies with other services)  
▪ Promotes integration of health care provision, across service components (e.g. primary, secondary, voluntary) | 16%           |
| Future Flexibility                             | ▪ Offers flexibility for future changes to service  
▪ Provides for expansion of services  
▪ Provides for introduction of partner services (primary / secondary / social care / voluntary) | 14%           |
| Feasibility & Timing                           | ▪ Can deliver benefits quickly  
▪ Minimal requirement for interim facilities between existing and new provision.  
▪ Minimum disruption to services during transitional stages  
▪ Minimal or no dependant / inter-dependant programmes in the Trust and local health economy  
▪ Construction and renovation works can be completed in accordance with the recommended programme | 8%            |

The Trust had proposed an initial set of weightings for discussion, which were discussed at the meeting. The main area of difference was that ‘Accessibility of services’ was given a higher weighting and ‘Feasibility & Timing’ was given a lower weighting by the stakeholders than the Trust representatives. The final criteria applied, as shown in the table, reflect the change.
In all, thirteen different combinations of two- and three-site options remained for review at this stage. They are listed below together with the outcome of subsequent review at the options appraisal event and participants’ final recommendations.

<table>
<thead>
<tr>
<th>Considered as Option number</th>
<th>Inpatient sites</th>
<th>2-site or 3-site?</th>
<th>Outcome of review</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Springfield University Hospital, Sutton</td>
<td>2</td>
<td>□ Selected for detailed evaluation</td>
</tr>
<tr>
<td>2</td>
<td>Springfield University Hospital, Tolworth Hospital</td>
<td>2</td>
<td>□ Selected for detailed evaluation</td>
</tr>
<tr>
<td>3</td>
<td>Springfield University Hospital, Queen Mary’s</td>
<td>2</td>
<td>□ Selected for detailed evaluation</td>
</tr>
<tr>
<td>4</td>
<td>Springfield University Hospital, Barnes, Queen Mary’s</td>
<td>3</td>
<td>□ Not selected – see below</td>
</tr>
<tr>
<td>5</td>
<td>Springfield University Hospital, Barnes, Richmond Royal</td>
<td>3</td>
<td>□ Not selected – see below</td>
</tr>
<tr>
<td>6</td>
<td>Springfield University Hospital, Barnes, Sutton</td>
<td>3</td>
<td>□ Not selected – see below</td>
</tr>
<tr>
<td>7</td>
<td>Springfield University Hospital, Tolworth Hospital, Barnes</td>
<td>3</td>
<td>□ Selected for detailed evaluation</td>
</tr>
<tr>
<td>8</td>
<td>Springfield University Hospital, Queen Mary’s, Richmond Royal</td>
<td>3</td>
<td>□ Not selected – see below</td>
</tr>
<tr>
<td>9</td>
<td>Springfield University Hospital, Queen Mary’s, Sutton</td>
<td>3</td>
<td>□ Not selected – see below</td>
</tr>
<tr>
<td>10</td>
<td>Springfield University Hospital, Tolworth Hospital, Queen Mary’s</td>
<td>3</td>
<td>□ Selected for detailed evaluation</td>
</tr>
<tr>
<td>11</td>
<td>Springfield University Hospital, Richmond Royal, Sutton</td>
<td>3</td>
<td>□ Not selected – see below</td>
</tr>
<tr>
<td>12</td>
<td>Springfield University Hospital, Richmond Royal, Tolworth Hospital</td>
<td>3</td>
<td>□ Not selected – see below</td>
</tr>
<tr>
<td>13</td>
<td>Springfield University Hospital, Tolworth Hospital, Sutton</td>
<td>3</td>
<td>□ Selected for detailed evaluation</td>
</tr>
</tbody>
</table>

Scoring the options

Participants were then invited to propose any options which they felt should be disqualified for other reasons. It was proposed that the Richmond Royal Hospital’s listed status and age would prevent any redevelopment achieving a modern and compliant environment for
patients at that site. Following a vote, it was therefore agreed that any combinations including Richmond Royal should be excluded from further consideration.

All participants then individually scored each of the remaining nine options against each of the weighted criteria, and a score was aggregated for each option.

**Consultation options**

**Recommendations from the options appraisal event**

The event participants recommended that six options should be shortlisted for financial appraisal and further discussion with stakeholders. These were:

- Option 7 - Springfield University Hospital, Tolworth Hospital and Barnes Hospital
- Option 13 - Springfield University Hospital, Tolworth Hospital and Sutton Hospital
- Option 10 - Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital
- Option 2 - Springfield University Hospital and Tolworth Hospital
- Option 8 - Springfield University Hospital and Sutton Hospital
- Option 9 - Springfield University Hospital and Queen Mary’s Hospital.

These options were the three most favoured three-site configurations for inpatient services and the three most favoured two-site configurations.

**Developing options for consultation**

These six options were subsequently appraised in more detail:

- Evaluated for quality, through a more detailed appraisal of the configuration
- Evaluated financially, in terms both of the capital cost of development and revenue cost of service provision
- A travel analysis was undertaken.

**Clinical quality appraisal**

The suitability of three of the Trust’s sites was considered by the Trust, and the following concerns noted:
## Assessments of specific sites

<table>
<thead>
<tr>
<th>Site</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Barnes Hospital</strong></td>
<td>Constrained site which was assessed as ‘not viable’ in terms of clinical safety and Value for Money for current services, and unlikely to be an option in the longer term due to its location (report of Barnes Hospital Working Group, 2012)</td>
</tr>
</tbody>
</table>
| **Queen Mary’s Hospital, Roehampton** | Existing wards:  
  - Are at the lower end of the Royal College of Psychiatrists’ Guidelines on critical mass  
  - Are too large at 23 beds  
  - Not on ground floor  
  - Because of its layout QMH has very high running costs as a site for inpatient mental health care  
  - Sight-lines for nursing are sub-optimal. |
| **Sutton Hospital**           | Discounted because it has already been subject to consultation, which concluded that the site is no longer suitable for inpatient mental health care |

In addition, for some services location at a specific site is either imperative, or brings significant service quality benefits:

**Springfield University Hospital**

- The Eating Disorders Service, currently based in Avalon Ward, must remain at Springfield University Hospital because of physical health support provided by St George’s NHS Trust (known as the ‘Marzipan Pathway’). The required level of care could not be provided by Kingston Hospital, and Tolworth Hospital is not therefore an appropriate site for the service.

- A Psychiatric Intensive Care Unit (PICU) must be retained on the Springfield University Hospital site to support other inpatient and crisis care.

- Forensic services are retained on the Springfield University Hospital site under all proposals, as there is believed to be little prospect of planning permission to develop new services elsewhere.

It was also noted that proposed development of Springfield University Hospital site would bring investment by the commercial developers of £15M into new public open green space – the creation of an entirely new park for South West London. As well as an amenity for local
people, this would provide a resource to support recovery for Trust service users on the Springfield University Hospital site.

**Tolworth Hospital**

- There is a preference to relocate the Children and Adolescent Mental Health Service (CAMHS) campus to Tolworth Hospital, because the site offers the prospect of better quality accommodation (e.g. more space for gym and leisure facilities), and moves the unit further away from the forensic service, which is felt to be positive.

- It is proposed that the Adult Deaf service and the OCD service would relocate to Tolworth Hospital. The rationale is that these are both national services and therefore do not have a cohort of patients local to any part of the Trust catchment.

In addition, Tolworth Hospital offers the prospect of better quality accommodation for these services than would be available on the Springfield University Hospital site given planning permission and what must remain. However, a trade-off option could be to remain at Springfield University Hospital – but would mean more ‘stacking’ (i.e. greater proportion of accommodation not at ground floor level), and we are keen to hear views during the consultation on where to strike this balance.

**Financial appraisal and value for money**

Each of the six options was assessed for financial sustainability. This was then combined with the non-financial benefits to create a value for money table which ranked the options as follows:

<table>
<thead>
<tr>
<th>Option number</th>
<th>Inpatient sites</th>
<th>Affordability (money)</th>
<th>Non-financial score (value)</th>
<th>Money* Value</th>
<th>Value for money Index</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Springfield University Hospital and Tolworth Hospital hospitals</td>
<td>2,122</td>
<td>6.68</td>
<td>14,175</td>
<td>100</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Springfield University Hospital, Tolworth Hospital Barnes</td>
<td>1,291</td>
<td>7.27</td>
<td>9,386</td>
<td>69</td>
<td>2</td>
</tr>
</tbody>
</table>

2 NB. These Option numbers relate to the configurations as considered at the events and are as contained within the evaluation and event reports. Raw and weighted scores are shown in the next table.
Option 2 (Springfield University Hospital and Tolworth Hospital) has the highest value for money ranking by a clear margin, scoring 70% higher than the next option. Option 2 was the highest scoring two site option in terms of non-financial benefits.

Importantly, the breakdown of non-financial benefits scores also shows Option 2 came first out in terms of the factor weighted most highly by stakeholders, service quality.

Furthermore because Tolworth Hospital and Springfield University Hospital are both large Trust owned sites the option also scored well on future flexibility. It scored less highly than the three site options in terms of access (5th) and optimal service configuration (4th), however it was the highest scoring two site option in these categories.

Option 2 also has lowest net financial costs because it avoids the high PFI unitary charges at Queen Mary’s Hospital; makes use of two sites rather than three and makes greater use of buildings which are fit for purpose and does not involve land purchases.

Options which included Barnes or Sutton hospitals were not shortlisted (see page 44).

The resulting options for further consideration were therefore:

Option 2 – two centres at Springfield University Hospital and Tolworth Hospital, the highest scoring option

Option 10 – Springfield University Hospital, Tolworth Hospital and Queen Mary’s hospitals, the only remaining three-site option (and the lowest ranked of the six options).

In addition to these, the do-minimum option has also been included in the consultation document as a bench mark for comparison.
### 'First Cut Options' selected, in rank order showing raw and weighted quality scores

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Quality</td>
<td>33%</td>
<td>7.73</td>
<td>7.66</td>
<td>7.50</td>
<td>7.41</td>
<td>6.73</td>
<td>6.74</td>
<td>7.33</td>
<td>7.34</td>
<td>6.64</td>
<td>6.60</td>
<td>6.80</td>
<td>6.80</td>
<td>6.80</td>
</tr>
<tr>
<td>Accessibility of services</td>
<td>29%</td>
<td>4.15</td>
<td>1.24</td>
<td>5.53</td>
<td>1.72</td>
<td>4.72</td>
<td>1.37</td>
<td>5.06</td>
<td>1.41</td>
<td>5.46</td>
<td>1.59</td>
<td>6.96</td>
<td>2.33</td>
<td>6.14</td>
</tr>
<tr>
<td>Optimum Service Configuration</td>
<td>10%</td>
<td>7.17</td>
<td>6.94</td>
<td>6.13</td>
<td>0.95</td>
<td>5.29</td>
<td>0.81</td>
<td>5.96</td>
<td>0.81</td>
<td>5.77</td>
<td>0.92</td>
<td>6.66</td>
<td>1.16</td>
<td>6.78</td>
</tr>
<tr>
<td>Future Flexibility</td>
<td>14%</td>
<td>4.15</td>
<td>6.64</td>
<td>6.44</td>
<td>0.90</td>
<td>4.32</td>
<td>0.60</td>
<td>4.77</td>
<td>0.67</td>
<td>5.22</td>
<td>0.73</td>
<td>7.80</td>
<td>0.99</td>
<td>4.40</td>
</tr>
<tr>
<td>Feasibility &amp; Timing</td>
<td>11%</td>
<td>2.15</td>
<td>0.28</td>
<td>0.90</td>
<td>0.47</td>
<td>4.63</td>
<td>0.37</td>
<td>6.72</td>
<td>0.54</td>
<td>4.47</td>
<td>0.30</td>
<td>7.43</td>
<td>0.15</td>
<td>4.08</td>
</tr>
</tbody>
</table>

| Maximum score of 10 | 1.00 | 22.73 | 5.28 | 32.27 | 6.98 | 24.48 | 7.05 | 27.94 | 5.58 | 20.20 | 6.62 | 26.43 | 7.27 | 20.24 | 5.57 | 34.24 | 8.54 | 33.17 | 7.97 |

| Sensitivity tests: Final weighted scores | 5.28 | 6.05 | 5.58 | 6.02 | 1 | 7.27 | 5.07 | 3 | 6.80 | 2 | 7.07 |
| Equal weighting                  | 1.75 | 5.38 | 4.80 | 4.58 | 1 | 4.31 | 4.23 | 7 | 5.13 | 3 | 5.53 |
| Other scenario                   | N/A  | N/A  | N/A  | N/A  | N/A | N/A  | N/A  | N/A | N/A  | N/A | N/A  |
Appendix B: Analysis of travel times

The trust commissioned an independent study of travel times from each borough to the hospital sites included in this consultation, using a tool developed by Transport for London. This appendix summarises the key results.

The study was carried out for the trust by Ove Arup and Partners and was completed in June 2014. The approach for sourcing travel time data was agreed in consultation with Transport for London (TfL). Travel time information was calculated using TfL’s Health Service Travel Analysis Tool (HSTAT). TfL developed this tool in collaboration with the NHS to provide a consistent approach to assessing accessibility and travel times by car and by public transport.

The tool calculates travel times between any origin and destination. For this consultation, the travel time origins were based on the population-weighted centre of each Census Lower Super Output Area (LSOA) within each borough. This means that the travel times are based as closely as possible on where people actually live. The travel time destinations were the hospital locations.

The table below gives the overall minimum travel times to Springfield University Hospital, Tolworth Hospital and Queen Mary’s Hospital, calculated by the tool. The travel times were derived by calculating the mean minimum travel times from across all the Census LSOAs within each borough to each of the Hospital sites. Travel times are given in minutes for travelling by car and for travelling by public transport.

<table>
<thead>
<tr>
<th>Borough</th>
<th>Mode of transport</th>
<th>Queen Mary’s Hospital</th>
<th>Springfield University Hospital</th>
<th>Tolworth Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingston</td>
<td>Car</td>
<td>37</td>
<td>50</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Public transport</td>
<td>56</td>
<td>60</td>
<td>35</td>
</tr>
<tr>
<td>Merton</td>
<td>Car</td>
<td>40</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Public transport</td>
<td>55</td>
<td>42</td>
<td>58</td>
</tr>
<tr>
<td>Richmond</td>
<td>Car</td>
<td>36</td>
<td>56</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Public transport</td>
<td>46</td>
<td>65</td>
<td>59</td>
</tr>
<tr>
<td>Sutton</td>
<td>Car</td>
<td>54</td>
<td>46</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Public transport</td>
<td>72</td>
<td>60</td>
<td>71</td>
</tr>
</tbody>
</table>
The travel times are based on the morning peak hours between 7 am and 10 am and are the average minimum travel times from the borough to each hospital.

Stakeholder’s personal experience of actual journey times to the Hospitals may differ from the HSTAT journey time data, due to the very nature of modelling travel times. However, the tool has been developed by TfL, specifically for this kind of consultation and the travel times are considered to be a realistic and consistent approach for comparing journey times, to inform the decision making process. The travel times are also shown on the maps below.

[maps to follow]
Appendix C: The context - principles and priorities

Mental health services in South West London are designed to reflect local and national priorities for the NHS. The over-riding principle is set out by NHS commissioners in South West London in their five-year strategy published in May 2014:

"People in south west London can access the right health services when and where they need them. Care is delivered by a suitably trained and experienced workforce, in the most appropriate setting with a positive experience for patients. Services are patient centred and integrated with social care, focus on health promotion and encourage people to take ownership of their health. Services are high quality but also affordable."

This is as important for mental health as for all other NHS services.

Mental ill health is the single largest cause of disability in the UK. It has an impact on health from birth to the end of life. It makes up 22.8% of the total cost of ill health – greater than cancer (15.9%) and heart disease (16.2%). So the treatment of mental health is a major priority for the NHS. National planning guidance has set out the principle of “Parity of Esteem” meaning that for mental health services must be given equal status with physical health services in the development of NHS plans and strategies.

Our approach to mental health services is based on national policies, strategies and best practice guidelines, and on the priorities set by the NHS nationally and locally in South West London. Our approach is that mental health services should be

- **Patient centred** – delivering high quality, safe care, so in such a way that respects patients’ dignity and self-esteem
- **Community focussed** – responsive and flexible community-based care based on supporting people to live at home as much as possible and reducing inpatient stays
- **De-stigmatising** – facilities designed sensitively to create the best possible surroundings for service users and staff, including access to open space and natural light to makes attendance at mental health services more acceptable
- **Modern and efficient** – modern facilities designed to support front line staff, to make it easier to introduce new and innovative ways of working, to implement current best practice and to respond to changes in health care delivery in the future
- **Affordable and sustainable** – services that are affordable in their own right and as part of the wider financial position of health and social care services in South West London.

National policies for mental health and for the NHS as a whole emphasise the need to improve quality and to involve service users and stakeholders about planning and developing services

- ‘No Health Without Mental Health’ (Department of Health 2011) is the national strategy for mental health. Its two aims are to improve the mental health and
The wellbeing of the population and to keep people well; and to improve outcomes for people with mental health problems through high quality services that are equally accessible to all. The strategy stresses the government’s expectation that there be “parity of esteem” between mental and physical health services.

- The Darzi Review (2009) set out the case for shifting care from inpatient to community settings, helping people to take greater control of the plans for their care, and creating a health service focussed on improved outcomes.
- Quality issues are addressed in the Francis Report and subsequent national guidance, following the investigation at Mid Staffordshire; the Winterbourne Report, the Keogh Report and the Berwick Report.
- ‘Closing the Gap’ (Department of Health 2014) updates the national strategy ‘No Health Without Mental Health’ with 25 priorities for achieving measurable improvements in mental services by 2016, including reducing waiting times, the links between mental and physical health and providing more psychological therapies.
- ‘Everyone Counts: planning for patients 2014/15 to 2018/19’ (NHS England, 2013) established the principle of parity of esteem to ensure that mental health services and the needs of people who use them are given as much attention as other health services and the needs of other patients.
- Royal College of Psychiatrists guidelines provide best practice guidelines for clinical care. They include a minimum of three mental health wards for an inpatient unit (Not Just bricks and Mortar, 1998) and a maximum of 18 beds on each ward (Do the Right Thing, How to Judge a Good Ward, 2011).

The commissioning intentions of the trust’s local Clinical Commissioning Groups (CCGs) are to develop capacity in community services, including developing a single point of access, increased access to psychological therapies and greater provision of home treatment, to be implemented between 2014-15 and 2016-17, with a view to providing better care and reducing acute in-patient admissions from 2017-18 (South West London draft 5-year plan, published May 2014).

The national commissioning intentions from NHS England focus on improving the patient experience by greater integration of care between specialist and local services, more partnerships with other healthcare providers or third sector organisations to provide elements of support, greater standardisation and an commitment to innovation.

The trust’s core overarching strategic objectives are

- Improve quality and value
  - To provide consistent, high quality, safe services that provide value for money. Financial savings and increased competitiveness, backed by robust governance that is responsive to service users and carers, will transform relationships with all stakeholders.
- Improve partnership working
To develop stronger external partnerships and business opportunities that improve access, responsiveness and the range of services the trust offers. More integrated pathways across the spectrum of health and social care providers will not only deliver a better user experience but also better value.

- **Improve co-production**
  - To have reciprocal relationships which value service users, carers, staff and the community as co-producers of services; to empower front-line professionals and clients to help transform the trust’s operational model to one of a resource-led organisation actively used by the community and that builds on community assets.

- **Improve recovery**
  - To enable increased hope, control and opportunity for service users through peer support and self-help to personalise their care and support.

- **Improve innovation**
  - To become a leading, innovative provider of health and social care services, enabling the trust to become more competitive in our existing markets and to break into new ones.

- **Improve leadership and talent**
  - To develop leadership and talent throughout the organisation, as well as strengthen academic, teaching and research links, to enable every member of staff to fulfil their potential.

**Putting people first**

A key principle behind mental health policy nationally and locally is that of putting people first. The trust is delivering this by initiatives including:

- **Co-production**, defined as ‘delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and neighbours’ (New Economics Foundation), means that people are involved in decisions as partners in their own care and, more widely, that people who use services are involved in designing and developing services jointly with clinicians and with NHS commissioners.

- The **Service User Reference Group (SURG)** established in September 2010, with representatives from seven service users groups and a number of independent service users from across South West London, as well as senior executives and managers. The group is consulted on service changes and developments and quality improvement initiatives. A SURG Quality sub-group was established in March 2011 to monitor the trust’s quality and service user experience in user-identified areas. The trust appointed an Involvement and Co-production Lead to support this initiative.

- The **Prosper Network**, which is independent of the trust, was launched in October 2013. This supports local groups and encourages the development of mutual peer
support networks. The trust will seek feedback through the network and so increase opportunities for dialogue with many more service users

- **A Carers, Families and Friends Reference Group** meets bi-monthly. This group drives the trust’s commitment to involving and including carers and families. The trust has adopted the national Carers’ Trust ‘Triangle of Care’ standards.
- As part of the trust’s application to become an NHS Foundation trust, service users, carers and members of the public are signing up as **Foundation Trust members**. In this role they have a new channel to influence the development and delivery of services. At the start of this consultation the trust had 3,500 Foundation Trust members. Elections for the trust’s first shadow **Council of Governors** took place in June 2013.

**Recovery**

- Recovery is about seeing the whole person – not just a diagnosis. For mental healthcare providers including the trust, recovery means empowering the service user, develop their coping skills and providing a broad range of support beyond clinical treatment.
- The recovery model recognises that “recovery” from mental ill-health is often different to recovering from a physical illness or injury. It may not mean becoming free of symptoms, but living a fulfilled life and becoming better able to manage the impact of mental illness.
- Themes commonly identified by people working toward recovery include hope, self-esteem, positive relationships with others, social inclusion, empowerment and meaningful activities.
- The Trust established the first Recovery College in the UK for service users, carers and staff in 2010. It provides a range of courses to develop the capabilities of service users and enable staff to give appropriate support.
- The emphasis is on practical skills, and as a result the college continues to maintain the highest rate in London of user employment.
- 9.3 per cent of service users currently have jobs compared to the London average of 5.9 per cent.
- Central to the College’s ethos is the co-production model, which actively engages service users in course design and delivery, and recognises people’s assets and potential. The College uses peer workers as trainers.

**Working together**

Partnerships between providers of mental health services, and including service users and carers, are helping to improve mental health care.

- In Kingston, Merton, Richmond and Wandsworth, formal agreements are in place between the local authorities and the trust. Social work staff funded by the local authorities make up over a third of the trust’s community teams. This integration gives people who need mental health support a single point of access to NHS and
social care which helps make sure they get the right care from both agencies as quickly as possible

- The trust supports carers and families. It offers them access to skills and knowledge workshops and has developed initiatives to involve carers and families in the care process. This is linked to the Carers' Trust ‘Triangular of Care’ for which the trust has a kite mark.
- The trust designed a unique 10-week programme for carers of people with schizophrenia in Richmond and Kingston in partnership with Carers in Mind. This approach has been recommended by the National Institute for Health Clinical Excellence (NICE) to help reduce relapse rates.
- The trust worked in partnership with the Wandsworth Community Empowerment Network to develop a unique programme which has brought new psychological services to families in black and ethnic minority communities. The trust and community leaders created a training programme for pastors in faith organisations to support families who traditionally have avoided mental health services. The project helped to break down deep-seated stigma and discrimination.

A vision for mental health services

This is the vision for mental health services in South West London by 2018-19, as set out by the clinical commissioning groups (Draft 5-year strategy, May 2014). It describes what high quality care provided closer to home should look like and feel like:

- Patients are at the forefront of developing and shaping the way services are delivered
- Action being taken to address inequalities in mental health services and improvements made, which reflect the needs of BME communities, the socially disadvantaged and vulnerable groups
- Better support being provided to Carers and more work being done to ensure their views are taken into consideration and they are treated like partners during the care planning process of a family member
- Community mental health services that reflect what patients want and are in a wider range of locations
- Services focus on evidence based recovery models with a greater emphasis placed on peer-led interventions
- Community pharmacist patients and GPs working collaboratively to improve the management of psychotropic medication
- Resources provided to facilitate the use of personalised budgets and a greater emphasis placed on delivering services that have successful recovery outcomes and patient experience
- The effective management of physical health care, particularly with people that have severe and enduring mental illness to improve the disparity in mortality rates
• Improved crisis services that are based on the recommendations set out in the crisis concordat.
• Developing services that take into account the recommendations set by the Schizophrenia Commission
Appendix D: List of stakeholders and organisations consulted

This consultation is open to anyone living in the boroughs of Kingston, Merton, Sutton, Richmond and Wandsworth, and those who use the services provided by South west London and St George’s Mental Health NHS Trust (whether local, regional or national), their friends, carers and advocates.

We are consulting:

People who use mental health services, their carers and advocates

- GPs
- League of Friends: Barnes Hospital League of Friends
- League of Friends: Queen Mary’s Hospital
- League of Friends: Surbiton and Tolworth Hospitals
- League of Friends: Springfield
- People using inpatient, community and outpatient services provided by the trust during the period of consultation
- People who attended engagement workshops in 2012 to outline the possible options
- People who attended pre-consultation events and requested that they be contacted when consultation starts
- People who have joined the trust as Foundation Trust Members
- PROSPER
- Richmond MIND
- Richmond User Forum
- SURG
- Sutton 1 in 4
- Wandsworth MIND

Local community organisations and community representatives

- Health and Wellbeing Boards
- Healthwatch in each borough
- CVS in each borough
- Faith groups
- BAME groups and forums in each borough
- Community organisations and forums in each borough
- Branches of Age UK and the Alzheimer’s Society in each borough
- Ante-natal and maternity services including local branches of the National Childbirth Trust
- Members of Parliament whose constituencies cover the five boroughs
Local residents living close to the sites where services are provided by the trust and also near to sites where future development is proposed. This will include house to house distribution of information and also consultation with

- Balham and Tooting Community Association
- Diamond Estate residents, Tooting
- Friends of Streatham Cemetery
- Morris Markowe League of Friends
- Neighbours of Springfield
- Neighbours of Tolworth Hospital
- Park strategy working groups (Springfield site)
- St George’s Grove residents, Wandsworth
- Transition Town Tooting
- Wandsworth Carers Centre
- Wandsworth Society

Trust staff

- Clinical and professional teams in all services (including community services as well as the inpatient services directly affected by the proposals)
- Staff organisations

Partner organisations

- Borough Councils (Kingston, Merton, Sutton, Richmond, Wandsworth) councillors, officers
- NHS clinical commissioning groups (Wandsworth, Richmond, Merton, Sutton, Kingston)
- NHS England
- NHS Trust Development Authority
- St George’s Healthcare NHS Trust
- Kingston Hospital NHS Trust
- Care Quality Commission
- St George’s University

Other

- HOSC (joint committee and borough committees as appropriate)
- Probation services
- Police
Indicative language panel only

Unique reference number goes here

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