PLANNING STATEMENT

Richmond Royal Hospital

November 2018

DP9 Ltd

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1.0 INTRODUCTION

1.1 This Planning Statement has been prepared and submitted by DP9 Limited ('DP9') on behalf of UKI Richmond Ltd ('the Applicant') to support an application for full planning permission and listed building consent at Richmond Royal Hospital, TW9 2TE (the 'Site').

1.2 Planning permission is sought for the following:

'Restoration, retention and conversion of the Listed building to C3 (residential) use, retention, alteration and extension of the remainder of the existing buildings, demolition and replacement of part of the Evelyn Road wing and erection of a new building along the eastern site frontage, to provide for C3 (residential) and D1 (Health) floorspace, excavation to create areas for semi-basement car parking and associated landscaping'.

1.3 The listed building consent application seeks permission for:
"Listed building consent for the refurbishment and restoration of Shaftesbury House (Grade II) and conversion to residential use (C3) and all ancillary and associated works"

1.4 The development proposals are referred to in this Planning Statement as 'the Development'. A full description of the Development can be found in Section 4 of this Planning Statement.

1.5 This Planning Statement assesses the planning considerations associated with the Development and considers the Development in the context of national, regional and local planning policy and guidance. Section 6 of this Planning Statement provides an overview of the key policy and guidance relevant to the determination of the Development, whilst the text throughout this Planning Statement refers to the relevant policy and guidance where necessary.

Application Documents

Documents that form part of the planning application

- Planning Application and Land Ownership Certificate, prepared by DP9 Ltd;
- CIL Additional Questions Form, prepared by DP9;
- Site Location Plan at 1:1250, prepared by Rolfe Judd Architects;
- Demolition plans, existing plans, proposed plans, elevations and sections, prepared by Rolfe Judd Architects:

Documents in support of the planning application and Listed building consent application

- Design and Access Statement, prepared by Rolfe Judd Architects;
- This Planning Statement (including marketing and health assessment), prepared by DP9 Ltd;
- Landscape Statement, prepared by Spacehub;
- Arboriculture Report and survey, prepared by Spacehub;
- Transport Assessment, prepared by Royal Haskoning;
- Delivery and Servicing Plan, prepared by Royal Haskoning;
- Residential and Commercial Framework Travel Plan, prepared by Royal Haskoning;
- Structural Impact Assessment, prepared by Walsh;
- Construction Method Statement, prepared by UKI Richmond;
- Construction Logistics Plan, prepared by Royal Haskoning;
- Statement of Community Involvement, prepared by Snapdragon;
- Sustainability Statement, prepared by Hoare Lea;
- Energy Statement, prepared by Hoare Lea;
- Ecological Report, prepared by Halpin Robbins;
- Flood Risk Assessment, prepared by Walsh;

- Drainage Philosophy, prepared by Walsh
- Heritage and Townscape Visual Impact Assessment (HTVIA), prepared by KM Heritage;
- Contamination Report, prepared by Walsh;
- Archaeology Report, prepared by TVAS;
- Noise Assessment, prepared by Hoare Lea;
- Air Quality Assessment, prepared by Hoare Lea;
  Daylight/sunlight Assessment, prepared by BLDA;

Also enclosed but not submitted for the public file, is a copy of the Financial Viability Appraisal, prepared by DS2

Form of the Planning Statement

1.6 This Planning Statement takes the following form:

- Section 2 describes the Site and its surroundings;
- Section 3 provides an overview of the planning history;
- Section 4 describes the Development;
- Section 5 summarises the consultation process;
- Section 6 highlights the main national, regional and local planning policy and guidance relevant to the determination of the Development;
- Section 7 assesses the suitability of the Site for the Development;
- Section 8 provides an overview of Planning Obligations (Section 106 Agreement and Community Infrastructure Levy);
- Section 9 sets out the conclusions.

2.0 SITE AND SURROUNDING CONTEXT

2.1 The Site, with an area of 0.3717ha, is known as the Richmond Royal Hospital site, and is located on Kew Foot Road and bound by Shaftesbury Road to the south, Evelyn Road to the north and a shared access road to the east. It is broadly rectangular in shape. The Site lies within the administrative boundary of the London Borough of Richmond upon Thames ('LBRuT').

2.2 This, brownfield site, contains the Richmond Royal Hospital, a complex of interconnecting buildings surrounding a hard-standing courtyard (containing surface car parking), open to the east and bound by a one way private access road linking Evelyn Road and Shaftesbury road. The existing Site buildings have developed over time (19th and 20th Centuries) and include the Grade II listed formed dwelling (Shaftesbury House) that was converted to hospital use in the 1860s, two later wings wrapping around Kew Foot Road, Road and Evelyn Road respectively (considered Buildings of Townscape Merit) and a later wing (1990s) facing onto Evelyn Road.

2.3 Richmond Royal Hospital was until recently, the main outpatient provider of NHS mental health services to the London boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth, operated by South West London and St George's NHS Trust (The Trust). Increasingly over the years the building has become not fit for purpose and is less and less used as an out-patient facility. As part of the programme of rationalisation and long-term management of health care facilities the Trust identified the building as being no longer fit for purpose and surplus to requirements. As part of its Estate Modernisation Programme (EMP) the decision was taken, after much consultation (Including with the Council) and debate, to sell the building and to use the funds from the sale to assist in the delivery of modern hospital accommodation elsewhere – Springfield and Tolworth – in the Trust's area. Nevertheless, despite the identification that the site should be sold to assist with the funding of the delivery of the EMP, the Trust has ensured that the property will retain its social and community function

through a condition of the sale which requires that the new owner, UKI Richmond Ltd, incorporates a health use in their proposals.

2.4 The surrounding area, which falls within the Kew Foot Road Conservation Area, is predominantly residential in character, albeit the Royal Mid-Surrey Golf Club and Richmond Rugby & Athletics, with the Old Dear Park (Grade 1 Listed Historic Park and MOL) beyond, are located to the west on the opposite side of Kew Foot Road and a community healthcare facility, owned and operated by Hounslow and Richmond Community Healthcare NHS Trust, is located to the east on the opposite side of the access road. The world heritage Site of Kew is located further to the north.

2.5 In addition to the listed building and buildings of townscape merit within the subject Site there are a number of heritage assets located within the surrounding Conservation Area including:

- 39 Kew Foot Road - Grade II
- 19,21,23 Kew Foot Road - Grade II*
- 76-84 Kew Road - Grade II
- Pavilion at Richmond Athletic Ground - Grade II
- 12 and 14 Kew Foot Road - Grade II

2.6 The Site is located in Flood Zone 1 and within an Archaeological Priority Area.

2.7 The Site has a Public Transport Accessibility Rating (PTAL) of 6 (Excellent), and is located close to Richmond Town Centre. The Site is located within walking distance from Richmond mainline and underground stations and numerous bus connections.

3.0 PLANNING HISTORY

3.1 No relevant history is listed on LBRuT's online planning register.

4.0 THE DEVELOPMENT

4.1 The application seeks full planning permission and listed building consent for the following:

"Restoration, retention and conversion of the Listed building to C3 (residential) use, retention, alteration and extension of the remainder of the existing buildings, demolition and replacement of part of the Evelyn Road wing and erection of a new building along the eastern site frontage, to provide for C3 (residential) and D1 (Health) floorspace, excavation to create areas for semi-basement car parking and associated landscaping".

"Listed building consent for the refurbishment and restoration of Shaftesbury House (Grade II) and conversion to residential use (C3) and all ancillary and associated works"

4.2 The proposal involves the sensitive restoration and conversion of the existing listed building and Buildings of Townscape Merit (BTM) to residential use (C3 use) with 500sqm of new, re-provided health use floorspace (D1). A new development wing (connecting the Evelyn Road and Shaftesbury Road elevations) is proposed alongside small-scale elements of rooftop extensions, with a lower ground floor, car park in the centre of the Site with podium courtyard garden above.

4.3 Owing to the importance attributed to the development of the Richmond Royal Hospital for on-going health related uses this planning application is promoted in consultation and agreement with the Trust. The sale of the property to UKI Richmond Limited has generated significant funds for the development of new hospital facilities elsewhere, whilst retaining part of the existing Hospital for continued out-patient services on Site as part of the Development.

4.4 The Development can be summarised as:

- Sensitive restoration and conversion of the Grade II listed building (Shaftesbury House) to provide residential dwellings (C3 use), returning the building to its original and intended use;
- Retention of the existing southern hospital wing to provide residential dwellings (C3) (a building of townscape merit) with minor extensions to the roof and extension of the rear (north) facade;
- Retention of the existing northern hospital wing along Kew Foot Road (Building of Townscape Merit) to provide residential dwellings (C3 use) with 11 dormer window extensions within the roofscape;
- Part retention, part demolition of the Evelyn Road wing to provide residential dwellings (C3) and 500sqm GIA of D1 health use, with extensions to the rear facade and roofscape;
- Development of a new wing connecting the existing north (Evelyn Road) and south (Shaftesbury Road) wings and forming a central enclosed landscaped courtyard;
- Provision of associated car parking within the lower ground level (below podium garden) and ancillary services.
- Retention of 4 surface parking spaces fronting onto Kew Foot Road.

4.5 The architect's brief was to deliver a heritage led scheme of the highest architectural quality that respects the Site's heritage, preserves the character of the Conservation Area, whilst optimising the potential of the Site in land use terms and providing much needed housing (including affordable housing) and health use floorspace. The Brief required:

- Creation of a mixed-use scheme, optimising the potential of the Site, including health (D1) and residential (C3) floorspace.;

- To sensitively convert the existing listed building and buildings of townscape merit to residential use (C3), minimising intervention and respecting their heritage significance;
- To provide a fit for purpose, 500sqm GIA, new health care facility (D1 use);
- Create desirable residential accommodation through high quality design and landscaping;
- Provide a variety of residential unit types to respond to local need, the changing market and to planning policy;
- Improve the public realm surrounding the Site;
- To be financially viable and commercially deliverable, and to deliver the maximum reasonable amount of affordable housing.
- Engage with local stakeholder groups and neighbours to involve them in the design process and enable their views to inform the outcome;
- Respect neighbouring amenity;
- To create proposals that incorporate sustainability measures and result in a reduction in carbon emissions.

Land use

Health use (D1)

4.6 The Development re-provides, a fit for purpose, health care facility, comprising 500 sqm (GIA) of D1 use, which will be located on the lower ground floor of the building

facing onto Evelyn Road. The heath use, which would be occupied by the Trust, would benefit from independent pedestrian level access from Evelyn Road.

4.7 The new health care facility is tailored to cater for the needs of the Trust as required by the Estate Modernisation Programme. It is designed to meet the specific service requirements of the Trust and would maintain a level of health use floorspace and employment at the site, as well as activating the Evelyn Road frontage.

Residential Use (C3)

4.8 The Development will create 68 residential units (Class C3), providing a mix of units from studios to larger family 3 and 4 bedroom units. A breakdown of the mix is set out in the table below:

Building	Studio	1b	2b	3b	4b	Total
A (Afford.)	-	-	2	2	2	6
B	1	9	12	2	1	25
Listed (C)	-	1	3	-	1	5
D	-	1	7	-	-	8
E	1	12	5	-	-	18
F (Afford.)	-	-	1	3	2	6
Total	**2**	**23**	**30**	**7**	**6**	**68**

Figure 1: Residential Mix (Rolfe Judd)

4.9 8 (10.3%) of the units have been designed to be in accordance with Part M4(3) of the Building Regulations (Wheelchair adaptable), whilst the remaining units have been designed to be in accordance with Part M4(2) of the Building Regulations.

4.10 Despite the constraints of sensitively converting the listed building and buildings of townscape merit (BTMs) all units achieve, and in many cases exceed, the minimum unit and room size targets set out in the London Plan. The unit layouts have been

designed to reflect the Site context and orientation to maximise the quality of accommodation, whilst minimising intervention to the heritage assets.

4.11 The layouts and residential quality are considered in further detail in the Design and Access Statement.

Layout and appearance

4.12 The proposal is for the sensitive restoration and conversion of the existing buildings to residential use (C3), including the listed building being converted to its former and original residential use. It will involve a sensitive restoration and conversion of the existing listed building and Buildings of Townscape Merit (BTM). A new wing, alongside small scale elements of rooftop extension, will reflect the surrounding residential typologies in materiality, scale and proportion combining modern contemporary detailing with reference to classical hierarchy.

Kew Foot Road elevation

The Kew Foot Road elevation comprises the Listed Building and Buildings of Townscape Merit. The existing buildings are to be retained and repaired where required. The proposal includes a number of dormer windows (8) to be inserted within the existing roofscape (a further 3 dormer windows are proposed to be inserted within the rear roofscape facing the courtyard). The dormer windows would take a traditional form, with a slate tiled roof, and would be set back from the roof eaves to ensure that they do not dominate the elevation and have a limited impact upon views from the street scene. *format*

Evelyn Road elevation

4.13 The proposal is to retain the Building of Townscape Merit and adjacent 1920s building, but demolish the 1930s and 1990s elements of the elevation to create levelled floors

throughout and a more cohesive elevation. The new facade will be sensitively designed to respond to the adjacent 1920s Art Deco style building by continuing the horizontal bands and matching the window proportions. The lower ground floor of this element would contain the D1 health floorspace.

4.14 The existing rear façade facing the courtyard does not form part of the Building of Townscape Merit and is fragmented having different elements built in the 1920s, 1930s and 1990s. The courtyard façade is considered to have no heritage significance. The approach to the new façade, which involves the elevation extending into the courtyard area, entails:

- New proposed elevation to match the same 1920s Art-Deco style as the existing and proposed front façade;
- New Red London stock brickwork to match existing;
- Hierarchy of the facade defined as base, middle and top. Window heights and details increase at the lower level;
- A full height glazed junction where the new elevation meets the Building of Townscape Merit to ensure a sensitive but clearly defined transition.

It is proposed to provide a set-back roof top extension over part of the retained and proposed Evelyn Road elevation. The extension has been the subject of detailed discussion with officers. The extension steps back from the main Evelyn Road facade below and from the east and west building edges. Townscape views illustrate that the roof addition will not be readily visible from those roads that surround, with the exception of distant views looking west along Evelyn Road. Where the extension is visible it does not appear incongruous to the main building rather it appears an appropriate addition to the building and its setting; The proposed materials have been

carefully selected to ensure that the roof top element is light weight complements the main façade.

Shaftesbury Road

4.15 The rear elevations of the Buildings of Townscape Merit are the least sensitive in heritage and townscape terms and, in the case of the Shaftesbury Road wing, where most external change over time has occurred. The existing Shaftesbury Road building (which does not form part of the Listed Building but is a Building of Townscape Merit) is to be retained with the exception of the later addition (circa 1995) at the far east of the elevation and the rear façade, which is to be extended into the courtyard. In respect of the rear elevation, the vast majority is of a later period and is not considered to have heritage significance. Notwithstanding, the proposed replacement courtyard facade would:

- use the same external material as the existing front facade; yellow London Stock brickwork, white painted timber windows.
- Be characterised by a sensitive treatment of the roof top design at the corner by continuing the mansard roof and dormer windows.
- Reflect the existing hierarchy of the façade, defined as base, middle and top. Window heights and details increase at the lower level.
- Incorporate Vertical brick details introduced to match existing giving rhythms to the facade.
- Include balustrade balcony to match existing details.

4.16 It is proposed to erect a sensitive roof extension within the existing 1995 fragmented roof section of the Shaftesbury Road elevation. The extension would be set 5m from

the Shaftesbury Road front building line and 8.6m from the Kew Foot Road front building line, limiting its visibility from the surrounding street scenes and wider Conservation Area. The roof extension would take the form of a mansard roof with dormer windows comprised of natural slate. The set back from Shaftesbury Road allows the existing parapet line to be maintained. The existing, unattractive and incongruous, modern addition of a glazed curtain wall within the elevation would be replaced by a brick elevation with new windows detail and proportions to match the existing elevation. When viewed from the surrounding context, the appearance of the Buildings of Townscape Merit and the contribution they make to their surroundings and the Conservation Area will be preserved and enhanced.

New wing

4.17 A new build wing is proposed to connect the Shaftesbury Road and Evelyn Road elevations. The proposed wing would have a contemporary design but would have resonance with the existing buildings and wider Conservation Area through the careful choice of materials (London Stock brickwork and natural slate roof) and its articulation and proportions. The new build wing would be three storeys in height, including a set-back second floor. The building would be set in from the boundary of the existing shared service road. Vertical recessed brick work is proposed in reference to the traditional plot width used in Evelyn Road and the use of buff and glazed brickwork to break up the long facade by giving rhythm.

Vehicular Access

4.18 The vehicular access to the lower ground floor, covered, car park, remains via the existing one-way shared access road connecting Evelyn Road and Shaftesbury Road. Car parking, plant and refuse areas are proposed to be located at this lower ground floor beneath the podium courtyard garden and accessed via a car lift and residential cores.

Summary of design

4.19 The architectural language proposed enables the various elevations to be read as having multiple facets and varying heights, creating visual interest.

4.20 In respect of materiality the palette of materials proposed has been carefully chosen to work together and respond to the surrounding context within the surrounding Conservation Area. The main material proposed, as noted above, is brick, in keeping with the surrounding pattern of development and the areas heritage.

4.21 The design and appearance of the Development is explained in further detail in the accompanying Design and Access Statement.

Amenity and Public Realm

4.22 The development would include a communal central courtyard garden with an area of 425sqm and would include areas of play. A further 287qm is provided in the form of private terraces and a number of 'Juliet style' balconies.

Access, Parking and Servicing

4.23 The existing Site contains surface car parking spaces in the centre of the Site and along the Site frontage facing Kew Foot Road. The lower ground floor, covered, car park would be accessed from the existing access road and a car lift.

4.24 The development will include 29 residential parking spaces (including 3 blue badge spaces), which will be provided within the lower ground floor car park beneath the podium garden (and accessed by a car lift), with the exception of four surface spaces fronting onto Kew Foot Road (as existing). Electric charging points would be provided in accordance with London Plan Standards.

4.25 A total of 122 cycle parking spaces for residents with an additional 2 visitors spaces dedicated to the residential use. Cycle storage is contained within the lower ground floor close to the cores of the building. An additional 8 long term and 14 short term spaces are provided for the health use.

4.26 In order to encourage sustainable travel choices for trips to and from the development a draft Travel Plan (Both for the residential element and health workspace element) has been produced to accompany the planning application. A Servicing and Deliveries Management Plan and Construction Management Strategy have also been submitted in support of the application.

5.0 CONSULTATION

5.1 This Section summarises the pre-application process and the public consultation process. It should be read in conjunction with the Statement of Community Involvement, prepared by Snapdragon.

Pre-Application Discussions

5.2 In respect of the current proposals comprehensive pre-application discussions have been held with the Council throughout the design process and in the lead up to the submission of the planning application. This process and the feedback provided has informed the subject scheme now being proposed.

5.3 In addition to regular liaison and dialogue, meetings have been held with the Council on the following dates:

- 28th June 2018
- 29th September 2018
- 29th October 2018

The Applicant has also consulted with the local councillors and other statutory and technical bodies.

Public Consultation Exercise

5.4 The public consultation was intended to initiate a dialogue between the Applicant and the key stakeholders and local community in order to understand their objectives, aspirations and expectations and allow these to inform the design process.

5.5 The Applicant held a number of well attended public consultation events, taking place at the site in July, August and September 2018: a Residents Reception (held on 4th

July), a Residents Drop-in Session (held on 22nd August) and a Public Consultation (held on 20th September and 22nd September).

Conclusions from the Public Consultation Exercise

5.6 Engagement with the public has illustrated there is a general desire from a significant proportion of the public to see the Site reused. Whilst the principle of the Development and the architectural design of the proposals were generally supported, there were a number of concerns raised, notably

- Impact of demolition and construction upon neighbours' living conditions;
- Impact of construction traffic upon the surrounding highway network;
- Impact of the development upon local parking conditions;

5.7 A construction management plan is submitted in support of the planning application and will be put in place as part of the development process, which will seek to limit disruption to local residents from the construction. This will take into account the constraints arising as a result of the local road network and the current traffic flow. A representative from Royal Haskoning (Transport Consultant) was at all of the consultation sessions to discuss the plans and proposed solutions with attendees and the consultation assisted in identifying the key issues that needed to be addressed in the CMP.

5.8 Information on the traffic flows and the servicing was provided at the consultation sessions with the detailed information contained within the supporting Transport Assessment. Models and assessments demonstrate that a suitable management approach can be put in place. Whilst there are some concerns with the traffic flows and the manner in which these are to be managed, it is not possible to fully allay concerns in this respect until the system can be seen in practice.

5.9 In respect of car parking provision, the proposal accords with both GLA and LBRuT policy and is appropriate for the development itself. Concerns were raised regarding

the level of overall provision, but it was noted that new residents will be prevented from applying for local resident permits and provided the opportunity for car club membership, which has been welcomed.

5.10 The stakeholder engagement undertaken helped inform the final proposal. Further information on stakeholder engagement can be found in the supporting Statement of Community Involvement.

6.0 PLANNING POLICY FRAMEWORK OVERVIEW

6.1 The purpose of this section is to identify the planning policy framework relevant to the determination of the application for the Development. An analysis of the key policies and tests is included in Section 7.

6.2 Section 38(6) of the Planning and Compulsory Purchase Act 2004 requires planning application to be determined in accordance with the Development Plan, unless material considerations indicate otherwise.

6.3 The Development Plan for the Site comprises the following:

- The London Plan (2016 – consolidated);
- The London Borough of Richmond Local Plan (2018)

6.4 The revised National Planning Policy Framework (NPPF) was published in March 2018 and superseded previous national planning guidance contained within various Planning Policy Guidance and Planning Policy Statements. The NPPF is a material consideration in the assessment of all planning applications.

6.5 National Planning Practice Guidance (NPPG) is also considered to be a material consideration in the assessment of planning applications.

Draft London Plan

6.6 It is important to note that the draft London Plan has recently been consulted on running from 1 December 2017 to 2 March 2018, with Examination in Public anticipated in January 2019.

6.7 While the draft London Plan is currently in draft form and therefore carries limited weight, this Planning Statement makes reference to the draft London Plan where it is considered appropriate.

6.8 Once adopted, the new London Plan will replace the currently adopted London Plan and form the basis for decision making at the regional level.

6.9 The LBRuT Local Plan was adopted in 2018 and replaced the Core Strategy and DMP. The Local Plan sets out policies and guidance for the development of the Borough to 2033. The policies as set out in the Local Plan follow the approach of the presumption in favour of sustainable development as set out within the NPPF and show how it is expressed locally.

6.10 Other policy documents that are material to the consideration and determination of this application include supplementary planning guidance and documents prepared by both the Greater London Authority and the LBoRuT, as follows:

Regional Planning Policy and Guidance

- Accessible London: Achieving an Inclusive Environment SPG (April 2014);
- Sustainable Design and Construction SPG (April 2014);
- Planning for Equality and Diversity in London SPG (October 2007);
- London Plan Housing Supplementary Guidance (March 2016);
- Shaping Neighbourhoods: Play and Informal Recreation SPG (September 2012);
- Affordable Housing & Viability SPG (August 2017).

Local Planning Policy and Guidance

- Conservation Areas (2005)
- Residential Development Standards (2010)
- Building of townscape merit (2015)

- Planning obligations (2014)

7.0 PLANNING POLICY ASSESSMENT

7.1 This section reviews planning policies relevant to the Development and provides an assessment of how the Development addresses planning policy in respect of the following:

- Principle of development
    - Reduction in community floorspace
    - Principle of Residential use (C3)
    - Principle of health floorspace
- Residential standards
- Design and Townscape
- Heritage
- Transport and servicing
- Sustainability and energy
- Other Environmental considerations
- Affordable housing

Principle of Development

<u>Guiding principles</u>

7.2 At the heart of the NPPF is a presumption in favour of sustainable development which meets social, economic and environmental needs (Para 11). One of the core principles in the NPPF is that planning should encourage the effective use of land by reusing land which has been previously developed (brownfield land). The NPPF also promotes mixed-use developments, and encourages patterns of growth which focus significant development in locations which are, or can be made, sustainable.

7.3 The London Plan (2016) sets out a number of objectives for development throughout its policies, these are set out below and seek:

- To increase housing choice and supply (Policy 3.3) and optimise housing output (Policy 3.4).
- To realise brownfield housing capacity (Policy 3.3).
- To promote mixed and balanced communities (Policy 3.10).
- Support the provision of high quality health and social care (Policy 3.17)

7.4 LBRuT Local Plan (2018) sets s number of strategic goals for the Borough including

- *Protect and, where possible, enhance the environment including the heritage assets, retain and improve the character and appearance of established residential areas, and ensure new development and public spaces are of high quality design.*

- *Optimise the use of land and resources by ensuring new development takes place on previously developed land, reusing existing buildings and encouraging remediation and reuse of contaminated land.*

- *Ensure there is adequate provision of facilities for community and social infrastructure that are important for the quality of life of residents and which support the growing population, by protecting existing and, where required, securing new facilities and services that meet people's needs.*

- *Ensure there is a suitable stock and mix of high quality housing that reflects local needs by providing a choice of housing types and sizes, with higher density development located in more sustainable locations, such as the borough's centres and areas better served by public transport.*

- *Pursue all opportunities to maximise affordable housing across the borough through a range of measures, including providing more choice in the different types of affordable housing and different levels of affordability.*

Reduction in community use

7.5 The Site currently comprises the Richmond Royal Hospital, which has been part of the South West London and St George's NHS Trust estate. A health facility has been located at the Site since the 1860's, however the Richmond Royal Hospital has not been an in-patient facility for over 40 years. Increasingly over the years the building has become not fit for purpose and is less and less used as an outpatient facility.

7.6 As part of the programme of rationalisation and long-term management of health care facilities South West London and St George's NHS Trust (the Trust) identified the building as being no longer fit for purpose and surplus to requirements. As part of its Estate Modernisation Programme (EMP) the decision was taken, after much consultation and debate (including with NHS London), to sell the building and to use the funds from the sale to assist in the delivery of modern hospital accommodation elsewhere – Springfield and Tolworth – in the Trust's area.

7.7 The proposed development of the Site involves the rationalisation and retention of the existing health use (D1), conversion of the remainder of the Site to C3 use, the restoration and retention of the Listed Building and buildings of townscape merit (with necessary alterations) and the erection of a new building wing in the western section of the Site, providing further C3 floorspace (including affordable housing).

7.8 Despite the identification that the Site should be sold to assist with the funding of the delivery of the EMP, the Trust has ensured that the property will retain its social and community function through a condition of the sale which requires that the new owner, UKI Richmond Ltd, incorporates a health use in their proposals. The retention and rationalisation of the health use as part of the proposal ensures that the property is to continue in health-related uses for the foreseeable future, serving the local area.

7.9 The extent of floor area that is proposed for the retained health function (500sqm GIA) is based on a detailed assessment by the Trust as to what is required going forward to meet service needs and takes account of the historic use of the existing space. Owing to the importance attributed to the development of the Richmond Royal Hospital for on-going health related uses the proposed development is promoted in conjunction with the Trust.

7.10 At a Regional level, the London Plan (Policy 3.16) seeks the protection and enhancement of social infrastructure and notes that proposals that would result in a loss of social infrastructure in areas of need should be resisted. Where social infrastructure premises are shown to be redundant, other forms of social infrastructure, for which there is a defined need, should be considered prior to alternative uses being considered. Paragraph 3.87A (which provides support to Policy 3.16) of the London Plan does reference the loss of social infrastructure being acceptable even where there is a defined need subject to it being demonstrated that the disposal of assets is part of an agreed programme of social infrastructure re-provision.

7.11 Local Plan Policy LP 28 (Social and Community Infrastructure) Part C states that the loss of social or community infrastructure will be resisted. Proposals involving the loss of such infrastructure will need to demonstrate clearly:

> *1.that there is no longer an identified community need for the facilities or they no longer meet the needs of users and cannot be adapted; or*
>
> *2.that the existing facilities are being adequately re-provided in a different way or elsewhere in a convenient alternative location accessible to the current community it supports, or that there are sufficient suitable alternative facilities in the locality; and*
>
> *3. the potential of re-using or redeveloping the existing site for the same or an alternative social infrastructure use for which there is a local need has been*

fully assessed. This should include evidence of completion of a full and proper marketing exercise of the site for a period of at least two consecutive years in line with the requirements set out in Appendix 5.

Part D of the Policy goes on to state that:

D. Where the Council is satisfied that the above evidence has been provided and the change of use away from social and community infrastructure use has been justified, redevelopment for other employment generating uses or affordable housing should be considered.

7.12 Supporting Paragraph 8.1.11 of the Local Plan States that:

8.1.11 *In some cases, change might be inevitable, for example to meet the changing needs of users or through multi-use to make continued provision more economically viable. Any strategies produced by third parties demonstrating local need should have been subject to consultation with appropriate bodies to demonstrate the robustness of the evidence to the Council. If a public disposal process has taken place as part of an agreed programme of social infrastructure re-provision which confirms that the disposal of assets is necessary to ensure continued delivery of social infrastructure, and related services, this will be taken into account by the Council when assessing proposals against the criteria set out in this policy.*

7.13 The Council will be aware of the initial pre-application process undertaken by the Trust in 2016, which explored the principle of development at the site. The response issued by the Council in the letters dated 27th May and 22 June 2016, has been reviewed as part of the preparation of the emerging proposals for the Site's development. The written responses state that evidence of any agreed programme of re-provision should be set out, including details of the existing and proposed uses and their floorspace on site.

7.14 The proposed development would retain social or community infrastructure at the Site through the proposed 500sqm GIA D1 use. The existing health use is to be rationalised in terms of area and retained to meet the current service needs. The Outline Business Case (OBC) August 2016 prepared by the Trust provides detailed analysis of the existing use of Richmond Royal Hospital and concludes that the building is significantly underutilised and running at less than 40% occupancy (para 2.4, p6 OBC). The 40% occupancy related to some 1,600 sqm of the building floorspace that was in use by the Trust. The Clinical space at the Site was only utilised for 35% of the time over a week, an inefficient use of a finite resource.

7.15 It is noted that since the approval of the OBC document in August 2016, the Trust has consolidated services further so that the current occupancy of the building is less than the percentage stated within the OBC. Services are being relocated elsewhere within the Trust estate.

7.16 Moving forward, and as part of the EMP, the decision to sell the site was taken in the knowledge that the proceeds would go towards funding the re-provision of enhanced facilities elsewhere, whilst a healthcare facility of 500sqm GIA remains on the Site. Any facilities/functions carried on at the Richmond Royal and which will not be accommodated in the retained space on Site are to be relocated to other buildings, including at Springfield and Tolworth hospitals.

7.17 The proposed rationalised health use at the site would result in an area of 500 Sqm GIA floorspace which would be fit for purpose meeting modern standards. Furthermore, the proposed area would be provided to the Trust at a peppercorn rate for the period of the lease (125 years) providing a significant public benefit of the proposed development.

7.18 Notwithstanding the above, the proposed development would result in the net loss of health floorspace at the subject Site. However, this existing space is poor quality, not sustainable, and a large percentage of the area is severely under-utilised and has been

for a significant period. The Trust is using the funds from the sale of the property to invest in increased and enhanced health facilities elsewhere in its area. The proposals will facilitate an improved provision of social and community infrastructure at the subject site and elsewhere as noted above. The following section of this note assesses the proposal against relevant planning policies.

7.19 In accordance with London Plan Policy 3.16 and supporting paragraph 3.87A, the proposal, which will result in a reduction in health use floorspace at the Site, is part of an agreed programme by the Trust of social infrastructure re-provision.

7.20 The sale of the Site forms part of the Trust's EMP. The EMP has been put in place to consider the existing facilities (land and buildings) in the control of the Trust and to devise a plan that allows for the sustainable rationalisation of the estate and to ensure the delivery of modern facilities providing high quality care. The evidence provided within Appendix 1 of this Planning Statement clearly outlines the detailed process that has been undertaken by the Trust since 2014 as part of their EMP. It identifies the numerous bodies that have been involved in agreeing the programme of social infrastructure re-provision, including the NHS England London Region. The cover letter to the documents is from Mr. Neal the Estate Modernisation Programme Officer for the Trust. The evidence base at Appendix 1 consists of:

- *Inpatient mental health services in south west London: Proposals for public consultation document (September 2014)*
- *Proposed modernisation of mental health inpatient services in South West London: for decision (February 2015)*
- *Minutes of the 12thmeeting in public of the Richmond CCG. (Meeting held 10th March 2015)*

- *Letter from Kingston CCG (on behalf of the five CCG's) to NHS Trust Development Authority (11th March 2015)*

- *Email letter from Richmond CCG to the chair and members of the JHOSC (18th March*
- *2015)*

- *Letter from NHS England to the chair and members of the JHOSC (18th March 2015)*

- *Report to the JHOSC – Inpatient Mental Health Services Sub-Committee and minutes of the meeting (19th March 2015)*

- *Letter from chair of the JHOSC sub-committee to chair of the Kingston CCG (24th March 2015)*

- *OBC, Disposal of Richmond Royal Hospital, (August 2016)*

- *Letter from NHS Trust Development Authority to Chief Executive of the South West London NHS Trust (21st July 2015)*

- *Excerpt from minutes of the meeting of the Trust (5th November 2015) The Executive Summary of the Outline Business Case (2016) provides the strategic case for the future location of inpatient services in South West London. The preferred option is explained – two purpose-built centres of excellence for inpatient care at Springfield University Hospital and Tolworth. The summary states that to enable these developments the Trust is funding the programme by disposing of surplus land which is no longer used or is underutilised by the Trust. Richmond Royal is described as under-utilised and can be disposed of.*

7.21 The proposed development, which rationalises the health use floorspace at the Site and provides funds for the wider EMP, as demonstrated by the evidence provided, forms part of an agreed programme of social infrastructure re-provision. The proposals comply with London Plan Policy 3.16 and, importantly, supporting paragraph 3.87A.

7.22 Local Plan Policy LP 28 Part C states:

> *1.'that there is no longer an identified community need for the facilities or they no longer meet the needs of users and cannot be adapted'*

7.23 The evidence provided clearly demonstrates that the existing building is not fit for purpose to provide modern health care facilities going forward. The building is underutilised. The majority of the floor-area is surplus to requirements. The building is not easy to adapt being part Grade II listed with other parts Buildings of Townscape Merit (BTM). In particular, level access and circulation are significant factors that make the building not fit for purpose, requiring significant upgrade to continue in health-related use. The constraints of the Grade II listing and BTM status significantly affect the ability to effect improvements in this respect (see particularly para 2.3, p6 OBC within Appendix 1).

7.24 The EMP ensures that the service provision would continue to meet need (in this case as part of the rationalised health floorspace at the Site and with the wider provision elsewhere within the Trust's portfolio). Para 2.7, pp8-12, OBC describes the Smarter Working Programme of the Trust which is designed to enable staff to work remotely with technology.

7.25 As a consequence of this the space requirements for the various departments located at the site are reduced. Table 5, p10, OBC sets out the space requirements in this respect identifying the need for circa 500 sq m.

7.26 Part 2 of the Policy states:

Or, 2.that the existing facilities are being adequately re-provided in a different way or elsewhere in a convenient alternative location accessible to the current community it supports, or that there are sufficient suitable alternative facilities in the locality'

7.27 Part 1 of the Policy is addressed and there is therefore no policy requirement to address Part 2. Nevertheless, the EMP clearly demonstrates that the retention and rationalisation of 500sqm of health floorspace at the Site reflects the Trust's requirement to ensure continuity of provision and for its long term sustainable use. The funds generated from the sale will be put towards enhanced provision elsewhere (new and retained facilities) and as such the proposals will ensure that the service needs for the community are met.

7.28 Part 3 of the Policy states:

3'the potential of re-using or redeveloping the existing site for the same or an alternative social infrastructure use for which there is a local need has been fully assessed. This should include evidence of completion of a full and proper marketing exercise of the site for a period of at least two consecutive years in line with the requirements set out in Appendix 5'.

7.29 Consideration has been given to the potential of the site to accommodate alternative uses/users. In the first instance, of course the proposal is to retain a social and community use on site. This health facility is in direct response to the stated needs of the NHS Trust. The retained facilities are to be located within the Evelyn Road wing of the building (part existing part new build). This is which is the most recent addition to the Site and does not form part of the listed building or those elements considered to be of townscape merit. As such, the scope to reconfigure is greater and in this instance partial demolition of the wing is proposed. This will allow for the development of a

building capable of accommodating modern health facilities to meet current and future requirements.

7.30 The sale of the property has been widely advertised and marketed. In the first instance the e-PIMS process has ensured that other NHS bodies/organisations and other public bodies have been made aware that the property was for sale. No interest was forthcoming and whilst it is not possible to set out the reasons for this, it is assumed that a significant factor would be the scale, age, condition and historic status of the building. All factors which have led the Trust to deem the property surplus to its future requirements.

7.31 Several Council produced documents have also been reviewed to assess the needs for social and community infrastructure provision across the borough.

- The Joint Strategic Needs Assessment (JSNA) sets out a general overview of the borough in terms of population, employment and social demographic. This information is also provided by ward and postcode area. The general trend is of an increasing population with growing demands for all forms of infrastructure from housing to health to sport to education etc.

- The School Place Planning Strategy 2015 – 2024 at “Area 6 North Richmond / South Richmond” identifies a need for a further 2FE primary school provision in the Area, noting that existing provision at, for example St Elizabeth’s could be expanded or that Richmond Bridge Primary could take up the slack. The preference, however, is for a school site to be identified (preferably an all through primary and secondary). As will be reinforced later in this document the Local Plan addresses the need for new school provision through Site Allocations seeking provision of school facilities. The Site is not identified in this respect. Equally, the age, form, layout and historic nature of the building mean that it is not able to be feasibly adapted for modern education requirements.

- The Cultural Partnership strategy 2015 – 2019 sets out the extensive cultural facilities that exist in the borough and the success of the Cultural Strategy so far. A cultural legacy is to be pursued moving forward. The Site does not offer a suitable location for cultural facilities but, the proposed conversion and enhancement of the existing building will secure the long term sustainable use of the listed building (one of over 1,000 in the borough) and Buildings of Townscape Merit for the future.

- Infrastructure Delivery Plan, April 2017. This most recent update that is available sets out that in broad terms across the borough there is no indication of a gap in the provision of primary education facilities with plans in place to address need in Barnes and Teddington. For secondary provision, a site allocation at the Stag Brewery site will address the identified need in this respect. Regarding health (NHS including hospitals) the IDP references the strategy of the CCG's and the focus on achieving community based health services close to where people live.

- Richmond Village Plan. The emphasis of the Plan is to retain and enhance the unique character of Richmond and create a cultural centre in and around the Old Town Hall and Riverside. The historical and architectural heritage of Richmond is to be better promoted, for example, by increased / enhanced signage.

7.32 The proposals are being developed in consultation and agreement with the Trust. The proposals reflect the outcome of a lengthy and detailed process by the Trust in devising its Estate Modernisation Programme. An updated health facility is to be incorporated in the proposals. A health centre is located adjacent to the Site. A shortfall in GP premises floorspace is identified in Kew, Teddington and Twickenham with this shortfall to be addressed by, inter alia, extending opening hours and increasing the use of clinical rooms.

7.33 Sport and leisure facilities are significantly provided for in the borough. There is no identified need for further facilities and in any event the Site does not offer the ability to accommodate such provision. There are a range of community and youth centres

across the borough some of which require investment. The borough CIL will be used to assist the process of improvement of these facilities. An integrated library service in Richmond is being considered but, at the present no details are available of what this might be.

7.34 The above review of these documents does not identify any specific need for social and community use that the Site could accommodate / provide. As noted, the proposals in any event secure an ongoing social and community use in the reconfigured part of the Site. The age, size, layout and historic status of the principal floor area limits the ability of the Site to accommodate other social and community uses. Conversion for residential (reverting the listed building back to its original use) to include affordable housing does, however, meet a core planning objective and will provide a significant windfall to the Council housing numbers.

b. Marketing

7.35 The evidence provided outlines the detailed process the Trust undertook in respect of the disposal of the Site. In line with the Estate Code – the guidance to be followed by NHS Trusts for property related matters – once the Site was declared surplus to requirements by the Trust Board, it was uploaded to e-PIMS (August 2016 – the start of the formal marketing period). This is a public-sector portal where all properties are advertised (prior to being offered to the open market), throughout the public sector, including other NHS trusts. The Site remained on the portal between August 2016 and end March 2018. There has been no interest expressed in the property being retained for use by other public sector bodies.

7.36 In accordance with Paragraph 8.1.10(3) of the Local Plan, which states that where the site is an existing health facility, consideration should first be given to re-using the site for other health facilities and applicants should contact NHS Property Services to discuss their needs for health floorspace in the area.

7.37 The process undertaken by the Trust has addressed this matter (see the evidence at Appendix 1). After allowing a significant period for the property to be advertised on the e-PIMS portal, open marketing of the Site was commenced in January 2017. The process was run for the Trust by Savills (the agents for the Trust). The property remained on the market until the eventual sale of the Site was concluded at end March 2018 and Savills report enquiries regarding the property through this period though no further offers / bids were received.

7.38 The marketing of the Site involved the 'opportunity' being advertised in the Estates Gazette and simultaneously listed on the Savills and Estates Gazette websites. A total of 258 parties registered for and accessed the data room during the period up to the 1st March 2017. 27 accompanied inspections of the Property were completed prior to bid deadline submissions.

7.39 By May 2017, 9 parties had made offers (both conditional and unconditional) for the Site and the Trust held a second offer evaluation meeting with its full professional advisory team on 24th May 2017. During this evaluation, consideration was given to the detail and content of the bid submission, quality of and feedback from the bidder interview and the Trust's objectives identified in the OBC. The Council has previously been provided a letter from Savills that describes the process carried out and sets out a summary of the interest received as well as marketing material. This is confidential and does not form part of the planning application material. As will be noted there were no viable propositions received form voluntary or community groups. Only one bidder proposed a use other than residential and this was for use as a private school. As the Savills letter explains the private school bidder was discounted owing to their failure to provide for the retained health centre space; uncertainty over their due diligence and; ultimate price. UKIR's offer was finally selected on the basis that:

1. The offer met with the disposal requirements set out in the OBC
2. The offer scored the highest by reference to the scoring matrix adopted
3. The Trust are under a fiduciary duty to achieve best value

7.40 The sale proceeds of Richmond Royal Hospital will be re-invested by the Trust in accordance with the OBC. Specifically, the funds will be diverted to provision of new facilities at both Springfield and Tolworth hospitals. In addition, one of the key sale objectives is that UKIR will re-provide the Trust with 500 sqm of new accommodation at the Property, retaining the property in social and community use.

Local Plan Paragraph 8.1.11

7.41 The Trust has clearly demonstrated that the strategy for the EMP has been subject to due process and consultation with appropriate bodies including Richmond Council and NHS London. The rationalisation of the existing health use floorspace at the Site and the disposal of the remainder of the under-utilised, not fit for purpose floorspace, to generate funds for enhanced provision elsewhere has taken place as part of an agreed programme of social infrastructure re-provision. The disposal of assets is necessary to ensure continued delivery of social infrastructure and related services. Paragraph 8.1.111? of the Local Plan confirms that this will be considered by the Council when assessing proposals against the criteria set out in the policy.

Other planning applications recently assessed by LBRuT

7.42 Regard has been had to some recent applications for planning permission that propose change of use/ loss of a social and community infrastructure use. At 5 Hill Street, Richmond (17/2240/FUL), the officer report to the Planning Committee of 18th February 2018, recommended approval for the change of use from class D1 to Class A1. The justification focused on a previous grant of planning permission for change of use (2011) noting that a consistent approach should be taken and that policy in the emerging (now adopted) Local Plan *"…is very similar in content"*. In addition, alternative provision for the D1 use – dentist surgery - could be found elsewhere in the vicinity and, that there are a number of other premises in the town that could be

converted to a dentist surgery without the need for planning permission. There is no reference to any marketing exercise.

7.43 Proposals for St Michael's Convent, Ham, 56 Ham Common (16/3552/FUL) relate to the conversion of the Convent for residential purposes (Planning permission issued 24th April 2018). In assessing the proposals against the social and infrastructure policies, the officer report to Planning Committee of the 13th December 2017 (para 17, p31) refers to the Planning Statement submitted in support of the application which it is stated *"…confirm that the applicant has given consideration to alternative social infrastructure uses for the site …concluding that these are not appropriate for this specific site, noting the constraints of the listed building, or that the need in the location no longer exists."* The report continues (para 18, pp31/32) to state that the applicant has not demonstrated a proactive approach in contacting relevant social infrastructure providers, nor has the site been marketed for such uses. Nevertheless, the inclusion of a purpose-built community space (37 sq m) for use on a not-for profit basis, is a public benefit to be weighed in the balance.

7.44 A proposed change of use at 320 Kew Road (17/3298/FUL) – D1 dentist to C3 – was refused owing to the lack of any marketing exercise being carried out. Alternative facilities were demonstrated as being available in the vicinity.

Summary

7.45 The proposals for Richmond Royal have been brought forward in the context of careful consideration of the relevant planning policy and guidance. A social and community use is retained on site. The marketing exercise and review of the Council documents does not identify any need for alternative social and community use. In any event the age, size, layout and heritage nature of the building militate against the use of the building for other social and community type uses. A conversion to residential – the original use – is the most suitable and will secure the long term sustainable future of the listed building and of a social and community use at the property.

7.46 The existing D1 floorspace is severely under-utilised and not fit for purpose. It does not meet the standards of a 'modern-day' health facility. The existing quantum of floorspace is not required to meet the needs of the service as outlined by the Trust's EMP.

7.47 The proposed development involves the retention and rationalisation of the existing health use at the Site. The quantum of rationalised area, 500sqm GIA, is based on a detailed assessment by the Trust as to what is required at the site going forward to meet need. The proposal does not result in the loss of social or community facilities at the Site.

7.48 The evidential need provided by the Trust as part of the EMP confirms a public disposal process, including written agreement from the Richmond Clinical Commissioning Group and NHS England.

7.49 The disposal of the Site, as part of the EMP, ensures that facilities are being adequately re-provided in a different way (on site) and elsewhere (through funds generated by the disposal of the Site). The proposed development does not lead to or increase any shortfall in provision.

7.50 The evidence base for the EMP and the disposal process undertaken such as e-PIMS demonstrates that there is no need for any additional health use floorspace in the area. This is supported by NHS London. Equally, no public body is in need of the space.

7.51 A marketing process, undertaken by Savills, took place for a period from January 2017 to end March 2018. This demonstrated that bar one bidder the interest in the site was from residential providers. The only non-residential bidder was for a private school facility that whilst not selected for the reasons identified by Savills, would not have provided a social and community facility that necessarily catered for the local area or borough.

7.52 The proposed development would, in addition to retaining a fit for purpose heath use at the Site, provide much needed additional homes in the borough assisting in meeting the Borough's minimum housing target. The development would also deliver the maximum reasonable level of affordable housing.

7.53 The Proposed development is therefore considered wholly acceptable in respect of the planning policy framework.

Residential Use

7.54 The NPPF seeks to significantly boost the supply of housing. Paragraph 59 supports the delivery of a wide choice of high quality homes, widening opportunities for home ownership and the creation of sustainable, inclusive and mixed communities.

7.55 The housing crisis in London is becoming increasingly severe: there is insufficient supply to meet the increasing demand for housing caused by population growth, resulting in rising rental and capital cost.

7.56 London Plan Policy 3.3 (Increasing Housing Supply) recognises the need for more homes in London in order to promote opportunity and provide a real choice for all Londoners.

7.57 The current London Plan sets out a minimum annual target for the LBRuT of 315 units over the ten-year period between 2016/16 to 2024/25. The draft London Plan includes revised housing targets for the Boroughs, including a significant increase in the minimum housing target for LBRuT (315 per annum rising to 811 per annum). The increased figure highlights the pressing need for housing on remaining brownfield sites such as this and also clearly requires such sites to optimise their potential to maximise delivery of new homes.

7.58 Local Plan Policy L34 states that the Borough's target is 3,150 homes for the period 2015-2025. '*This target will be rolled forward until it is replaced by a revised London Plan target. The Council will exceed the minimum strategic dwelling requirement, where this can be achieved in accordance with other Local Plan policies'.*

7.59 The Development would result in the reuse of a part vacant brownfield Site, which is not of high environmental value in, an accessible location that will provide up to 68 high quality new residential units. This level of housing delivery will contribute significantly towards the Council's minimum annual housing target.

7.60 It is noted that the character of the surrounding area is predominantly residential. Residential use of the existing Site buildings offers an appropriate use that requires limited intervention to the existing historic fabric and would secure a sustainable future for the heritage assets. In the case of the listed building this involves returning it to its original use.

7.61 The suitability of this Site for residential uses is therefore considered to be high, subject to an appropriate design and the creation of good standard of accommodation. The Development will provide an opportunity for a residential development which will make efficient use of the Site, contributing significantly towards the LBRuT's objective of maximising the supply of housing in the Borough, in accordance with the NPPF, London Plan, emerging London Plan and Local Plan Polices.

Health use

7.62 London Plan Policy 3.17 supports the provision of high quality and social care facilities. Local Plan Policy LP28 states that proposals for such uses will be supported where it provides an identified need and is of a high quality.

7.63 The Development would re-provide 500sqm of health use floorspace at the Site, meeting an identified service need as set out in the Trust's EMP. The health space

would be provided to the Trust at a peppercorn rate and represents a significant public benefit of the Development.

Affordable Housing

7.64 The NPPF encourages local authorities to approach affordable housing delivery pragmatically. In an environment of significant downward pressure on the availability of grant funding for the Development of new affordable housing, local authorities are being challenged to deliver value for money of Government funding, their own funding and developer subsidy, whilst responding innovatively and effectively to local priority needs.

7.65 The London Plan seeks to create mixed and balanced communities by providing a range of housing choice. London Plan Policies 3.10, 3.11, 3.12 and 3.13 address the subject of affordable housing and negotiation of such housing in private residential schemes. The maximum reasonable amount of affordable housing should be sought when negotiating on such schemes and these negotiations should take account of their individual circumstances including development viability, the availability of public subsidy and other scheme requirements.

7.66 In line with the London Plan and Mayor's Affordable Housing SPG, Local Plan Policy LP36 sets out that, subject to viability, Richmond expects 50% of new homes borough-wide being affordable and of this 50% being a mix of 40% social rent and 10% intermediate. Part B of the Policy states that '*the affordable housing mix should reflect the need for larger rented family units and the Council's guidance on tenure and affordability, based on engagement with a Registered Provider to maximise delivery'*.

7.67 The development will deliver an element of affordable housing, subject to viability, to meet local needs and support balanced communities.

7.68 In line with policy LP36 part D a Financial Development Appraisal has been submitted as part of this planning application.

7.69 It is proposed that 25% of the residential units (by habitable room) with 40 habitable rooms of these rented and 9 habitable rooms intermediate tenure. In line with Part A of LP Policy 36 the proposed mix reflects the preference for large family units within the rented tenure (9 of these affordable rented units would be family sized – 3 or 4 bedrooms). Four of the units would be wheelchair accessible.

7.70 The proposed offer is considered to represent the maximum reasonable amount of affordable housing and represents a significant planning benefit of the scheme and would assist the Borough in meeting an identified need. The affordable housing provision would be secured within a s106 agreement.

Wider Economic Role

7.71 The proposed development would not just retain jobs at the Site within the D1 use but would also result in wider economic benefits to the area. The construction phase will result in economic activity in terms of construction employment and spending in the local area.

7.72 The Applicant is committed to signing up to the Considerate Contractors Scheme and would try to maximise local supply chain opportunities, creating jobs for local people.

7.73 Both the workers and the residents of the Development would be expected to contribute to the local economy through spending in Richmond.

7.74 The Development is therefore expected to result in benefits for the Borough in respect of employment and spend.

Summary

7.75 The principle of the heritage led, mixed-use development of this part vacant, brownfield Site is therefore wholly consistent with existing National, Regional and Local Policy. The proposed development will maintain a level of D1 floorspace and employment and result in a substantial amount of much needed new housing (including affordable housing), which will assist in the Borough meeting its increasing minimum housing targets. The Development would optimise the use of this Site.

Residential Standards and amenity

Residential Density

7.76 Policy 3.4 of the London Plan states that taking into account local context and character, design principles and public transport capacity, development should optimise housing output. A density matrix indicates the appropriate density range relative to location, albeit this is not intended to be applied mechanistically. The appropriate density range for this location as referred to in the London Plan is 200-700 habitable rooms per hectare (hr/ha).

7.77 As noted above, the emerging London Plan has increased the minimum housing target for the Borough from 315 to 811 units per annum. Clearly to achieve this target brownfield sites must be brought forward for development and their output and densities optimised, especially at sites that are well connected such as this. The emerging London Plan removes reference to a density matrix.

7.78 Draft London Plan Policy H1 (Increasing housing supply) states that:

'2) boroughs should optimise the potential for housing delivery on all suitable and available brownfield sites through their Development Plans and planning decisions, especially the following sources of capacity: a) sites with existing or planned public transport access levels (PTALs) 3-6 or which are located within 800m of a Tube station, rail station or town centre boundary'

7.79 Draft London Plan Policy D6 (Optimising housing density) states that:

'A Development proposals must make the most efficient use of land and be developed at the optimum density. The optimum density of a development should result from a design-led approach to determine the capacity of the site. Particular consideration

should be given to: 1) the site context 2) its connectivity and accessibility by walking and cycling, and existing and planned public transport (including PTAL) 3) the capacity of surrounding infrastructure. Proposed residential development that does not demonstrably optimise the housing density of the site in accordance with this policy should be refused'.

7.80 Local Plan Policy LP 34 (New Housing) states the Council will exceed the minimum strategic dwelling requirement, where this can be achieved in accordance with other local plan policies. Supporting paragraph 9.1.6 states that the Council will encourage higher density development in more sustainable locations and supporting paragraph 9.1.7 states that '*Proposals should optimise the potential of sites. The majority of housing delivery in the borough is expected to be on previously developed land*.'

7.81 There are 196 habitable rooms proposed, with a Site area of 0.3717ha, which equates to a density of 527 habitable rooms per hectare. The Development therefore represents an appropriate density development as suggested by the existing London Plan. Density is a tool against which an initial appraisal is made. It is a useful guide to the nature of the development and can be used to ensure that new development reflects the character of an area.

7.82 The emerging London Plan Polices, remove the density matrix and place a clear requirement to optimise the potential of sites such as this (namely a brownfield site, with a PTAL of 6 and close to a Major Centre) to address the chronic shortage of homes within London and to meet, in the case of LBRuT, the significantly increased minimum housing targets.

7.83 Paragraph 3.6.1 of the draft London Plan states that '*For London to accommodate growth in an inclusive and responsible way every new development needs to make the most efficient use of land. This will mean developing at densities above those of the surrounding area on most sites. The design of the development must optimise housing density. A design-led approach to optimising density should be based on an evaluation*

of the site's attributes, its surrounding context and capacity for growth and the most appropriate development form, which are determined by following the process set out in Policy D2 Delivering good design. Policy H1 Increasing housing supply, Policy H2 Small sites and Policy H3 Monitoring housing targets set out requirements for increasing housing supply across London'

7.84 The proposed density is therefore considered in-keeping with current and draft London Plan Policy H1 and D6 and the intent of LP Policy 34, which notes that the Council will seek to maximise housing delivery and encourage the effective use of land by reusing previously developed land.

7.85 The Development would deliver a substantial level of new housing for the area, optimising the potential of the Site and maximising the planning benefits delivered. The Development would be an appropriate urban form and would deliver high quality accommodation. The supporting reports submitted with the application demonstrate that the proposals are acceptable in respect of the Site's location and context and the quality of accommodation delivered. There are no indicators of overdevelopment. Therefore, the proposed density is considered appropriate and in-line with the intent of Policy at all levels of the planning framework.

Residential Mix

7.86 London Plan Policy 3.8 encourages new development to offer a range of housing choices in terms of mix and housing sizes and types. Local Plan Policy LP35 requires development to generally provide family sized accommodation and the housing mix to be appropriate to the site specifics of the location. It notes that smaller units may be acceptable in highly accessible locations.

7.87 The Development delivers a broad mix of studios, 1, 2, 3 and 4 bedroom units, ensuring that sufficient variety and choice is provided. The Development comprises the following breakdown of units:

Building	Studio	1b	2b	3b	4b	Total
A (Afford.)	-	-	2	2	2	6
B	1	9	12	2	1	25
Listed (C)	-	1	3	-	1	5
D	-	1	7	-	-	8
E	1	12	5	-	-	18
F (Afford.)	-	-	1	3	2	6
Total	**2**	**23**	**30**	**7**	**6**	**68**

(*Extract from DAS, prepared by Rolfe Judd*)

7.88 The proposed mix is considered to maximise larger family units, whilst dealing with the constraints of minimising intervention to a listed building and buildings of townscape Merit. The Development is considered to comply with London Plan Policy 3.8 and Policy LP35 of the Local Plan, which seek to ensure developments provide an appropriate housing mix to meet the needs of the Borough.

Quality

7.89 All residential units have been designed to comply with, and in many instances, exceed, the standards set out in the London Plan. The residential units achieve the following standards:

- The vast majority of units achieve compliance with Building Regulations M4 (2) (exceptions being in related to restrictions of the listed building) and 10.3% of units achieve M4 (3 meeting the requirements of London Plan Policy 7.2.
- All units achieve or exceed minimum space standards set by policy.
- All residential units are targeting high levels of sustainability.
- Sufficient space for storage is provided in each unit.

7.90 The separation distances between each of the four internal elevations are generous and would ensure that no unacceptable internal overlooking would occur, whilst ensuring that communal courtyard benefits from natural surveillance.

7.91 Ground floor units would generally benefit from defensible space, in the form of soft landscaping, to ensure adequate privacy is provided. The exception being a ground floor unit within the existing building facing onto Shaftesbury Road, which has alterative outlook from the living room.

7.92 The lower ground floor units benefit from terrace gardens and in respect of the two lower ground floor units facing into the courtyard within the extended Shaftesbury Road wing these benefit from extended windows which ensure that adequate light is provided in accordance with the BRE.

Overlooking and privacy

7.93 The Development would not result in any unacceptable impact upon privacy at neighbouring properties.

7.94 By retaining the majority of the existing buildings fabric the relationship with the majority of neighbours does not alter. Roof extension elements are well set back away from the buildings edges to further prevent the perception of overlooking. In the case of the proposed new wing this is set well away from the site boundary (separated by the existing access road). The main facing flank of No.27 Shaftesbury's Road does not contain any windows. The outrigger of this property contains one window which faces towards the subject Site, however this is set 10m away. Secondary windows at first and second floor within the proposed Shaftesbury Road wing could be obscured glazed to further ensure no unacceptable loss of privacy would occur.

7.95 Further information is provided in the accompanying Design and Access Statement.

Daylight, Sunlight, Overshadowing and Solar Glare

7.96 Local Plan Policy LP8 requires all development to protect the amenity and living conditions of neighbours including in respect of daylight/sunlight. Local Plan Policy LP10 notes that the Council will ensure that local environmental impacts of development does not lead to detrimental effects on the health or amenity of existing and proposed occupiers of the site or surrounding land.

7.97 A detailed assessment of the effects of the Development on the daylight and sunlight amenity to the occupiers of neighbouring residential properties; on transient and permanent overshadowing to existing amenity areas in the vicinity of the Site, has been prepared by BLDA.

7.98 The quality of the daylight and sunlight within neighbouring properties has been assessed using the Vertical Sky Component (VSC), No Sky Line Contour (NSC), Average Daylight Factor (ADF) and Annual Probable Sunlight hours (APSH) assessments as recommended within the BRE document 'Site layout planning for daylight and sunlight' and the British Standards Document BS8206 part 2.

7.99 The results from these assessments demonstrate that the proposed development will have an acceptable impact upon neighbouring buildings and dwellings in terms of daylight and sunlight and are in full compliance with the BRE.

7.100 In accordance with the BRE guidelines, BLDA also carried out an overshadowing analysis to determine whether there would be any adverse overshadowing caused to the adjacent residential gardens by the development. The results of the analysis show that on 21st March (the set day for testing overshadowing in accordance with the BRE guidelines), there will be no adverse impact upon existing amenity areas adjacent to the site. Therefore, the proposed scheme would meet the BRE criteria.

7.101 For the above reasons the Development is in accordance with planning policy and guidance, specifically London Plan Policies 7.6 and 7.7 and Local Plan Policy LP8 and LP10.

Noise

7.102 The Development has been designed to avoid noise that could adversely impact on health and quality of life and mitigate and minimise any adverse impacts arising from noise associated with the Development. Policy 7.15 of the London Plan requires development to mitigate and minimise potential impacts of noise as a result of new development, but also to separate noise sensitive development from major noise sources through the use of distance or layout. Policy LP8 protects the amenity and living conditions for occupants of development. Policy LP10 refers to the consideration of the environmental effects of development proposals, which includes noise and vibration.

7.103 An assessment of likely noise was undertaken as part of an Acoustic Report prepared by Hoare Lea. In order to assess likely noise levels a 48- hour environmental noise survey was conducted which established the baseline for noise on the Site and surrounding areas. Throughout the course of the surveys, it was noted that the noise climate across the Site is most significantly contributed to by passenger aircraft from Heathrow.

7.104 An assessment of residential amenity for future occupiers of the Development was subsequently undertaken with the Acoustic report informing the design and ventilation strategy, including:

- The proposed ventilation strategy of Mechanical Ventilation with Heat Recovery (MVHR) is considered suitable for the existing sound environment.

- For existing facades, where glazing is to be retained, secondary glazing systems are proposed to provide the sound reduction performance necessary to achieve the indoor ambient noise criteria.

- Preliminary calculations have been undertaken to determine the likely sound reduction performance needs for the new-build areas of the development. The sound reduction performance of the facade is controlled by the glazing and window systems. The requirements can be achieved with a masonry facade and good performance double-glazed units.

7.105 Subject to these criteria being met, which is expected to be secured through a safeguarding condition, the majority of the residential units would achieve good internal noise levels.

7.106 The façade overlooking Kew Foot Road is Grade II listed and there are limitations to how the existing façade can be improved. The resultant shortfall in sound insulation to the front of the Listed Building means that internal levels of 35 dB LAeq daytime and 30 dB LAeq night time (with frequent max events limited to 45 dB LAfmax) for bedrooms as recommended by BS 8233 and WHO are likely to be marginally exceeded with the windows closed. When noting the importance in protecting the historic fabric of the Listed building, the dual aspect nature of the units contained within and the minor shortfall that would occur, it is considered that the proposal is acceptable in this case.

7.107 The mitigation methods provided within the supporting CMP would ensure that noise disruption is kept to a minimum during the construction process, safeguarding neighbours' living conditions.

7.108 The above demonstrates that the Development accords with the NPPF (paragraph 180), London Plan Policy 7.15 and Local Plan Policies LP8 and LP10.

Amenity and play space

7.109 A Landscape and Public Realm Strategy has been prepared by SpaceHub. This strategy sets out to illustrate the proposal for the public realm, front gardens, private terraces and residents communal garden associated with the development. The proposal will improve the quality of the site, provide new shared space as well as new private spaces and increased biodiversity.

7.110 The London Plan requires a minimum of 5sqm of private amenity space per 1-2 bed dwelling and an extra 1sqm per additional occupant. As part of housing developments, the Council expects the provision of adequate external space that is useable and affords privacy and security.

7.111 To address these requirements, private amenity space is provided to residential units in the form of terraces (287sqm) serving the lower ground floor units and upper floor units within the Evelyn Road wing, a number of Juliet style balconies serving the Evelyn Road wing. Communal amenity space (425sqm), including play space (210sqm) is provided within a courtyard garden. In addition, the proposed boundary treatment would create 900sqm of front gardens and defensible space around the Site.

7.112 The design of the communal amenity spaces is shown on the application drawings, within the Design and Access Statement and within the Landscape Strategy. The environmental reports have demonstrated that the amenity areas would receive high levels of light and would be acceptable for use in respect of noise.

7.113 Generally, the use of projecting balconies was discounted in this case when noting that such features would not be in keeping with the historic fabric of the existing buildings and would be incongruous features within the Conservation Area. A number of small Juliette style integrated balconies are proposed within the Evelyn Road wing.

7.114 In respect of playspace the strategy was informed by the SPG *'Shaping neighbourhoods: play and informal recreation. (GLA, 2012)'* The scheme was therefore designed to create doorstep playspaces with elements of local playable space within

the communal garden (210sqm). Seeking to create flexible use play spaces that allow a range of age groups to enjoy and colonise the space in a variety of ways, the play spaces will be designed and defined by natural play features.

7.115 It is noted that the Site is within walking distance of a number of high quality areas for recreation and sports and these are identified within the Landscape Strategy. Overall, when taken with the constraints of the Site heritage assets, it is considered that the Development would provide a good standard of amenity for future residents.

Health Impact Assessment

7.116 The NPPF (paragraph 92) explicitly promotes an integrated approach to the location of housing and community facilities and services to support a healthy population and plan positively for the provision and use of community facilities.

7.117 Local Plan Policy LP 30 Health and Wellbeing states that a Health Impact Assessment (HIA) must be submitted with all major development proposals. According to the Plan, an HIA should assess the health impacts of a development, identifying mitigation measures for any potential negative impacts as well as measures for enhancing any potential positive impacts.

7.118 Taking into account both local and national planning guidance, this assessment uses the HUDU's Rapid HIA tool to assess the health impacts of the Proposed Development. The HIA tool includes 11 different categories developed by HUDU which influence the health and well-being of an area. It does not identify all issues related to health and wellbeing, but focuses on the built environment and issues directly or indirectly influenced by planning decisions. The 11 categories are noted below and the HUDU Rapid Assessment Toolkit is attached at appendix 3:

- Housing quality and design
- Access to healthcare services and other social infrastructure
- Access to open space and nature

- Air quality, noise and neighbourhood amenity
- Accessibility and active travel
- Crime reduction and community safety
- Access to healthy food
- Access to work and training
- Social cohesion and lifetime neighbourhoods
- Minimising the use of resources
- Climate change.

7.119 The Health Impact Assessment, based on the HUDU Rapid Toolkit, concludes that the Development provides a number of positive effects on the health and wellbeing of the borough residents, including the provision of high quality housing and a health centre. This demonstrates that the Proposal is compliant with relevant policy initiatives.

Summary

7.120 As a result of a carefully considered design approach the proposed Development provides a high standard of accommodation in line with London Plan Policy 3.5 and Local Plan Policies LP8 and LP10, whilst safeguarding neighbours' living conditions.

Design and townscape

7.121 The NPPF states that good design is a key aspect of sustainable development indivisible from good planning, and should contribute positively to making places better for people. Planning policies and decisions should not attempt to impose architectural styles of particular tastes and they should not stifle innovation, originality or initiative through unsubstantiated requirements to conform to certain development forms or styles. However, it is proper to seek to promote or reinforce local distinctiveness.

7.122 London Plan Policy 7.1 states that the design of new buildings and spaces they create should help reinforce or enhance the character, legibility, permeability and accessibility of a neighbourhood.

7.123 London Plan Policy 7.4 requires development to have regard to the form, function, and structure of an area as well as the scale, mass, and orientation of surrounding buildings. Development should improve and area's visual or physical connection with natural features, and in areas where the character is poor or ill-defined, development should build on positive elements and enhance the overall character. Proposals for buildings should provide a high-quality design response with regard to existing spaces in terms of orientation, scale, proportion, and mass, that contributes positively to the relationship between urban and natural features, creates a positive relationship with street level activity, allows existing buildings that make a positive contribution to the area to continue to influence that character, and is informed by the surrounding historic environment.

7.124 Policy 7.6 states that architecture should make a positive contribution to the public realm, streetscape, and wider cityscape and incorporate the highest quality materials with a context appropriate design. Buildings and structures should be of a proportion, composition, scale and orientation that enhances and activates the public realm, comprise of details and materials that complement the local character, not cause unacceptable harm to the amenity of surrounding buildings, incorporate sustainability measures, provide high quality spaces, be adaptable to different land uses, and optimise the site potential.

7.125 The design of the proposal has evolved as a result of an iterative design process and extensive consultation with the Council and local stakeholders. The proposals have been informed by a detailed analysis of the Site's and surrounding area's history and environment and were considered and developed through pre-application engagement with the LPA.

7.126 Subsequently the proposed Development has been carefully designed to have an appropriate visual relationship with the existing heritage assets and their surroundings, following fundamental architectural principles of layout, form, and scale. The application is supported by a Heritage and Townscape Visual Impact Assessment (HTVIA) prepared by KM Heritage.

7.127 It is noted that the Site does not fall within any defined local or strategic views as determined by the adopted Local Plan and London View Management Framework (LVMF) (2012).

7.128 The HTVIA concludes that '*The proposed scheme will bring about a clear improvement in the quality of the townscape in and around the application site over the present situation. It will very considerably enhance the condition and appearance of the site over its present state, replacing the poor-quality incremental interventions that occurred in recent decades. The townscape views illustrate a considered and holistic scheme that responds appropriately to its context in terms of scale, massing and architectural expression'.*

Heritage

7.129 Chapter 16 of the National Planning Policy Framework: '*Conserving and enhancing the historic environment' deals with Heritage Assets describing them as 'an irreplaceable resource'* that '*should be conserved in a manner appropriate to their significance, so that they can be enjoyed for their contribution to the quality of life of existing and future generations'*.

7.130 Paragraph 189 brings the NPPF in line with statute and case law on listed buildings and conservation areas. It states: *'In determining applications, local planning authorities should require an applicant to describe the significance of any heritage assets affected, including any contribution made by their setting. The level of detail should be proportionate to the assets' importance and no more than is sufficient to understand the potential impact of the proposal on their significance.'*

7.131 In taking into account the effect of an application on the significance of a non-designated heritage asset the local authority should employ 'a balanced judgement' in regard to the scale of any harm or loss and the significance of the heritage asset (paragraph 197).

7.132 It is a well understood principle of the heritage paragraphs of the NPPF that visual impact is not automatically harmful, in heritage terms. Where it is considered that a level of harm results this must be considered against the public benefits delivered.

7.133 Local Plan Policy LP3 states that the Council will require development to conserve and where possible to make a positive contribution to, the historic environment of the Borough. It goes on to state that great weight will be given to the conservation of the heritage asset when considering the impact of a proposed development upon its significance. Policy LP 4 states that there is a presumption against the demolition of Buildings of Townscape Merit,

7.134 In respect of the proposed Development it is evident that the Richmond Royal Hospital site needs a future. Its heritage and townscape significance will deteriorate without intervention to ensure that this significance has a means of being sustained for the long term. That implies a use that will provide a means of doing this, and this, in turn, implies that change must occur.

7.135 The Grade II Shaftesbury House and two Buildings of Townscape Merit are to be retained and restored with various alterations and extensions proposed to the Listed building and the Buildings of Townscape Merit to accommodate residential use.

7.136 In respect of the listed building the proposals return the building to its original use. The proposals have been developed in response to comments raised by council officers and through further in-depth interrogation of the Listed Building. The current proposal;

- Requires minimal alterations to the existing structure, layout, & historic fabric of the building.

- Does not require the intervention of two new full-height staircases & associated alterations to the historic fabric of the building.

- Does not require an additional entrance into both the principal & rear facades of the Listed Building.

- Does not affect the existing staircase which remains open from ground floor right up the rooflight above.

7.137 The HTVIA concludes that '*what is now proposed represents a good fit with the listed building, both in terms of reflecting its evolution over time and in terms of what is significant in fabric and plan terms'*.

7.138 It is proposed that the plaques and photographs that were previously located at ground floor of the listed building – which are now held in safe storage - will be relocated within the Site in a location to be agreed with the Council and the Trust.

7.139 In respect of the buildings of townscape merit to accommodate their optimum viable use as residential accommodation, various changes are necessary. The rear elevation of the Shaftesbury Road Building of Townscape Merit, which is to be removed with the building extended to the north, is the least sensitive in heritage and townscape terms and where most external change has occurred. Its interior has little or no significance with the only notable internal features being two faience fireplaces and some columns that will be incorporated into the Development. A roof extension is also proposed that would comprise of sensitive materials and be well set back from the building eaves to ensure it would not impact upon the buildings appearance when viewed from the surrounding context, ensuring its contribution is preserved. In respect of the Building of Townscape Merit that wraps around Kew Foot Road and Evelyn Road this is to be

retained and refurbished and to be extended by a number of small scale dormer extensions, which as a result of their careful design and limited scale would not impact upon the positive contribution this building makes to the surrounding area.

7.140 A Structural Impact Assessment is submitted in support of the application and demonstrates that the Development would not undermine the structural integrity of the Site's heritage assets. Indeed, underpinning is expected to improve the life of the building, noting the existing shallow founds.

7.141 In respect of the impact upon the Kew Foot Road Conservation Area the HTVIA concludes *'The character and appearance of the conservation area is* essentially – with the *notable exception of the Richmond Royal Hospital site – domestic. It consists of streets of relatively small houses. The use of the site will complement this character, while the design of the scheme will preserve the important difference of the site from its surroundings. The removal of more recent changes and the enclosure of the courtyard will represent an enhancement of the site over its present appearance. That said, it is certainly the case that – from the vast majority of the conservation area – no change will be discernible. The changes that are proposed will have a minimal visual effect and are perceptible only in a very limited way from a small number of viewing positions'.*

7.142 There will be no effect whatsoever from the proposed scheme on the UNESCO World Heritage Site of the Royal Botanic Gardens or upon the Old Deer Park.

7.143 The HTVIA concludes that 'The changes that are proposed are, when taken together and assessed both individually and cumulatively, positive. When the level of significance in the various parts of the site and its surroundings is measured against the degree of intervention proposed, the proposed scheme achieves the correct balance of preservation of interest – whether 'special architectural or historic interest' or the local interest of Buildings of Townscape Merit – that is required by law, policy and guidance. By having either a positive effect, or no effect at all, the proposed scheme will preserve and enhance the listed building on the site, the setting of other

listed buildings, the Buildings of Townscape Merit, the Kew Foot Road Conservation Area and other heritage assets'.

Summary

7.144 In accordance with the heritage paragraphs of the NPPF the proposals would safeguard the significance and setting of adjacent designated heritage assets and would also result in a comprehensive set of public benefits that would be delivered by the Development. The proposed development is therefore fully in accordance with the aforementioned planning policy framework.

Transport, Servicing and construction management

7.145 When considering the transport effects of a development, paragraph 111 of the NPPF states that:

'All developments that will generate significant amounts of movement should be required to provide a travel plan, and the application should be supported by a transport statement or transport assessment so that the likely impacts of the proposal can be assessed'.

7.146 London Plan under Policy 6.3 requires that proposals to ensure that impacts on transport capacity and the transport network are fully assessed. Policy 6.13 relates to parking and seeks to minimise excessive car parking provision in favour of public transport, cycling and walking.

7.147 This is supplemented by Local Plan Policy LP44 which requires proposals to demonstrate that the Proposal can be accommodated within the highway network and to implement measures to ensure the delivery of travel choice and sustainable opportunities for travel. Local Plan Policy LP45 requires the submission of a Travel

Plan for major development proposals. It goes on to say that the Council requires proposals to seek improvements to walking and cycling facilities and networks.

7.148 A Transport Assessment, prepared by Royal Haskoning, has been provided in support of the application alongside draft Travel Plans for the D1 use and residential use.

Access

7.149 A total of 25 car parking spaces will be provided within the lower ground floor covered car park for the use of future residents. The parking spaces will be accessed via a car lift. Cars waiting to access the car lift will do so from within the development site. A car waiting to access the car lift will not block the access for other road users.

7.150 An additional four parking spaces will be retained within the Site boundary that will be accessed directly from Kew Foot Road, as they are at present.

7.151 Visibility assessments for both the forward visibility when entering / exiting the site and leaving the access have been undertaken and demonstrate an acceptable situation.

Trip Generation

7.152 London Plan Policy 6.3 requires that developments should ensure that impacts on the transport capacity and network are fully assessed.

7.153 The Transport Assessment modelled predicted traffic distribution around the local highway network based on estimated trip generation. This concludes that there could be 128 arrivals and 128 departures (256 movements) over 12 hours if the unused hospital was brought back into use. The predicted number of vehicles with the development as proposed would be 54 arrivals and 57 departures (111 movements) - a reduction of 145 movements. It is therefore considered that the Development would have a beneficial impact upon vehicle flows in the area.

Public Transport Impact

7.154 The Transport Assessment highlights the excellent public transport connection within the area and that the Development would result in less trips than the existing use, therefore there would be no harmful impact upon public transport capacity.

Car and Cycle Parking

7.155 The site is located close to Richmond town centre and a range of local facilities. The site is well served by local transport including buses, London Underground, London Overground and National Rail services. The site has a Public Transport Accessibility Level (PTAL) rating of 6a (Excellent), which is the second highest category attainable. The site is consequently considered to be highly accessible by non-car modes.

7.156 At all levels within the planning policy framework, there is a strong presumption in favour of reducing the need to travel by private car and encourage more sustainable modes of travel. The Development will be underpinned by a Travel Plan for the residential and health element of the Development, which will seek to further reduce trips by car by increasing awareness and actively encouraging residents and employees at the Site to travel by sustainable means through the provision of a range of measures.

7.157 The development is proposed as a low car development and 25 car parking spaces will be provided within the basement of the development. An additional four parking spaces will be retained within the Site boundary that will be accessed directly from Kew Foot Road, as they are at present. The low car parking provision nature of the development is intended to support sustainable travel patterns by Site residents, which are considered to be achievable given the Site's high PTAL rating (PTAL 6a).

7.158 The Site's proposed healthcare facility will operate car free, with non-car site access by staff to be supported by a Workplace Travel Plan. Healthcare site visitors that have a disabled parking badge will be able to park on-street, in defined on-street car parking bays for blue badge holders or in areas that allow disabled badge parking to take place. These include resident and business permit holder bays within the local Controlled Parking Zones, and in 'pay and display' car parking bays.

7.159 The site is located within Richmond's Controlled Parking Zone (CPZ) N, which has operational hours of 10:00 to 16:30, Monday to Saturday. Parking is restricted to resident permit holders, business permit holders, visitor bays and shared use bays. It is anticipated that site residents will not be permitted on-street car parking permits and that this restriction will be secured by legal agreements. The residential development will not therefore have a negative impact on the operation of the existing controlled car parking zone.

7.160 Residents will be offered car club membership (a local car club operator), enabling them to have access to a car when required. Research published by Transport for London "Attitudes to Car Clubs" (February, 2007) has shown that car club membership reduces car use by an average of almost 36 per cent and that almost a fifth of members sell a car either immediately before or after joining.

7.161 In accordance with the London Plan, 20% of car parking spaces will be for electric vehicles and an 20% additional passive provision for electric vehicles in the future.

7.162 Cycle parking for development would be provided in accordance with London Plan Standards. In total, there will be 122 residential long stay spaces and an additional 2 visitor spaces and 22 spaces for the health element.

7.163 The parking provision is therefore considered in line with Local Plan policy, Regional (London Plan Policy 6.13) and National policy and is considered sufficient to serve the needs of the development.

Servicing

7.164 A Delivery and Servicing Management Plan prepared by Royal Haskoning has been submitted in support of the application.

7.165 Delivery and servicing for the proposed development will take place within the Site via the existing vehicular access, located between Evelyn Road and Shaftesbury Road. Bin stores are accessed from the service road.

7.166 Light Goods Vehicles (LGVs) will make up the majority of deliveries to the Site. Vehicle swept path analysis has been undertaken to show an LGV entering the Site via Evelyn Road and existing on to Shaftesbury Road.

7.167 Due to the narrowness of Evelyn Road and Shaftesbury Road, and the associated on-street car parking provision that acts to constrain access by large HGVs, it is envisaged that a compact refuse vehicle would service the Site. However, importantly the development proposal will not narrow the Site's access and the development will not result in any additional constraint to vehicular movement in the area. Deliveries and servicing will be controlled by the Delivery and Servicing Plan.

Construction Method Statement and Construction Logistics Plan

7.168 The application is accompanied by a Construction Method Statement and Construction Logistics Plan, which set out the construction methodology, programme and general logistical requirements for the Proposed Development. This has been developed to account for the surrounding constraints primarily the residential uses neighbouring the Site and the local highway network. The applicant is willing to sign up to the Considerate Constructors Scheme.

7.169 The CMP provides a number of mitigations measures to ensure disruption during the construction period is kept to a minimum. These include:

- *Site operating and delivery hours will be between 08:00 - 18:00 on weekdays and 10:00 – 13:00 on Saturdays;*
- *Site management details and regular newsletters will be provided to nearby residents to keep them informed regarding the construction process and to provide any information regarding deliveries.*
- *Wheel washing facilities (dust control)*
- *Full enclosure of the Site (1.8m hoardings) or specific operations where there is high potential for dust production and the Site is active for an extensive period;*

7.170 The CMP would limit any disruption during the construction process and would be secured by safe guarding condition.

Summary

7.171 This approach is entirely consistent with planning policy at all levels, namely London Plan Policies 6.3, 6.7, 6.7, 6.9, 6.11 and 6.13, Local Plan Policy LP44 and LP45).

7.172 The National Planning Policy Framework (NPPF) set's out the Government's planning policies for England and identifies that *"development should only be prevented or refused on highways grounds if there would be an unacceptable impact on highway safety, or the residual cumulative impacts on the road network would be severe."* In accordance with the NPPF it has been demonstrated that the travel demand of the proposed development does not represent a severe residual transport impact.

Sustainability and Energy

7.173 Sustainability and environmental performance are integral to the Development's design and the proposed scheme responds to a number of key sustainability objectives. The proposed development offers the opportunity to create a place that helps people live in a more environmentally sustainable way, ensuring that the Development makes the fullest contribution to minimising carbon emissions, in accordance with the Mayor's hierarchy (Policy 5.2). Paragraph 154 of the NPPF states that local authorities should approve applications if its impacts are (or can be made) acceptable.

7.174 Local Plan Policy LP22 requires proposals to demonstrate how the energy hierarchy has been applied to promote renewable and low carbon development.

7.175 An Energy Statement has been prepared by Hoare Lea and is submitted in support of the planning application. The Energy Statement makes use of the Mayor of London's 'Be Lean, Be Clean, Be Green' energy hierarchy and demonstrates that the Development will result in a building considerably more energy efficient than the existing building. New, high efficiency servicing equipment and improved façade will minimise the energy usage of the building. Using the Mayor's energy hierarchy, the strategy has been developed to ensure that the proposed development is efficient and economical.

7.176 The energy strategy demonstrates the refurbished element of the Development would achieve a 33.1% carbon dioxide saving, the new build residential would achieve a 32.5% saving and the refurbished health use element would achieve a 34.8% saving.

7.177 Beyond this, carbon savings can be made in respect of the new build residential element of the scheme through an offset payment to achieve 'zero carbon' (allowable solutions). This approach is in accordance with the London Plan.

7.178 A BREEAM Assessment, prepared by Hoare Lea, has been submitted in support of the application alongside a LBRuT Sustainability Checklist. These highlight a range of sustainable design measures that have been incorporated into the Development.

7.179 Based on a review of the proposal against the BREEAM criteria, targeted credits have been set in order to develop a strategy to meet a BREEAM 'Excellent' rating. All minimum standards are targeted to achieve the 'Excellent' rating, however there is currently only a minimal margin.

7.180 Currently the dwellings in the Grade II listed building are not anticipated to achieve a BREEAM 'Excellent' rating. This is as a result of limited fabric upgrades and a desire to limit intervention to the assets. This also accounts for these dwellings being exempt from the minimum requirements for energy and ventilation.

7.181 The remaining buildings of townscape merit, are treated following the 'historic building' criteria. As such, these buildings may also be exempt from some of the minimum requirements for 'Excellent', provided the reasons for not achieving these are easily demonstrable and agreed with LBR's conservation officer.

7.182 Great care and consideration has been given to the energy efficiency measures, passive design and sustainable design and construction techniques to ensure maximised suitability.

7.183 The Development is therefore considered to provide a sustainable and energy efficient building, in accordance with all levels of planning policy.

Other Environmental Considerations

7.184 This Section reviews the following environmental issues against the relevant planning policy:

- Air Quality
- Water Resources and Flood Risk
- Ground Conditions and Contamination
- Ecology
- Archaeology
- Arboriculture

Air Quality

7.185 The site is within an Air Quality Management Area (AQMA) declared for exceedances of the annual mean nitrogen dioxide (NO2) objective and the annual mean and 24-hour mean fine particulate matter (PM10) objectives. An Air Quality Assessment, prepared by Hoare Lea, is submitted in support of the application.

7.186 A risk assessment of the potential impacts of the construction phase of the Development has been undertaken to identify appropriate mitigation measures (see appendix 5 of supporting Air Quality Statement). These are excepted to be secured by way of a planning condition. Subject to the mitigation the residual impacts are considered to be negligible.

7.187 The Air Quality Report concludes that impacts from emissions from local road traffic on the air quality for residents living in the development have been shown to be acceptable at the worst-case locations assessed, with concentrations being below the air quality objectives at all receptors.

7.188 The proposed development has been shown to be air quality neutral with regard to both building and transport emissions. Concentrations of PM10 and PM2.5 will remain

below the objectives at proposed receptors in 2020. The overall operational air quality impacts on the development are judged to be not significant. This conclusion, which takes account of the uncertainties in future projections, in particular for NO2, is based on the predicted concentrations being below the objectives at all of the receptors.

7.189 For the above reasons, the Development accords with the NPPF (paragraph 181), London Plan Policy 7.14 and Local Plan Policy LP10.

Water Resources, Flood Risk and Drainage

7.190 The London Plan (Policy 5.13) prioritises locating development in locations at lowest risk of flooding as per paragraph 155 of the NPPF. Policy 5.13 requires development to utilise SUDS to manage surface water effectively. Local Plan Policy LP21 expects development to demonstrate that the Proposal would reduce the overall and local risk of flooding and to demonstrate that they are adequately defended and safe over their lifetime. With regard to drainage, as a minimum, surface water run-off must have no greater adverse impact than the existing use.

7.191 A Flood Risk Assessment and Drainage Design Philosophy has been prepared by Walsh. The site is located in Flood Zone 1, classified as an area with a very low probability of flooding from rivers or the sea, by the Environment Agency (EA). The closest watercourse to the site is the River Thames which lies approximately 1km to the west of the site.

7.192 The site is located in Flood Zone 1 the lowest risk of fluvial or tidal flooding. The existing site has been identified to have a medium risk of sewer flooding, a low risk of groundwater flooding or surface water flooding with low to negligible risk identified for flooding from all other sources.

7.193 The risk of flooding from groundwater will be addressed by a detailed geotechnical assessment prior to design of the lower ground areas and providing the appropriate grade of waterproofing where required. The risk of flooding from sewer surcharging has been addressed by specifying anti backflow provision in the drainage strategy, and the

risk of surface water flooding will be mitigated by design of the on-site drainage system. The residual risk will be mitigated during the design process, and therefore will not provide a significant hazard to people or property.

7.194 In respect of the drainage philosophy the SuDS hierarchy has been followed, and sustainable drainage features including permeable surfaces and potential for green roof area (central podium garden) are proposed to limit peak flows, control the volume of surface water runoff from the site and mitigate the small increase in impermeable area. Attenuation storage is provided to restrict runoff where practicable in line with sustainable principles. Provision of further permeable surfaces or attenuation areas is not considered to be achievable due to the refurbishment nature of the scheme and the requirement to maintain operation of the internal road during the construction period. The detailed design of the proposed surface water and foul water drainage systems will be carried out in accordance with the relevant standards, to satisfy the requirements of the NPPF and Section 5.1.3 of the London Plan.

7.195 For the above reasons, the Development accords with the NPPF (Chapter 14), London Plan Policies 5.13, 5.14, 5.15 and 7.13, and Local Plan Policy L21.

Ground Conditions and Contamination

7.196 The responsibility for securing a safe development rests with the developer and/or landowner (NPPF). A Ground Contamination Desk Study has been prepared by ARUP, dated 2016 (And an update Statement has been prepared by Walsh).

7.197 The report concludes that the potential for significant widespread contamination on-site is considered to be generally low. Potentially contaminative sources have been identified based on the previous use of the site, review of Local Authority search results and activities identified during a site reconnaissance visit. The main sources identified were historical and existing site uses and historical Made Ground. There is the potential for buried waste (for instance ash or other medical wastes). No radioactive sources have been identified

7.198 It is recommended that a ground investigation is carried out as part of the development of the site. The geo-environmental investigation, which can be undertaken in parallel and combined with any geotechnical investigation required prior to development, should comprise excavation of boreholes, trial pits or windowless sampling holes spaced across the site to provide a general spatial coverage. In addition, the investigation should include targeted locations near any identified potential point sources of contamination, and at the boundary with offsite sources. This should be secured by condition.

7.199 In light of the above the Development fully accords with the NPPF (Section 15), London Plan Policy 5.21.

Ecology

7.200 At a national level, the NPPF states that the planning system should contribute to and enhance the natural and local environment by requiring planning policies to protect sites of biodiversity value and provide net gains for biodiversity.

7.201 London Plan Policy 7.19 (Biodiversity and access to nature) states that: *'development proposals should wherever possible, make a positive contribution to the protection, enhancement, creation and management of biodiversity'.*

7.202 Local Plan Policy LP15 (Biodiversity) states that the Council will protect and enhance the Boroughs' biodiversity.

7.203 A Preliminary Ecological Appraisal has been completed by Halpin Robbins, and this assessment has informed the proposed design and landscape strategy.

7.204 The Site was confirmed to have low ecological value with no protected or noticeable species, or signs thereof, being observed or recorded during the survey. Although the site is within 150m of the Royal Mid-Surrey Golf Course Site of Importance for Nature Conservation (SINC), the type of works proposed is unlikely to generate significant impact to affect the ongoing operation and flora and fauna composition of the SINC.

7.205 The report identifies a number of recommendations that would be implemented as part of the Site landscape plan to ensure that the proposed development results in an enhancement of the local biodiversity value including.

- *Restriction on levels of external lighting during the construction*
- *All site workers receiving an induction talk*
- *Maintaining watching brief construction*
- *Inclusion of 4 bird boxes, insect houses and insect bricks*
- Incorporation of soft landscaping within the final design to include native, nectar rich flowers and shrubs. Managed in accordance with an appropriate management plan.

7.206 The proposed Development therefore complies with London Plan Policy 7.19 and Local Plan Policy LP15 .

Arboriculture

7.207 Local Plan Policy LP16 states that the Council would resist development which results in the damage or loss of trees that are considered to be of townscape or amenity value.

7.208 An arboriculture report, informed by a tree survey, is submitted in support of the application. The survey identified a total of 12 trees within or close to the site boundary and of these 11 are considered category C trees with one category B tree. The category B tree would be retained and protected during the construction process as would three of the category C trees (including those within 3rd party ownership). The remaining 7 category C trees would be removed to facilitate the development.

7.209 It is considered that the proposed removal of the category C trees is acceptable in this case, noting their limited quality when taken with the net increase in tree planting within the public realm and the wider boundary improvements, which would enhance the character of the Conservation Area. The Development would comply with policy LP16.

Archaeology

7.210 An Archaeology and heritage desk based assessment has been provided in support of the application, prepared by TVAS. The Desk-based assessment determines, as far as is reasonably possible from existing records, the nature, extent and significance of the historic environment within a specified area.

7.211 The assessment notes that the Site was developed form the mid18th Century onwards and the courtyard, eastern section of the site, as well as the northern section beneath the proposed demolished element of the Evelyn Road façade, have undisturbed areas that have the potential survival of below ground archaeological deposits.

7.212 Should the local authorities' archaeological advisors require further archaeological information on the Site, it is suggested that this could follow planning consent secured by a suitably worded archaeological planning condition.

7.213 The Development is therefore compliant with London Plan Policy 7.8 (Heritage assets and archaeology).

8.0 PLANNING OBLIGATIONS

Community Infrastructure Levy

8.1 The Mayor of London's Community Infrastructure Levy (CIL) is a tariff chargeable by the GLA on new development following 1st April 2012. The Mayoral CIL is chargeable in Richmond at £50 per sqm (GIA uplift), excluding health floorspace, affordable housing and existing floorspace that satisfies the in-use test.

8.2 The LBRuT CIL was adopted and implemented in July 2014. In relation to the Site, Local CIL is chargeable at £250 per sqm for residential floorspace.

8.3 The Development is liable for both Local CIL and Mayoral CIL.

S106 Obligations

8.4 The scope of the Section 106 Agreement will be subject to further detailed discussion during the course of determination. Obligations will be in accordance with Regulation 122 (2) of the Community Infrastructure Levy Regulations 2010 (as amended), that is to say they will be:

- Necessary to make the Development acceptable in planning terms;
- Directly related to the Development; and
- Fairly and reasonably related in scale and kind to the Development.

8.5 In accordance with the CIL Regulations, and following the adoption of the LBRuT CIL. CIL contributions should be used to fund infrastructure to support developments generally (borough wide), and S106 contributions can now only be sought on a Site specific basis to ensure that developments are acceptable in planning terms.

8.6 In listing the draft Heads of Terms below, regard has been had to the Planning Obligations SPD. It is proposed that the Section 106 Agreement will contain planning obligations for the following:

- Provision of Affordable Housing;
- Travel Plan – Car club membership and restriction on parking permits
- Allowable solutions (energy)
- Employment and Training (Construction);
- Contribution to local playspace (if considered necessary)
- Monitoring and implementation.

8.7 The negotiation of the above detailed obligations will have regard to all relevant Site specific constraints and considerations, any CIL liability and the overall viability of the Development.

8.8 The suggested topics are noted a without prejudice basis and subject to further discussion.

9.0 CONCLUSION AND PLANNING BALANCE

9.1 Section 38(6) of the Planning and Compulsory Purchase Act 2004 requires development proposals to be determined in accordance with the Development Plan unless other material considerations indicate otherwise.

9.2 This Statement assesses the Development against the Development Plan and other relevant national, regional and local planning policy and guidance. The Development accords with planning policy which directs residential led development on the Site.

9.3 The Development comprises a detailed planning application and Listed Building Consent application in respect of the heritage led, mixed-use, redevelopment of the Site, providing 68 new residential units and 500sqm health floorspace (D1).

9.5 The Development will provide a significant number of benefits to the area, which are summarised below:

- Restoration of the existing Grade II listed building securing its long term sustainable future;
- Retention and restoration of buildings of townscape merit;
- Removal of unattractive late 20th C additions
- Provide much needed additional housing stock (68 residential units including large family units);
- Provide the maximum reasonable amount of affordable housing;
- Maintains a significant quantum of D1 health floorspace, within fit for purpose accommodation, that is sustainable going forward;
- Forms part of a strategic rationalisation of health provision within the Trust portfolio and provides capital receipts to fund enhanced health provision elsewhere;

- Maintains an employment yield at the Site;
- Safeguard the setting and significance of surrounding heritage assets;
- Improved public realm, including enhanced frontages to Kew Foot Road, Shaftesbury Road and Evelyn Road;
- Maximise the use of this highly sustainable and accessible site.
- Enhance the environmental/sustainability criteria of the site.
- CIL and s106 obligations and payments.

9.6 The impacts of the Development have been fully assessed by the supporting reports and other supporting application documents and mitigation measures have been identified where necessary. The Development is considered to be entirely appropriate for the area.

9.7 The Development proposals are considered to accord with the up to date development plan and therefore benefit from the presumption in s38(6) of the 1990 Act. Furthermore, it accords with the policies of the NPPF as a whole, is deemed to be 'sustainable development' in terms of Paragraph 8 and provides many benefits, therefore the Development ought to be granted full planning in accordance with Paragraph 11 (The presumption in favour of sustainable Development).

APPENDIX 1 – LAND USE EVIDENCE

1 Inpatient mental health services in south west London: Proposals for public consultation document (September 2014);

2 Proposed modernisation of mental health inpatient services in South West London: for decision (February 2015);

3 Minutes of the 12th meeting in public of the Richmond CCG. (Meeting held 10th March 2015);

4 Letter from Kingston CCG (on behalf of the five CCG's) to NHS Trust Development Authority (11th March 2015);

5 Email letter from Richmond CCG to the chair and members of the JHOSC (18th March 2015);

6 Letter from NHS England to the chair and members of the JHOSC (18th March 2015);

7 Report to the JHOSC – Inpatient Mental Health Services Sub-Committee and minutes of the meeting (19th March 2015);

8 Letter from chair of the JHOSC sub-committee to chair of the Kingston CCG (24th March 2015);

9 OBC, Disposal of Richmond Royal Hospital, (August 2016);

10 Letter from NHS Trust Development Authority to Chief Executive of the South West London NHS Trust (21st July 2015);

11 Excerpt from minutes of the meeting of the Trust (5th November 2015);

12 Marketing Information prepared by Savills;

APPENDIX 1: Inpatient mental health services in south west London: Proposals for public consultation document (September 2014);

Summary

The first document produced by the Trust.

This document outlines the formal consultation process that is to be carried out by the Trust relating to the future location for mental health inpatient facilities for the five south west London Clinical Commissioning Groups (CCG's).

The document identifies at p3 a preferred option to create *"two purpose built centres of excellence for inpatient care at Springfield University Hospital and Tolworth Hospital."* The money for the proposed new hospitals is to come from the disposal of land that will not be required by the NHS in the future, which includes Richmond Royal Hospital and other assets.

Chapter 3 notes that the aim of the mental health services is to move towards more support at home or closer to home in the community. Page 8, Ch 3 sets out the proposed plans for community services for each of the five boroughs part of the CCG. For Richmond, it is noted that the current community team base (the borough base for our community team undertaking: clinics, team meetings, administrative functions and patient facing activity) is located at Richmond Royal Hospital. Discussions will continue with the relevant stakeholders to agree the best location for the community team base in the long term, with the likelihood that a network of local outpatient facilities will be provided across the borough including at Barnes Hospital and the smaller consolidated purpose built facility at Richmond Royal.

Chapter 5 describes in more detail the proposals for consultation. It is again noted (p18) that the costs of building the new facilities would come from selling land which the NHS no longer needs and the proceeds from the sale will then be used to build the new inpatient units. The options considered are discussed noting that the options including Richmond Royal were discounted at the beginning of the process as the building currently has no inpatient facilities (and has not for many years - the last wards closed in 1977). The age of the property and its listed building status *"...make it impossible to develop an environment for inpatient care which meets modern standards."* However, it is stated that the Trust intends to continue providing community mental health services at Richmond Royal as part of the network of local services.

The consultation document encouraged all with an interest to take part in the process and provide their feedback. The Trust was / is focused on achieving the modernisation of its services in the best location and for the benefit of its service users and carers.

A representative of Richmond Council (Cllr David Porter) sat on the JHOSC which scrutinised and approved the proposals (reference p55 of document).

DRAFT

Inpatient mental health services in south west London

Proposals for public consultation

29 September – 21 December 2014

Kingston Clinical Commissioning Group

Merton Clinical Commissioning Group

Richmond Clinical Commissioning Group

Sutton Clinical Commissioning Group

Wandsworth Clinical Commissioning Group

NHS England

South West London and St George's Mental Health NHS Trust

September 2014

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Chapter 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 location for these services for the benefit of service users and carers.

We believe that the end of the era of compromise is long overdue.

Dr Phil Moore
On behalf of CCGs and NHS England

Mental Health Services in south west London

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 specialist inpatient mental health services.

Commissioners: Clinical Commissioning Groups (CCGs) are responsible for commissioning local mental health services. There are five CCGs which commission mental health services from South West London and St George's Mental Health NHS Trust. These are Kingston, Merton, Richmond, Sutton and Wandsworth CCG.

NHS England commissions the specialist mental health services provided for people from all over the country who come to south west London for treatment.

Chapter 2:
Introduction: about this consultation

This consultation is about the future location for mental health inpatient facilities for people in Kingston, Merton, Richmond, Sutton and Wandsworth, and for a range of specialist mental health inpatient services serving a wider catchment area.

The consultation is being run by the NHS clinical commissioning groups for Kingston, Merton, Richmond, Sutton and Wandsworth (which commission the local services), by NHS England (which commission the specialist services) and by South West London and St George's Mental Health NHS Trust (which provides these services).

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.

So we must find ways to provide services which deliver the greatest clinical benefits and the best possible experience for service users and carers in the most sustainable and cost-effective way.

Mental health services in south west London have already changed to provide more care closer to home, and this is set to continue. The developments in alternatives to hospital treatment are described in chapter three.

The preferred option is to create two purpose built centres of excellence for inpatient care at Springfield University Hospital and Tolworth Hospital, able to provide the highest quality surroundings, to attract the best healthcare staff 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.

We believe this is a significant and an exciting opportunity.

These 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 hospitals would come from the disposal of land that will not be needed by the NHS in the future.

We believe this is a significant and exciting opportunity to create the very best accommodation. The purpose of this consultation is to get your views on our proposals, and for you 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 chapter seven. We look forward to hearing your views.

This consultation process has been designed according to guidelines published by the Cabinet Office and by NHS England. The proposals, and the consultation process, have been subject to an equality impact assessment the results of which have been included in our proposals.

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. See page 37 for details.

At the end of consultation the five 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 the future accommodation for our services is the best possible and that it is developed and provided together with local people and the communities we serve.

We are consulting on

- The location of inpatient services at two sites; Springfield University Hospital and Tolworth Hospital, or at three sites; Springfield University Hospital, Tolworth Hospital and Queen Mary's Hospital.
- Relocating some of the specialist mental health inpatient services from Springfield University Hospital to Tolworth Hospital. This is because we believe that the extra space at Tolworth Hospital will enable the NHS to provide high quality accommodation at both hospitals.
- The best location for a ward for older people with age-related mental health conditions, either at Springfield University Hospital or at Tolworth Hospital.

The options are detailed on page 20.

New home treatment services:
An example of what services could look like in the future

Noah has suffered from clinical 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 home treatment team was introduced where Noah lives. The next time he felt unable to control his mental wellbeing he asked 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 came to the house to see Noah. They assessed how he felt, arranged for his medication to be changed, made sure his partner is supported and made an appointment to come back the next day. They made sure that Noah knew he could also phone them up at any time before that appointment for more help.

Over the next week the team helped Noah and his partner to manage his feelings, check the medication was working and link up with social services to make sure everything was in place to support him.

At the end of the week Noah was feeling more in control. The home treatment team had averted the immediate crisis and helped Noah to stay at home instead of going into hospital. A couple of weeks later he agreed with the home treatment team that they did not need to visit him again and his usual community team accepted him back for routine appointments and follow up.

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

The home treatment team have averted the immediate crisis.

Chapter 3:
Alternatives to hospital admission

NHS mental health services in south west London and across the country have been changing the way they deliver care so that more care is provided at home or closer to home and that unnecessary hospital stays are reduced.

The aim of mental health services is to treat people with mental health problems in partnership with other services, promoting recovery and treating people in the least restrictive way. As a result, the provision of mental health care nationally is continuing to move away from inpatient units and towards more support at home or closer to home in the community.

The Trust and the five NHS CCGs that commission mental health services are committed to the principle of providing as much treatment as possible in the community. They have already put further investment into Home Treatment Teams which has resulted in a reduction in the use of acute beds in 2014.

This is based on national policy such as the *Crisis Concordat* and local *Collaborative Commissioning Work with Clinical Commissioning Groups* across south west London.

It is imperative that there is parity of esteem between patients using mental health services and those using acute hospitals. This needs to be reflected by developing modern mental health inpatient facilities fit for the 21st century and beyond.

Transforming Services

Clinicians now mainly support service users, their families, carers and friends at home or in a local clinic in their community. This is the agreed clinical direction for mental health care throughout the NHS. By 2018 the clinical commissioning groups in south west London intend to put in place more alternatives to hospital treatment which will:

- Improve mental health care across south west London
- Reduce the number of people who need to be admitted to hospital and how long they stay in hospital
- Put the right services in the right places in the community and help people who are admitted to hospital to be discharged sooner with proper care and support

These proposals set out in the draft five-year commissioning strategy published in May 2014 by the CCGS in south west London reflect the intentions of commissioners to prioritise community mental health services to provide alternatives to hospital admission and to reduce hospital admissions from 2018 onwards.

The reduction in admitted patients and their reduced length of stay in hospital will be delivered by improving and extending community services. Therefore, the transformation and investment in community services will need to reflect these ambitions. The five CCGs and South West London and St George's Mental Health NHS Trust are committed to reviewing funding of community services to ensure the Trust's long term financial model is in balance and community services are resourced to cope with the increased workload. This review will take into account the financial pressures that the NHS is facing and will be within the parameters of the five CCGs' available budgets.

The Trust has embarked on four major clinical service transformation programmes which will underpin and support the preferred option proposed within this estates consultation. These are:

- Acute Care Pathway
- Older People's Service Review
- Children and Adolescents Mental Health Services (CAMHS) Remodelling.
- Community Modernisation

Acute Care Pathway

Within this programme, there has been further investment in the Home Treatment Teams during 2014-15 to help manage care closer to home which has facilitated a reduction in avoidable admissions and shorter lengths of stay. This has resulted in a

reduction in the number of acute beds required to serve the south west London population.

These services will provide 24 hours per day, 365 days per year support for working age adults in crisis or those who require intensive home treatment.

The proposals for inpatient services in chapter five are based on these plans. The Trust continually reviews the safety and quality of services in the inpatient environment and we will always ensure that this safety is never compromised. We understand these proposals reflect a change in the strategy and offering for mental health services in south west London. That is why commissioners will work closely with South West London and St George's Mental Health NHS Trust to ensure the right balance is achieved between inpatient bed capacity and the resources available to support community services. In order to enable the above, we are undertaking a detailed assessment on levels of future investment and opportunities for further efficiency savings. This will run concurrently with this consultation process.

The developments in community mental health care, particularly home treatment and the reduction of inpatient treatment is not reliant on the plans to improve inpatient facilities. However, for the minority of patients who may require hospital admission for mental health problems it is imperative that there is parity in their experience compared to patients who are admitted to acute hospitals with physical health disorders. This parity of esteem must be reflected in comparable modern facilities that are the norm in acute healthcare settings. Improved mental health inpatient facilities will mean that those patients who do require admission to hospital will be treated in an environment that respects their dignity, promotes recovery and enhances their experience of care.

Older People

It is proposed that services move away from being age-related and become needs-orientated so that people with organic conditions, such as dementia, can be seen by specialists no matter what their age and older people who are not frail can be seen within mainstream adult services.

CAMHS Remodelling

Young people and their families and carers will be seen more quickly at home or in the community. They will access services through a single point of access in each borough which combines access to mental health treatment and social support services.

More beds are being provided for young people now, than there were in 2013, meaning that young people do not have to be referred to beds away from their home and families and carers.

Community Modernisation

Community mental health services will be provided differently. There will be more focus on recovery through engagement with self-management programmes and more support at home around life skills to help maintain wellbeing and prevent crisis and admission to hospital. Clinical treatment will still be provided, but will be one part of a holistic model of care that supports people to be as independent as possible in the community.

The NHS across the country is facing significant financial pressures. Whilst making savings the NHS must continue to deliver a good standard of care within the resources that we have. There will be changes to the way community services, are delivered in the future. In light of the need to achieve parity of esteem for mental health services the five CCGS which commission services from South West London and St George's Mental Health NHS Trust will be looking at the investment they make in mental health services.This review will take into account the financial pressures that the NHS is facing and will be within the parameters of the five CCGs' available budgets.

Currently South West London and St George's Mental Health NHS Trust delivers local services within each of the five boroughs to enable service users and carers to get the right support in the right place. This aids people in their recovery and empowers them to live as independently as possible.

Each borough will develop an administrative centre which will support the Community Mental Health Teams in that borough. Care will be delivered either at home or at outpatient clinics across the boroughs. These outpatient clinics will be offered at various and increased sites in primary care settings, in faith centres or in other locally accessible sites.

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

In summary the benefits of the proposed model of care in the community are:

- More care closer to home
- Improved access, shorting waiting times through streamlined referral systems
- Increased reach across local communities to provide services for those who have previously found it hard to make use of mental health services
- Expert assessment and treatment for service users closer to home
- Stronger more consistent professional relationships with partner organisations including primary care and social care to provide joined up care that is easier to everyone to use, that helps people get better and is based on the principles of personalisation, social inclusion, co-production and self-directed support
- Intensive treatment at home through alternatives to hospital admission where this is clinically appropriate
- More effective discharge planning to ensure a stay in hospital is not any longer than it should be
- 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.

Our plans for Community Services for each borough:

Kingston: The intention is to provide modern facilities which will include the community team base at Tolworth Hospital as part of the proposed new development (see chapter 5). A network of local clinics will be provided throughout Kingston; the location of these clinics will be developed in partnership with local people and stakeholders.

Merton: Commissioners will work with South West London and St George's Mental Health NHS Trust on the development of a community base in Mitcham. A network of local community clinics will then be provided including at the Nelson Health Centre. Additional locations will be agreed in partnership with local people and stakeholders.

Richmond: The community team base is currently at Richmond Royal. The Local Authority, Clinical Commissioning Group and South West London and St George's Mental Health NHS Trust will work together with local people and stakeholders to agree the best location for the community team base in the long term. A network of local outpatient clinics will be provided across the borough including one at Barnes Hospital and with Richmond Royal Hospital continuing as another, whatever their future development.

Sutton: The community team base will remain at the Jubilee Centre in Wallington. A network of local clinics will be provided throughout Sutton. The locations for these community clinics will be agreed in partnership with local people and stakeholders.

Wandsworth: The intention is to provide modern facilities for the community teams administrative base at Springfield Hospital as part of the proposed new development there (see chapter 5). This will support the three community teams and a network of local outpatient clinics across the borough. The network will provide outpatient clinics across a number of sites within Wandsworth. The base at Springfield will provide administration services to the teams located at these different sites in order to maximise efficiency savings through more effective use of administration. The locations of these clinics will be agreed in partnership with local people and stakeholders.

The Trust will be working closely with each of the boroughs to review its community bases to ensure they are aligned with our plans going forward. This work will be completed by the end of December 2014.

The time is right to ensure that people have their mental health needs met at the right time, in the right place by the right person. That place should be at home or as close to home in the community wherever possible. At times when inpatient admission is required we want this to be in the best environment to give the best opportunities for our staff and, most importantly, the best outcomes for our service users.

Inpatient stay in new wards:
An example of what services could look like in the future

Julie has a long-term condition which sometimes makes her feel very unwell. When this happens she finds it hard to 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, a team of dedicated professionals 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 there is more than one route 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.

Chapter 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, Richmond, Sutton and Wandsworth.
- 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, respect their human rights and diverse needs, offer privacy and dignity and 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

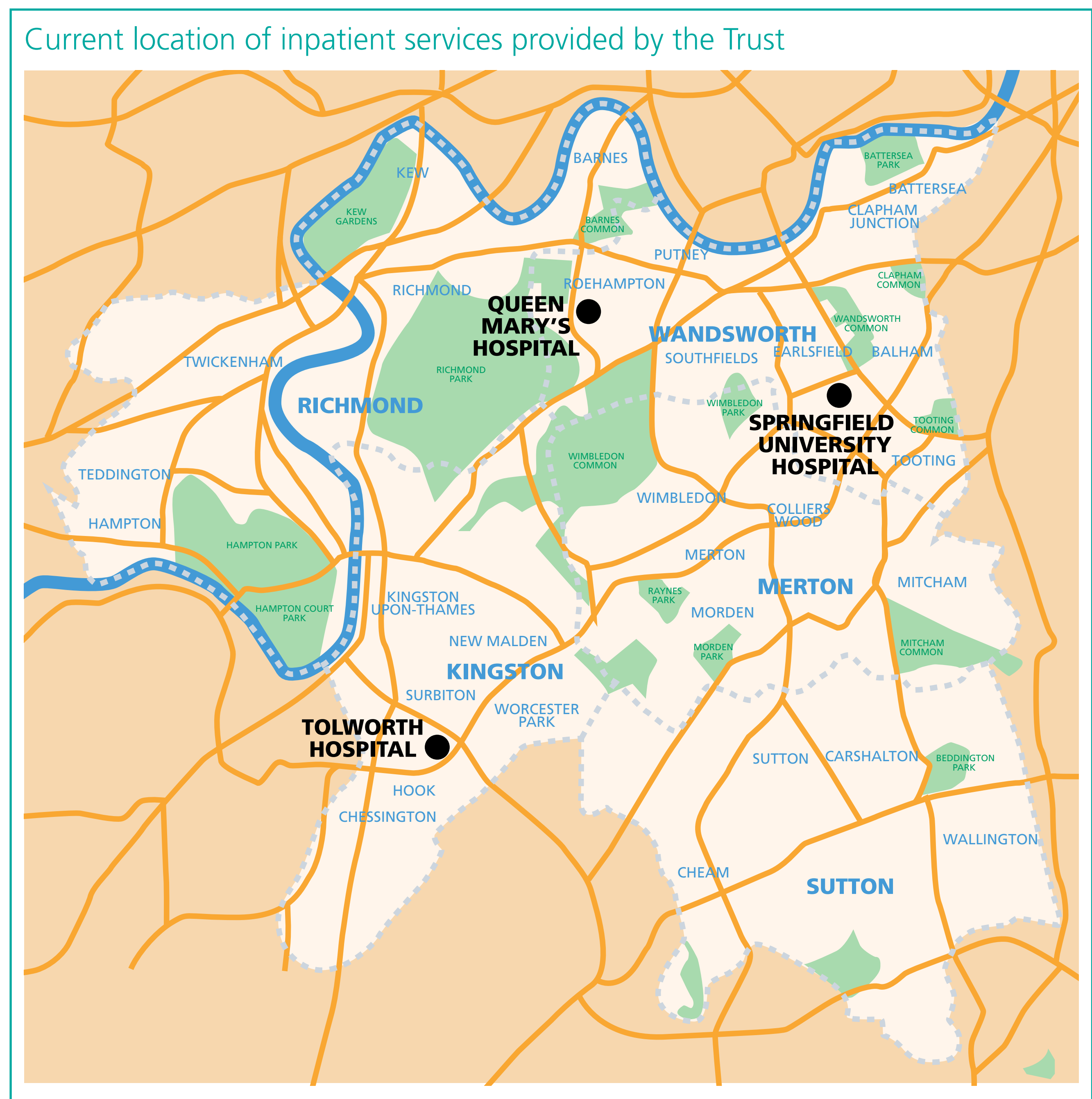
- Provide single bedrooms with ensuite facilities for all patients
- A maximum of 18 beds per ward – (Royal College of Psychiatrists 'Do the Right Thing, How to Judge a Good Ward, 2011)
- At least three mental health wards on each site to ensure cross cover for any emergencies (Royal College of Psychiatrists '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:

- Springfield University Hospital, Tooting
- Tolworth Hospital, Kingston
- Queen Mary's Hospital, Roehampton

Current location of inpatient services provided by the Trust



What we have:

Springfield University Hospital, Tooting

- Adult working age: three wards, including the modern Storey Building (formally known as the Wandsworth Recovery Centre, opened in 2009), and Jupiter Ward
- Older adults: one ward (Crocus)
- Psychiatric Intensive Care Unit, Section 136 Suite
- Secure unit: four wards (Shaftesbury Clinic)
- Eating disorder service: one ward (Avalon)
- Obsessive compulsive disorder and body dysmorphia service: one ward (Seacole)
- Adult deaf service: one ward (Bluebell)
- Child and Adult Mental Health inpatient services: three wards (Aquarius, Corner House, Wisteria)
- Rehabilitation: one ward (Phoenix)
- Step down care (Burntwood Villas)

Springfield University Hospital provides local services to the northern and eastern part of the catchment area and a range of specialist services.

There is planning permission to build a new mental health inpatient facility on part of the site.

Springfield University Hospital is the largest of the Trust's sites, covering 33 hectares. The original building, now listed and partly unused, was constructed in 1840 as a Victorian asylum. The site includes a large area of open space.

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

82% of the buildings at Springfield are functionally unsuitable.

What we have:

Tolworth Hospital, Kingston

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

Tolworth Hospital provides local services to people in the south western part of the catchment area.

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

Tolworth has 48 mental health beds in use and this number is likely to reduce 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.

What we have:

Queen Mary's Hospital, Roehampton

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

Queen Mary's Hospital, Roehampton, provides local services to people in the north western part of the catchment area (older people with mental health needs are cared for either at Tolworth Hospital or at Springfield University Hospital).

It is a modern hospital opened in 2008. The Trust does not own the site and rents the ward space from NHS Property Services.

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

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

Two of the wards currently have 23 beds, whilst one has 18 beds. All of the wards could be made to comply with the recommended bed size of 18, by closing five beds on each ward. However this will not resolve the design and layout issues, nor improve the experience for patients. Due to the design and layout at Queen Mary's we do not think it is possible to improve the surroundings there.

Queen Mary's Hospital is also isolated from the Trust's other main inpatient sites. This means it is more challenging to provide a 'critical mass' of staff at the site. At the Trust's larger sites it is possible to have a number of staff available should someone require specialist or dedicated attention, especially out of hours. Having multiple sites also makes it difficult to provide enough staffing capacity, especially in terms of junior doctor cover.

The Trust and commissioners agree on the following points regarding the current inpatient buildings (with the exception of the Storey Building and the Phoenix Unit Centre at Springfield University Hospital):

- They do not deliver the best possible clinical benefits for patients. At Springfield University Hospital and Tolworth Hospital, the design, age and layout make it harder for staff to provide good quality care at all times, and the poor environment does nothing to help people recover or maintain their wellbeing. At Queen Mary's Hospital, the design and layout challenges remain even though the building is modern
- They fall well below the standards for inpatient accommodation. The Care Quality Commission, NHS England and local commissioners are unlikely to accept continued non-compliance with quality guidance and best practice, and there is concern that the existing provision is not compliant with the Equality Act 2010
- The current configuration of services, heavily concentrated at Springfield University Hospital, does not easily support the development of clinical excellence across all sites. Both Queen Mary's Hospital and Tolworth Hospital are relatively small in comparison to Springfield University Hospital. This means that:
  - Tolworth Hospital would not in future comply with the requirement for a minimum of three mental health wards
  - Queen Mary's Hospital would require the further closure of five beds on two of its wards to meet the requirements for 18 beds per ward. With three wards the hospital will remain at the lower end of the range for being clinically safe as recommended by the Royal College of Psychiatrists.
  - The continued bias towards Springfield University Hospital will detract from staff recruitment and retention at the other sites

Refurbishment (rather than replacement) of existing buildings is not a solution. Without new buildings:

- the accommodation would still not be fully compliant with disability and equality legislation
- full en-suite accommodation would not be possible
- full separation of male and female areas would not be possible
- wards cannot efficiently be reduced in size to the clinically-recommended maximum of 18 beds or fewer

Doing nothing is not a realistic option. This would result in a continued decline in the quality of our services:

- Patient care would continue to be provided in largely sub-standard facilities
- The experience of patients, carers and staff will continue to be compromised
- Tolworth Hospital would be below the minimum recommended size for a mental health unit
- The mental health wards at Queen Mary's Hospital would be at the lower end of the range for being clinically safe, and the challenges associated with the layout of the wards will remain
- There will be an increased risk of mental health inpatient services being seen as 'failing', so much so that the NHS may turn to alternative providers for mental health services, perhaps based further away from people's homes in south west London
- Service quality may be affected by lower staff morale, higher turnover, poor retention and recruitment and greater use of short-term staff
- The state of the accommodation would continue to deteriorate, and the existing problems would not be tackled
- The drain on the Trust and NHS resources would become unsustainable

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

By selling land no longer needed by the NHS, we can reinvest in new NHS 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.

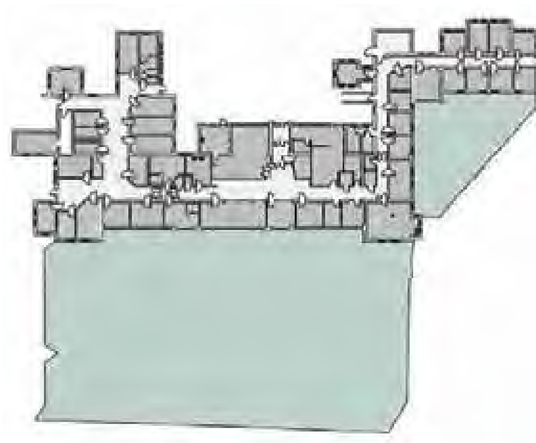
Case study: Wandsworth Recovery Centre
Opened in April 2009, the Wandsworth Recovery Centre (now known as the Storey Building) shows what can be achieved in modern buildings. The centre is an inpatient facility for adults providing two acute inpatient wards providing 18 beds in each, a 13 bed psychiatric intensive care unit (PICU), as well as a section 136 admission unit and a team base for a home treatment team. 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 facilitate recovery:

- Respect privacy
- Facilitate communication, collaboration and trust
- Encourage service user and family participation
- Empower service users
- Promote safety and security
- Provide accessible accommodation
- 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."

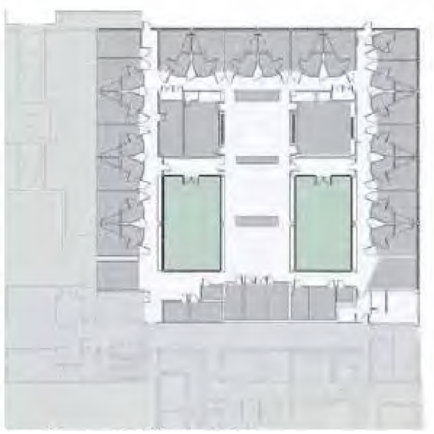
Modern mental health design principles

Acute Ward: Jupiter
built in 1931



- Visibility
- Outdoor Space
- Avoidability
- Dignity/Privacy
- Live/Work Zones
- Daylight
- Fresh Air
- Control/Choice
- Acoustic Quality
- Difficult Patient

Acute Ward: WRC Ward 3
built in 2009



27 Serious untoward incidents, 2009 – 2013

2 Serious untoward incidents, 2009 – 2013

Carer:

An example of what services could look like in the future

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

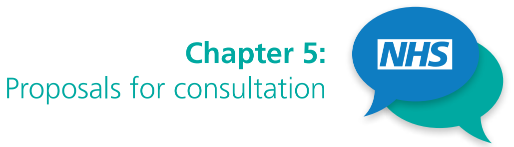
His faith leader (who had been trained in mental health support by South West London and St George's Mental Health NHS Trust) sees that he is having difficulty coping and arranges for a member of the mental health team to visit the family with the home treatment team.

A full assessment is carried out to ensure that Rafi's family get the support that is required. Together they agree that Rafi's wife will need to go into hospital for a short while. Rafi is able to get further support from groups in the community.

At the hospital Rafi is pleased to see that his wife's care is planned in collaboration with her with proper respect for her and for the family's religion and culture.

He is able to learn more about mental health, 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 under less pressure.

He knows that his wife's postnatal 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.



Chapter 5:
Proposals for consultation

This consultation is about the best location for inpatient mental health services to meet the future needs of people in south west London and those who use the specialist services provided by South West London and St George's Mental Health NHS Trust.

This chapter describes the guiding principles on which the proposals are based; how the options were developed, and the options themselves. Full details of the options start on page 20.

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

Guiding principles

Development of new inpatient facilities which will:

- Provide the best possible experience for patients, carers and 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 these guiding principles, developed with service users and carers, clinicians and local community representatives:

- The most important single factor is to ensure quality of care that helps people get better, meets national clinical standards and 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
- 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 the 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 be 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 so that patients and carers get the best possible experience and staff can concentrate on providing excellent care without compromise. It is about the right location for mental health inpatient services in south west London. It is not about precise bed numbers. This is because any new accommodation will be designed to be flexible and able to adapt to changing clinical needs.

There is space within the available land zoned for mental health care at Springfield University Hospital and 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 selling 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.

Developing 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 facilities. These events brought together a wide range of stakeholders including service users, carers, commissioners, partners and charities and developed the guiding principles set out at the head of this chapter 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, 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 providing 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:

Inpatient sites	Ranking
Springfield University Hospital and Tolworth Hospital	1
Springfield University Hospital, Tolworth Hospital, Barnes Hospital	2
Springfield University Hospital and Sutton Hospital	3
Springfield University Hospital, Tolworth Hospital, Sutton Hospital	4
Springfield University Hospital and Queen Mary's Hospital	5
Springfield University Hospital, Tolworth Hospital, Queen Mary's Hospital	6

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 important to local heritage and which therefore could potentially restrict any new build there. Access is also constrained by the surrounding transport infrastructure and housing that is adjacent to the site. Due to these issues it would be difficult to build the type of design that the Trust envisages for its future inpatient provision.

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

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 services 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.

The 'do minimum' approach – maintenance only

The 'do minimum' approach has not been included as an option as part of the public consultation. It is not viewed as a clinically safe or financially viable option.

Instead of creating new buildings, the NHS could choose to clear 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 long term 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 allow continued use of 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 long term continued use of buildings for mental health inpatient services which remain non-compliant with quality and care standards.

What we are consulting on

We want our mental health inpatient services to be in the right places to support local people in south west London and people from further afield who use the Trust's specialist inpatient services.

We are consulting on:

- A two-site option with local and specialist services in new accommodation at both Springfield University Hospital and Tolworth Hospital. Local services would no longer be provided at Queen Mary's Hospital. This is our preferred option because it means everyone would be cared for in the best possible surroundings.
- A three-site option with local services in new accommodation at Springfield University Hospital and in the existing wards at Queen Mary's Hospital. Specialist services would be in new accommodation at Springfield University Hospital and Tolworth Hospital. Tolworth Hospital would only provide specialist services. It would no longer provide adult acute inpatient mental health care for local people from Kingston, Merton, Richmond, Sutton and Wandsworth.

Under both options we are also consulting on:

- Relocating some specialist services from Springfield University Hospital to the new development at Tolworth Hospital. This will help us provide the best possible accommodation for these services using the available space at both hospitals
- The best location for a ward for older people with age-related mental health conditions. This could be in new accommodation at either Tolworth Hospital or Springfield University Hospital

The options

Two inpatient centres at Springfield University Hospital and Tolworth Hospital

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 services for people living in Kingston, Merton, Richmond, Sutton and Wandsworth, and specialist services which treat people from across the country.

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

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.

Option 1: Two inpatient sites – proposed configuration

Springfield University Hospital	Tolworth Hospital
Adult services (three wards)	Adult services (three wards)
Psychiatric Intensive Care Unit	Adult deaf services (one ward)
Eating disorder service (one ward)	Obsessive compulsive disorder and Body dysmorphia service (one ward)
Low and Medium secure services (four wards)	Child and adolescent services (three wards)
Rehabilitation and stepdown services (two wards)	
Older adult acute ward (or at Tolworth)	One older adult acute ward (or at Springfield)
Base for community teams who will go out to local clinics and people's homes	Base for community teams who will go out to local clinics and people's homes

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. 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 'Specialist services and services for older people' on page 24.
- Mental health inpatient services will no longer be provided at Queen Mary's Hospital, Roehampton. Patients and carers at Queen Mary's Hospital are currently cared for in wards that do not meet modern standards and which, with only three wards, would remain at the lower end of the range for being clinically safe as recommended by the Royal College of Psychiatrists
- Patients and carers who currently use Queen Mary's Hospital, Roehampton will receive their inpatient care either at Springfield University Hospital or Tolworth Hospital, whichever is closer and more convenient based on patient choice
- The wards currently used for mental health purposes at Queen Mary's Hospital will be available to the NHS for other health care services
- Alternatives to mental health hospital admission will be provided by the Trust 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 'hub and spoke' models of care provided by the Trust

The investment in the new hospital buildings is more than outweighed by the clinical benefits that would flow for patients, and by reductions in running costs. Overall, this option generates clinical and financial benefits to the NHS valued at £25.87 million over a 50-year life-span.

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

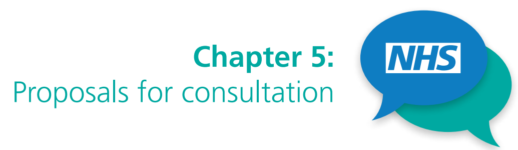
This option maintains inpatient services at three sites, Springfield University Hospital, Tolworth Hospital and Queen Mary's Hospital. It is closer to the existing pattern of inpatient services except that local mental health services would no longer be provided from Tolworth Hospital.

This represents an investment of £140 million in new accommodation at 2014 prices. This would come from sale of surplus land as detailed in option 1. Furthermore the proposals for the regeneration of the Springfield University Hospital site in this option would be the same as that detailed in Option 1.

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 would have to be closed to meet the recommended maximum of 18 beds per ward.

Some specialist services are proposed to be established at Tolworth Hospital as part of the new development there (see 'Specialist services and services for older people', page 24)

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.



Option 2: Three inpatient sites – proposed configuration

Springfield University Hospital	Tolworth Hospital	Queen Mary's Hospital
Adult Services (three wards)	Adult deaf services (one ward)	Adult Services (three wards)
Psychiatric Intensive Care Unit (PICU)	Obsessive compulsive disorder and body dysmorphia service (one ward)	
Eating Disorder Service (one ward)	Child and adolescent services (three wards)	
Low and Medium Secure Servies (four wards)	One older adult acute ward (or at Springfield)	
Rehabilitation and Step down services (two wards)	Base for community teams who will go out to local clinics and people's homes	
Older adult acute ward (or at Tolworth)		
Base for community teams who will go out to local clinics and people's homes		

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 Queen Mary's 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 deliver specialist and older persons services, and Queen Mary's hospital will continue to deliver working age adult mental health services.

This option is the least favoured option.
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 reassess their priorities for funding and would have an impact on the Trust's long-term financial position.

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 we do not believe it is 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.

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. We think it may

therefore be be harder to attract and keep the highest quality of staff to Tolworth Hospital.

Furthermore, whilst Tolworth and Springfield University hospitals will be well above the minimum requirement of three wards recommended by the Royal College of Psychiatrists, Queen Mary's Hospital will remain at the lower end of the range for being clinically safe.

Specialist services and services for older people

We are consulting on the location of specialist inpatient mental health services, and on the location of a ward for older people with age-related mental health conditions.

This part of the consultation involves Springfield University Hospital and Tolworth Hospital. We do not propose to locate any of these services at Queen Mary's Hospital.

We are consulting on the location for these services because the future site at Springfield University Hospital is not large enough to accommodate all these services without some wards being on upper floors. This is not ideal, and would reduce the quality of the experience for patients and carers using these services.

There is room at Tolworth Hospital. However, by using both hospital sites to their full potential everyone will be able to benefit from the best possible accommodation.

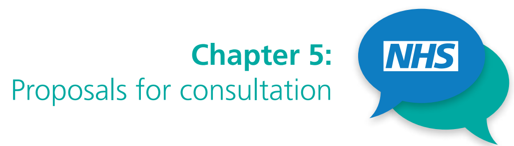
Some specialist services have to stay at Springfield University Hospital for clinical reasons. Others, we believe, could be relocated:

Specialist services: remaining at Springfield University Hospital

The Psychiatric Intensive Care Unit (PICU) must remain at Springfield University Hospital to support other inpatient and crisis care services. The 136 Suite will also be based at Springfield University Hospital.

The adult eating disorders service (currently Avalon ward) must remain at Springfield University Hospital because of the physical support provided by St George's NHS Trust through the MARSIPAN Pathway for the management of patients with Anorexia Nervosa. 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 also planned to remain at Springfield University Hospital. There is no advantage to relocating these services and planning consent for a move would be unlikely.



Specialist services: proposals for Tolworth Hospital

The proposals are to:

- Create a new campus for inpatient child and adolescent services at Tolworth Hospital including the children's Tier 4 eating disorder service and deaf service. Relocating this service from Springfield University Hospital would provide young people with valuable extra outside space and access to 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
- Relocate the adult deaf inpatient services currently at Springfield University Hospital to Tolworth Hospital. 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
- Relocate the Obsessive Compulsive Disorder and Body Dysmorphia service currently at Springfield University Hospital to Tolworth Hospital. Providing this service at Tolworth Hospital would offer more space for development and better quality accommodation

Services for older adults

- We are consulting on the best location for a ward for older people. As alternatives to hospital admission continue to be introduced, the Trust intends to provide one ward for older adults with age-related mental health conditions. This ward could be located either at Springfield University Hospital or at Tolworth Hospital.

Rooms 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 carers and relatives of 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, and for families of the children and young people in the Child and Adolescent wards.

The options compared

	Two sites: Springfield, Tolworth	Three sites: Springfield, Tolworth, Queen Mary's
Clinical care	• High quality surroundings to support patient care at both sites	• Surroundings are not equal at all sites – Queen Mary's Hospital ward layout and design cannot be improved
	• Meets guidelines on minimum of at least three wards for mental health units	• Queen Mary's Hospital will be at the lower end of being clinically safe
	• Resolves challenges of ward design, layout and impact on privacy, dignity and safety	• Only Springfield and Tolworth benefit from improved premises: challenges remain at Queen Mary's Hospital
	• Balanced range of local and specialist services at each hospital	• Services unbalanced across the sites: local services will not be located at Tolworth. Springfield will be the largest site, Tolworth and Queen Mary's will both be smaller
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	• 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 Adolescent 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	• More space at Tolworth Hospital would enable the Trust to provide first class accommodation for the Children and Adolescent 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	• 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

	Two sites: Springfield, Tolworth	Three sites: Springfield, Tolworth, Queen Mary's
Sustainability (cont.)	• No expensive long term running costs associated with maintaining or refurbishing old or unsuitable premises	• Costs are reduced because there will be no operational older buildings at Springfield and Tolworth: however these costs associated with Queen Mary's remain
	• Overall this option generates a benefit to the NHS calculated at £25.87 million over 50 years	• 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 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	• 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	• The two inpatient sites for local services are both in the northern part of the local catchment area
	• 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	• Patients and carers using Tolworth Hospital will have services provided at either Queen Mary's 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

Table: Option Appraisal Ranking Summary

Appraisal	Do minimum	Springfield University Hospital and Tolworth Hospital	Springfield University Hospital, Tolworth Hospital, Queen Mary's
Capital investment £m	66.08	160.10	148.00
Non-Financial benefits Score	4.70	7.03	6.40
Capital Cost Benefit (i.e. £m cost per benefit point)	14.05	22.78	23.13
Net Present Value (NPV) £m	(26.10)	25.87	(17.34)
Ranking	**3**	**1**	**2**

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. A positive Net Present Value, without brackets, represents an overall benefit to the NHS over the period. The rankings generated by these calculations are presented on the bottom row of the table.

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.

This is a £160 million modernisation programme at 2014 prices. The funds for this would come from selling land at Springfield University Hospital and other locations which the NHS will not need in the future. Once built, the two new state of the art 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 selling 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 this option are greater.

The maintenance only 'do minimum' option is a £66 million programme at 2014 prices. As the existing buildings would be retained the opportunity to regenerate the Springfield site for NHS use, and for local housing, would be removed. The funding associated with the land disposal would also be removed meaning that the costs would have to be accommodated by day to day NHS resources. In the long term this is the most expensive of the options and delivers no benefits in terms of standards of care. NHS commissioners are strongly committed to ensuring high quality care for patients. As this option delivers no benefits to patients it 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 including maps showing the travel times to each hospital site. The following table sets out the minimum travel time to each hospital, in minutes.

Travel times from each borough to hospital sites, in minutes

Borough	Mode of transport	Queen Mary's Hospital	Springfield University Hospital	Tolworth Hospital
Kingston	Car	37	50	22
	Public transport	56	60	35
Merton	Car	40	30	37
	Public transport	55	42	58
Richmond	Car	36	56	37
	Public transport	46	65	59
Sutton	Car	54	46	41
	Public transport	72	60	71
Wandsworth	Car	32	23	42
	Public transport	42	37	58

Whichever option is selected, the actual number of admissions to the new inpatient units will be lower than today because of developments in community services and the introduction of more alternatives to hospital admissions. The relative proportions of local people resident in each borough and using these services will remain broadly the same, however.

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 (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.

For people using the Trust's specialist services, travel times are less critical (but of course still important) because people and carers often travel from some distance away. If some specialist services are relocated at Tolworth Hospital in future, people using these services and travelling from north and east of Tooting will have longer journey times, while people travelling from south and west of Kingston will have shorter journey times.

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

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:

a. Strong public and patient engagement

b. Consistency with current and prospective need for patient choice

c. Clear clinical evidence base to support the proposals

d. Support for the proposals from clinical commissioners

Strong public and patient engagement

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

Service users and community representatives developed the criteria for quality standards and the sites to be considered for the new services in December 2012. Between December 2012 and Spring 2013 they continued to be involved in developing the proposals that 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 location of inpatient services has been designed to meet the priorities

set by the NHS and by local commissioners to increase community-based care, reduce inpatient admissions and readmissions, and provide the best possible environment for care.

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

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

The proposals reflect the intentions of commissioners to prioritise community mental health services, to provide alternatives to hospital admission and to reduce hospital admissions from 2018 onwards. The provision of more mental health services closer to home is a stated preference of people who use these services and their carers.

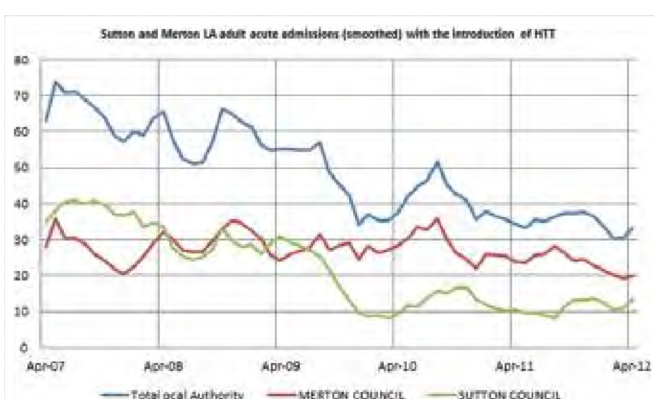
Clear clinical evidence base to support the proposals

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)
- The Francis Report and subsequent national guidance; the Winterbourne Report, the Keogh Report and the Berwick Report (2013)
- '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 clinical commissioning groups 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 2018 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.



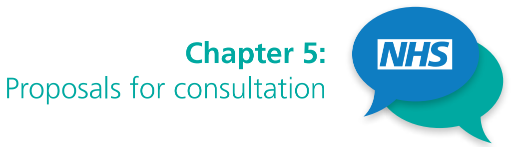
Commissioners in south west London have indicated their intention to invest more into community mental health services to bring about a permanent reduction in mental health hospital admissions in all boroughs from 2018 onwards.

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) experienced two serious incidents during the period 2009-13. Jupiter Ward, built in 1931, had 27 serious incidents in the same period. The wards care for people with similar conditions and have similar staffing ratios – the only difference between them is the quality of the physical environment.

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.



Changes we have made

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

What people said	What we have done
Good community services must be in place before changes are made to inpatient services	• The timescale for community changes is to make improvements by 2018 (Draft five-year strategy, published May 2014). The new inpatient facilities would be built after this, opening by 2024, if these proposals are agreed
If services are relocated as proposed, arrangements should be made to help carers and friends who wish to visit. This is especially important for the nationally-commissioned services where carers may have to travel long distances	• The proposals include rooms for carers and relatives to stay over. These will be free of charge. The Trust will discuss options for developing public transport links to future agreed inpatient locations with transport providers
The quality of services and the physical surroundings for care are the most important factors when planning services. The second most important factor is accessibility to services and providing care in the right place at the right time	• Quality and surroundings were given high weightings when assessing the various options and developing the proposals • The proposals are designed to support improved local services provided closer to home – where most mental health care takes place
Transport considerations will be important in considering any proposed relocation	• The Trust commissioned an independent survey of travel times to help people judge the impact of any changes as part of this consultation. The findings are included in this document
The proposals should relate to other health and social care services so that care puts patients first and is joined-up	• The proposals reflect the strategy for the NHS published in May 2014 by south west London commissioners. This strategy emphasises the importance of joined-up health and social care services and of 'parity of esteem' between mental health and other services. • The Trust's Strategic Business Case for estates modernisation was shared with commissioners in March 2014, and received their broad agreement in principle. The proposals in this consultation are based on that document

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 refer 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.

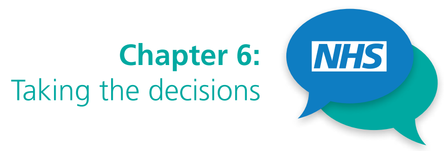
She carries on her education through the unit's own school (which is rated excellent by Ofsted) and makes use of the unit's gym. Slowly she starts to make friends with some of the other teenagers on the unit, and to understand that other young people have similar problems.

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.

Family visits help them to rebuild their relationships.



Chapter 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. The Department of Health and the Treasury will also review the business case, once it is agreed 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 developments at Tolworth Hospital (which is required under all the options)
- The five NHS clinical commissioning groups 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 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 on the best location for 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 five NHS clinical commissioning groups and NHS England will make the final decision as the organisations responsible for commissioning the mental health services affected by these proposals.

The process and timetable

Process	Date
Consultation period start and finishing dates	29 September 2014 – 21 December 2014
Independent report prepared analysing responses to the consultation	Mid January 2014
CCGs meet in public and make their decisions. NHS England makes its decision	Mid February 2014

The dates of the meetings at which commissioners will decide the option they wish to take forward will by published as soon as the arrangements for these meetings are available.

Local authority Joint Health Overview and Scrutiny Committee provides scrutiny throughout the consultation period.

Chapter 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, carers, community groups, NHS and relevant local authority partners. Now we are seeking your views on these proposals.

You can tell us what you think in a variety of ways:

- Returning the form included with this document (no stamp needed)
- Online at: **www.kingstonccg.nhs.uk**
- Writing to us at: **FREEPOST SWL MENTAL HEALTH CONSULTATION**
- or by email to **swlmh.consultation@nhs.net**
- Attending an event (see opposite for details)
- If you are a local group or organisation, you can request a speaker to attend your meeting. Please contact:
  020 3513 6006
  swlmh.consultation@nhs.net

The consultation runs from **29 September 2014 to 21 December 2014**. Responses are welcome during this time, but they must be in writing or email and must be submitted before the closing date to be considered.

Meetings

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

- **28 October 2014 – Kingston**
  7:00pm – 9:00pm
  Kingston United Reformed Church, Richard Mayo Centre, Eden Street, Kingston Upon Thames, KT1 1HZ
- **06 November 2014 – Richmond**
  7:00pm – 9:00pm
  Riverside Room, Old Town Hall, Whittaker Avenue, Richmond Upon Thames, TW9 1TP
- **10 November 2014 – Merton**
  7:00pm – 9:00pm
  Wimbledon Guild, Drake House, 44 St. George's Road, Wimbledon, SW19 4ED
- **13 November 2014 – Sutton**
  7:00pm – 9:00pm
  Large Hall, Sutton Salvation Army, 45 Benhill Avenue, Sutton, SM1 4DD
- **19 November 2014 – Wandsworth**
  7:00pm – 9:00pm
  Conference Room A, Building 14, Springfield University Hospital, 61 Glenburnie Road, London, SW17 7DJ

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:

020 3513 6006
swlmh.consultation@nhs.net

Appendix A:
The options and how they were developed

This consultation will help to inform the decision about the sites from which our inpatient 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 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, Tooting
- Sutton Hospital, Sutton
- Tolworth Hospital, Kingston

During the autumn of 2012 a series of listening events were held when theTrust 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 area participated. In total around 30 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:

a. **Critical mass:** the Royal College of Psychiatrists recommends that a safe model of care should involve provision of at least three wards on any site. Accordingly, we propose that no option should involve creation of a site with less than three wards

b. **Affordability:** the option must be within the Trust's envelope of affordability

c. **Deliverability:** we want patients to be able to benefit from any proposed changes within a realistic period. We therefore propose a maximum period of five years for delivery of any options, once all approvals are in place

d. **Space fit:** the proposed future bed configuration must fit onto the selected sites

e. **Compliance with Guidance:** the option must comply with key Department of Health Guidance including the provision of single bed en-suites and access to outdoor space

f. **Planning Permission:** it must be likely to achieve planning permission for necessary development

g. **Travel time:** site must be accessible within a reasonable travel time by public transport from the localities they serve

When the 'stop-go' criteria were applied to the list of sites, the following conclusions were agreed:

Must include Springfield University Hospital

f) Planning permission

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

d) Space fit (and minimum number of sites)

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

b) Affordability (and maximum number of sites)

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

Criteria	Defining factors	Weighting (%)
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 and appropriate travel times • Right services, right place, on time	29%
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 (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 and 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%
Stakeholder Evaluation Event – Non-Financial Benefit Criteria Total		100%

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 and 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, 13 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.

Considered as Option number	Inpatient sites	2-site or 3-site?	Outcome of review
1	Springfield University Hospital, Sutton Hospital	2	✓ Selected for detailed evaluation
2	Springfield University Hospital, Tolworth Hospital	2	✓ Selected for detailed evaluation
3	Springfield University Hospital, Queen Mary's Hospital	2	✓ Selected for detailed evaluation
4	Springfield University Hospital, Barnes Hospital, Queen Mary's Hospital	3	× Not selected – see below
5	Springfield University Hospital, Barnes Hospital, Richmond Royal Hospital	3	× Not selected – see below
6	Springfield University Hospital, Barnes Hospital, Sutton Hospital	3	× Not selected – see below
7	Springfield University Hospital, Tolworth Hospital, Barnes Hospital	3	✓ Selected for detailed evaluation
8	Springfield University Hospital, Queen Mary's Hospital, Richmond Royal Hospital	3	× Not selected – see below
9	Springfield University Hospital, Queen Mary's Hospital, Sutton Hospital	3	× Not selected – see below
10	Springfield University Hospital, Tolworth Hospital, Queen Mary's Hospital	3	✓ Selected for detailed evaluation
11	Springfield University Hospital, Richmond Royal Hospital, Sutton Hospital	3	× Not selected – see below
12	Springfield University Hospital, Richmond Royal Hospital, Tolworth Hospital	3	× Not selected – see below
13	Springfield University Hospital, Tolworth Hospital, Sutton Hospital	3	✓ Selected for detailed evaluation

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	
Barnes Hospital	• Constrained site which was assessed as 'not viable' in terms of clinical safety and Value for Money • Barnes Hospital Working Group concluded that the site is not appropriate for inpatient care, and recommended that inpatient provision should be closed by December 2012, subject to alternative sites being found
Queen Mary's Hospital, Roehampton	• Existing wards meet design and clinical standards, but: ◆ Fall below the Royal College of Psychiatrists' guidelines on critical mass ◆ They are too large ◆ 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:

Option number	Inpatient sites	Affordability (money)	Non-financial score (value)	Money* Value	Value for money Index	Ranking
2	Springfield University Hospital and Tolworth Hospital	2,122	6.68	14,175	100	1
7[1]	Springfield University Hospital, Tolworth Hospital, Barnes Hospital	1,291	7.27	9,386	69	2
8	Springfield University Hospital and Sutton Hospital	1,273	5.2	6,620	51	3
9	Springfield University Hospital and Queen Mary's Hospital	460	5.05	2,323	23	5
10	Springfield University Hospital, Tolworth Hospital, Queen Mary's Hospital	-177	6.82	-1,207	0	6
13	Springfield University Hospital, Tolworth Hospital, Sutton Hospital	716	7.07	5,062	41	4

[1] 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 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.

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' 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

Criteria	Weighting	Opt 1: SUH+Sutt		Opt 2: SUH+Tol		Opt 3: SUH+QMH		Opt 4: SHU+BH+QMH	
		Score out of 10	Score x weight	Score out of 10	Score x weight	Score out of 10	Score x weight	Score out of 10	Score x weight
Service Quality	33%	7.73	2.55	7.92	2.61	5.37	1.89	6.38	2.11
Accessibility of services	29%	4.15	1.20	5.93	1.72	4.72	1.37	5.02	1.45
Optimum Service Configuration	16%	3.77	0.60	6.13	0.98	5.09	0.81	5.06	0.81
Future Flexibility	14%	4.59	0.64	6.44	0.90	4.32	0.60	4.77	0.67
Feasibility & Timing	8%	2.50	0.20	5.85	0.47	4.63	0.37	6.72	0.54
Maximum score of 10	1.00	22.73	5.20	32.27	6.68	24.48	5.05	27.94	5.58
Sensitvity tests: Final Weighted scores			5.20		6.68		5.05		5.58
Equal weighting			3.79		5.38		4.08		4.66
Other scenario		N/A		N/A		N/A		N/A	

Criteria	Weighting	Opt 6: SUH+BH+Sutt		Opt 7: SUH+BH+Tol		Opt 9: SUH+QMH+Sutt		Opt 10: SUH+QMH+Tol		Opt 13: UH+Sutt+Tol	
		Score out of 10	Score x weight	Score out of 10	Score x weight	Score out of 10	Score x weight	Score out of 10	Score x weight	Score out of 10	Score x weight
Service Quality	33%	7.33	2.42	7.56	2.49	6.64	2.19	6.80	2.24	7.83	2.59
Accessibility of services	29%	5.48	1.59	6.98	2.03	6.14	1.78	6.98	2.02	7.40	2.15
Optimum Service Configuration	16%	5.77	0.92	6.65	1.06	6.18	0.99	7.02	1.12	6.72	1.07
Future Flexibility	14%	5.22	0.73	7.80	1.09	4.40	0.62	5.97	0.84	6.08	0.85
Feasibility & Timing	8%	4.47	0.36	7.43	0.59	4.88	0.39	7.48	0.60	5.13	0.41
Maximum score of 10	1.00	28.26	6.02	36.43	7.27	28.24	5.97	34.24	6.82	33.17	7.07
Sensitvity tests: Final Weighted scores			6.02	1	7.27	5.97		3	6.82	2	7.07
Equal weighting			4.71	1	6.07	4.71		2	5.71	3	5.53
Other scenario		N/A		N/A		N/A		N/A		N/A	

Appendix B:
Travel and transport

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 and also looks at the number of inpatient admissions to the current services.

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.

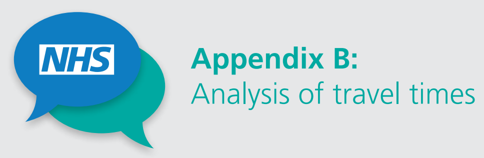
The tool calculates travel times between any origin and destination. For this consultation, the travel time origins were based on the population-weighted centre of each Census Lower Super Output Area (LSOA) within each borough. This means that the travel times are based as closely as possible on where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

The travel times are based on the morning peak hours between 7am and 10am and are the average minimum travel times from the borough to each hospital.

Average peak travel times from each borough to hospital sites, in minutes

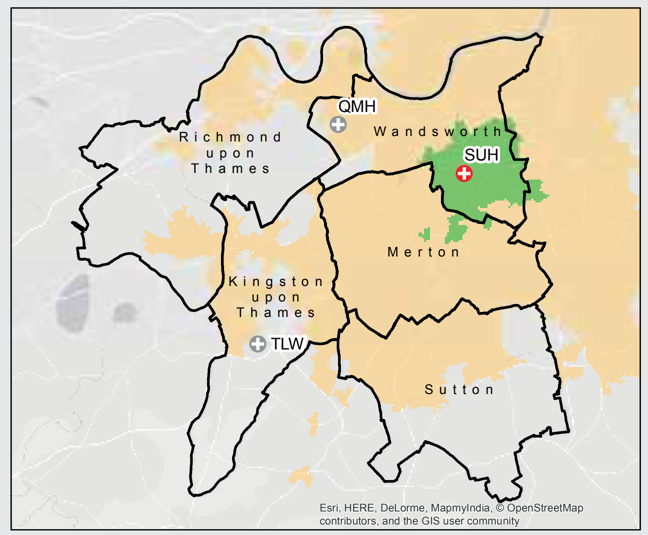
Borough	Mode of transport	Queen Mary's Hospital	Springfield University Hospital	Tolworth Hospital
Kingston	Car	37	50	22
	Public transport	56	60	35
Merton	Car	40	30	37
	Public transport	55	42	58
Richmond	Car	36	56	37
	Public transport	46	65	59
Sutton	Car	54	46	41
	Public transport	72	60	71
Wandsworth	Car	32	23	42
	Public transport	42	37	58

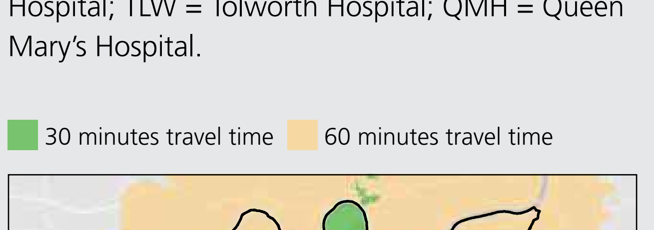


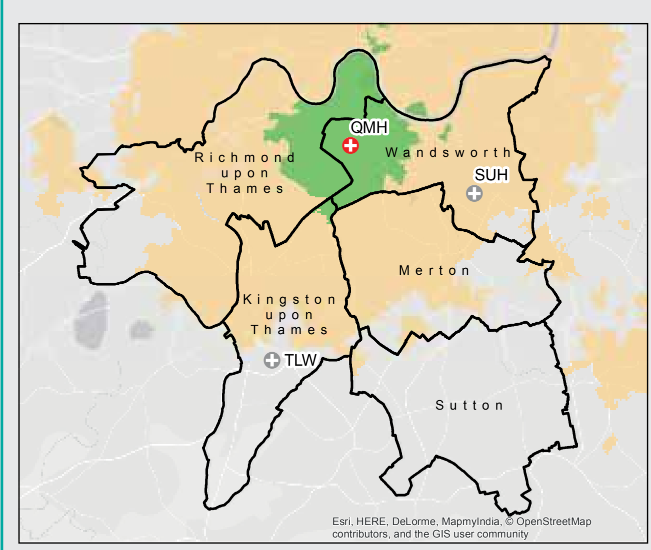
Individual stakeholder's personal experience of actual journey times to the hospitals may differ from the HSTAT journey time data, due to the very nature of modelling travel times. However, the tool has been developed by TfL, specifically for this kind of consultation and the travel times are considered 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.

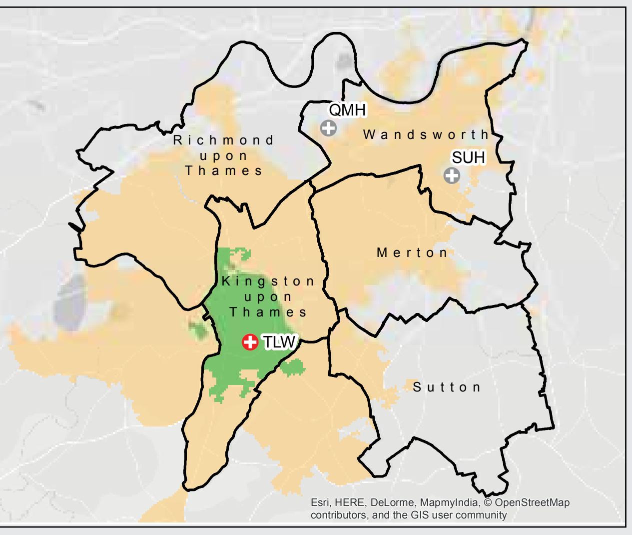
Public transport travel times

These three maps show the travel times in minutes by public transport to each of the three hospitals. The selected hospital is highlighted for each map. The green area indicates travel times of up to half an hour to the selected hospital. The orange area indicates travel times of between half an hour and one hour to the selected hospital. Minimum travel times, morning peak. SUH = Springfield University Hospital; TLW = Tolworth Hospital; QMH = Queen Mary's Hospital.



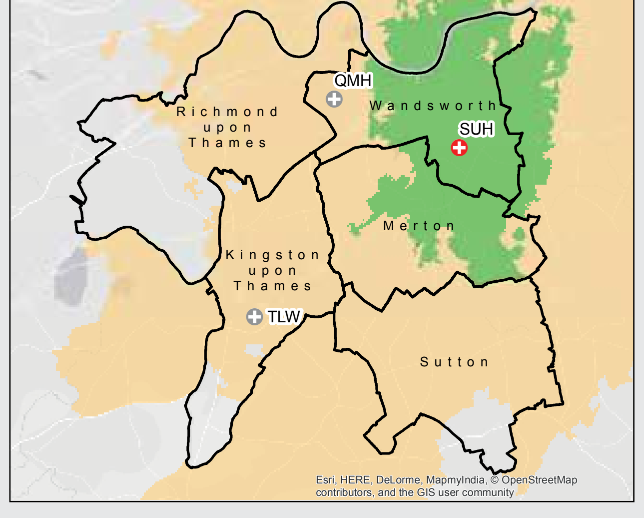


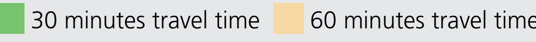


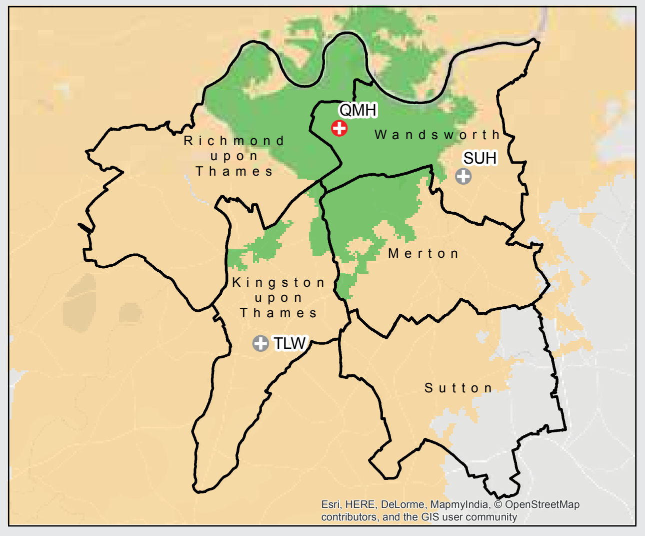


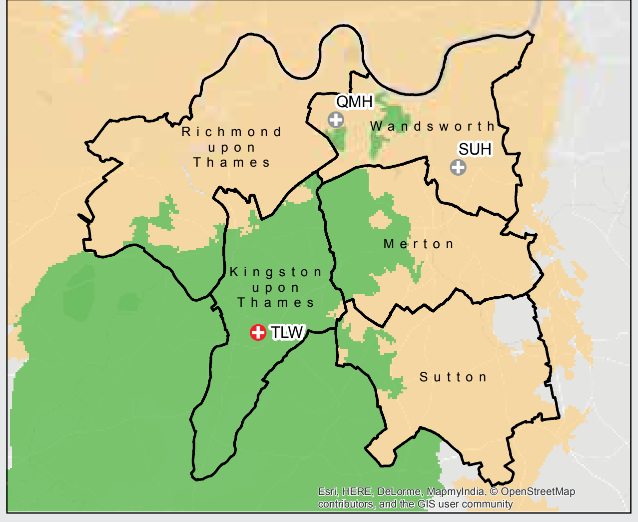
Private transport travel times

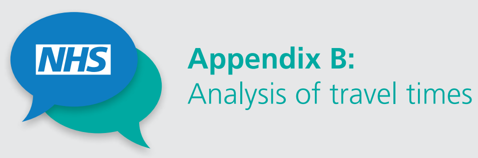
These three maps show the travel times in minutes by private transport to each of the three hospitals. The selected hospital is highlighted for each map. The green area indicates travel times of up to half an hour to the selected hospital. The orange area indicates travel times of between half an hour and one hour to the selected hospital. Minimum travel times, morning peak. SUH = Springfield University Hospital; TLW = Tolworth Hospital; QMH = Queen Mary's Hospital.











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. They exclude admissions to the specialist services (based at Springfield University Hospital), admissions from elsewhere in London and those where place of residence is not recorded.

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 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 (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.

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 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, in such a way that respects patients' dignity and self-esteem
- **Community focused** – 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 make attendance at mental health services more acceptable
- **Modern and efficient** – modern facilities designed to support frontline 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 carers 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 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 inpatient admissions by 2018 (South West London Draft five-year Strategic Plan, published May 2014).

The national commissioning intentions from NHS England focus on improving 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 frontline 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 user 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, developing 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 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 'Triangle 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 five-year strategy, May 2014). It describes what high quality care provided closer to home should look 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 who 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 made 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, Richmond, Sutton 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 specifically seeking the views of:

People who use mental health services, their carers and advocates

- Individual GPs
- Leagues of hospital friends
- 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
- Mental health charities and support groups in the local area

Local community organisations and community representatives

- Healthwatch in each borough
- Community organisations and forums in each borough including BAME groups and forums, faith groups, organisations with an interest or involvement in mental health, organisations supporting older people, organisations supporting mothers with young children
- Members of Parliament whose constituencies cover the five boroughs

Local residents living close to Springfield University Hospital and Tolworth Hospital, where development is proposed under both the options.

- Residents' and neighbourhood organisations in the vicinity of the hospitals
- Distribution of information to households in the vicinity of the hospitals

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

- Health Overview and Scrutiny Committee (a sub-committee of the Standing Joint Health and Overview Scrutiny Committee of boroughs in south west London has been established for this purpose)
- Probation services
- Police

Appendix E: Glossary

Body Dysmorphic Disorder (BDD), or body dysmorphia: an anxiety disorder that causes sufferers to spend a lot of time worrying about their appearance and have a distorted view of how they look. For someone with BDD, the thought of a flaw is very distressing and does not go away. The person believes they are ugly or defective and that others perceive them in this way, despite reassurances from others about their appearance. South West London and St George's Mental Health NHS Trust provides an inpatient service for this condition.

Care Quality Commission (CQC): the national organisation which regulates health and social care services. The commission checks whether hospitals, care homes, GPs, dentists and services in people's homes are meeting national standards. It does this by inspecting services and publishing the findings, helping people to make choices about the care they receive.

Carer: someone who cares for a service user, or has done in the past.

Child and adolescent mental health services: services designed for children and young people under the age of 18 including support to families and, for those who need it most, inpatient services. This consultation includes options for the future location of the inpatient children and adolescent mental health unit in south west London

Clinical Commissioning Group (CCG): organisation responsible for commissioning many NHS funded services. There are five CCGs involved in this consultation, covering Kingston, Merton, Richmond Sutton and Wandsworth.

Commissioning: the process whereby organisations identify the health needs of their population and make prioritised decisions to secure care to meet those needs with the available resources.

Community setting: care outside of a hospital – for example, this might be in the service user's home, in a medical centre, faith centre, leisure or community centre.

Forensic mental health services: (also called secure mental health services) services for people who have been in contact with the judicial system. These services are an alternative to prison and offer specialist treatment in a secure setting. Patients using these services are not free to come and go and most of them are detained under mental health legislation.

Health and Wellbeing Scrutiny Committee or Health Overview Scrutiny Committee (HOSC): local authorities have powers to scrutinise and evaluate proposed changes in health services in their areas, which they do via health scrutiny committees. The committee can review and scrutinise any matter relating to the planning and provision and operation of local health services and make reports and recommendations to local NHS bodies.

NHS England: the organisation which commissions specialist services provided on a regional or national basis (CCGs – see above – commission for a local population).

NHS Trust: an NHS organisation which provides NHS services through contracts with commissioners. Many trusts have become, or are applying to become, an NHS Foundation Trust. Being a Foundation Trust enables a trust to be accountable to local people, rather than to central government, and to have greater freedom to develop services.

Obsessive Compulsive Disorder (OCD): a mental health condition where a person has obsessive thoughts and compulsive, repetitive behaviour. South West London and St George's Mental Health NHS Trust provides an inpatient service for this condition.

Service user: someone who uses the services referred to, or has done in the past.

South West London and St George's Mental Health NHS Trust: the NHS trust which provides mental health services to people in Kingston, Merton, Sutton, Richmond and Wandsworth, and specialist mental health services to people from further afield. All the inpatient services involved in this consultation are provided by South West London and St George's Mental Health NHS Trust.

If you would like this document in another language, easy read format or braille then please contact us with your name, address and details of which format you require.

আপনি অন্য ভাষায় এই নথিটি চাই, সহজ পাঠযোগ্য বিন্যাসে বা ব্রেইল তারপর আপনার নাম, ঠিকানা এবং আপনি প্রয়োজন বোধ করেন যা বিন্যাসের বিবরণের সাথে যোগাযোগ করুন.

તમે અન્ય ભાષામાં આ દસ્તાવેજ માંગો છો, સરળ વાંચી બંધારણમાં અથવા બ્રેઇલ પછી તમારું નામ, સરનામું અને તમે જરૂરી છે કે જેમાં બંધારણની વિગતો સાથે અમને સંપર્ક કરો.

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FREEPOST SWL MENTAL HEALTH CONSULTATION

APPENDIX 2: Proposed modernisation of mental health inpatient services in South West London: for decision (February 2015);

Summary

This followed the publication of the Consultation document. It reports on the outcome of the consultation process and sets out the recommendations for the modernisation programme moving forward.

The report is focused on the future provision of inpatient services. It provides an overview of the September 2014 consultation process and describes the preferred option for the development of new mental health accommodation at Springfield University Hospital and Tolworth. The report was made available to the standing Joint Health Overview Scrutiny Committee (JHOSC) of the relevant London boroughs who are providing local authority scrutiny of the process, including Richmond.

Pages 5 – 9 summarise the proposed estate rationalisation plan, noting that the capital investment will be derived from the disposal of surplus NHS land within the ownership of the Trust. Section 1.4 contains eight recommendations to the South West London CCG.

The development of the proposals is described at section 3, and paragraph 3.2, p17 identifies the discussions and liaison held with each borough in developing new community-based services. The public consultation process associated with the proposals is set out at section 5, pp32 – 34, noting that public events took place in each borough. Section 6, pp35 -63 includes a detailed assessment of the public consultation feedback to the September 2014 document.

The Outline Business Case (OBC) is discussed at section 7, pp64 – 66. The purpose of the OBC is explained noting that it will show that the new in-patient accommodation can be built, funded and run within the resources available to the NHS. It is noted that the OBC contains elements of data that remain commercial in confidence; as such only headline figures are set out.

In describing the next steps, section 8, pp67-68, states that public meetings have occurred for each CCG to discuss the proposals and that the JHOSC will be providing local authority scrutiny of the proposals. Local authority scrutiny is described in more detail noting that they have established the JHOSC to review all proposals and that an inpatient sub-committee was set up to provide scrutiny of these proposals. P69 references that the capital costs of building new accommodation will come from re-investment of funds from the disposal of NHS surplus land.

This report, alongside the consultation document, were considered by various groups and organisations and this is described in more detail in the paragraphs numbered 3 – 8 below.

DRAFT

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

Report to mental health commissioning bodies and to South West London and St George's Mental Health NHS Trust

Existing unused building at Springfield Hospital

TOLWORTH HOSPITAL

February 2015

Artists impression of Tolworth Hospital opening in 2021

"When a person walks through the doors of this Trust, we want them to feel welcome and to feel that they are in a professional, safe and caring environment.

This can only be achieved through getting out of dilapidated asylum buildings and investing in modernised accommodation which will support the healthcare of tomorrow. We must not accept the status quo, we must surely act now."

Dr Emma Whicher, Medical Director,
South West London and St George's Mental Health NHS Trust

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

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

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

We believe that the end of the era of compromise is long overdue."

Dr Phil Moore
On behalf of CCGs and NHS England

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

Response to consultation

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Most of the existing buildings are old and not suitable for modern inpatient mental health care.

Aerial view of Springfield Hospital

Aerial view of Tolworth Hospital

Inpatient bedroom at Springfield Hospital and Tolworth Hospital

View of Internal Street at Springfield Hospital

View of ward dining area at Springfield Hospital and Tolworth Hospital

View of the courtyard gardens at Springfield Hospital and Tolworth Hospital

View of a bedroom corridor at Springfield Hospital and Tolworth Hospital

The proposals in this document are for new accommodation which will establish two centres of clinical excellence where staff can deliver great care and service users and carers can have the best possible outcomes.

1. Overview and recommendations

1.1 Introduction

This report sets out

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

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

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

1.2 Background

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

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

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

The preferred option is to develop new mental health accommodation at two sites, Springfield University Hospital, Tooting, and Tolworth Hospital, Kingston, where planning allows for the preferred option to be implemented. At Springfield University Hospital, the new accommodation would be built close to the most modern of the existing wards and the remainder of the site, the former asylum, would be developed for much-needed housing and a new public park to serve the people of Tooting.

The proceeds from this development would fund the capital investment at Springfield University Hospital and Tolworth Hospital. The development of the new accommodation would therefore not be a call on day to day NHS funds. In addition, the new accommodation would be up to £2.8 million a year cheaper to run at today's prices and at the same time provide the best environment for excellent care. As part of this option mental health inpatient services would no longer be provided at Queen Mary's Hospital, Roehampton.

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

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

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

1.3 Changes as a result of consultation

The consultation was about the service changes to enable the reconfiguration of the estate:

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

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

As a result of the feedback received, this report now recommends changes to some of the proposals (discussed in full in section 6). These are:

Flexibility on bed numbers

Feedback from consultation:

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

What we have changed:

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

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

Travel and access

Feedback from consultation:

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

What we have changed:

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

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

Future use of the wards at Queen Mary's Hospital

Feedback from consultation:

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

What we have changed:

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

Adult deaf inpatient services

Feedback from consultation:

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

What we have changed:

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

Child and adolescent mental health inpatient services (CAMHS)

Feedback from consultation:

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

What we have changed:
Tolworth Hospital is considered to offer clinical benefits to this very vulnerable group of service users and their families through greater access to outdoor space and increased separation from other services. The planned service configuration at the Springfield site would provide a critical mass around secure services and intensive adult services whereas the planned service configuration at Tolworth Hospital would provide a critical mass for CAMHS.

NHS England has explored the option to retain the campus at Springfield but the Trust calculate that it would cost an additional £15 million capital and runs the risk of not receiving planning approval.

On balance therefore NHS England believes that moving the campus to Tolworth is the correct recommendation on the basis of the Trust's initial estimate of the additional capital cost of providing the service from Springfield. This is to be confirmed by the Trust undertaking further work on those capital costs prior to NHS England making its final decision.

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

Older people's mental health services

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

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

Obsessive compulsive disorder (OCD) and body dysmorphia service

The feedback from consultation has not suggested that the recommendation to provide this service at Tolworth Hospital should be changed.

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

Springfield University Hospital will provide

- Adult acute inpatient services
- Adult deaf services
- Adult eating disorder services
- Psychiatric intensive care unit (PICU)
- Forensic services

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

Tolworth Hospital will provide

- Adult acute inpatient services
- Older people's inpatient services
- Child and adolescent mental health inpatient services (CAMHS)
- OCD and body dysmorphia service

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

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

1.4 Recommendations

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

A. Recommendations for South West London Clinical Commissioning Groups

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

B. Recommendations for NHS England

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

2. Background and context

2.1 The role of commissioners to support service improvement

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

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

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

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

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

The duties laid down in the Act and the guidance from NHS England require commissioning bodies to make decisions that

- improve the quality and efficiency of services
- ensure service sustainability
- fit well with existing and future commissioning intentions and strategies

and so meet the current and future needs of patients and the populations they serve. The outcome of public consultation is an important element in this decision-making process. However, commissioning bodies would be failing in their legal duty to improve quality of service and outcomes were they to implement a proposal which had public support but which could not demonstrate improved quality or sustainability.

Further information and guidance is contained in

- Planning and Delivering Services Changes for Patients www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf
- A mandate from the Government to NHS England: April 2014 to March 2015 www.gov.uk/government/publications/nhs-mandate-2014-to-2015

- The functions of clinical commissioning groups www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-ccgs.pdf
- National Health Service Act 2006 (as amended)
- Health and Social Care Act 2012
- Equality Act 2010

2.2 The case for change

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

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

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

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

- They do not deliver the best possible clinical benefits for patients. At Springfield University Hospital and Tolworth Hospital, the design, age and layout make it harder for staff to provide good quality care at all times, and the poor environment does nothing to help people recover or maintain their wellbeing. At Queen Mary's Hospital, the design and layout challenges remain even though the building is modern
- They fall well below the standards for inpatient accommodation. The Care Quality Commission, NHS England and local commissioners are unlikely to accept continued non-compliance with quality guidance and best practice, and there is concern that the existing provision is not compliant with the Equality Act 2010
- The current configuration of services, heavily concentrated at Springfield University Hospital, does not easily support the development of clinical excellence across all sites. Both Queen Mary's Hospital and Tolworth Hospital are relatively small in comparison to Springfield University Hospital. This means that:
- Tolworth Hospital would not in future comply with the requirement for a minimum of three mental health wards
- Queen Mary's Hospital would require the further closure of five beds on two of its wards to meet the requirements for 18 beds per ward. With three wards the hospital will remain at the lower end of the range for being clinically safe as recommended by the Royal College of Psychiatrists
- The continued bias towards Springfield University Hospital will detract from staff recruitment and retention at the other sites

With the exception of the Acacia unit at Tolworth Hospital (the proposed location for the CAMHS campus) refurbishment rather than replacement of existing buildings is not a solution. Without new buildings:

- The accommodation would still not be fully compliant with disability and equality legislation
- Full en-suite accommodation would not be possible
- Full separation of male and female areas would not be possible

- Wards cannot efficiently be reduced in size to the clinically-recommended maximum of 18 beds or fewer

Doing nothing is not a realistic option. This would result in a continued decline in the quality of these services:

- Patient care would continue to be provided in largely sub-standard facilities
- The experience of patients, carers and staff will continue to be compromised
- Tolworth Hospital would be below the minimum recommended size for a mental health unit
- The mental health wards at Queen Mary's Hospital would be at the lower end of the range for being clinically safe, and the challenges associated with the layout of the wards will remain
- There will be an increased risk of mental health inpatient services being seen as 'failing', so much so that the NHS may turn to alternative providers for mental health services, perhaps based further away from people's homes in south west London
- Service quality may be affected by lower staff morale, higher staff turnover, poor retention and recruitment and greater use of short-term staff
- The state of the accommodation would continue to deteriorate, and the existing problems would not be tackled
- The drain on the Trust and NHS resources would become unsustainable

The opening of new wards at Springfield University Hospital in 2009 enabled the Trust and commissioners to compare the impact of the improved environment with older wards. Ward 3 at the Storey Building (opened 2009) experienced two serious incidents during the period 2009-13; Jupiter Ward, built in 1931, had 27 serious incidents in the same period. The wards care for people with similar conditions and have similar staffing ratios – the only difference between them is the quality of the physical environment.

The Care Quality Commission (CQC) carried out an inspection into the quality of services at South West London and St George's Mental Health NHS Trust in early 2014 and published its report into this inspection in June 2014. This report was positive and recognised the work done by the Trust and its frontline staff to develop and maintain high quality services.

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

2.3 Current inpatient provision

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

Springfield University Hospital, Tooting

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

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

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

The site includes modern facilities at the Storey Building (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 not meet standards for privacy and dignity. They do not have ensuite facilities and they do not support easy separation of male and female accommodation. 82% of the buildings at Springfield University Hospital are functionally unsuitable.

Tolworth Hospital, Kingston

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

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

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

Queen Mary's Hospital, Roehampton

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

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

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

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

Two of the wards currently have 23 beds, whilst one has 18 beds. All of the wards could be made to comply with the recommended bed size of 18, by closing five beds on each ward. However, this will not resolve the design and layout issues, nor improve the experience for patients. Due to the design and layout at Queen Mary's commissioners and the Trust do not think it is possible to improve the surroundings there.

Queen Mary's Hospital is also isolated from the Trust's other main inpatient sites. This means it is more challenging to provide a 'critical mass' of staff at the site. At the Trust's larger sites it is possible to have a number of staff available should someone require specialist or dedicated attention, especially out of hours. Having multiple sites also makes it difficult to provide enough staffing capacity, especially in terms of junior doctor and out of hours cover.

3. Development of the proposals

3.1 Development of initial options

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

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

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

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

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

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

Participants were drawn from:

- Service Users and Carers
- Members of Local Involvement Network(s) (now Healthwatch)
- MIND
- Local Authority
- Commissioners for each of the five local boroughs
- Strategic Health Authority
- Clinicians, service managers and Executive Directors from the Trust

The process included the development and agreement of essential 'stop-go' criteria against which to assess the options. These were:

a. **Critical mass:** the Royal College of Psychiatrists recommends that a safe model of care should involve provision of at least three wards on any site. Accordingly, no option should involve creation of a site with less than three wards

b. **Affordability:** the option must be within the Trust's envelope of affordability

c. **Deliverability:** patients should be able to benefit from any proposed changes within a realistic period. Options should therefore be capable of delivery within five years of final approval

d. **Space fit:** the proposed future bed configuration must fit onto the selected sites

e. **Compliance with Guidance:** the option must comply with key Department of Health Guidance including the provision of single bed en-suites and access to outdoor space

f. Planning Permission: any option must be likely to achieve planning permission for necessary development

g. Travel time: sites must be accessible within a reasonable travel time by public transport from the localities they serve

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

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

Options including Richmond Royal Hospital were not taken forward. The last wards at the hospital closed in 1977. Richmond Royal Hospital's listed status and age makes it impossible to develop an environment for inpatient care which meets modern standards. The Trust intends to continue providing community mental health services at Richmond Royal as part of the network of local services.

The remaining options were assessed against the agreed criteria, value for money and affordability:

Option number	Sites	Afford-ability	Non-financial score	Money* value	Value for money index	Ranking
2	Springfield University Hospital and Tolworth Hospital	2,122	6.68	14.175	100	1
7	Springfield University Hospital, Tolworth Hospital, Barnes Hospital	1,291	7.27	9.386	69	2
8	Springfield University Hospital and Sutton Hospital	1,273	5.2	6.620	51	3
9	Springfield University Hospital and Queen Mary's Hospital	460	5.05	2,323	23	5
10	Springfield University Hospital, Tolworth Hospital, Queen Mary's Hospital	-177	5.82	-1,207	0	6
13	Springfield University Hospital, Tolworth Hospital, Sutton Hospital	716	7.07	5.062	41	4

Options including Sutton Hospital were not shortlisted. This is as a result of public consultation about inpatient services at Sutton Hospital in 2012 led by Sutton Primary Care Trust which concluded that inpatient services should no longer be provided at Sutton Hospital (inpatient services moved away from this site in 2009 because of health and safety concerns).

It is unlikely that the Trust would receive planning consent for a development at this location that would be large enough to be clinically sustainable and safe in the long term. Mental health community services in Sutton are based at the Jubilee Health Centre in Wallington town centre with excellent transport links to other parts of the borough. No mental health services remain at Sutton Hospital.

Options including Barnes Hospital were not shortlisted. The Barnes Hospital Working Group report (2012) concluded that inpatient services for people living in and near Richmond could not safely continue at the hospital due to the fall in the number of patients being treated there, and noted that future inpatient use as part of a wider network of inpatient care across south west London would not be practical given the hospital's location on the fringe of south west London. The report also includes the Trust's stated intention to maintain mental health outpatient services at Barnes. The working group included local community representatives, the Barnes Hospital League of Friends and Richmond Primary Care Trust.

The Barnes site has a number of buildings that are considered to be important to local heritage and which therefore could potentially restrict any new build there. Access is also constrained by the surrounding transport infrastructure and housing that is adjacent to the site. Due to these issues it would be difficult to build the type of design that the Trust envisages for its future inpatient provision. The Trust intends that mental health outpatient services will continue to be provided from Barnes Hospital, and from Richmond Royal Hospital, as part of the local network of services. Inpatient services are not currently provided at these hospitals.

3.2 Development of shortlisted options

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

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

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

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

Response to patient and public involvement:

- Good community services must be in place before changes are made to inpatient services – The timescale for community changes is to make improvements by 2018 (Draft five-year commissioning strategy, published May 2014).

The new inpatient facilities would be built by 2021, if these proposals are agreed.

- If services are relocated as proposed, arrangements should be made to help carers and friends who wish to visit. This is especially important for the nationally-commissioned services where carers may have to travel long distances
  – The proposals include rooms for carers and relatives to stay over. These will be free of charge. The Trust will discuss options for developing public transport links to future agreed inpatient locations with transport providers.
- The quality of services and the physical surroundings for care are the most important factors when planning services. The second most important factor is accessibility to services and providing care in the right place at the right time
  – Quality and surroundings were given high weightings when assessing the various options and developing the proposals. The proposals are designed to support improved local services provided closer to home – where most mental health care takes place.
- Transport considerations will be important in considering any proposed relocation
  – The Trust commissioned an independent survey of travel times to help people judge the impact of any changes as part of this consultation.
- The proposals should relate to other health and social care services so that care puts patients first and is joined-up
  – The proposals reflect the strategy for the NHS published in May 2014 by south west London commissioners. This strategy emphasises the importance of joined-up health and social care services and of 'parity of esteem' between mental health and other services. The Trust's Strategic Business Case for estates modernisation was shared with commissioners in March 2014, and received their broad agreement in principle. The proposals in this consultation are based on that document.

3.3 Shortlisted options included in the public consultation

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

Two sites, Springfield University Hospital and Tolworth Hospital

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

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

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

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

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

Specialist services and services for older people

Public consultation included the location of some

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

Do minimum maintenance only

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

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

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

Appraisal	Do minimum	Springfield University Hospital and Tolworth Hospital	Springfield University Hospital, Tolworth Hospital, Queen Mary's
Capital investment £m	66.08	160.10	148.00
Non-Financial benefits Score	4.70	7.03	6.40
Capital Cost Benefit (i.e. £m cost per benefit point)	14.05	22.78	23.13
Net Present Value (NPV) £m	(26.10)	25.87	(17.34)
Ranking	**3**	**1**	**2**

Option Appraisal Ranking Summary

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

3.4 The preferred option

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

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

Service configuration as originally proposed for Springfield University Hospital

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

Service configuration as proposed post-consultation for Springfield University Hospital

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

Service configuration as originally proposed for Tolworth Hospital

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

Service configuration as proposed post-consultation for Tolworth Hospital

- Adult acute inpatient services (three wards) for local people living in south west London
- Obsessive compulsive disorder and body dysmorphia service (one ward – national service)
- Child and adolescent inpatient services (three wards – national service)
- One older adult ward for local people
- Team-base for Kingston Home Treatment Team and community teams.

Under this option as proposed post-consultation:

- Each site would provide a range of services for people living in Kingston, Merton, Richmond, Sutton and Wandsworth, and specialist services which treat people from across the country
- Wards will be designed to operate flexibly between 12 and 18 beds to adapt to changes in clinical demand
- All patients and their carers will be supported in accommodation that meets modern standards for safe, effective care and in surroundings that meet people's needs for privacy and dignity
- All accommodation will have ensuite facilities and access to a range of outside space

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

The Springfield site: planning consent and its implications

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

- Planning consent for the 'Springfield Master Plan' was granted in 2012. It includes housing and a new public park, with 2.5 hectares available for new mental health accommodation. This compares with the total area of 33 hectares today. So the new mental health accommodation will be in an area less than one tenth of the existing site. Apart from the Storey Building, known as the Wandsworth Recovery Centre, and the Phoenix Centre, mental health inpatient services at Springfield will be rebuilt
- It has become clear during the development of the proposals and confirmed during consultation,

that commissioners and the NHS nationally will not support new mental health developments of more than two floors in height

- The planning consent is for two ward blocks of two floors each. One of these will be dedicated to the existing forensic wards currently based at Springfield University Hospital. These have to stay at Springfield because it would be very difficult to obtain planning permission for this service elsewhere
- The second block will need to contain the adult eating disorder service which must stay at Springfield University Hospital because of its close working links with nearby St George's Hospital, and the adult deaf service (based on the current recommendation to keep this service close to Wandsworth residents)
- There is sufficient space within the second block for one further ward: on the current recommendation this will be one of the adult acute wards providing essential local services for people in Wandsworth and nearby. This means in turn that the older people's ward will be located at Tolworth Hospital. The Master Plan for the development of at the Springfield site provides a new resource for older people through extra-care facilities
- The CAMHS campus (three wards and associated facilities including the school) cannot be accommodated within the footprint of the agreed Springfield plan without compromising the configuration of the other services specified above or having to submit a new planning application for these services. The preferred option is to locate the CAMHS campus at Tolworth Hospital which commissioners believe offers the maximum clinical benefits. This is discussed further in section 6.2.2.

Note on wards and bed numbers

Under the preferred option post-consultation the configuration would be

Service	Ward	Current	Proposed: Springfield	Proposed: Tolworth	Total
Working age adult acute		141	54	54	**108**
Forensic		61	60	0	**60**
Older people		38	0	18	**18**
PICU		13	13	0	**13**
Rehab Hostel		15	15	0	**15**
Rehab Ward		18	18	0	**18**
CAMHS	CAMHS Acute (Tier 4)	12	0	12	**12**
	CAMHS PICU		0	8	**8**
	Deaf CAMHS	6	0	7	**7**
	CAMHS Eating Disorders	10	0	12	**12**
Specialist Adult	Adult Eating Disorders	24	24	0	**24**
	Deaf Adult Acute	15	15	0	**15**
	OCD/BDD	14	0	15	**15**
Total			**199**	**126**	**325**

Current and proposed bed numbers for local services

Working age adult acute

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

Intensive care (PICU)

- **Current** – 13 beds at Springfield University Hospital
- **Proposed** – 13 beds at Springfield University Hospital

Older people's mental health services

- **Current** – 38 beds at Springfield University Hospital and Tolworth Hospital
- **Proposed** – 18 beds at Tolworth Hospital

Rehabilitation services

- **Current** – 33 beds at Springfield University Hospital
- **Proposed** – 33 beds at Springfield University Hospital

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

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

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

4. Assurance and evidence base

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

4.1 Quality and clinical standards

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

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

4.2 Relationship to other services and strategic intentions

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

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

1. We need to ensure pathways are integrated to respond to both physical and mental health needs
2. We need to reduce inequalities in access to mental health care
3. We need to increase the amount of care delivered outside hospitals and improve access to community based services
4. We need to ensure that more patients suffering from mental health problems are identified earlier
5. We need to improve the wellbeing and quality of life for all patients suffering from mental health conditions, and promote recovery
6. We need to integrate the mental health model of care with the entire patient pathway

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

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

The benefits for patients will be:

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

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

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

4.3 Sustainability

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

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

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

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

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

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

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

Taken together, the preferred option generates total efficiency savings of £2.8 million a year at present values.

4.4 The 'Four Tests'

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

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

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

These 'four tests' are considered in turn:

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

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

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

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

In May and June 2014 early drafts of the proposals were shared with service users and stakeholders at meetings, by letters and through surveys to seek initial comments and ensure that any questions and concerns could be addressed. This included contacting the Trust's 3,500 Foundation Trust members.

Public engagement continued throughout the public consultation process in order that service users and carers, their representatives, staff, stakeholders and community organisations and the general public were aware of and could contribute to the consultation (see also section 5). The outcome of the public consultation demonstrated strong agreement to the need for change and overall support for the preferred option of new accommodation provided at two sites. The findings of the consultation, and the issues raised in the responses, are set out in section 5, and further discussed in section 6.

4.4.2 Consistency with current and prospective need for patient choice

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

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

The engagement process also determined that Springfield University Hospital must continue to be one of the sites for mental health inpatient services, that services must be provided on more than one site and that services on four sites or more would not be sustainable on quality or financial criteria. The proposals reflect the intentions of commissioners to prioritise community mental health services, to provide alternatives to hospital admission and to reduce hospital admissions. The provision of more mental health services closer to home is a stated preference of people who use these services and their carers.

4.4.3 Clear clinical evidence base to support the proposals

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

The Care Quality Commission has highlighted to the Trust the requirement for these inpatient

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

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

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

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

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

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

The advice from the Clinical Senate is considered in section 4.5. In summary, the senate confirms that the proposals are based on clinical evidence and that the case for modernising inpatient services is clear. While not part of the formal proposals, the senate indicates the importance of commissioners and the Trust working together on the future development of services, including community services, and the implementation of longer term commissioning intentions (see also section 6.1). The senate agrees that the proposals will ensure that inpatient accommodation is compliant with Care Quality Commission standards.

The specific proposals for child and adolescent mental health (CAHMS) inpatient services are considered in section 6.2.2. In summary, while there has been investment to improve the environment for this service at Springfield University Hospital, this has only limited potential

and is not considered sustainable in the long term. Reproviding this service in the new buildings proposed at Springfield University Hospital is not considered to be the best in terms of clinical benefits: it will create only limited access to open space in an enclosed courtyard, will place the new CAMHS inpatient unit adjacent to the new adult forensic wards (which is not considered good clinical practice) and will require other services, including adult acute services for people living in south west London, to be decanted to Tolworth Hospital. The preferred option, to reprovide the CAMHS inpatient service in new, purpose-built accommodation at Tolworth Hospital, enables this service to be provided in the best possible environment for clinical care, offers greater access to open garden space within a safe environment, and supports the provision of acute adult services for people living in south west London to be balanced equally between Springfield University Hospital and Tolworth Hospital.

4.4.4 Support for proposals from clinical commissioners

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

The proposals were considered by the five clinical commissioning groups at meetings held in public on

- **1 July 2014** – Kingston CCG
- **31 July 2014** – Merton CCG
- **3 September 2014** – Sutton CCG
- **15 July 2014** – Richmond CCG
- **9 July 2014** – Wandsworth CCG

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

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

4.5 Advice from clinical senate

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

Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent. The London senate is one of 12 senates, each one covering a specific geographical area. The London senate is the appropriate senate for south west London.

To provide the advice in respect of these proposals, the London Clinical Senate established a clinical review team drawn from a range of backgrounds including patient representation and from a range of organisations so as to access national expertise and best clinical practice. The report of the senate and a list of the review team members is available separately.

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

The case for modernising mental health inpatient facilities is described as well made and based on clear evidence. The case for change reflects national and local policy and guidance, and is based on good principles. The team found a clear correlation between the Trust’s plans, the South

West London Collaborative Commissioning Five Year Strategic Plan, the commissioning intentions of the five South West London CCGs which commission mental health services from the Trust and NHS England specialised commissioning. The team found commissioners to be very supportive of the proposals.

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

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

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

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

4.6 Equality analysis

4.6.1 The Equality Act

The Equality Act 2010 offers protection to nine characteristics. These are:

- Age
- Race
- Sex
- Gender reassignment status
- Disability (mental ill-health is classed as a disability under the Act)
- Religion or belief
- Sexual orientation
- Marriage and civil partnership status
- Pregnancy and maternity.

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

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

By understanding the effect of a proposed reconfiguration on different groups of people, and how the NHS can be inclusive in supporting and open up people's opportunities (including mitigating action to minimise any adverse impact),

this will lead to services that are both more efficient and effective.

Commissioners must ensure their plans demonstrate their aims to:

- Eliminate unlawful discrimination,
- Advance equality of opportunity and
- Foster good relations

4.6.2 Equality assessments

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

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

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

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

5. Overview of public consultation

5.1 Consultation Plan

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

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

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

Public consultation is one of a number of methods used by the NHS to develop better care and better services. It sits alongside the development of NHS commissioning intentions to improve the health of the population, assessments by the NHS on the impact of services on public health, regular continuous monitoring of the quality and range of services provided to the population carried out by NHS commissioners, providers and external agencies including the Care Quality Commission, and underpinning all of these the day to day contact with patients to generate feedback and suggestions about how services might be improved."
(Developing mental health services in South West London, Consultation Plan version 7, September 2014, NHS Kingston, NHS Merton, NHS Richmond, NHS Sutton, NHS Wandsworth, NHS England, South West London and St George's Mental Health NHS Trust)

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

The consultation plan was shared with all five local authority Heads of Democratic Services at a meeting in April 2014. They provided considered feedback based on lessons learnt from recent consultations which was incorporated into the plan before the start of consultation.

The consultation plan was also shared with a consultation committee group on 1 July 2014 which included representation from service users, carers, and the voluntary and statutory sectors. The resulting comments were included in the final version (version 7) which was published by the commissioners at the start of consultation.

5.2 Distribution of materials

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

The consultation document and survey was distributed to:

- a stakeholder database of 1,500 groups or individuals across the five boroughs including BME groups, community groups, faith groups, charities, GP practices, clinical commissioning groups, councils and carers

- Trust membership of approximately 3,500 people
- Prosper network, an enabling network for people with mental health problems across south west London, of approximately 1,000 people
- Trust staff, services, sites and wards
- Specialist services – CRGs/specialist services patient and public voice assurance group/ Forensic services Recovery and Outcomes
- Clinical Commissioning Groups in south west London via communications leads
- Local authorities in south west London via democratic services

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

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

5.3 Public events and engagement programme

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

The public events were

- **28 October 2014 – Kingston:** 7:00pm – 9:00pm, Kingston United Reformed Church, Richard Mayo Centre, Eden Street, Kingston Upon Thames, KT1 1HZ
- **06 November 2014 – Richmond:** 7:00pm – 9:00pm, Riverside Room, Old Town Hall, Whittaker Avenue, Richmond Upon Thames, TW9 1TP
- **10 November 2014 – Merton:** 7:00pm – 9:00pm, Wimbledon Guild, Drake House, 44 St. George's Road, Wimbledon, SW19 4ED
- **13 November 2014 – Sutton:** 7:00pm – 9:00pm, Large Hall, Sutton Salvation Army, 45 Benhill Avenue, Sutton, SM1 4DD
- **19 November 2014 – Wandsworth:** 7:00pm – 9:00pm, Conference Room A, Building 14, Springfield University Hospital, 61 Glenburnie Road, London, SW17 7DJ

These events were open to everyone, especially people who use mental health services, their carers and families. The venues were selected to make sure that as many people as possible had the chance to attend one of the sessions at a convenient time and place. They were advertised in the consultation document and online, and promoted through quarter-page colour adverts in the local press before each event. Deaf and hard of hearing service users and staff were invited to the Wandsworth meeting, which was attended by BSL signers. A total of over 100 people attended the five public events. NHS England ran a live online consultation event on 18 December 2014 for people using the specialist services, their carers and representatives.

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

As part of the consultation programme, commissioners and the Trust planned and

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

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

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

5.4 Analysis of consultation

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

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

6. Outcome of public consultation

6.1 Summary of the responses and findings of the consultation

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

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

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

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

Overview of the consultation responses:

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

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

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

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

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

Proposal to move obsessive compulsive disorder and body dysmorphia – Overall there is no preference on the location for this service.

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

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

6.1.1 Approach to consultation analysis

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

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

To aid the analysis of the qualitative responses Participate created a coding framework. Code frames were then constructed and responses assigned to different response categories. This process allows for the thematic interpretation of the responses as well as the identification of opportunities, alternative ideas and risks." (Inpatient mental health services in South West London, Consultation Report, Introduction, Participate Ltd, February 2015))

6.1.2 Summary of consultation responses

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

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

A response was also received from the Trust staff side representatives and Unison, which on behalf of staff also supports the two-site option on the grounds that this will produce the best outcomes for service users and the best support for staff. Not all respondents opted to disclose information about themselves. The list below sets out the recorded information about those respondents who chose to describe themselves:

- **Service users and carers:** 45% of survey responses and 25% of other responses came from people who described themselves as service users and carers and their representatives
- **NHS staff:** 30% of survey responses and 22% of other responses came from people who described themselves as NHS professionals, commissioners and providers
- **Local residents:** 30% of survey responses and 11% of other responses came from people who described themselves as local residents or members of the general public
- **Organisations:** 90% of survey responses came from people who described themselves as making a personal response. 23% of other responses came from people who described themselves as representing community groups, voluntary agencies or charities

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

- **Kingston:** 34% of survey responses and 9% of other responses came from people who said they lived in Kingston
- **Merton:** 14% of survey responses and 10% of other responses came from people who said they lived in Merton
- **Richmond:** 14% of survey responses and 10% of other responses came from people who said they lived in Richmond
- **Sutton:** 15% of survey responses and 4% of other responses came from people who said they lived in Sutton
- **Wandsworth:** 23% of survey responses and 23% of other responses came from people who said they lived in Wandsworth

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

- 73% were aged 45 years plus
- 76% considered themselves not to have a disability
- 59% were female
- 76% were White British
- 79% do not have children under the age of 18

The report describes the main findings in this extract:

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

Proposal to redevelop inpatient services

- 77% (213 out of 277) of respondents either agreed or strongly agreed with the proposal. 15% (41 out of 277) either strongly disagreed or disagreed and 10% (27 out of 277) neither agreed nor disagreed.
- However those who did agree through the survey, did so with caveats in terms of wanting to ensure that the best fit for all is achieved in terms of access.
- The main theme to emerge across all activity was that the current facilities are unsuitable as they are old, depressing, not fit for purpose, offer little staff interaction, poor privacy and are not holistic.
- However, some respondents felt that the current facilities could be refurbished rather than being completely redeveloped.
- In terms of disagreement with the proposals, the main theme regarded concerns over access and travel with respondents questioning how service users, carers and staff would be able to access any redeveloped services especially from the Sutton and Richmond areas.
- There were concerns that not all of the boroughs would have a satisfactory provision if services were removed from Queen Mary's Hospital.
- Respondents and participants also suggested that investment should be made into staff and services, rather than buildings, to ensure high quality care.
- There were also concerns about how any development would be funded and whether the proposals were actually a cost-cutting exercise potentially resulting in fewer beds and poorer access.
- Investment in robust community services was also seen as key in line with any inpatient redevelopment.

Option 1 to provide services at Springfield and Tolworth

- 62% (172 out of 276) either agreed or strongly agreed with Option 1. 26% (73 out of 276) either strongly disagreed or disagreed and 13% (35 out of 276) neither agreed nor disagreed.
- Those in agreement across all activity felt that Option 1 will reduce costs, enable better quality care across 2 sites, give necessary 'critical mass' for professionals to learn from each other, will develop centres of excellence and will enable investment in fit for purpose facilities.
- Some respondents/participants felt that Option 1 should also ensure that there would be adequate investment in community services to enable good local access across all boroughs and enhanced link up to inpatient services.
- There were also concerns raised about Queen Mary's hospital in terms of its suitability to provide inpatient mental health services in the long term, meaning that Option 1 was seen as more favourable by some.
- Some respondents felt that the development of Option 1 would be an ideal opportunity for the Trust to be at the 'forefront' of mental health services and demonstrate its commitment to mental health and recovery.
- Disagreement with Option 1 was mainly due to concerns in regard to travel and access, again with concerns raised about the Sutton, Richmond and Barnes areas.

- Some respondents suggested that services should remain at Barnes hospital.
- There were also concerns raised about staff losing their inner London weighting on their salary, which it was felt may encourage more staff to leave the Trust.
- Those that disagreed with Option 1 were also concerned about losing services from Queen Mary's Hospital and therefore preferred Option 2 for the reasons indicated below.

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

- 56% (155 out of 278) either disagreed or strongly disagreed with Option 2, 16% (44 out of 278) were unsure and nearly 30% (81 out of 278) agreed or strongly agreed.
- Those that disagreed with Option 2 across all activity felt that it would mean staff would be 'spread too thinly' across three sites and they felt that Option 1 would enable better care with a concentration of expertise.
- Concerns were also raised about Queen Mary's suitability to provide inpatient mental health services and that the 'three ward' rule would put strain across three sites.
- Investment into Queen Mary's when it is a PFI was also seen as a poor use of funding by some and they would prefer to see investment in new fit for purpose facilities.
- However, some respondents agreed with Option 2 as it would make best use of the PFI.
- Those that agreed with Option 2 felt that Queen Mary's currently offers a high level of care that would be missed by service users.
- It was also felt that three sites would give better access for patients across the borough as poor public transport and congested road networks are seen as an issue for services users and their families.
- It was seen as important to all that any redevelopment would not mean a reduction in beds and therefore, the three site option was perceived as offering a commitment to bed numbers.

Proposal to move children's services

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

- It was also stated that children's services link into some adult provisions, such as deaf services and therefore they need to be co-located.
- Travel and access were key concerns as it was felt that there would be poor links at Tolworth and it would be expensive for families to travel.

Proposal to move adult deaf services

- 2% (113 out of 267) of respondents either agreed or strongly agreed with the proposal, 40% (107 out of 267) were unsure and 20% (52 out of 267) either disagreed or strongly disagreed.
- Those that did agree, felt that Tolworth may have better facilities with more outdoor space.
- The high percentage of people who were unsure felt that they did not have enough experience to comment.
- Even though the survey results gave overall agreement, there was strong disagreement from service users and other informed stakeholders throughout all other activity
- It was felt that services should remain in Springfield Hospital because parking, transport and location are better.
- It was also felt that the location is also safer and there were concerns about moving interpreters and other deaf staff.
- There were further concerns about travel and access, plus being able to link to the community outreach services.
- In addition, a local population of deaf service users has been built around Springfield and local residents are accustomed to helping these users. It was felt it would therefore be detrimental to move the service to Tolworth.

Proposal to move obsessive compulsive disorder and body dysmorphia service

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

Proposal for older people's services either at Tolworth or Springfield

- 59% (120 out of 204) preferred Tolworth. 46% (93 out of 204) preferred Springfield. It should be noted that some respondents ticked both which is why the total is higher than 100%.
- It was felt that Tolworth would offer a better provision as it's a smaller site with better links to community services.
- It was also felt that Tolworth is quieter and the facilities offer a better environment.
- Those that preferred Springfield did so as they felt it was a more accessible location and that it would be better to separate older people's services from children's services, which are also being proposed to move to Tolworth.
- There was also strong feedback which questioned why services couldn't remain at both sites to give better overall access and more beds considering the older population is growing in numbers.

- It was felt that a one site option would only work is the necessary investment was made into community services and residential care to support older people with mental health conditions so that they are not admitted to inpatient care.
- It was also asked why services to support the physical health of adults with mental health problems of all ages have been neglected, when support has been given nationally and locally to dementia care for patients in acute hospitals.

Consultation process and questions

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

Main consultation events evaluation

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

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

6.1.3. Themes arising from the consultation

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

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

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

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

Case for change

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

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

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

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

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

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

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

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

The current facilities are completely unsuitable for the provision of high quality care. The buildings are Victorian in design and in a poor state of repair. Easier to rebuild facilities which met the needs of modern Mental Health care
(Carer)

We must move to keep up with modern requirements for best mental healthcare. The best facilities in the right place
(Service user)

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

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

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

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

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

Relationship between inpatient and community mental health services

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

During consultation, both in the formal responses and at the public meetings and engagement events, a significant theme was the relationship between these inpatient services and the provision of effective community mental health care. This relationship is outlined in the consultation document and the responses ask for greater detail

in terms of the service model to be adopted and assurances that commissioners will continue to invest in and maintain community services:

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

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

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

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

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

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

Healthwatch must urge the Trust and the commissioning CCGs:

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

(Wandsworth Healthwatch)

I agree that the right environment is important for patients, staff, volunteers and students. However, the SERVICE MODELS should be EVEN MORE IMPORTANT – early engagement, official referral assessment, pro active care plan and actions and good data monitoring
(Service user)

I understand that 'Option One' includes the improvement and expansion of outpatient services,

however I have yet to see evidence that this will adequately address the gap left by the loss of 40 beds. I urge the CCG to take this into consideration as part of this consultation and ask that no decision be made before funding for outpatient and community services can be identified and secured long term.
(MP)

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

Travel, access and the location of inpatient accommodation

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

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

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

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

Tolworth is a nightmare to get to if you live in Richmond
(Service user)

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

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

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

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

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

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

The provision of acute beds is the most most important factor, though transport is another key issue – for whilst patients / carers want the best service possible, it needs to be tempered with practicalities of the non-clinical aspects. Transport links to Tolworth from the Sutton area are not straightforward, and the Springfield University Hospital site not much better. 'Beefed up' transport arrangements therefore will be needed, and consideration given to the practical, financial and communication aspects of just these two sites… the acute beds provision is paramount. To provide these on three sites is going to be financially prohibitive, and to bring QMH up to standard would mean lesser value going into the Springfield University Hospital and Tolworth sites. The other aspects of the response to Q2 also come into play here. QMH is even more of a transport issue for Sutton patients and carers.
(Sutton Patient Reference Group)

We favour the 3 hospital solution which will ensure that a hospital will be in reasonable range of the north / northwestern areas.and therefore easily accessible to patients families and friends of patients…We believe that any necessary adaptations to QMH Roehampton could be carried out at a fraction of the cost envisaged for the Springfield University Hospital/Tolworth proposal, so preserving a smaller less threatening hospital accessible to families and friends of users.
(Friends of Queen Mary's Hospital)

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

From the point of view of convenience of access for Wandsworth service users and their families, the three site option with adult wards at QMH and Springfield University Hospital is clearly preferable to the two site option which removes half the adult ward to Tolworth. But against this have to be weighed the undoubted clinical, safety and other benefits of newly designed and built facilities as well as the question of access for other people in other boroughs. This is an issue of overall balance which the collective south west London commissioners will have to take and answer for. Healthwatch Wandsworth are not in a position to come down firmly on one side or the other but believe that Wandsworth residents can be satisfactorily served under either option, given the right decisions on the other issues we have highlighted. In any case as mentioned above we believe that a clear "road map" is needed setting out the main stages to be gone through to make the inevitably complex transition from the present facilities to the reconstructed ones, with appropriate provision for reviews and contingency plans. The final decision whether or not to surrender some or all of the wards at QMH is in our view likely to be one that needs to be kept open until a later stage in the reconstruction process.
(Healthwatch Wandsworth)

Whilst I would be biased and hope that Queen Mary's Hospital gets inpatient facilities as it is

my nearest hospital, I think the development of Springfield University Hospital to provide better facilities is much more of a priority.
(Carer)

Child and adolescent mental health services (CAMHS)

The responses on the best location for the CAMHS inpatient accommodation include comments about the physical environment, the impact on travel and access if the service is located at Tolworth, and the future of the existing education service. Given the specialist nature of this service (which is commissioned by NHS England) it is not surprising that many respondents felt unable to comment due to lack of experience of this service.

it is felt that young people should not be on the same site as the secure and forensic adult services. If the Tolworth site can provide the necessary space for outside leisure, then this preferred. Transport is still an issue – extended hours, to allow collection of other children from school, etc. Financial and practical support – bus shuttles ?
(Sutton Patient Reference Group)

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

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

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

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

We need to focus on the long-term benefits for the service over several decades. – ie that Tolworth would provide better, more spacious accommodation than could be provided at Springfield University Hospital. Objections to the move have been raised because of the recent capital investment in improving the wards and school rooms at Springfield University Hospital, where the hospital school has been rated "outstanding". I think the capital expenditure is justified because it will be several years before the new services will be completed,. This means that several cohorts of young people will use the services in the interim period – and they deserve the best environment that can be provided (and in any event, I understand that the service might have to vacate this accommodation, even if it were to remain at Springfield University Hospital. There is some uncertainty about how education can be delivered, and whether the current "outstanding"

rating can be maintained, should services move to Kingston (and also whether there will be a knock-on effect on other home and hospital provision in Wandsworth. I think this is a challenge, which I hope can be overcome.
(Carer)

…having worked in both sites i do feel Tolworth is a calmer more "child friendly" site and it has a nice community feel about it. once they got used to it being in a place that feels more calm i think children and families may like it. However i understand that the whole School issue may be of concern as partnerships have already been formed with Wandsworth. Staff moving would get a lower rate of London allowance and it makes a big financial difference.
(NHS professional)

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

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

Education at the CAMHS Campus should be considered because a move to Tolworth risks the currently outstanding relationships between in patient stakeholders.
(Personal response, Lambeth resident)

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

Adult deaf service

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

at Wandsworth which was attended by members and representatives of the deaf community.

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

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

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

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

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

Obsessive compulsive disorder and body dysmorphia service

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

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

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

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

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

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

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

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

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

OCD and BDD sufferers need somewhere that is quiet and with the people that understand these conditions and in this case Tolworth would be ideal
(Service user)

Keeping a specialist service together is beneficial. If relocating this service to Tolworth provides better facilities and frees space at Springfield University Hospital for improvements I strongly agree. However, there may need to be improvements in public transport access to Tolworth Hospital.
(NHS professional)

Older adult ward

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

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

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

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

Easier for families to get to Tolworth, has railway station and a bus that stops outside and parking (Service user, Kingston) Springfield University Hospital is more easily accessible by public transport…than Tolworth
(Service user, Sutton)

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

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

6.2 Issues arising from public consultation

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

The issues discussed in this section are:

- High quality mental health inpatient and community mental health services
- Inpatient child and adolescent mental health service
- Adult deaf services
- Obsessive compulsive disorder and body dysmorphia service
- Older people's services
- Mental health services at Queen Mary's Hospital, Roehampton
- Travel and access to services
- Providing inpatient mental health services at other sites
- Refurbishment rather than replacement of existing inpatient mental health accommodation.

6.2.1 High quality mental health inpatient and community mental health services

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

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

Discussion

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

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

Ward and bed numbers -The proposals before commissioners are specifically about the location of new accommodation for mental health inpatient services for people in south west London and for people who use the specialist inpatient services provided by the Trust. They are not about detailed bed numbers, although the consultation document does state that wards will be designed flexibly to have a range of 12 to 18 beds to adapt to changes in clinical demand.

The proposed number of beds within the Outline Business Case and taking into account the responses to the public consultation, is now as in the following table:

Service	Ward	Current	Proposed: Springfield	Proposed: Tolworth	Total
Working age adult acute		141	54	54	**108**
Forensic		61	60	0	**60**
Older people		38	0	18	**18**
PICU		13	13	0	**13**
Rehab Hostel		15	15	0	**15**
Rehab Ward		18	18	0	**18**
CAMHS	CAMHS Acute (Tier 4)	12	0	12	**12**
	CAMHS PICU		0	8	**8**
	Deaf CAMHS	6	0	7	**7**
	CAMHS Eating Disorders	10	0	12	**12**
Specialist Adult	Adult Eating Disorders	24	24	0	**24**
	Deaf Adult Acute	15	15	0	**15**
	OCD/BDD	14	0	15	**15**
Total			**199**	**126**	**325**

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

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

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

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

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

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

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

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

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

South West London commissioners have also signed their commitment to deliver the national criteria and pan-London commissioning guidance for people experiencing a crisis in their mental health.

The Crisis Concordat sets out a shared statement signed by senior representatives from all organisations involved which covers what needs to take place when people in mental health crisis need help and anticipating and preventing mental health crisis wherever possible making sure effective

emergency response systems operate in localities when a crisis does occur. The concordat consists of:

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

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

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

This service is commissioned by NHS England

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

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

Discussion

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

Following this refurbishment, the CAMHS campus still falls short of requirements and best practice guidelines for:

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

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

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

- Increased space, compared to the new accommodation at Springfield University Hospital, to create a purpose-designed CAMHS campus on a single floor
- Direct level access to garden space for each ward (not a courtyard) which is four times greater in area than can be achieved at Springfield University Hospital. This is important because many of the children and young people admitted to the campus may be under section and therefore require a safe and secure environment for open space
- The CAMHS campus would be located in the Acacia building, which is a stand-alone building at Tolworth. All the CAMHS services would share the same space with its own dedicated single entrance, and there would be no mix with adults, keeping the preferred separation between CAMHS and adult services
- Separation from forensic and other high-dependency services, which could not be achieved at the proposed new Springfield University Hospital development
- All three CAMHS ward and the CAMHS School would be located on the same level on the ground floor with one shared entrance. The CAMHS PICU would be located in an adjacent purpose built facility, complementing the main CAMHS services
- The Acacia building has a large area on the first floor directly above the CAMHS wards that would be suitable to co-locate specialist CAMHS outpatient departments with the relevant wards. This would help to ensure a seamless discharge process.
- Proximity to an acute hospital (Kingston) if required. Kingston NHS Foundation Trust support this proposal
- Full compliance with NHS England, QNIC and CQC requirements
- For service users and their families the travel and access implications of this are considered to be relatively low given the national catchment for this service.

Retaining the campus on the Springfield site – Feedback from consultation included comments on the option of retaining the CAMHS campus at Springfield University Hospital. For this to be viable, assurances would be required covering

1. the feasibility of obtaining planning approval to extend the redevelopment footprint and, should planning consent be possible,
2. the impact of retaining the CAMHS campus at Springfield University Hospital on the overall affordability of the estates modernisation programme.

These points are discussed in the following paragraphs. The indications from the Trust are that there is a risk that such an application would not receive planning approval. The Trust also calculate that this option would cost an additional £15 million capital.

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

- The CAMHS service could not be fully separated from adult services and would have to share a building and entrance with these services
- The campus would be in close proximity to the new forensic wards, which is not considered good practice. Clinicians and service colleagues strongly advise against colocating CAMHS facilities immediately adjacent to forensic wards
- The CAMHS wards would have no direct ground floor access to open space, only to courtyards which would be smaller than the secure gardens available at Tolworth

- There is limited footprint within the new non-forensic unit, due to the available size and shape at Springfield University Hospital determined by the conditions of the planning consent. It would not be possible to fit three CAMHS wards, the CAMHS School and a CAMHS PICU on the same level. This would necessitate the CAMHS facility being spread over at least two levels, possibly three
- Discussions with the TDA and NHS England suggest they could not support clinical facilities in buildings over two storeys high. The current design is already at this height and the addition of another level(s) runs the risk of the proposal being rejected by the TDA and NHS England
- Keeping the CAMHS campus at Springfield University Hospital within acceptable height restrictions would mean moving other services – for example local adult acute mental health wards for the people of Wandsworth – to Tolworth.

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

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

The current assumption is that the planning authorities are keen to work within the existing Master Plan for Springfield to provide maximum opportunities for local housing development, and for the NHS to remain within the existing area zoned for mental health. Any further planning application for the CAMHS campus on the Springfield site would require alterations to the existing Master Plan. Indications from the Trust are that achieving such planning consent would be unlikely.

This option would also have a financial impact. Should planning approval be possible, the sale proceeds from the land disposal at Springfield would be reduced because the site of the CAMHS campus would be taken out of the housing zone. These proceeds are a main source of funding for the capital developments at Springfield University Hospital and Tolworth Hospital. Commissioners (NHS England and the South West London clinical commissioning groups) and the NHS Trust Development Authority would require assurance that the available funding would be sufficient to allow the overall developments at Springfield University Hospital and Tolworth Hospital to proceed. Indications from the Trust are this would add £15 million to the capital costs of the overall development.

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

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

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

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

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

The emerging recommendation to NHS England is therefore: That CAMHS will be located at Tolworth Hospital, Kingston.

6.2.3. Adult deaf services

This service is commissioned by NHS England.

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

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

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

Discussion

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

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

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

The implications for this service remaining at Springfield University Hospital are:

- The current design within the area zoned for mental health under the planning consent

allows for the creation of two new buildings, one for forensic services and one for nonforensic services. If the adult deaf service remains at Springfield University Hospital then it would need to be located within the non-forensic building which can accommodate four wards
- The original proposal was to use this building for the adult eating disorders service (which covers two wards), an adult acute ward and an older adults ward
- To include the adult deaf service on this site, one of the other currently allocated wards would need to be re-located to Tolworth. The adult eating disorders ward cannot move because of the clinical links between this service at St George's Hospital.

The clinical and environmental benefits of relocating this service to Tolworth were described as:
- The area proposed for their relocation is a dedicated space for their own use
- At Tolworth the service would have immediate access to a larger ground floor garden area
- The Tolworth site is local to an acute hospital if required
- Having the adult deaf service at Tolworth achieves greater synergy with the other services proposed for the site.

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

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

6.2.4. Obsessive compulsive disorder and body dysmorphia service
This service is commissioned by NHS England.

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

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

Discussion

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

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

The view of NHS England is that the OCD and body dysmorphia service has a genuinely national catchment (rather than local to south west London). Overall, the impact on travel and access on a national level of travelling to Tolworth Hospital

rather than Springfield University Hospital is not considered to be a significant enough factor to influence the decision.

The environmental and clinical benefits of locating this service at Tolworth Hospital are felt to outweigh the disadvantages of locating this service at Springfield University Hospital, especially considering its impact on those other services which do have a local focus at Springfield University Hospital, notably the adult deaf service and the adult acute service.

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

6.2.5 Older people's services

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

Discussion

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

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

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

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

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

The consultation sought views on the best location for this ward: the outcome suggests there is no clear preference from the responses.

Implications for locating the service at Springfield University Hospital:

- People using this service would have to travel to Springfield University Hospital
- The ward would be adjacent to the new forensic building
- The ward would have access to courtyard space rather than a garden
- If, as suggested as a result of consultation, adult deaf services are located at Springfield University Hospital, and the eating disorder service remains, then the Springfield University Hospital accommodation would not support both the older adult service and the adult cute service. The reason for this is that to include both services would require a building providing clinical services on three floors which is not

supported for new developments by the TDA and not considered good clinical practice. The planning consent only allows for a two-floor building at Springfield University Hospital
- If the older people's service is located at Springfield University Hospital then one of the adult acute wards currently planned for the Springfield University Hospital site would need to be provided from Tolworth Hospital.

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

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

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

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

Overall the outcome of consultation supports the development of new accommodation at two sits and that the mental health wards at Queen Mary's Hospital should not be retained, 30% of survey respondents agreed with the proposal to retain services at three sites, including Queen Mary's Hospital.

They feel that this would provide a better geographical spread across the whole area and thus ease some of the difficulties of travel and access. Some responses suggested that retaining the wards at Queen Mary's Hospital would safeguard the bed numbers available for mental health inpatient services. Most of the responses in favour of the three site option including Queen Mary's Hospital came from people and organisations in the north and east of the area (those most likely to use Queen Mary's Hospital at present).

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

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

Discussion

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

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

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

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

"Two of the wards currently have 23 beds, whilst one has 18 beds. All of the wards could be made to comply with the recommended bed size of 18, by closing five beds on each ward. However this will not resolve the design and layout issues, nor improve the experience for patients. Due to the design and layout at Queen Mary's we do not think it is possible to improve the surroundings there.
"Queen Mary's Hospital is also isolated from the Trust's other main inpatient sites. This means it is more challenging to provide a 'critical mass' of staff at the site. At the Trust's larger sites it is possible to have a number of staff available should someone require specialist or dedicated attention, especially out of hours. Having multiple sites also makes it difficult to provide enough staffing capacity, especially in terms of junior doctor cover."
(Consultation document page 13)

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

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

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

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

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

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

Some comments refer to the provision of services at other hospitals, reviewed in 6.2.7 below. Overall, commissioners are required to adopt proposals that will produce the best health outcomes for service users. The proposals are founded on the principle that the best outcomes are supported by inpatient care provided in the best possible environment. It is not clinically realistic, nor sustainable, to provide such facilities in each borough.

6.2.7 Travel and access to services

Issues around travel and access times to the inpatient services is a common theme in many of the responses, across all the proposals. A number of responses also indicate anxiety about the future level of community services, and the resulting pressure this would place on people seeking a hospital admission as an alternative. The issue of community services is addressed in section 6.2.1 above.

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

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

Discussion

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

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

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

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

The Trust has made available £500,000 for a detailed study into transport options at Tolworth Hospital as part of the planning consent for developments at that hospital. The Trust has confirmed that extra accommodation for carers and families will be made available within the proposed

new facilities, in recognition of the impact of travel and access issues. Overnight accommodation would be provided at Tolworth Hospital and would be free. All wards will have visitors' rooms.

The Trust is establishing community steering groups for the proposed developments at Springfield University Hospital and Tolworth Hospital, with representation from local ward councillors, Healthwatch, local community, volunteer and faith groups, the Trust's shadow council of governors and Trust staff. The groups would identify opportunities for the local community to become involved in these developments. Commissioners will expect there to be specific discussions on transport improvements.

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

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

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

6.2.8 Providing inpatient mental health services at other sites

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

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

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

Barnes Hospital no longer provides mental health inpatient services. The Barnes Hospital Working Group report (2012) concluded that inpatient services for people living in and near Richmond could not safely continue at the hospital due to the fall in the number of patients being treated there, and noted that future inpatient use as part of a wider network of inpatient care across south west London would not be practical given the hospital's location on the fringe of south west London. The report also includes the Trust's stated intention to maintain mental health outpatient services at Barnes. The working group included local community representatives, the Barnes Hospital League of Friends and Richmond Primary Care Trust.

The Barnes site has a number of buildings that are considered to be important to local heritage and which therefore could potentially restrict any new build there. Access is also constrained by the surrounding transport infrastructure and housing that is adjacent to the site. Due to these issues it would be difficult to build the type of design that the Trust envisages for its future inpatient provision.

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

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

6.2.9 Refurbishment rather than replacement of existing inpatient mental health accommodation

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

Refurbishment is not considered to be a viable option because:

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

Commissioners have indicated they will not support long term continued use of buildings for mental health inpatient services which remain non-compliant with quality and care standards. This remains the position of the South West London Clinical Commissioning Groups and of NHS England.

6.2.10 Summary of issues arising from consultation

The public consultation has:

- Supported the proposal to provide inpatient mental health accommodation in new facilities
- Supported overall the option that these facilities should be located at Springfield University Hospital and at Tolworth Hospital
- Requested assurances about the future provision of appropriate community services to underpin the proposed inpatient service to be provided from the new facilities, especially when related to the increased travel times for some people to reach the new inpatient facilities
- Confirmed the importance of seeking to improve local transport links, especially to Tolworth Hospital, if the preferred option is adopted.

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

Springfield University Hospital will provide

- Adult acute inpatient services
- Adult deaf services
- Adult eating disorder services
- Psychiatric intensive care unit (PICU)
- Forensic services

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

Tolworth Hospital will provide

- Adult acute inpatient services
- Older people's inpatient services
- Child and adolescent mental health inpatient services (CAMHS)
- OCD and body dysmorphia service

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

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

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

If the proposed configuration at each location is agreed, the required skill mix and clinical expertise required for the services at each location would enhance the potential for frontline staff to provide cross-cover between services, if required, while removing or reducing the need to travel from one hospital to the other.

The benefits of this is that it will:

- Support staff development and training by having related specialisms co-located at each site
- Improve the effectiveness of care delivery by having appropriately skilled staff close at hand if additional cover is needed
- Improve the day to day working conditions for staff delivering this care by reducing the need to travel
- Provide good conditions for establishing and maintaining the all-important clinical critical mass to deliver high quality care and as a result of all the above
- Provide the conditions in which service users and their carers can be assured of the best possible clinical outcomes, care and support.

7. Outline Business Case for the development

7.1 Purpose of the Outline Business Case

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

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

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

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

The process and key dates are:

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

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

7.2 Activity and financial background

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

Section 4.2 of this report describes how the proposals for new inpatient mental health accommodation relates to the strategic plans of commissioners. Section 6.2.1 sets out the commissioner intentions to invest in community services, including Home Treatment Teams, such that the planned inpatient accommodation will be appropriate for future demand. These intentions have been subject to robust financial scrutiny and are achievable.

Commissioners are planning to increase overall mental health spending by £20 million to £157.2 million in 2019-20. This, coupled with the continuing decline in overall inpatient mental health bed spending in the period to 2023-24 (after the completion of the proposed inpatient development), indicates that commissioners will have significant funds available for additional investment in the community, including Home Treatment Teams and other types of community provision.

Current and proposed bed numbers for local services

Working age adult acute

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

Intensive care (PICU)

- **Current** – 13 beds at Springfield University Hospital
- **Proposed** – 13 beds at Springfield University Hospital

Older people's mental health services

- **Current** – 38 beds at Springfield University Hospital and Tolworth Hospital
- **Proposed** – 18 beds at Tolworth Hospital

Rehabilitation services

- **Current** – 33 beds at Springfield University Hospital
- **Proposed** – 33 beds at Springfield University Hospital

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

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

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

7.2.2 Specialist services commissioned by NHS England

For specialist services, the proposals are as follows:

Forensic services:

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

CAMHS:

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

Adult deaf services:

- **Current** – 1x15 bed ward
- **Proposed** 1 x 15 bed ward

OCD / body dysmorphia

- **Current** – 1 x14 bed unit
- **Proposed** – 1 x 15 bed unit

Eating disorder services:

- **Current** – 1 by twin 12-bedded unit forming 24 bed ward
- **Proposed** – 1 by twin 12-bedded unit forming 24 bed ward NHS England have indicated their support for this configuration of national services, with the proviso that the provision of CAMHS intensive care (PICU) beds is dependent on the outcome of their national procurement and tendering for these services in 2016/17.

7.2.3 Financial commentary

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

The revenue impact of the proposals brings a benefit, as set out in the table below:

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

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

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

7.3 Recommendation

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

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

8. Next steps

8.1 Making the decision

This report is being taken to each of the commissioners who have responsibility for commissioning the mental health inpatient services included in these proposals. They are:

- Kingston Clinical Commissioning Group
- Merton Clinical Commissioning Group
- Sutton Clinical Commissioning Group
- Richmond Clinical Commissioning Group
- Wandsworth Clinical Commissioning Group
- NHS England (for the specialist services).

The CCGs will each discuss the report and the recommendations at meetings in public:

- **Merton Clinical Commissioning Group** – 26 February 2015
- **Kingston Clinical Commissioning Group** – 3 March 2015
- **Sutton Clinical Commissioning Group** – 4 March 2015
- **Richmond Clinical Commissioning Group** – 10 March 2015
- **Wandsworth Clinical Commissioning Group** – 11 March 2015

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

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

8.2 Local authority scrutiny

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

The local authorities involved in these proposals for inpatient mental health services are

- Royal Borough of Kingston upon Thames
- London Borough of Merton
- London Borough of Sutton
- London Borough of Richmond on Thames
- London Borough of Wandsworth

These authorities, together with the London Borough of Croydon, have established a standing Joint Health Overview Scrutiny Committee (JHOSC) to review all appropriate proposals within their area under s245 of the NHS Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) regulations 2013.

The committee agreed to establish an Inpatient Mental Health sub-committee to provide scrutiny for this consultation and this sub-committee met for the first time on 16 October 2014.

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

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

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

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

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

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

8.3 Outline Business Case submission

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

9. Conclusion and recommendations

9.1 Summary

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

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

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

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

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

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

9.2 Recommendations

A. Recommendations for South West London Clinical Commissioning Groups

1. That commissioners adopt the preferred option for the future location of mental inpatient services at Springfield University Hospital, Tooting and at Tolworth Hospital, Kingston
2. That commissioners support the number of beds described in the proposal. It is recommended that the Trust has flexibility to increase the number of inpatient beds within the overall development at Tolworth Hospital, should the demand for inpatient beds increase over time. Subject to the planned reduction of inpatient bed use being achieved in practice, coupled with the provision of robust community mental health services to support people close to home through Home Treatment Teams, the commissioners will reconfirm the number of inpatient beds. This work will be completed well in advance of the Trust's Final Business Case (FBC) being completed
3. That the older people's mental health ward should be based at Tolworth Hospital, and additionally that commissioners and the Trust should work with providers in partnership to provide extra-care accommodation at Springfield University Hospital as part of the wider development of that site
4. That inpatient mental health services are no longer provided at Queen Mary's Hospital once the new configuration of services is in place, and that commissioners work with representatives of the local community on options for the best future use of these wards, should the preferred

option be adopted, as a basis for detailed discussions with NHS Property Services (who manage the space at Queen Mary's Hospital).

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

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

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

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

B. Recommendations for NHS England

1. That CAMHS be located at Tolworth Hospital, Kingston.

2. That the adult deaf inpatient service be located at Springfield University Hospital.

3. That the OCD and body dysmorphia service be located at Tolworth Hospital.

4. That the forensic services remain at the Springfield University Hospital site due to planning permission considerations.

5. That the adult eating disorders service remain at Springfield University Hospital due to the 'Marzipan Pathway' with St George's acute hospital.

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

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

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

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તમે અન્ય ભાષામાં આ દસ્તાવેજ માંગો છો, સરળ વાંચી બંધારણમાં અથવા બ્રેઈલ પછી તમારું નામ, સરનામું અને તમે જરૂરી છે કે જેમાં બંધારણની વિગતો સાથે અમને સંપર્ક કરો.

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நீங்கள் வேறு ஒரு மொழியில் உள்ள இந்த ஆவணம் விரும்பினால், எளிதாக படிக்க வடிவத்தில் அல்லது ப்ரயெல்லி பின்னர் உங்கள் பெயர், முகவரி மற்றும் உங்களுக்கு தேவையான எந்த வடிவமைப்பில் விவரங்களை எங்களுக்கு தொடர்பு கொள்ளவும்.

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FREEPOST SWL MENTAL HEALTH CONSULTATION

APPENDIX 3: Minutes of the 12th meeting in public of the Richmond CCG. (Meeting held 10th March 2015);

Summary

Attendees at the meeting included Richmond Council's director of Adult and Community Services – Cathy Kerr.
Item 7 of the minute refers to the presentation provided to the meeting regarding the consultation process carried out regarding the proposed modernisation of mental health facilities in south west London.

The minute notes that the meeting discussed several matters associated with the consultation. This included the outcome of the assessment of the future disposal of the site of Richmond Royal; the predicted savings that would arise from the modernisation plan that members of the CCG were keen would be re-invested in services and translate to improvements in patient care. Associated with the development of in-patient care was the development of community services, which it was noted was to be included in the CCG's OBC programme.

The meeting confirmed agreement to the eight recommendations that had resulted from the consultation process.

DRAFT

Attachment Ai

12th MEETING IN PUBLIC OF THE RICHMOND CLINICAL COMMISSIONING GROUP'S GOVERNING BODY

HELD ON TUESDAY 10 MARCH 2015
IN CLARENDON HALL, YORK HOUSE

MINUTES

Attendance Log:

Members:		3.6.14	15.7.14	16.9.14	18.11.14	20.1.15	10.3.15
Dr Graham Lewis	Chair	A	A	SA	A	A	A
Jacqui Harvey	Interim Chief Officer	A	A	A	A	A	A
Charles Humphry	Vice Chair and Lay Member, Governance	A	SA	A	A	A	A
Bob Armitage	Lay Member, Governance	A	A	A	A	A	A
Tony Moss	Lay Member, Patient & Public Involvement	A	A	A	A	SA	A
Keith Edmunds	Interim Chief Finance Officer	A	A	A	A	A	A
Dr Kate Moore	Vice Clinical Chair	A	A	A	A	A	A
Dr Catherine Millington-Sanders	GP	A	A	SA	SA	SA	-
Dr Branko Momic	GP	A	SA	A	A	A	A
Dr Nicola Bignell	GP	A	A	A	A	A	SA
Dr Stavroula Lees	GP	-	-	A	A	A	A
Dr Sean Gallagher	GP	-	-	A	A	A	SA
Julie Sobrattee	Chief Nurse	A	A	A	A	SA	A
Cathy Kerr	Director of Adult & Community Services, LBRuT	A	A	A	A	A	A
Anne Dornhorst	Secondary Care Doctor	-	-	-	-	SA	A

Non-voting members:							
David Sykes	Interim Head of the Joint Commissioning Collaborative	-	-	-	A	A	A
Sheila Jennings	Company Secretary	A	A	SA	A	A	A
Dr Dagmar Zeuner	Director of Public Health	A	A	A	A	A	A
Amanda Brooks	Healthwatch	SA	SA	SD	A	SD	SD

KEY: A = Attended, DNA = Did not attend, SA = Sent Apology, SD = Sent Deputy

		ACTION
1	**WELCOME, APOLOGIES FOR ABSENCE AND QUORACY** The Chairman welcomed all members present at the 12th meeting in public of the Richmond Clinical Commissioning Group's governing body. Apologies for absence were received from Nicola Bignell, Sean Gallagher and Amanda Brooks (Julie Risley attending in her place) It was confirmed that the meeting was quorate.	
A	**STANDING ITEMS**	
2	**DECLARATION OF INTERESTS IN RESPECT OF ITEMS ON THE AGENDA** Following the formation of the Richmond GP Alliance, a standard declaration of interest from GP members would now be made on all relevant agendas: • Participant of the Richmond General Practice Alliance (Dr Graham Lewis,	

		ACTION
	Dr Kate Moore, Dr Nicola Bignell, Dr Sean Gallagher, Dr Branko Momic and Dr Stavroula Lees).	
3	**MINUTES OF THE CCG GOVERNING BODY ON 20 JANUARY 2015** The minutes were agreed as a correct record.	Attachment Ai
4	**MATTERS ARISING AND ACTION LOG** All items on the action log were in hand.	Attachment Aii
5	**ITEMS TAKEN IN PRIVATE ON 20 JANUARY 2015** It was noted that no Part II Governing Body was held on 20 January 2015.	Verbal report
6	**CHAIR AND CHIEF OFFICER REPORT** The chair and chief officer presented their report and the following points were highlighted: a) Managing Winter Pressures: The situation had improved since the New Year and daily conference calls were still being held between providers and commissioners to monitor the situation. b) Systems Resilience: The CCG's systems resilience group had developed a number of schemes to alleviate pressures, which would be reviewed to gauge which successful schemes could be rolled over to next year. c) Recruitment Update: i. Recruitment to the AO role was underway using a firm of head hunters. ii. A new PPI lay member had been successfully recruited and an announcement would be made once the necessary due process had been completed. Tony Moss, the outgoing PPI lay member, was thanked for his contribution to the work of the CCG. iii. Catherine Millington Sanders, governing body GP, had resigned and the chairman expressed his thanks for her contribution to the CCG. The CCG would be recruiting to the GB GP vacancy, with the process being facilitated by the local medical committee. d) Mental Health (MH) Services outcomes and indicator framework: The CCG had decided to include MH services in the OBC programme. An engagement programme was underway to develop an outcomes framework. e) Assurance/risk management process and implementation: The work was ongoing to update the CCG's assurance framework. The risk management arrangements would be refreshed and coordinated through the executive management team (EMT). f) A cancer strategy steering group had been established to refresh the cancer strategy and work towards improving outcomes and patient experience. The CCG would be submitting an application to the Macmillan cancer organisation for 2 years' funding for a specialist GP to work with the CCG. g) Deanhill Medical Practice: Following a CQC report, the CCG was working together with the council and other partners to look at the best way forward for provision of services for patients who were registered with the practice. The governing body noted the Chair and Chief Officer's Report.	Attachment B
B	**GOVERNANCE/BUSINESS**	
7	**SW London and St George's Mental Health Trust consultation on the proposed modernisation of mental health facilities in South West London** The governing body received and noted attachment C. Dr Stavroula Lees, the governing body GP mental health lead, gave a presentation outlining the background to the consultation, feedback from the consultation and recommendations. Richmond's inpatient services for mental health were provided by South West London and St George's Mental Health NHS Trust (SWLSG) and it	Attachment C

		ACTION
	had been agreed that their current estates were not sustainable as much of it was no longer compliant with NHS and Care Quality Commission standards. SWLSG had outlined an estates Regeneration Strategy which proposed the modernisation of mental health facilities. A public consultation had been carried out by the SWL commissioners between 29 September and 21 December 2014. Commissioners were now asked to agree eight recommendations which had resulted from the findings of the consultation and the clinical case for change. The preferred option represented a significant modernisation of inpatient mental health accommodation and would be funded by the disposal of surplus NHS land, mainly at the Springfield site. During discussion the following points were raised: • Attention was drawn to the savings predicted and members were keen that the money should be re-invested in services and translate into improvements in patient care. Dr Lees reported that she was discussing with SWLSG to ensure that service quality was improved. The money to fund the project would come from selling the land and would be invested in services. • The chief nurse reported that an equalities impact assessment had been carried out for the consultation. Some areas had been highlighted including public transport. The CCG would work with local mental health groups, ethnic groups and the local authority and would carry out more work on equalities assessment in Richmond for impact on the local population. There were also issues about single sex wards to be reviewed in order to ensure that privacy and dignity was a priority. • Cathy Kerr drew attention to the issue around continuing development of community services and developing integrated services, and raised the importance of ensuring access to specialist inpatient services, including transport to enable relatives to visit patients. • Julie Risley commented that Healthwatch had responded to the consultation, were in support of the recommendations and would like to be involved in the engagement. They were keen that clear detailed plans for community services should be in place including access and flexibility of visiting times, and had raised their concerns that it was inappropriate for young people to share MH accommodation with older people. • Community MH services had now been included in the CCG's OBC programme, and considerable engagement would be taking place over the next three months. Using a new outcomes framework the CCG would look at redesigning the community services with capable providers. • Attention was drawn to the additional assurance around the consultation in the form of a clinical review which had been carried out by the London Senate on the mental health services and which was contained at the back of the report. Participate had reviewed the consultation process and their assessment was contained within the document. The CCG had taken on board their comments and advice around future consultations. **The governing body approved the eight recommendations.**	
8	**SWL Collaborative Commissioning Joint Committee Terms of Reference** The chair outlined the background that NHS England with the six SW London CCGs had agreed to establish a joint committee for the purpose of jointly commissioning primary medical services for the people of SW London. During discussion the following points were highlighted: • The proposal had been approved by Richmond CCG's membership group. • There had been a delay in agreeing the terms of reference for the joint committee due to the late recommendation of two amendments by NHS	Attachment D

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<tr><td></td><td>England, which were that the joint committee should include an ‘out of area’ clinician, and NHS England and the SWL CCGs have an equal vote in respect of NHS England’s functions, with NHS England having a casting vote in respect of any decision relating to its statutory functions. SWL chairs and chief officers had been content with the proposal for equal votes but were concerned about the further proposal for NHS England to have a casting vote. Advice had been sought from Capsticks Solicitors LLP in this regard.
• With regard to the out of area clinician, SWL Chairs and Chief Officers had concluded that they would not agree this recommendation until further clarification was forthcoming.
• Once the outstanding information was available it was anticipated that the terms of reference would be revised to reflect the outcome of NHS England’s recommendations. The governing body was therefore asked to agree delegated authority for approval to the Chair/Accountable Officer once finalised in view of the fact that there would not be another governing body meeting until 19 May. It was raised that there should be transparency in the process for making the decision and suggested that the deputy chair and vice clinical chair should be included in the delegated approval process. The decision would then be brought to the governing body for ratification at the May meeting in public.
• It was raised that there were other operational aspects of the joint committee that were still not clear and it was noted that the SWL chairs and AOs intended to hold NHSE to account to provide clarity over how business would be transacted by the committee.
• The Health & Wellbeing Board would be asked to sign it off by the end of the month.
• Julie Risley reported that HealthWatch were very pleased to have a non-voting attendance on the committee, however they were concerned about the issue of NHSE requesting the casting vote.

The governing body agreed to approve the decision being delegated to a meeting of the chair, chief officer, deputy chair and vice clinical chair, with the decision coming back to the May governing body meeting for ratification.</td><td></td></tr>
<tr><td>9</td><td>Richmond CCG Revised Conflicts of Interest policy
The governing body received and noted attachment E. The CCG had revised its conflicts of interest (CoI) policy in line with strengthened guidance produced in December 2014 by NHS England. The governing body discussed the policy and the following points were raised:
• A waiver existed whereby the governing body would be able to waive restrictions if needed in order for clinicians to hear the debate and provide their expertise but not be able to vote. This would allow debates to be quorate but guard against conflicts of interest during decision making.
• Attention was drawn to Section 10 “Managing Conflicts of Interest: contractors”, specifically 10.37 regarding the procedure for dispute resolution. It was agreed that this section should be made clearer and at the Stage 2 Triage there should be an alternative route for the complainant to be able to complain about the CCG to another authority other than the CCG, for example by involving NHS England.

The governing body approved the policy.</td><td>Attachment E

BA</td></tr>
<tr><td>10</td><td>London-wide transformation programmes and proposed interim governance arrangements
The governing body received and noted attachment F which was a joint paper</td><td>Attachment F</td></tr>
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<tr><th></th><th></th><th>ACTION</th></tr>
<tr><td></td><td>from all London CCG chief officers outlining the London-wide transformation programmes and proposed interim governance arrangements.

During discussion the following points were raised:
• SW London was represented by Naz Jivani (Kingston chair) and Graham Mackenzie (Wandsworth chief officer).
• In answer to a query about how the transformation programmes would feed into the wider accountability of local government and other partners, it was reported that there would be a wider steering group that would include Public Health England. Collaborative work was expected to be carried out at a local level across SWL and at borough level between CCGs and local authorities on the local priority programmes.
• It was noted that the children and young people's workstream did not currently include maternity although there was a push to include perinatal services.
• It was noted that the cost to the CCG of the transformation programme was circa £300k and was included in the draft financial plan.
• The CCG had asked for clarity around which work programmes would be undertaken at SWL level and which at local level in order to avoid duplication.

The governing body approved the recommendations which were to:
• Agree the thirteen priority programmes to be developed and progressed over 2015/16;
• Agree interim London-wide programme governance arrangements, recognising that further proposals will be brought back to CCGs with regard to final governance arrangements;
• Agree the next steps for programme and resource development.</td><td></td></tr>
<tr><td>11</td><td>Draft operating plan and financial plan
The governing body received and noted attachment G which comprised the CCG's draft operating plan and financial plan. It was noted that the financial plan had already been discussed at the GB seminar in February. The document complemented the activity and finance template which set out the CCG's financial plan for 2015-16 as well as the operating plan unify submission which set out the CCG's targets for its key performance indicators (KPIs) for 2015-16. The next stage of priorities would be to identify specific programme risks around this which will form part of the assurance framework.

Draft Operating Plan
During discussion the following points were raised:
• It had been agreed at the GB seminar to expand the priorities around children's services in the plan.
• Concerns were raised around IAPT not meeting its target and the primary mental health services being oversubscribed.

The governing body approved:
1. To provide feedback by Tuesday 24 March 2015 by email to the operating plan author.
2. That the draft operating plan would also be sent to GP Members for information and comment by 24 March with a covering letter from the CCG chair.

Financial Plan
The CFO went through the key features of the financial plan and the following points were highlighted:
• Implementation of proposed national tariff for 15/16 had been blocked by objections and agreement was yet to be reached. The CCG had therefore</td><td>Attachment G</td></tr>
</table>

		ACTION
	planned on the basis of enhanced tariff with a provisional, top down estimate of an additional cost of c£0.8m. A revised timetable was awaited. • National planning timetable: CCG's had been asked to aim for contract signing by 31.03.15. The CFO went through the timelines and it was noted that in view of the fact that the next governing body did not take place until 19 May, the CFO was recommending that the governing body delegate to EMT the review and approval of the next submission. **The governing body agreed this course of action.**	
C	**QUALITY, PERFORMANCE & FINANCE**	
12	**a) Quality, Finance & Performance Committee Report** The governing body received attachment Hi, which dealt with the matters considered at the QFP meeting in February in accordance with the committee's annual work plan. During discussions the following points were highlighted: • Waiting times: KE and JS had met with the performance team about waiting times. St George's had taken steps to address capacity issues and Kingston had changed some aspects of their waiting list management and this had led to an improvement. The CCG had requested more information on areas such as breaches and referrals. • Dementia diagnosis: The CCG had managed to improve its performance against target, from a starting point of 50%, following a significant programme of work with GPs. NHSE had complimented the CCG on its plans to tackle it and had provided funding to help achieve the target. • A query was raised about how the CCG monitored ambulance waiting times. The chief officer stated that the LAS target had been met for the majority of the year however the recent performance had suffered due mainly to poor recruitment and retention, and was a cause for concern. The CCG was working with the LAS to look at how the service could be improved through new recruitment. There was a business case that would be sent to CCGs shortly and Richmond had made provision in the accounts to cover it. The performance in Richmond was in line with the rest of London.	Attachment Hi
	b) Finance Report (month 10) The finance report presented financial results at Month 10. The following key issues were noted: • At Month 10 the CCG was reporting to be £0.5 above plan for the year to date (YTD), reflecting the refund received in respect of the CHC risk pool. The forecast outturn position was now showing as £8.5m, above the planned surplus by £1.8m. This was an increase of £1.3m above the Month 9 reported position. It had been confirmed by NHS England that the CCG would be able to drawdown the additional surplus in 2015/16. • One of the risks was the quality of data around CHC. The CFO was concerned about the forecast and had escalated it with the CSU. • The performance on payment practice was not yet sufficiently good, mainly due to the position on CHC invoices. **The Finance report was noted.**	Attachment Hii
D	**FOR INFORMATION**	
13	**Outcome based commissioning – Update** The chief officer drew attention to the final page of the slide pack that showed the timeline and process for the 16/17 contract. The CCG was in the process of finalising a short list for the most capable providers. In its Part 2 meeting in private the governing body would be making a decision as to whether to accept the recommendation of the selection of providers to form the provider alliance. Once	Attachment J

		ACTION
	confirmed, the next step would be for the selected providers to develop a memorandum of understanding to detail how they would provide services for the population of Richmond. The chief officer thanked all those involved in the OBC programme for their input in helping the CCG reach this point.	
14	**Any Other Business** There was no other business.	
15	**Date of Next Meeting:** Tuesday, 19 May 2015, 12:30 – 15:00, in Clarendon Hall, York House, Twickenham	
D	**PUBLIC QUESTION TIME**	
16	There were no written questions from members of the public however the following questions were raised at the meeting: a) Alan Macmillan drew attention to page 14 of the draft operating plan relating to enhancing the quality of life for people with long-term conditions. He queried whether there was any potential for more flexibility around health and social care budgets. The director of adult and community services responded that the local authority had signed up to working on an OBC approach in partnership with the CCG and was looking at how to align contracts and integration. However, social care would still be chargeable and the national position on eligibility criteria for social care would not change. She added that in line with the care act the local authority was increasingly working on prevention programmes and providing funding in order to enable patients to stay in their own homes. Mr Macmillan drew attention to the fact that reports from Care UK indicated that it was finding it difficult to recruit staff. The director of adult and community services acknowledged that there was an issue about lower paid staff such as social workers and care home workers finding it difficult to afford to live in the borough. The local authority was trying to address the problem with an increase in funding for home care providers and working with key worker housing schemes. The London Borough of Richmond did not specify that its providers should subscribe to the London Living Wage, however contracts included quality performance indicators and the local authority was currently working on how the home care contract would move forward. b) A member of the public stated that she was a member of the LAS patient experience committee and explained that there had been a huge increase in the numbers of Category A calls. The LAS had made some improvements but they were suffering from staff shortages. She considered that part of the problem was that lower paid LAS staff were finding it difficult to afford the high cost of living in London. She felt that Richmond Council should provide more affordable housing for key workers.	

The Meeting was closed.

As per the Standing Orders contained within the CCG's Constitution the Chairman asked *'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', paragraph 8(3) of schedule 1A of the 2006 Act, as amended by the 2012 Act.*

APPENDIX 4: Letter from Kingston CCG (on behalf of the five CCG's) to NHS Trust Development Authority (11th March 2015);

Summary

The letter relates to the review by the commissioners of the draft OBC produced by the south west London and St George's Mental Health NHS Trust. (As is noted in the consultation documents (see 2 above) there is data in the OBC that remains commercial in confidence, hence the document is not available for wider circulation).

The letter, which is signed on behalf of Kingston, Merton, Richmond, Sutton and Wandsworth CCG's, confirms support for the OBC concluding that *"…assuming there is no significant increase in the cost of the redevelopment, the sustainability of the Trust will be improved."*

DRAFT

By email to: karenGreen2@nhs.net

NHS
Kingston
Clinical Commissioning Group

Kingston Clinical Commissioning Group
Guildhall 1
High Street
Kingston upon Thames
KT1 1EU

Tel: 020 8339 8000
Web: www.kingstonccg.nhs.uk
Email: communications@kingstonccg.nhs.uk

11 March 2015

Karen Green
Senior Delivery & Development Manager (South London)
NHS Trust Development Authority
Southside
105 Victoria Street
London SW1E 6QT

Dear Karen

Letter of commissioner support for the Estates OBC

The commissioners have reviewed the draft Outline Business Case produced by South West London and St George's Mental Health NHS Trust (the "Trust") together with other supporting documentation.

The areas we have specifically reviewed are:

1. Alignment of income/spend assumptions between the Trust and the 5 SWL CCG commissioners
2. The bed capacity being planned for the redeveloped Springfield and Tolworth sites
3. The affordability of the redevelopment scheme

Each of these areas is addressed in turn in this letter of support.

1. Alignment of income/spend assumptions between the Trust and the 5 SWL CCG commissioners

CCG commissioners are currently involved in the process of negotiating contracts with the Trust for 2015/16. Due to the need for commissioners to comply with "parity of esteem" and the uncertainty related to the tariff to be applied, this process is not yet complete and so commissioners only have provisional spend figures for 2015/16 and projected spend figures for future years. With this caveat, we have compared the level of spend with that assumed by the Trust in its August LTFM and these appear to be consistent as set out in the table below. In particular the projected spend in the final year of the projection is above the income assumption of the Trust.

Table 1: Income Assumption

Income/spend comparison (£m)	Income 2014/15	Income 2019/20
Trust LTFM – Aug 2014	93.1	94.3
CCG provisional Commissioning spend - Jan 2015	92.57	96.77

2. The bed capacity being planned for the redeveloped Springfield and Tolworth sites

The Trust has been developing a number of plans to shift activity away from inpatient provision in favour of community based care. These plans are directionally supported by the CCGs. The precise number of beds that will be required is still being worked through by the Trust and commissioners. The Trust has indicated that it is expecting Working Age Adult bed needs to fall from the current 143 to somewhere in the range 126 to 108 beds (6 or 7 wards of 18 beds each).

The reduction to 126 beds is justified on the following basis. Bed usage has been declining for some years through better management of the bed base including earlier discharge as well as reducing the levels of admission. Further over the last year, the bed numbers provided for Sutton and Merton service users have reduced materially and are at a lower than for the other 3 boroughs. This has been achieved by virtue of significant investment in Home Treatment Teams together with the establishment of a centralised coordination centre to meet the DOH recommended staffing levels. Extending this approach to Kingston, Richmond and Wandsworth would enable the bed base to decline by a further 17 bed to 126 beds. Further bed reductions may be possible using this approach but at this time, no fully worked up scheme exists to explain a reduction to 108 beds. For this reason the Trust is working on the basis of a range of beds between 108 and 126.

Older People's beds are expected to reduce from the current 38 beds to 18. This reduction in beds is supported by the very variable levels of usage and length of stay of these beds across CCGs (see table below), which is notably high for Kingston and where the Clinical lead has confirmed that they expect to see a significant decrease in the numbers of beds used. CCGs are currently working with the Trust to transform the older peoples care model that will provide a more proactive community based service which will prevent inpatient admission.

Table 2 : Analysis of bed capacity

Local Services	Current bed numbers	Proposed bed numbers
Working Age Adult	141	108-126

Intensive Care (PICU)	13	13
Older People's Mental Health	38	18
Rehabilitation	33	33

3. The affordability of the redevelopment scheme

Financial modelling of the redevelopment scheme, which has been reviewed by commissioners, shows that there will be a *net saving* to the Trust of £2.8m on completion and hence the scheme will improve the overall sustainability of the Trust. Further details follow.

The financial impact on the Trust I&E statement of the redevelopment is set out in the table below:

EMP Affordability Summary
£m's at current (14/15) price base

Revenue Affordability	Impact on SOCIE £m p.a.
Capital Charges - Increase on New Build	7.74
Capital Charges - reduction on disposals	(5.84)
QMH Exit Savings	(4.16)
Revenue Impact of Estates moves	1.43
Net Impact of Estate build & moves	**(0.83)**
Operational FM Savings	(1.97)
Total Revenue Impact (Savings)	**(2.80)**

The main components of the Facilities Management (FM) savings come from lower utilities bills and reduced maintenance costs.

As part of the planned redevelopment the asset value of the existing assets (buildings and land) which will no longer be used (disposed of or demolished) will be written off with the result that no depreciation or Public Dividend Capital charge will be incurred. Depreciation charges and associated PDC charge will be incurred on the new development and this exceeds the cost of the current capital charges by ~£1.8m. However under the proposed development, the Trust will vacate the wards currently used at Queen Mary's, a PFI with a very high occupancy cost. Commissioners are already fully aware of how important it is to maintain an appropriate range of health services at Queen Mary's Hospital. The recommendation in our report is that commissioners work with representatives of the local community, patients, Local Authorities and other relevant partners to develop options for the best use of these wards in the future. We will work with our south west London colleagues and the mental health trust to have a contingency plan in place to cover any liability should the space be left empty.

Adjusting for this effect and forecast savings on facilities management costs result in a *net saving* to the Trusts costs of £2.8m. This is based on 108 Working Adult Age inpatient beds. If instead 126 beds were required the additional capital charges would amount to ~£225k which would still result in a net saving of ~£2.6m.

As a consequence and assuming that there is no significant increase in the cost of the redevelopment, the sustainability of the Trust will be improved.

Yours sincerely

Tonia Michaelides
Chief Officer
On behalf of – Kingston, Merton, Richmond, Sutton and Wandsworth CCGs

APPENDIX 5: Email letter from Richmond CCG to the chair and members of the JHOSC (18th March 2015);

Summary

This letter confirms the agreement of the Richmond CCG to the proposals set out in the report "Proposed modernisation of mental health inpatient services in south west London: for decision". See 3 above.

By email

First Floor Civic Centre
44 York Street
Twickenham
TW1 3BZ

Wednesday 18 March 2015

Dear Councillor Clay and JHOSC colleagues,

RE: Decision on inpatient mental health services proposals

We are writing to formally let you know the governing body's decision that was taken at our Board meeting on Tuesday 10 March 2015 in Richmond.

Richmond CCG's governing body agreed to the proposals laid out in the report 'Proposed modernisation of mental health inpatient services in South West London: for decision'. The governing body agreed to the following recommendations:

1. That commissioners adopt the preferred option for the future location of mental health inpatient services at Springfield University Hospital, Tooting and at Tolworth Hospital, Kingston.
2. That commissioners support the number of beds described in the proposal. It is recommended that the Trust has flexibility to increase the number of inpatient beds within the overall development at Tolworth Hospital, should the demand for inpatient beds increase over time. Subject to the planned reduction of inpatient bed use being achieved in practice, coupled with the provision of robust community mental health services to support people close to home through Home Treatment Teams, the commissioners will reconfirm the number of inpatient beds. This work will be completed well in advance of the Trust's Final Business Case (FBC) being completed.
3. That the older people's mental health ward should be based at Tolworth Hospital, and additionally that commissioners and the Trust should work with providers in partnership to provide extra-care accommodation at Springfield University Hospital as part of the wider development of that site.
4. That inpatient mental health services are no longer provided at Queen Mary's Hospital once the new configuration of services is in place, and that commissioners

work with representatives of the local community on options for the best future use of these wards, should the preferred option be adopted, as a basis for detailed discussions with NHS Property Services (who manage the space at Queen Mary's Hospital).

5. That commissioners and the Trust establish a steering group to investigate improvements to the public transport and access arrangements and to develop a plan before the new inpatient accommodation opens.
6. That commissioners provide a letter of support to the Trust on the financial assumptions and activity analysis in the Outline Business Case, to enable these proposals to go forward.
7. That commissioners announce this decision to all partners and agencies involved in the provision of these services; to service users, carers, and their representatives; to staff, and to those who responded to the consultation and requested a response; and to the general public.
8. That commissioners communicate this decision to the JHOSC of the boroughs of Croydon, Kingston, Merton, Sutton, Richmond and Wandsworth for the purposes of scrutiny.

We look forward to discussing this with you further at the JHOSC meeting this Thursday evening - Dr Phil Moore, Kingston CCG Deputy Clinical Chair and Dr Tom Coffey, Wandsworth CCG Clinical Board Advisor, will be attending to represent the five CCGs. If you would like more information, please do not hesitate to get in touch.

Kind regards,

Jacqui Harvey, Accountable Officer, Richmond Clinical Commissioning Group

Governing body

Dr Graham Lewis, Chair
Jacqui Harvey, Accountable Officer
Keith Edmunds, Interim Chief Finance Officer
Dr Anne Dornhorst, Secondary Care Doctor
Dr Kate Moore, Vice Clinical Chair
Dr Nicola Bignell, GP member
Dr Branko Momic, GP member
Dr Stavroula Lees-Karipoglou, GP member
Dr Sean Gallagher, GP member
Bob Armitage, Lay member, audit, remuneration and governance (shared post)
Charles Humphry, Vice chair and lay member, audit, remuneration and governance (shared post)
Julie Sobrattee, Registered Nurse
Cathy Kerr, Director of Adult and Community Services, Richmond Council
Dr Dagmar Zeuner, Director of Public Health, Richmond Council

By email

Amanda Brooks, Chair, Healthwatch Richmond
David Sykes, Interim Head of the Joint Commissioning Collaborative
Sheila Jennings, Company Secretary

APPENDIX 6: Letter from NHS England to the chair and members of the JHOSC (18th March 2015);

Summary

This confirms the decision taken by NHS England London Region at its meeting of 17th March 2015.

The letter states that the NHS England London Region agreed the proposals laid out in the report “Final decision on the future of South West London specialised mental health inpatient services”.

The letter summarises the preferred service model for the specialised mental health services in South West London as follows:

- Future mental health inpatient services to be provided at Springfield University Hospital, Tooting and at Tolworth Hospital, Kingston

DRAFT

Specialised Commissioning
London Region
Mezzanine Floor
Southside
105 Victoria Street
London SW1E 6QT

0113 807 0909
will.huxter@nhs.net

Councillor Clay and JHOSC Members
South West London Joint Mental Health Overviev
The Town Hall
Wandsworth
SW18 2PU

18 March 2015

Dear Councillor Clay and JHOSC colleagues

Decision on inpatient mental health services proposals

I am writing to confirm the NHS England London Region decision that was taken at a meeting in public on Tuesday 17 March 2015 at Southside, 105 Victoria Street, London SW1E 6QT.

NHS England London Region agreed to the proposals laid out in the report Final decision on the future of South West London specialised mental health inpatient services. NHS England London Region has agreed the following recommendations:

That NHS England approves the preferred service model for specialised mental health inpatient services in South West London, as outlined below:

Future mental health inpatient services to be provided at Springfield University Hospital, Tooting and at Tolworth Hospital, Kingston:

- Springfield University Hospital:
  - Adult deaf inpatient services
  - Adult eating disorders service
  - Forensic services remain due to planning permission considerations

- Tolworth Hospital:
  - Child and adolescent mental health services (CAMHS)
  - Obsessive compulsive disorder and body dysmorphia service

The decision is formally recorded on the NHS England website and can be accessed via http://www.england.nhs.uk/london/inpatient-mh/.

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

I also attach supporting information on the CAMHS campus location supplied to NHS England London Region from the London Borough of Wandsworth and the Royal Borough of Kingston.

Caroline Reid is attending the JHOSC meeting on 19 March and will be able to address any questions you may have. If you would like more information, please do not hesitate to get in touch.

Kind Regards,

Will Huxter
Regional Director of Specialised Commissioning (London Region)

Enc

Cc Caroline Reid, Area Head of Specialised Commissioning (South London) & Mental Health Programme of Care Lead, NHS England London Region

APPENDIX 7: Report to the JHOSC – Inpatient Mental Health Services Sub-Committee and minutes of the meeting (19th March 2015)

Summary

The report is from the five CCG's in response to requests from the JHOSC following the consultation into the future accommodation for inpatient mental health services in South West London. It is noted that it is an additional report and papers to that presented to the sub-committee on 24th February 2015. which Trust believe was delayed to the above date.

The report focuses on the development of mental health services by the CCG's in 2015-16 and includes a summary of investment and development in these services by each CCG. The five-year commissioning strategy for the CCG's is also outlined.

The minutes of the meeting confirm that all members of the sub-committee were present, including Cllr Porter (South Twickenham, Richmond).

Item 3 of the minutes includes a note of the discussion regarding inpatient mental health services and specifically the "further information from health bodies". The sub-committee's views on the consultation and proposals for future inpatient mental health services in South West London are summarised as follows:

- a. the consultation on the proposals was adequate and the proposals agreed by the CCG's and NHS England (see above) are supported;
- b. the sub-committee accepts the assurances provided that a decision in October 2015 to further reduce the number of beds to be provided would only be taken upon the basis of sound evidence that the increased expenditure on the Home Treatment Teams (HTT) in Kingston, Richmond and Wandsworth and further enhancements to community provision in all five boroughs had conclusively shown that service requirements could be fully met with the proposed further reduction in bed spaces; which has been demonstrated at later meeting notes on 15th March 2016.
- c. the sub-committee will be consulted before the decision is finalised on the meeting notes dated 15th March 2016.
- d. in respect of educational provision in the relocated CAMHS service in Kingston, the sub-committee support is contingent on those discussions being successfully concluded

DRAFT

South West London Joint Mental Health Overview and Scrutiny Committee - Inpatient Mental Health Services Sub-Committee

Thursday, 19th March, 2015

Report from NHS representatives:
Kingston CCG
Merton CCG
Richmond CCG
Sutton CCG
Wandsworth CCG
NHS England
South West London and St George's Mental Health NHS Trust

Contents

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1. Introduction

This report is from the five Clinical Commissioning Groups in South West London, NHS England, and South West London and St George's Mental Health Trust.

It sets out the information requested by subcommittee members following the consultation into the future accommodation for inpatient mental health services in South West London and is additional to the report and papers presented to the subcommittee on 24 February 2015.

At a glance

The developments in mental health services, including the proposed development of new inpatient accommodation (if agreed), are:

Year	Developments
2015-16	Home Treatment Teams in place throughout South West London: provide 24/7 alternatives to hospital admission for people in a crisis and reduce the need for inpatient beds
2015-16	More 24/7 mental health liaison services in general hospital A&E departments to get people into treatment quickly
2015-16	More investment in supported housing in local boroughs for people who might otherwise have had to go into hospital
2015-16	Development of older people's services, including dementia diagnosis and support, in each borough - continues in future years to create 'dementia friendly' communities in each borough and alternatives to hospital care
2015-16	Commissioners confirm need for six or seven local mental health inpatient wards in South West London. Outline Business Case for new inpatient accommodation approved by Department of Health and Treasury.
2015-16	Local steering groups established at Springfield and Tolworth to advise on the proposed developments. Transport steering groups established with service users, carers and local people.
2016-17	Crisis Concordat services in place throughout South West London (includes help to prevent people developing a crisis; central points of access to support and information; range of treatments at home, in each borough and in hospital for those who need it)
2016-17	Full Business case for new inpatient accommodation due to be approved by Department of Health and Treasury - green light for construction work to begin
2018-19	CAMHS campus ready to open at Tolworth (if this option is agreed)
2020-21	New inpatient wards at Springfield and Tolworth hospitals ready to open

This report includes:

- the background of the national policies and guidance that CCGs must follow to develop and maintain mental health services
- CCGs' plans to develop services throughout 2015-16 including the development of Home Treatment Teams (which will help reduce the number of mental health inpatient beds required in South West London)

- The criteria for agreeing the future requirement for mental health inpatient bed and ward numbers
- the CCGs' longer-term plans
- an update on discussions on the location of the CAMHS campus
- an update on the process to determine the future use of wards at Queen Mary's Hospital, Roehampton, should the inpatient mental health proposals be agreed.

Background

Annual mental health spending in the five South West London CCGs is set to rise by about £20 million, from around £137 million in 2014-15 to around £157 million by 2020.

The first priority is to meet the NHS target for 2015-16: that all CCGs develop services outside hospital to support people experiencing a crisis. It is these services, in particular Home Treatment Teams, that will reduce the requirement for inpatient mental health beds for adults in South West London.

The five CCGs in South West London (Kingston, Merton, Sutton, Richmond and Wandsworth) already have Home Treatment Teams in place, but not to the same level in each borough.

The CCGs have confirmed that these teams will be developed in line with the Department of Health guidance from April 2015.

Alongside these, CCGs are developing other community and primary care-based mental health services which will support people at home and work alongside the Home Treatment Team model.

The CCG five-year strategic plan includes key objectives for mental health. The detailed plans will be agreed, based on this strategy, year-by-year.

2. National background

Investment in mental health is a priority for the NHS in England. CCGs are required to increase their spending on mental health by at least the same percentage as their overall funding increase.

Two key documents are

- The Mental Health Crisis Care Concordat, and
- The Forward View into Action: Planning for 2015-16

Crisis Care Concordat:
The Mental Health Crisis Care Concordat is a national agreement, published by HM Government, which sets out how organisations will work together better to make sure that people get the help they need when they are experiencing a mental health crisis.

The concordat was signed in February 2014 by 22 national bodies involved in health, policing, social care, local government and the third sector. It focuses on four main areas:

- Access to support before a crisis is reached – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

All five of the South West London CCGs have published their commitment to support the Concordat (included in the Appendix to this report). The Concordat is described in more detail in section 5.

The Forward View into Action: Planning for 2015-16
This NHS England guidance sets out the priorities for the NHS to deliver in 2015-16.

For mental health, a specific target for 2015-16 is that each CCG must provide services outside hospital for people experiencing a crisis and either remove the need for them to be admitted to hospital or reduce the time they spend in hospital. These services include Home Treatment Teams and Psychiatric Liaison Services.

3. CCG development of mental health services in 2015-16

Current combined spending by the five CCGs was around £137 million in 2014/15, and is expected to rise to a total of around £157 million by 2020 (see table below). The largest increase in spending will be in 2015-16, at around 4.7% averaged across the five CCGs. This relates to total mental health spending with all providers of mental health services to the five CCG and borough areas.

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Kingston	£18,873	£19,852	£20,517	£21,163	£21,798	£22,528
% increase		5.18	3.35	3.15	3	3.35
Merton	£20,643	£22,689	£23,231	£23,599	£23,968	£24,343
% increase		9.91	2.39	1.59	1.56	1.57
Richmond	£25,933	£26,893	£27,612	£28,088	£28,571	£29,062
% increase		3.7	2.68	1.72	1.72	1.72
Sutton	£20,760	£22,369	£23,302	£24,094	£24,901	£25,743
% increase		7.75	4.17	3.40	3.35	3.38
Wandsworth	£50,992	£51,859	£52,792	£53,690	£54,603	£55,531
% increase		1.7	1.8	1.7	1.7	1.7
Total	£137,202	£143,662	£147,454	£150.634	£153,841	£157,208
% increase		4.71	2.64	2.16	2.13	2.19

Cost Improvement Programmes: the Trust, like all NHS providers, is expected to deliver Cost Improvement Programmes (CIP). For 2015-16 these will be in the range of 3.5% to 4% of the Trust's income. CCGs recognise the importance of these programmes. They are working with the Trust to review and agree their CIP, and their plans to transform community services, in ways that will ensure a clinically safe environment.

3.1 Home Treatment Teams

In 2015-16 a national priority for CCGs is to establish Home Treatment Teams as part of the delivery of the National Mental Health Crisis Concordat. These are the services that will provide alternatives to hospital admission and reduce the demand for inpatient beds to the proposed range of 108 to 126.

Their purpose is to provide treatment at home for people who become very unwell, and to support them so that they either do not require a hospital admission, or so that any stay in hospital is as short as possible. They work closely with other mental health services, with social care and with GPs. Teams can also signpost service users and carers to appropriate alternative services. Referrals to the teams can come from a range of professionals including other local mental health community services, Care Co-ordinators, Accident and Emergency Departments, Crisis Line, GPs (out of hours) and Approved Mental Health Professionals (AMHPs).

Home Treatment Teams are an essential part of local mental health services. The requirement to provide these teams is included in the Concordat, the NHS planning guidance, and in the National Institute for Health and Care Excellence Quality standard for service user experience in adult mental health: Quality statement 6, access to services.

The national guidance indicates that a team should have 14 whole time equivalent clinical staff (typically mental health nurses, social workers, psychiatrists) for a population of 150,000. A team of this size can support around 25 people at one time, and make around 300 contacts (home visits and appointments) with service users a year.

Home Treatment Teams exist in all five of the CCGs. Previous investment in 2014 combined with the investment identified in 2015 will ensure that these teams will be on duty 24 hours a day, seven days a week. This requires the equivalent of an extra two whole time equivalent clinical staff in Kingston, and an extra four in both Richmond and Wandsworth. The team sizes will be:

- Kingston - 14.9 WTE
- Merton - 20 (already operating at recommended staffing levels)
- Richmond - 13.5 WTE
- Sutton - 21 (already operating at recommended staffing levels)
- Wandsworth - 24.7 WTE

(WTE = whole time equivalents)

CCGs have committed to ensuring that mental health services deliver the standards required by the NHS guidance for 2015-16 to improve access to mental health services, including the development of crisis and home treatment services. A summary of the indicative plans for each CCG in 2015-16 on all mental health services, subject to final agreement and signing of contracts, is below.

3.2 Kingston CCG

Investment and developments for 2015-16:

Service	Investment
Development of crisis services including home treatment teams	£126,000
Expansion of Community Mental Health Teams to provide more support to people at home	£103,000
Psychiatric Liaison service in Kingston Hospital to operate 24/7 (jointly with Richmond CCG)	£172,000
IAPT (Improving Access to Psychological Therapy services) reduced waiting times for this primary mental health care service	£290,000
Crisis beds and housing for people who do not require a hospital setting: joint service with Richmond CCG	£150,000
Dementia services to increase rate of diagnosis and create a ‘dementia friendly community’	£110,000

3.3 Merton CCG

The Home Treatment Team for Merton is already in place at nationally-recommended levels.

Investment and developments for 2015-16:

Service	Investment
Creation of a 'crisis hub' which will link the existing Home Treatment Team with other community mental health services and crisis services, and establish better links with other services including social care, other NHS service and the police	£200,000
Develop adult acute services to help prevent un-necessary admissions and support early discharge from hospital	£31,000
Community mental health services for older people who are experiencing severe and longterm mental health problems, improving the identification of people with dementia, and developing treatment and support for service users and carers to help people to live well with dementia. Multi-disciplinary teams and the use of nurse prescribers (specialist nurses with the expertise and qualifications to prescribe medication) will improve access to treatment for older people	£257,000

- Merton CCG has a fully-staffed Crisis and Home Treatment Team in place operating 24/7
- The CCG will provide £700,000 for a new rehabilitation service for people who no longer need to be in hospital, to be developed with South West London and St George's Mental Health NHS Trust. This is a reinvestment rather than new money. It will replace the existing Step Down rehabilitation service that has been in place for a decade with a more effective service that may also release some funds for further community mental health services
- The CCG followed a rigorous re-procurement process for IAPT ('talking therapies') throughout 2014-15. The new service will come into effect in 2015-16, and includes an improved service model to help support the mental health prevention agenda
- The CCG commissioned a new Complex Depression and Anxiety Service at the end of 2014-15, which will further support the prevention agenda and specifically target patient groups to prevent mental health conditions from worsening and or requiring acute, crisis or home treatment in the future.

3.4. Richmond CCG

Investment and developments for 2015-16:

Service	Investment
Expansion of the current home treatment team with an additional four posts, to provide a 24 hours, 7 day a week service	£268,000
Expansion of the Psychiatric Liaison service at Kingston Hospital (the CCG also funds a similar service at West Middlesex Hospital) by around 30% to provide a 24/7 service for people of all ages (jointly with Kingston CCG and Surrey Downs CCG)	£64,000
Expansion of the Primary Care Liaison Service (one extra full-time post) to increase the support for people who would otherwise need to make us of specialist mental health services	£70,000
Development of services for people living with dementia through investment in two dementia clinical nurse specialists who would help prevent hospital admissions and A&E attendances (currently considering the business case for this development)	£100,000

In addition, Richmond CCG will

- continue to support Community Mental Health Teams and Older Persons services while all CGGs continue to work with the Trust to transform and develop services to better support people in the community. This will ensure that service levels and resources remain largely unaffected while transformation takes place. Richmond already invests more highly in Older Person's services and intends to continue this with an enhanced model to inform the transformation process. The Older Person's community service will include Crisis and High Intensity services 7 days a week
- plan to jointly invest with Kingston CCG in a street triage service. The service will see an additional 1.5 community psychiatric nurses working with the police and emergency services to ensure that people experiencing a mental health crisis receive the appropriate assessment and care as soon as possible. The service will operate outside 'normal office hours' and will further reduce un-necessary admissions and referrals to A&E. This is part of the CCG's commitment to develop services to support people undergoing a psychotic episode
- remodelling Supported Housing with the intention of providing higher support within the community. This will allow people with higher needs to remain in the community, avoid unnecessary admissions and facilitate earlier discharge from hospital back into the community. The re-provision is likely to result in a significant increase in staffing in the remodelled services. As part of this work we will consider jointly with Kingston the need for short term crisis accommodation, to avoid hospital admissions when home treatment is not sufficient
- continue its support for younger people with dementia and their carers, provided for the CCG through the Alzheimers Society
- continue to commission from the voluntary sector to support people with Mental Health issues. The main service provider for Adults is Richmond Borough Mind which supports people with mental health needs and their carers. They also partner East London Mental Health NHS Trust in providing the innovatory Richmond Wellbeing Service. The CCGs continues to work with the Borough of Richmond: the local authority social care services are preventative in nature and support people and their carers in managing not only their mental health but their general well being. Older people and their carers are supported through the Community Independent Living Service.

3.5 Sutton CCG

The Home Treatment Team for Sutton is already in place at nationally-recommended levels.
Investment and developments for 2015-16

Service	Investment
Development of Community Mental Health services to support people who do not need hospital treatment	£102,000
Development of 24/7 Psychiatric Liaison Service	£101,000
Development of new diagnosis and support services to people living with dementia and their carers, and to create a dementia-friendly community in Sutton	£210,000
Continued development of IAPT services in primary care	£350,000

3.6 Wandsworth CCG

Investment and developments for 2015-16

Service	Investment
Development of community mental health services including 24/7 crisis and home treatment teams	£287,000
Community services for older adults	£117,000
Development of Early Intervention in Psychosis services which provide rapid response service to people experiencing a first period of psychosis	£132,000
Mental health support service for pregnant women and mothers with new babies	£70,000

Wandsworth CCG is continuing funding for

- IAPT ('talking therapy') services to create access to these services in more community locations, not just GP surgeries
- The Big White Wall, an on-line mental health peer network supported by the NHS, Department of Health, Public Health England, to provide live therapy sessions (other CCGs in South West London also use The Big White Wall)
- a suicide prevention strategy working with more partners in the police, prison service and schools, and
- more work on prevention, early intervention, hospital care and hospital discharge with black and ethnic minority communities.

3.7 Achieving the reduction in adult inpatient beds

The development of crisis services and in particular Home Treatment Teams from April 2015 will, on the basis of past performance, reduce the need for inpatient mental health beds for adults in South West London from 141 (March 2015 figure) to a range of between 126 (seven wards) and 108 (six wards).

The South West London CCGs invested in Home Treatment Teams (provided by South West London and St George's Mental Health NHS Trust) from 2010 (Merton and Sutton) and again in 2014 with further investment in Wandsworth, Kingston and Richmond.

Home Treatment Teams reduce the need for inpatient beds because:
- fewer people require an admission to hospital, and
- people stay in hospital for less time

When Home Treatment Teams were first introduced in Merton and Sutton in 2011, monitoring of bed usage by the Trust indicated a fall of around one-third during the year as the new service came into effect. The lower the admission rate, the fewer beds are needed for a given number of people.

Since the introduction of Home Treatment Teams the average length of inpatient stay (LoS) has fallen from 31 days to 28 days.

The development of Home Treatment Teams in Wandsworth, Kingston and Richmond in 2014 enabled the Trust to reduce the number of inpatient beds in use from 153 to 141.

By October 2015 the CCGs and the Trust will be able to measure the impact of Home Treatment Teams on future bed requirements for people in South West London; this date is important because that is when commissioners and the Trust have to agree the final bed numbers to be included in the Full Business Case submitted to the Department of Health and the Treasury.

The bed numbers do not have to be reduced by October 2015. What CCGs will decide then is the number of beds that will be needed when the new inpatient accommodation opens in 2021. The decision will be made on a range of measures:
- rates of admission
- length of stay
- bed occupancy rates
- readmission rates (including emergency readmissions)
- delayed transfers of care (people staying in hospital longer than appropriate)
- Serious Incident rates
- staff and patient feedback
- patients being sent outside the local area

If the trend suggests that a maximum of 108 beds will be needed by 2021, then six adult wards will be needed. If the trend suggests that a maximum of 126 beds will be needed by 2021, then seven adult wards will be needed.

4. Investment and developments in mental health 2016-19

CCGs have a five-year commissioning strategy, published in 2014 for the period to 2019, which includes the development of mental health services. Their detailed plans will be based on this strategy year-by-year, and on the annual performance and operating requirements issued by the NHS.

The strategy has six strands:

1. **Improving mental health and wellbeing:** this includes: supporting people to develop more healthy lifestyles, especially for people and families at greatest risk of developing mental health problems; working with people quickly and early to reduce the risk, or prevent them from, developing serious or longterm mental health conditions; better and closer working with carers; close working between local authority social care, housing, public health and NHS services; more education and training opportunities to help people into work; links with local authority social care to provide access to housing, including supported housing.

2. **Reducing avoidable admissions and readmission rates:** this includes: more local crisis community services to reduce the need for people to come into hospital; extending home treatment teams to provide 24/7 support; developing community services as alternatives to hospital admission; more integration between social care, mental health and primary care (GP-led) services; more care to diagnose and support people living with dementia and close reintegration of these services with other health and social care support; further develop discharge and referral procedures to make sure that services are 'joined up' for people who use mental health services.

3. **Improving crisis services:** this includes: services in place so that no-one experiencing a crisis is turned away; services which provide support before a crisis point is reached and which help people recover at home; work to prevent suicide; further develop the links between younger people's services and adult services so that people do not drop out of treatment; community teams and home treatment teams working together to identify and help people whose mental health may be deteriorating; liaison and diversion services to get people into the right treatment at the right time - for example the street triage services being piloted with the police.

4. **Integrating physical and mental health services, including with the wider social care network:** this includes: mental health services are listed in the NHS 111 helpline service; integrated mental health services with hospital Accident and Emergency Departments to screen, identify and provide support for people attending those departments who also have mental health needs; joining up mental and physical health screening and services in GP practices, general hospitals, community pharmacies; workforce training for NHS and social care professionals; development of existing Section 75 agreements to support mental health integration across all services.

5. **Measuring and improving the quality of life for people with mental health problems:** this includes: challenging stigma so that people feel able to come forward and ask for support; closer work with carers to meet their needs and to enable them to help design better services; review and improve the way services are provided to people and groups who traditionally find it hard to use mainstream mental health services; a network of mental health champions and information hubs in all local

communities to help signpost people to the right service at the right time; closer links between physical and mental health screening to improve people's overall quality of life and reduce the risks of early death from undiagnosed physical conditions; helping people with mental health needs to take greater control over the support they need.

6. **Improving access to community based mental health services:** this includes: more psychological therapy services; more mental health training for GPs who want to specialise in mental health care; more services targeted at groups and communities that are at greatest need; single points of access for mental health and social care networks; more joined up planning across the NHS, third sector and social care to develop mental health services.

Year	Milestones in strategy	Strand
2015-16	Invest in Home Treatment Teams	2. Reducing admissions
2015-16	Review range of services and concentrate activity on helping groups who traditionally find it hard to access mental health services	1. Wellbeing
2015-16	Better screening of people using other services to identify those who may have mental health needs	4. Integration
2015-16	Better access to psychological therapy in primary care services (IAPT - Improving Access to Psychological Therapies programme)	6. Access to community services
2016-17	Crisis services fully in place as specified in the Crisis Concordat	3. Crisis services
2015-16	Start of training programmes for mental health 'champions' to challenge stigma and support development of new services	5. Quality of life
2016-17	Better access to support for families in high-risk groups	1. Wellbeing
2016-17	Full range of primary care liaison (GP-based) services in place	2. Reducing admissions
2016-17	More support to assess and meet the needs of carers	1. Wellbeing
2016-17	Network of community pharmacists (High Street chemists) who can support people with mental health needs	4. Integration and 6. Access to community services
2016-17	Healthy workplace schemes established	4. Integration
2016-17	Higher proportion of people from a BME background with mental health needs are able to make use of services	6. Access to community services
2016-17	People can exercise choice about the care and support they receive from all mental health services	6. Access to community services
2017-18	Services will be developed in collaboration between service users, carers and families, social care, mental health services and public health professionals	1. Wellbeing
2018-19	Reduction in secondary care (hospital-based) capacity once alternative services are in place	2. Reducing admissions

5. Crisis concordat

All South West London CCGs have signed up to the national mental health Crisis Concordat, published in 2014.

The concordat sets out a range of crisis services that should be in place, including:

- Early intervention services including a single point of access to a multi-disciplinary mental health team; services working together (for example across social care and substance misuse services); help at home; help in a crisis support house or a hospital setting if required; access to liaison services for pole whose mental health has brought them into contact with the police or court proceedings

- Urgent and emergency access to crisis care, including service in place to make sure no-one is turned away, that they can be kept safe, close to home in appropriate surroundings; services for people form all backgrounds and communities; support for children and young people; services should include assessment within four hours, a 24-hour helpline, and 24-hour home treatment teams; links between police and mental health services to provide joined-up support; proper collection of essential information to support delivery of good care; availability of health based places of safety under the Mental Health Act; access to mental health services in hospital Accident and Emergency Departments

- Quality of treatment and care including responses at least on a par with physical health services; services and quality of care should be regularly reviewed and reported (for example by the Care Quality Commission); clear procedures for the use of restraint only when exceptionally necessary; specific quality standards for children and young people

- Recovery services to help people stay well after a crisis, including a crisis plan which sets out possible risks and the support available if people think they are becoming unwell; setting out people's wishes and preferences for how they want to be treated; how far families should be involved; access to 24-hour services; named people who can help.

CCGs have signed the Concordat Declaration making their commitment to the Concordat. This is reproduced in the Appendix. Individual action plans for each CCG are being developed to deliver the Concordat.

6. Older people's mental health services

All South West London CCGs are developing services to support older people with mental health needs, including people living with dementia, their carers and their families.

These services will be funded from the overall mental health funding available to CCGs, projected to increase to £157 million by 2019-20. Detailed plans will be agreed with providers year by year. Examples of developments include:

All CCGs are working with NHS, social care and their local communities to

- increase the rate of diagnoses of dementia so that people, their families and carers can get information earlier to help them live well
- develop 'dementia friendly' communities where all providers including the third sector have the knowledge and skills and to support people to live well with dementia and to remain independent wherever possible
- develop skilled professionals, including nurses specialising in older people's mental health, who can work with people, their carers and families, to support people to live at home or in supported accommodation close to home. Hospital admission for older people with mental health problems should always be a last resort.

Where existing use of hospital beds is high, for example in Kingston, a Challenging Behaviour service in being developed with the Trust, social care and the CCG to work closely with social care to reduce admissions to both mental health inpatient services and admissions to the acute hospital, by working closely with care homes and by delivering training to staff.

CCGs and other providers will continue to develop alternative housing options for people who need support but who do not need a hospital bed: this can include extra-care housing services, continuing care or nursing homes. The initiatives for extra care services at Springfield (which are in addition to the inpatient mental health accommodation at that site) and consideration of the potential future use of the Barnes Hospital site for services for older people, are part of this wider programme.

Richmond CCG intends to appoint dementia nurse specialists to provide support at home and prevent people with dementia from being unnecessarily admitted to hospital or attending A&E departments. The local authority, with the support of the joint commissioning collaborative, has established the Richmond Dementia Action Alliance, a collection of stakeholders brought together to improve the lives of people with dementia in their area. The purpose of the Dementia Action Alliance in Richmond is to help businesses learn how to become dementia friendly. This important initiative enables people with dementia and their carers to live their lives and remain actively engaged in the community. Non recurrent funding fro £35,000 was invested in 2014/15 and the alliance will continue to be funded in 2015-16 through the public health budget.

7. CAMHS campus

The preferred option during public consultation was to locate this campus at Tolworth Hospital. This will deliver the maximum clinical benefits including access to more dedicated outdoor space, bringing the wards, school and proposed intensive care unit together in one location, and providing overnight facilities for families and carers.

The subcommittee has requested an update on the planning and financial considerations of retaining the campus at Springfield:

The original planning application for the redevelopment of the Springfield University Hospital site raised considerable interest at both a local and political level within the London Borough of Wandsworth. Indeed, the decision to grant planning for the Springfield University Hospital was originally opposed by London Borough of Wandsworth. This decision was overturned by the Secretary of State following a review of the original planning decision and consent to the Springfield University Hospital proposals was given.

The Trust has been careful in its adherence to the consented masterplan for the development of the Springfield University Hospital site, which includes a zoned area for the development of mental health services. From a planning perspective there are no further areas of this masterplan where additional health facilities could be provided unless we were to build larger blocks, in terms of height, and even then there are constraints on the maximum building heights permitted.

This would mean that any new health buildings such as the CAMHS campus would need to be built on another part of the Springfield University Hospital site. This would require a new, detailed planning application to be submitted as the Trust would be requesting to build outside of the mental health zone. Indications from the Trust's planning advisors are that a new planning application would be subject to extensive scrutiny by planning officers, particularly in the light of the original planning opposition and the decision of the Secretary of State. Although more recent conversations with the planning team at Wandsworth suggest that they would not be averse to receiving a planning application, planning permission is by no means guaranteed and previous experience of the most recent Hebdon Road planning application suggests that this would be a locally contentious issue.

A detailed planning application for an additional health facility is likely to cost the Trust up to £200,000 and take between three to four months to prepare and another two or three months before it could be considered at planning committee. The upcoming general election would also impact on any potential timescales. This would in consequence delay the Outline Business Case (OBC) submission and bringing further delay and uncertainty to the delivery of the wider Springfield masterplan.

The delay to the OBC affects all elements of the modernisation programme, including the rest of the new mental health inpatient wards planned for Springfield and Tolworth hospitals.

There is an additional cost of locating the campus at Springfield, of £15 million. A breakdown of this figure has been provided separately. Unlike the other proposed developments, which would be funded from land sales, there is no identified source of funding to develop the CAMHS campus under this option. This is because it is additional to the existing proposed development footprint and would require an additional new building.

At Tolworth Hospital, planning permission is in place for a CAMHS campus, and the funding to provide the accommodation is available from within the proceeds of the land disposal programme. A meeting to discuss the provision of education services should the campus be located at Tolworth Hospital is due to take place on Friday 13 March between Kingston Borough, the Trust and NHS England. An update from that meeting will be provided to councillors at the JHOSC.

8. Queen Mary's Hospital, Roehampton

Commissioners are fully aware of the importance of maintaining an appropriate range of health services at Queen Mary's Hospital. The recommendation in our report at the close of consultation is that commissioners work with representatives of the local community, patients, Local Authorities and other relevant partners to develop options for the best use of these wards in the future, should the mental health wards no longer be located there from 2019 onwards.

This process will begin as soon as there is a confirmed decision on the future of the wards at Queen Mary's Hospital for mental health inpatient care, so that a decision on their future use can be taken well ahead of that date enabling alternative services to be located there with no delay.

There is a high demand from NHS providers for space in general hospitals and the CCGs believe any risk of these wards standing empty is low, indeed minimal. We will work with our South West London colleagues and the mental health Trust to have a contingency plan in place to cover any liability should the space be left empty.

10 March 2015

9. Appendix: Crisis Concordat: London declaration

The 2014 London Declaration on improving outcomes for people experiencing mental health crisis, 27th October 2014.

We, as partner organisations in **London**, will work together to put in place the principles of the national **Concordat** to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. We will help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

We will work to improve the system of care and support that is provided for such people in **London** before, during and after the crisis itself.

We will work together to prevent crises happening whenever possible, through intervening at an early stage.

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. Everybody who signs this declaration will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in **London** by putting in place local action plans which reflect the new crisis care commissioning standards and which are regularly reviewed and updated.

This declaration supports 'parity of esteem' between physical and mental health care in the following ways:

- Through adopting the new crisis care commissioning standards in **London**
- Through everyone agreeing a shared 'care pathway' to safely support, assess and manage anyone who asks any of our services in **London** for help in a crisis. This will result in the best outcomes for people with suspected serious mental illness, provide advice and support for their carers, and make sure that services work together safely and effectively.
- Through agencies working together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals.

- By making sure there are safe and effective services in **London** with clear and agreed policies and procedures in place for people in crisis.

- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to service users, patients, carers and staff, or the wider community and to support people's recovery and wellbeing.

Minutes of a meeting of the South West London Joint Mental Health Overview and Scrutiny Committee - Inpatient Mental Health Services Sub-Committee held at the Town Hall, Wandsworth, SW18 2PU on Thursday, 19th March 2015 at 7.00 p.m.

PRESENT

Councillor Clay (Chairman – Wandsworth); Councillor Gordon (Vice-Chairman – Sutton); Councillors Lewis-Lavender (Merton), Pandya (Kingston) and Porter (Richmond)

In attendance:

Councillor Bonner (Croydon)

South West London and St. George's Mental Health NHS Trust and CCGs: Dr Moore (GP Lead - Kingston), Dr Coffey (GP Lead - Wandsworth), Dr Whicher (Medical Director, SWLSTG), Ms Chamberlain (Director of Operations, SWLSTG), Mr Neal (Programme Director, Estates Modernisation, SWLSTG), Ms Vidal (Communications, Wandsworth CCG), Mr Hanratty (Capsticks), Mr Partington (Communications, Kingston CCG), Ms Michaelides (Chief Officer, Kingston CCG), Mr Bradley (Chief Executive, SWLSTG), Mr Kaile (Head of Communication and Stakeholder Engagement, SWLSTG).

NHS England London Region
Ms C Reid (Specialised Commissioning)

Officers: Ms Akintan (Merton), Mr McKenzie (Richmond), Ms Haynes (Croydon), Mr Olney (Sutton) and Dr Wiles (Wandsworth)

APOLOGIES

There were no apologies for absence received, all Members of the Sub-Committee being present.

The Sub-Committee proceeded to consider the business set out on the agenda for their meeting (a copy of which is interleaved, together with a copy of each of the supporting papers).

Minutes (Paper 13)

On item 1, it was

RESOLVED – That the minutes of the meeting held on 24th February 2015 be confirmed and signed as correct.

The minutes were thereupon signed by the Chairman.

Declarations of Interests

On item 2, no declarations of interest were made.

Review of Inpatient Mental Health Services - Further Information from Health Bodies (Paper 14)

On item 3, Members had before them the report setting out the further information provided by the NHS representatives at the request of the Sub-Committee and the subsequent decisions of the meetings of the CCGs and NHS England.

Discussion ensued and in response to questions from Councillor Pandya, Ms Chamberlain referred to the meetings held with Kingston Council on the proposed transfer of CAMHS to Tolworth for 2018/19 and the 'in principle' approval of that Council to work with the Trust on the development of the proposals. It was noted that the intention is to establish a Steering Group and that discussions would continue to be held including with the Department for Education. Ms Reid confirmed that there is no intention to reduce funding for the service or reduce bed spaces and that it is intended to work with Wandsworth Council to explore joint delivery. The Chairman said that the Sub-Committee's support for the relocation to Tolworth was contingent upon future discussions being successfully concluded, the extremely high standard of service currently provided by CAMHS being maintained, and any resulting impact on Wandsworth's hospital and home tuition service addressed.

Discussion turned to the criteria by which the requirement for an additional acute ward would be established. In response to questions asked by Councillor Pandya and the Chairman, particularly in relation to whether adequate information could be assessed between April and October 2015, Dr Whicher said that the decision would be made on the basis of average lengths of stay in hospital that it was envisaged would reduce in line with the increased expenditure on Home Treatment Teams (HTTs) and community provision. She stated that over a 2 to 3 year period the length of stay time had decreased from 33 days to 28 days. Dr Coffey confirmed that the final decision would be based on the success of the HTTS, etc across the boroughs and would enable the bed numbers to be reduced from 141 spaces to either the proposed figure of 108, or alternatively if the anticipated reduction in admissions was not as great as expected, to 126 spaces.

The Chairman then referred again to the timescale for this decision to be made and questioned whether a decision could reliably be reached by October 2015. Dr Coffey and Dr Moore stated that they were of the opinion that an accurate picture of demand would be known by that time, that it was believed that a reduction in bed spaces to 108 was achievable, but that extreme caution would be exercised in the final decision on bed numbers. Dr Coffey confirmed that if insufficient reductions in admission numbers was apparent then the insistence would be on a 7th ward. Councillor Lewis-Lavender raised the question of initial improvements resulting from the enhanced HTTs not being consolidated and Dr Coffey said that experience in Merton and Sutton had shown that rapid improvements had been made and then a plateau reached, which he expected to also happen in Kingston, Richmond and Wandsworth.

Discussion continued and, in response to a question from Councillor Porter, Ms Chamberlain said that monitoring of bed number trends would now be a continuing process until October 2015. Dr Whicher told the Sub-Committee that the up-to-date total of empty beds at present was 5 and it was noted that this represented a 99% occupancy rate. Dr Coffey made the point that the final decision on bed reduction would be considered by local Clinical Reference Groups that included local authority

officer representatives and that the local authorities, as commissioners of adult social care, would therefore be involved in the decision.

Responding to further questioning, Mr Neal said that the final proposed reduction to 108 beds would be effective from 2021 and he emphasised that the enhancements to the HTTs were intended to help keep patients at home and to support them in the community. Dr Moore told Members that the evidence was that improvements to HTTs in Merton and Sutton had definitely led to a reduction in hospital admissions in those boroughs. Councillor Porter then asked for further clarification of how the Trust would deal with a situation whereby expected reductions in admissions did not materialise and Dr Coffey explained the position on funding available to the CCGs for investment in the services which provided reassurance that the reduction of bed spaces was achievable.

Councillor Gordon asked about CCG expenditure up to 2020 and Ms Chamberlain explained that contracts are negotiated one year at a time. Some discussion then took place on the details of CCG spending for 2015/16 during which Dr Coffey confirmed that the details set out in the report did not include all investment to be made. The Sub-Committee's attention then turned to wards at Queen Mary's Hospital and, in response to a question from the Chairman, Dr Coffey said that he was reasonably confident that the wards to be vacated in 2019/20 as part of the proposals would find an appropriate use and that should the wards remain empty for any period of time the financial effects would be a joint responsibility of the CCGs rather than the burden falling solely on Wandsworth CCG. The Trust's intention to ensure improvements to community services in west Wandsworth were also noted.

The Chairman then referred to a letter received from Mr Horner, relating to stakeholder engagement on CAMHS remodelling, and Ms Chamberlain, Dr Coffey and Dr Whicher confirmed that changes had been made to improve quality and reduce waiting times; that engagement procedures had taken place; that discussion had also previously taken place with Mr Horner; that changes to the required 'skill mix' of staff had been necessary; and that the remodelling changes were completed 6 to 8 months ago with the new service now 'up and running' and receiving positive feedback.

At the conclusions of their deliberations, the Chairman summarised the Sub-Committee's views on the consultation and proposals for future inpatient mental health services in South West London as follows:-

(a) the Sub-Committee considered that the consultation had been adequate and supported the proposals agreed by the CCGs and NHS England in February and March 2015, subject to concern being raised at the very high demand for the bed spaces that are currently available and the Trust and CCGs being informed that the option under which 126 local acute inpatient beds would be provided should be adopted as the default position;

(b) the Sub-Committee accepts the assurances given that a decision in October 2015 to further reduce the number of beds to be provided would only be taken upon the basis of sound evidence that the increased expenditure on the HTTs in Kingston, Richmond and Wandsworth (to bring these teams up to the level currently provided in Merton and Sutton) and further enhancements to community provision in all five

boroughs had conclusively shown that service requirements could be fully met with the proposed further reduction in bed spaces;

(c) that the Sub-Committee notes that the local authorities, as commissioners of adult social care, would be involved in this decision and that the Sub-Committee would also wish to be consulted before the decision is finalised; and

(d) that it was noted that discussions had taken place with Kingston Council upon educational provision within the relocated CAMHS service, and that an ‘in principle’ offer had been made to provide education within the relocated service, and that the Sub-Committee’s support for the relocation would be contingent upon those discussions being successfully concluded, ensuring that the extremely high standard of service currently provided at Springfield Hospital is maintained, and that the Sub-Committee are also concerned that any resulting impact on Wandsworth’s hospital and home tuition service should be taken account of and addressed.

The Sub-Committee unanimously endorsed the Chairman’s comments (a) to (d) set out above as their formal view to be communicated to the Trust and CCGs on the consultation and review of inpatient mental health services in South West London.

Exclusion of the Public

On item 4, it was

RESOLVED – That the recommendation set out in the report be approved.

CAMHS Campus - Financial Impact of Retaining Campus at Springfield Hospital (Paper 15)

Item 5 was noted.

The meeting ended at 8.05 p.m.

APPENDIX 8 - Letter from chair of the JHOSC sub-committee to chair of the Kingston CCG (24th March 2015)

Summary

The letter reports on the outcome of the meeting of 19th March 2015 (see 7 above). In respect of concerns regarding the number of beds in the new configuration, the sub-committee consider the default position of 126 beds should be adopted. It was noted that a decision as to whether the provision should be further reduced to 108 beds was to be taken in October 2015 but that this would only be taken on the following basis:

- A decision to further reduce would only be taken on sound evidence that the increased expenditure in HTT in Kingston, Richmond and Wandsworth and further enhancements to community provision in all five boroughs has conclusively shown that service requirements can be fully met;
- The local authorities, as commissioners of adult social care, will be involved in this decision and that the sub-committee will be consulted before the decision is finalised. All of the above consultation regarding the proposals were signed off as demonstrated in the meeting notes dated 15th March 2016

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Members' Room,
The Town Hall, Wandsworth High Street,
London SW18 2PU

Dr Naz Jivani
Chairman
Kingston Clinical Commissioning Group
Guildhall
Kingston
KT1 1EU

Dear Dr Naz Jivani

24th March 2015

Review of Inpatient Mental Health Services in South West London

Further to the meeting of the SW London Joint Mental Health OSC – Inpatient Mental Health Sub-Committee on Thursday, 19th March 2015, and their consideration of the further information provided by the NHS representatives and the subsequent decisions of the meetings of those bodies, I can now confirm the view of the Sub-Committee on the proposed reconfiguration of inpatient services.

The Sub-Committee considers that the consultation has been adequate and supports the proposals agreed by the Clinical Commissioning Groups and NHS England in February and March 2015, subject to two caveats.

The first and most urgent of these relates to the number of beds to be provided within the new configuration. The Sub-Committee was concerned to hear of the very high demand for the bed spaces that are currently available and consequently believes that the option under which 126 local acute inpatient beds will be provided should be adopted as the default position. The Sub-Committee noted that a decision was due to be taken in October 2015 as to whether this provision should be further reduced to 108 beds. It was, however, prepared to accept the assurances given at the meeting that:

(a) a decision to further reduce the number of beds to be provided would only be taken upon the basis of sound evidence that the increased expenditure on the Home Treatment Teams in Kingston, Richmond and Wandsworth (to bring these teams up to the level currently provided in Merton and Sutton) and further enhancements to community provision in all five boroughs has conclusively shown that service requirements can be fully met with the proposed further reduction in bed spaces; and

(b) that the local authorities, as commissioners of adult social care, will be involved in this decision and that the Sub-Committee will be consulted before the decision is finalised.

The second caveat relates to the transfer of Child and Adolescent Mental Health Services to Tolworth. The Sub-Committee noted that discussions have taken place with Kingston Council upon educational provision within the relocated service, and that an 'in principle' offer has been made to provide education within the relocated service. Its support for the relocation was contingent upon these discussions being successfully concluded, ensuring that the extremely high standard of service currently provided at Springfield Hospital is maintained. It was also concerned that any resulting impact on Wandsworth's hospital and home tuition service should be taken account of and addressed.

Yours sincerely

C Clay

Councillor Claire Clay
Chairman
Inpatient Mental Health Sub-Committee

APPENDIX 9: OBC, Disposal of Richmond Royal Hospital, (August 2016)

Summary

This document is specific to Richmond Royal.

The executive summary provides the strategic case for the future location of inpatient services in South West London. The preferred option is explained – two purpose-built centres of excellence for inpatient care at Springfield University Hospital and Tolworth.

The summary states that to enable these developments the Trust is funding the programme by disposing of surplus land which is no longer used or is underutilised by the Trust. Richmond Royal is described as underutilised and can be disposed of.

In reaching the decision regarding Richmond Royal an analysis of the clinician's estate requirements in Richmond has been undertaken. The findings of this analysis (and in part due to more effective use of technology) was that in Richmond clinical space was only utilised for 35% of the time over a week; an inefficient use of a finite resource.

The Trust state that as Richmond Royal is underutilised it can be disposed of. Owing to the buildings listed status, its design, age, condition and limited accessibility, the site is unsuitable for modern mental health inpatient services and "unable to be redeveloped to achieve a modern and compliant environment for service users." The Trust note, however, that it is committed to maintaining a presence at the site, with the conditions of sale to ensure that 500 sq m of space is retained for the healthcare presenceThe remainder of the services currently located at Richmond Royal will be relocated to Barnes Hospital.

1. The Trust are currently going through the process to submit an outline planning application on the majority of the Barnes Hospital site which will comprise:
2.
   - 76 homes including:
     - 64 apartments
     - 12 terraced homes
   - A modern new build healthcare facility

3. The Trust is committed to continue to provide out-patient services on the site and this facility will enable the Trust to continue providing excellent mental healthcare services.

4. The development of a new facility would improve patient experience, moving away from the current buildings which are outdated and unsuitable for modernisation.

The Summary states that disposal of Richmond Royal *"…would generate funds that will be reinvested in new, high quality inpatient facilities to serve all five boroughs and as part of the EMP. Without the receipt of the funds from the site's disposal the EMP would be hindered from progressing putting increased pressure on the funding requirement."*

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Section 2 of the document provides the details behind the strategic case for the OBC. At paragraph 2.2.2 the EMP is explained, noting that the programme is currently underway to invest £160M into facilities to ensure the Trust's infrastructure and environment is appropriate for 21st century mental health care. To fund the EMP the Trust is disposing of surplus land, including Richmond Royal which has been identified as not required to provide inpatient services.

It is noted, however, that the Trust is committed to provide a network of local outpatient clinics, one of which will be located at Richmond Royal. Analysis of the clinical space requirements in Richmond was carried out to inform the overall EMP. This found that Richmond Royal was significantly underutilised, running at less than 40% occupancy (para 2.4, P6). It is noted that the building consists of 3,637 sq m of space whilst the Trust departments only currently occupy 1,610 sq m at the time of writing the document.

Since the approval of the OBC document in August 2016, the Trust has consolidated services further so that the current occupancy of the building is less than the percentage stated within the OBC. Services are being relocated elsewhere within the Trust facilities. Full details of the service remaining on-site at Richmond are outpatient clinics and outlined within the OBC.

The document describes the process of preparation of the Estate Strategy and the EMP OBC that have been accepted by the CCG's of all five boroughs (and which followed the extensive consultation process noted above).

As to the retained presence at the Richmond Royal the Trust, after detailed analysis, is confident that 500 sq m of space will maintain sufficient healthcare services on the site. The remainder of the services currently at the site will be relocated to other facilities which may include the Maddison and Barnes Hospital.

A summary of the current healthcare services provided at Richmond Royal is set out at paragraph 2.6, p8. This summary provides floorspace figures for each element of healthcare service and identifies how the 1,610 sq m figure has been derived. The Trust has been progressing a Smarter Working Programme to enable staff to work remotely through the use of technology. It reinforces the move towards the clinical model of providing patient care closer to, and in patient's homes within the community.

Analysing the clinicians' estate requirements in Richmond has identified that clinical space was only utilised for 35% of the time over a week. The Trust recommends a utilisation figure of 60%; as such the analysis of 35% demonstrates an inefficient use of the resource.

The Trust has carefully assessed what space is required to be retained at Richmond Royal in the context of provision in Richmond borough. The analysis (which is described at p10) is that there is a requirement for 20 clinic spaces per day across Richmond. 6 spaces are proposed at Barnes, another 13 at the Maddison Clinic and the remainder at Richmond Royal. As such, the Trust consider there is more than sufficient space to accommodate the proposed services moving forward. The Trust space requirement schedule is provided within Page 10 of the document and provides a detailed summary of the space requirements going forward at Richmond Royal for each

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department. This concludes a requirement for a total of 539.9 sqm GIA (including circulation space) within the existing building structure as part of the redevelopment of the wider hospital site. This space calculation was undertaken using the current design / layout and is inefficient regarding circulation and existing room areas. This does not take into account a new build facility and a purpose designed space would equate to 500 sq m GIA as per the space requirement schedule. which has greater efficiency in terms of space and design as a purpose built facility.

The space requirement schedule has been provided by the Trust to RER outlines what is specified within the OBC document about the area required for the Trust to continue consolidated operations at Richmond. The proposed space requires 10 consultation rooms and additional circulation / communal space as total clinic requirements.

The OBC recognises the Council planning policy to deliver a range of housing and supporting social infrastructure. In the event that the Hospital is no longer required for the provision of healthcare services there is a policy requirement for other social infrastructure to be provided to meet the needs of the local community. To meet this strategy, the OBC confirms that the Trust is committed to provide outpatient services in the area; hence the 500 sq m of healthcare provision at the site.

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Estate Modernisation Programme

Outline Business Case:

Disposal of

Richmond Royal Hospital

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References:

- *The Francis Report 2013 – The public inquiry into the failings at Mid Staffordshire NHS Foundation Trust and the relevant outcomes and improvements to patient quality of care, safety, avoiding harm, adult and child safeguarding and transparency.*
- *Health Building Note 00-08 – Strategic framework for the efficient management of healthcare estates and facilities.*
- *The South West London Collaborative Commissioning – This collaboration is made up of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth NHS Clinical Commissioning Groups and NHS England.*
- *The London Borough of Richmond upon Thames Core Strategy (The Richmond Core Strategy) 2009 – A statutory development plan document.*

APPENDICES

APPENDIX A: CONSULTATION DOCUMENT (SENT PREVIOUSLY WITH BARNES OBC)

APPENDIX B: CCG LETTER OF SUPPORT TO CONSULTATION (SENT PREVIOUSLY WITH BARNES OBC)

APPENDIX C: ESTATE STRATEGY (SENT PREVIOUSLY WITH BARNES OBC)

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APPENDIX L: BENEFITS REALISATION PLAN

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APPENDIX N: LEGAL ADVICE

APPENDIX O: PREMISES ASSURANCE MODEL (SENT PREVIOUSLY WITH BARNES OBC)

APPENDIX P: PLANNING ADVISOR'S TOWN PLANNING STRATEGY LETTER

1 Executive summary

The following document constitutes the Outline Business Case (OBC) for the disposal of Richmond Royal Hospital produced by South West London and St George's Mental Health NHS Trust (the Trust).

The OBC sets out options for disposing of the Richmond Royal Hospital site and proposes disposing of the site whilst also retaining circa. 500m^2 of outpatient healthcare space on the site, leased from the preferred developer. As per the Barnes Hospital Outline Business Case, development details of the 500m^2 of healthcare space is excluded from this OBC.

1.1 Strategic Case

In 2014 the Trust undertook a consultation over the future location of inpatient services in South West London. The consultation explored two options identified as delivering the greatest clinical benefits and best possible experience for service users and carers in the most sustainable and cost-effective way. The preferred option selected was to create two purpose-built centres of excellence for inpatient care at Springfield University Hospital and Tolworth.

In order to enable these developments, the Trust is funding the programme by disposing of surplus land which is no longer used or is underutilised by the Trust. Within the consultation Richmond Royal was identified as one of the sites which is underutilised and can therefore be disposed of. Due to Richmond Royal's listed status, design, age, condition and limited accessibility, the site is unsuitable for modern mental health inpatient services and unable to be redeveloped to achieve a modern and compliant environment for service users.

In addition, the Trust's Estate Strategy and Estate Modernisation Programme (EMP) Outline Business Case have been prepared and have been accepted by the CCGs of all five boroughs (Richmond, Kingston, Merton, Sutton, Wandsworth). The Estates Strategy states that, '*This Trust has made a commitment to its service users, carers and the local community to transform current mental health service provision and deliver sustainable, quality, affordable services that are fit for the future*.'

Within the Trust's Estate Strategy, an analysis of the clinician's estate requirements in Richmond has been undertaken. This took into consideration the numbers of patient contacts by clinicians, broken down by borough. The number of face to face and telephone contacts, measured against the time taken to undertake these, together with the associated administration. As shown in table 8 in the Strategic Case.

The findings based on this analysis (and in part due to more effective use of technology) was that in Richmond, clinical space was only utilised for 35% of the time over a week. This is viewed as an inefficient use of a finite resource. Richmond Royal Hospital is one of the sites which is currently underutilised by the Trust.

The Trust is committed to maintaining a presence at the site, which is proposed to be developed by the development partner. The sales contract will include conditions for the maintaining of healthcare services on the site. The healthcare presence will comprise of 500m^2 of space. The remainder of the services currently located at Richmond Royal Hospital

will be relocated to other facilities, which may include the Maddison (another Trust owned property) and Barnes Hospital.

The disposal of the Richmond Royal Hospital would generate funds that will be reinvested in new, high quality patient facilities to serve all five boroughs and as part of the EMP. Without the receipt of the funds from the site's disposal the EMP would be hindered from progressing, putting increased pressure on the funding requirement.

1.2 Economic Case

The Economic Case outlines the different options for achieving the objectives and the assessment of which option or options represent best value for money. An initial long list of 7 options was drawn up, these ranging from 'do nothing', re-developing the site, through to the preferred option of disposing of the site and leasing 500m^2 of healthcare space on the developed site.

Following a qualitative evaluation of the long list options, three were short-listed, including the 'do minimum' option (which isn't considered a sustainable approach and doesn't meet any of the objectives). The 'do minimum' option has been included, as suggested in the HMT Green Book Guidance. The other short-listed options were: (i) dispose of the site and lease 500m^2 of healthcare space in the development; and (ii) dispose of the site and lease 500m^2 of healthcare space in the area. The short-listed options are summarised below:

Table 1: Short-listed options

Option		Description
2	Do minimum	Retain the site and complete minimum backlog maintenance.
3	Disposal of site and retain healthcare services on a portion of the site on a long lease	Dispose of the Richmond Royal site to obtain maximum receipt. This option also includes retaining 500m^2 on the site on a long lease to provide outpatient services in refurbished accommodation.
4	Disposal of all the site, do not retain healthcare services on the site and rent in area	Dispose of the Richmond Royal site to obtain maximum receipt, without retaining healthcare services on site. Look to rent suitable outpatient facilities in the area.

A high level economic appraisal was carried out to compare the potential cash flows from the shortlisted options. The appraisal was carried out using the principles from the DH Generic Economic Model (GEM) which uses a discounted cash flow analysis to assess the relative economic costs of the various options to the public sector.

1.3 Commercial Case

The Commercial Case describes the marketing strategy for the disposal of the site and outlines the Planning Intentions for the site prior to marketing.

As advised by the Trust's Planning Advisors, the planning strategy will not extend to preparing a full detailed scheme to secure full planning permission. However, the intention is to 'de-risk' a number of the planning issues through a formal pre-application process with the local

authority. This will extend to confirming the principle of a change of use to residential as well as the extent of demolition and the general approach to replacement, bulk and massing.

The Trust's property advisors have provided an initial disposal strategy for the Richmond Royal Hospital site. This is summarised below:

1) Trust to declare Richmond Royal surplus
2) ePIMS Process and Advertisement
3) Conduct Pre-Application Process
4) Marketing preparation (4 weeks)
5) First round of bids (round 1 – 5 weeks)
6) Making recommendations (second round – 2 weeks)
7) Negotiating terms (1 week)
8) Legal documentation (4 weeks to exchange/completion) (example contract included in Appendix H)
9) Completion of sale
10) Bidder to submit planning application (6 – 12 months)
11) Vacant possession

1.4 Financial Case

The Financial Case must demonstrate that the preferred option is financially beneficial to the Trust.

1.5 Management Case

The Management Case sets out how the Trust plans to manage the disposal process, and demonstrates that the scheme's preferred option is achievable in line with best practice. Beyond this, it also shows that the organisation has capability and resource to deliver the scheme.

The risk profile of the Richmond Royal disposal is closely monitored at project and programme level, and a robust reporting and escalation process will continue right through to scheme completion.

Additionally, a robust communications strategy is currently in place to ensure open lines of communication between the Trust and all stakeholders involved in this high profile scheme.

On conclusion of the project, a Post Project Evaluation (PPE) will be conducted in accordance with the Trust's project methodology to ascertain, with the project team and relevant stakeholders, whether the success criteria for the project were achieved and whether the benefits are being realised.

1.6 Conclusion and Recommendation

Following the process described in this Outline Business Case, the Trust has determined that the disposal of the Richmond Royal Hospital site is in line with its strategic aims. A number of potential benefits have been identified alongside the objectives for the scheme. Through the appraisal, the option to dispose of the site and lease 500m^2 of healthcare space on the site has been selected as most likely to achieve the objectives and benefits. Development details of the 500m^2 of healthcare space is excluded from this OBC.

The Senior Responsible Owner presents this Outline Business Case with a firm recommendation to progress to Full Business Case stage.

2 Strategic case

2.1 Introduction

The purpose of this Outline Business Case (OBC) is to submit proposals for the disposal of the Richmond Royal Hospital site.

This OBC seeks approval to:

a) progress with development of a Full Business Case for final endorsement of the proposals; and

b) continue marketing activity on the basis that all proceeds will be retained by the Trust to fund the Estate Modernisation Programme

Table 2: Outline Business Case approval dates

Approving Body	Target Date
Capital Projects Board	12 October 2015
Finance & Investment Committee	26 October 2015
Trust Board	5 November 2015
Submitted to NHS Trust Development Authority	5th April 2016

2.2 Background

2.2.1 2014 Public Consultation for Inpatient mental health services in South West London

In 2014 a consultation was undertaken by the NHS Clinical Commissioning Groups (CCGs) for Kingston, Merton, Richmond, Sutton and Wandsworth, by NHS England and by South West London and St George's Mental Health NHS Trust (which provides the mental health services in the five aforementioned boroughs). This consultation was about the future location for mental health inpatient facilities for people in the five boroughs. The consultation document is included in Appendix A.

The consultation explored two options identified as delivering the greatest clinical benefits and the best possible experience for service users and carers in the most sustainable and cost-effective ways. These options were developed through discussion between the Trust, patients, carers, local organisations with an interest in mental health and with NHS commissioners.

The preferred option was to create two purpose-built centres of excellence for inpatient care at Springfield University Hospital (Wandsworth) and Tolworth Hospital (Kingston).

Springfield and Tolworth were identified as being best able to provide the highest quality surroundings, to attract the best healthcare staff and to provide a first-class environment for care in ways that are sustainable for the NHS. This option 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.

A second option was to provide services at three sites, Springfield University Hospital, Tolworth Hospital and Queen Mary's Hospital. This option was closer to the current pattern of services. The Trust did not believe this option provided as many benefits for service users, carers and staff. It was also more expensive for the NHS in the long term.

In March 2015, Richmond CCG's governing body confirmed to the Trust that they agreed to the proposals laid out in the consultation, namely that it should progress with the preferred option for future locations of mental health inpatient services at Springfield and Tolworth Hospitals. The confirmation letter is included in Appendix B.

This preferred option was developed into the Trust's Estate Modernisation Programme.

2.2.2 The Estate Modernisation Programme

The Estate Modernisation Programme is currently underway to invest £160 million into facilities to ensure the Trust's infrastructure and environment is appropriate for 21st century mental health care. This programme is to transform the facilities from which the Trust delivers high quality mental health services in South West London by replacing outdated hospital buildings with accommodation that is fit for purpose for the future.

In order to enable these developments, the Trust is funding the programme by disposing of surplus land which is no longer used or is underutilised by the Trust. Within the consultation, Richmond Royal was identified as one of the sites which is not required to provide inpatient services and is to be disposed of. However, the Trust is committed to provide a network of local outpatient clinics, one of which will be located at Richmond Royal.

2.3 Richmond Royal Hospital

The Richmond Royal Hospital site is owned by South West London and St George's Mental Health NHS Trust and is located at Kew Foot Road, Richmond, TW9 2TE. The original hospital block is a mid-18th century building which is Grade II listed. The building was opened as a hospital in 1868 and further additions have been made since to create the building as it stands today. The site plan is included in Appendix J.

Due to Richmond Royal's listed status, design, age condition and limited accessibility, the site is unsuitable for modern mental health inpatient services and unable to be redeveloped to achieve a modern and compliant environment for service users. With the site being deemed as surplus to requirement, it is noted in the Health Building Note 00-08 that *'a surplus property should be sold as soon as possible and not be retained in the expectation that the market might improve.'*

2.4 Estate Strategy

Within the Estate Strategy (included in Appendix C), the Trust undertook significant work to analyse the clinical space requirements in the Richmond borough. In respect of Richmond Royal Hospital it found that the building was significantly underutilised, running at less than 40% occupancy.

With inpatient services no longer being provided from Richmond Royal, there is only a requirement for outpatient services and administration functions to be provided to the area. The space requirements of these services are far below the buildings full capacity. The

building consists of 3,637m^2 of space, whereas Trust departments only currently occupy 1,610m^2. This unused space causes ongoing revenue costs to the Trust which could be avoided and shows that retaining the building is an inefficient use of Trust resources. The current services on the site are disjointed and spread across the building leading to the site not being used to its full capacity.

In addition, the Trust's Estate Strategy (included in Appendix C and the premises assurance model is included in Appendix O.) and EMP Outline Business Case have been prepared and have been accepted by the CCGs of all five boroughs (Richmond, Kingston, Merton, Sutton, Wandsworth). The Estates Strategy states that, '*This Trust has made a commitment to its service users, carers and the local community to transform current mental health service provision and deliver sustainable, quality, affordable services that are fit for the future.*' Disposal of the Richmond Royal Hospital site and reinvestment of the sale proceeds would greatly boost this transformation.

The Trust is committed to maintaining a presence at the site, which is proposed to be developed by the development partner. The sales contract will include conditions for the maintaining of healthcare services on the site. The healthcare presence will comprise of 500m^2 of space. The remainder of the services currently located at Richmond Royal Hospital will be relocated to other facilities, which may include the Maddison (another Trust owned property) and at Barnes Hospital. The rationalisation of space for services is part of the Trust's Smarter Working Programme which promotes flexibility and improved efficient space utilisation.

2.5 Objectives, benefits and constraints

To guide the Trust in planning its future policy and course of action, a series of objectives, benefits and constraints have been identified, as set out below. A benefits realisation plan is included in Appendix L.

2.5.1 Objectives

- Ensure that the value of the potential receipt to be achieved through a disposal is maximised (if this approach is adopted)
- Ensure that outpatient services can be provided in more appropriate accommodation
- Ensure the proposal is in alignment with the Trusts' Estate Strategy
- Facilitate better utilisation of the Trust's estate.

2.5.2 Potential benefits

- A purpose built facility for current outpatient services which will provide an improved patient experience
- Enables the delivery of the Trust's Estate Modernisation Programme
- Achievable in line with the Estate Modernisation Programme delivery timeline
- Removes an underused site from the Trust's portfolio, reducing overhead costs.

2.5.3 Constraints

- Proposals must be in alignment with the Trust Estate Strategy
- Proposals must not cause disruption to Trust healthcare operations

- Proposals must not cause adverse impact on local residents
- Notice must be provided to local tenants over the proposals
- Local healthcare provider currently using car park.

2.6 Current Healthcare Services

The Trust outpatient services which are currently provided from Richmond Royal are shown in the table below:

Table 3: Current Healthcare Services

Department	Size (m2)
Attention Deficit Hyperactivity Disorder	29
Approved Mental Health Practitioners	15.3
Child and Adolescent Mental Health Service	233.7
CCT	43.3
CRI & Richmond Integrated Recovery Service	157.1
EIS	58
Kingston and Richmond Management	0
Psychological Disorder Intensive Treatment Team	209.7
Recovery College	36.4
Rehab and Placement	33.2
Recovery Support Team	447.2
Shared	346.6
Total	**1609.5**

There are approximately 90 members of staff currently using the Richmond Royal site, occupying 1,610m^2 of Net Useable Area. The Trust healthcare services only occupy approximately 40% of the building but are dispersed inefficiently throughout.

2.7 Smarter Working Programme

Over the past year, the Trust has been progressing a Smarter Working programme with its staff, to enable them to work remotely through the use of technology. This further reinforces a move towards the clinical model of providing patient care closer to, and in, patient's homes and within the community. The programme will lead to a reduction in the requirement for traditional fixed accommodation and as a result has further implications on the current estate size and composition.

Within the Trust's Estate Strategy, an analysis of the clinician's estate requirements in Richmond has been undertaken. This took into consideration the numbers of patient contacts by clinicians, broken down by borough. The number of face to face and telephone contacts, measured against the time taken to undertake these, together with the associated administration. As shown in the table below.

The findings based on this analysis (and in part due to more effective use of technology)

was that in Richmond, clinical space was only utilised for 35% of the time over a week. This is viewed as an inefficient use of a finite resource.

Table 4: Analysis of Clinician's Estate Requirements in Richmond

Richmond	
	Number
Assessments	**2,932**
Telephone / electronic	-
Clinic	2,112
Off site	820
Contacts	**54,849**
Telephone	11,745
Clinic	30,087
Off site	13,018
Proportion phone or electronic contacts	21%
Proportion off site contacts	24%
Variables	
Assessments take an average of 2 hours	2.0
Assessments need 1 hour of clinical admin	1.0
Contacts take 40 minutes	0.7
Telephone contacts take 10 minutes	0.2
Contacts take 10 minutes of admin (F2F and phone)	0.2
Off-site contacts take 40 minutes travel	0.7
Number of clinic rooms serviced by 1 administrator	8
Hours per day that buildings are used	8
Working days for the team (5.5 per week minus 8 bank holidays)	252
Number of community staff	36
Hours in supervision per month	1.5
Number of community teams	5
Hours in team meeting per week per team	2.0
Proportion of electronic contact	21%
Proportion of off-site contacts	24%
Expected occupancy rate	60%
Change in number of contacts	100%
Change in number of assessments	100%
How much clinical admin is done at team base	100%
Calculations	
Clinic hours required (clinic contact and assessments x time)	24,282
Clinic hours available (building hours x working days x occupancy)	1,210
Clinic rooms needed per day	**20.1**

As a consequence, and based on these utilisation figures, the Trust's Estate Strategy recommends a utilisation figure of 60% (expected occupancy rate shown in the table 8 above). This figure takes into account the amount of space which is available compared to the space which is being utilised, also including some allowance for organic growth. These findings identify that there is a requirement for 20 clinic spaces per day across Richmond. With 6 spaces proposed at Barnes, another 13 at the Maddison Clinic and the remainder at Richmond Royal, the Trust feels that there is more than sufficient space to accommodate the proposed services moving forward.

Through work undertaken in the Smarter Working programme, the Trust has been able to identify that from the healthcare services currently in Richmond, the services which have the greatest requirement for clinical space should remain on the Richmond Royal site, in 500m^2 of purpose built healthcare space. These services include the Child and Adolescent Mental Health Service, Psychological Disorder Intensive Treatment Team and Recovery Support Team. Through consultation with clinicians and the Trust's operations team, it has been identified that with further use of technology, shared desk and consultation space and utilising the Smarter Working innovations such as integrated booking systems, the space requirements of each of these teams can be reduced. The developed space requirements for the teams are shown in the table below.

Table 5: Space Requirements of Services Retained on Richmond Royal Site

Department	Space (m2)
CAMHS	120.1
PDITT	48
RST	192.2
Shared	98.5
Total NUA	**458.7**
Circulation	81.2
Total NIA	**539.9**

With further integration of the Smarter Working Programme, the use of the shared space can be reduced and with the services being located in a purpose built facility. The shared space accounts for the waiting rooms and staff areas which can be reduced due to more efficient layouts and utilisation of space. With a modern facility, the circulation space will also be able to be reduced.

Through these teams working in a more efficient way and utilising workspace to its full capacity, 500m^2 is viewed as being sufficient for these services. The 500m^2 of space will comprise of:

- Reception
- Waiting area
- Consulting rooms
- Open plan office space
- Interview rooms
- Therapy rooms

- Treatment rooms

The remainder of the services currently being provided at Richmond Royal will be integrated into the community, utilising available space at Barnes Hospital and the Maddison Clinic. Healthcare services will not be reduced within these relocations, however they will be incorporating a more efficient way of working which will promote a better use of space and continue to provide services to the community.

2.8 Integrated Community Services

The Trust has previously undertaken consultation in order to further develop its clinical strategy. This is predicated on development of a community model whereby care is focused on patients in their own homes or communities and not via inpatient accommodation. The Trust developed this further into its 'hub' and 'spoke' model. The 'hubs' are those sites within boroughs where significant outpatient consultations could take place as well as having administrative bases to support those services. The 'spokes' are those sites where clinicians could be closer to patients in shared community buildings such as churches, leisure centres and GP practices etc.

In order to deliver this 'hub' and 'spoke' model, the Trust undertook an internal study during 2014/15 to define where it needed to operate from, and what provision needed to be delivered from those spaces (the output from this study is shown in table 8). Key to this was the need for the Trust to undertake site appraisals for each of the boroughs and to understand which sites could cater for this type of service. A key priority for a 'hub' was the need for an existing Trust presence and / or to be deliverable. This naturally led to the site needing to be within the ownership of the Trust. Richmond Royal Hospital is one of the sites currently in the ownership of the Trust.

All of this work culminated in the aforementioned consultation on the Trust's inpatient proposals which took place between September 2014 and March 2015. It also culminated in the JHOSC approving, in March 2015, a move to two inpatient sites at Springfield and Tolworth. Furthermore, the estate strategy detailing the 'hubs' and 'spokes' and community support to the inpatient proposals was also supported by all CCGs.

2.9 Case for change

The South West London Collaborative Commissioning, which is made up of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth NHS CCGs and NHS England, has identified the problems caused by an aged and unsuitable estate: '*Most of the existing mental health inpatient facilities in south west London are old, not suitable for modernisation, not designed for today's mental healthcare 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. The current accommodation struggles to meet some of the standards expected of modern mental health services.*'

Richmond Royal has been identified as one of the sites which is not *'designed for today's mental healthcare'*. This has formed part of the 2014 consultation which has taken into account a number of buildings in the Trust's register which are deemed surplus to requirements due to their aged, unsuitable state and underutilisation.

The Richmond Core Strategy promotes the development of sustainable communities and a range of housing and supporting social infrastructure. In the event of the Richmond Royal Hospital no longer being required for the provision of healthcare services, there is therefore a policy requirement for other social infrastructure to be provided to meet the needs of the local community. In order to support this strategy, the Trust is committed to provide outpatient services in the area and this is reflected in the proposal to house approximately 500m^2 of healthcare provision on the site.

Richmond Royal has also been identified as an ideal location in the Trust's clinical model. The retention of 500m^2 of healthcare services in the Richmond area is key to facilitating the development of the Trust's 'hub and spoke' model. The intended facility in Richmond, following the disposal of Richmond Royal, will allow the clinicians to be closer to patients and integrated in the community.

The disposal of the Richmond Royal Hospital would generate funds that will be reinvested in new, high quality patient facilities to serve all five boroughs and as part of the Estate Modernisation Programme. Without the receipt of the funds from the site's disposal the EMP would be hindered from progressing, putting increased pressure on the funding requirement for the programme. The Trust is required to use its assets in the most efficient way, with this underutilisation the Trust is looking to secure the 'best price' for its asset. This 'best price' is key to enabling the Estate Modernisation Programme.

3 Economic case

3.1 Introduction

The purpose of this section is to outline the process of investigating the potential options and to describe the appraisal rationale in order to identify the preferred option. It sets out details of the Critical Success Factors and the potential options together with details of the economic appraisal carried out to determine the relative benefits between the options and the overall ranking and preferences.

3.2 Critical Success Factors

The key Critical Success Factors (CSFs) for the proposals are listed below. These CSFs are used to identify and select the preferred option.

Table 6: Critical Success Factors (CSFs)

CSF1	Business need	Does this option align with the needs of the business?
CSF2	Clinical need	Does this option align with the clinical needs?
CSF3	Strategic fit	Does this option fit into the Trust's Estate Strategy?
CSF4	Potential deliverability	Is this option deliverable? (time, practically)
CSF5	Potential affordability	Is this option affordable? (cost)
CSF6	Benefit optimisation	Does this option maximise the potential benefits?

3.3 Options long list

The project team has identified the following list of potential options for the scheme. These options have been evaluated against the CSFs to identify a short list of options for quantitative/economic appraisal and ultimately to select the preferred option.

Table 7: Richmond Royal options – Long List

Option		Description
1	Do nothing	Retain the site and the current healthcare provision in its existing accommodation.
2	Do minimum	Retain the site and complete minimum backlog maintenance.
3	Disposal of site and retain healthcare services on a portion of the site on a long lease.	Dispose of the Richmond Royal site to obtain maximum receipt. This option also includes retaining 500m^2 on the site on a long lease to provide outpatient services in refurbished accommodation.
4	Disposal of all the site, do not retain healthcare services on the site and rent in area	Dispose of the Richmond Royal site to obtain maximum receipt, without retaining healthcare services on site. Look to rent suitable outpatient facilities in the area.
5	Trust refurbish all of the existing site for healthcare provision	Retain the site and refurbish existing buildings for healthcare provision and complete all backlog maintenance.
6	Trust redevelop site for healthcare provision	Retain the site and build new hospital facilities (demolish existing buildings).

7	Dispose of all of the site and purchase a new site for a new build healthcare facility	Dispose of the Richmond Royal site to obtain maximum receipt, without retaining healthcare services on site. Look to buy new plot of land and build a new healthcare facility.

The following table highlights the main pros and cons for each of the options.

Table 8: Options summary

Pros	Cons
Option 1: Do nothing	
Trust retains an asset with capacity to house additional healthcare provision	Underused site continues to be a drain on Trust resources Receipt not received to help fund the Estate Modernisation Programme Healthcare provision continues to be provided in sub-standard accommodation
Option 2: Do minimum	
Trust retains an asset with capacity to house additional healthcare provision Mitigates a potential compliance risk relating to aged building stock.	Underused site continues to be a drain on Trust resources Receipt not received to help fund the Estate Modernisation Programme
Option 3: Disposal of whole site and retain healthcare provision on site on a long lease	
Receipt to help fund the Estate Modernisation Programme Healthcare provision re-provided in more appropriate accommodation Improves patient experience in a modern facility Removes an underused site from the Trust's portfolio, reducing overhead costs Removes a potential compliance risk relating to aged building stock.	Trust loses an asset with capacity to house additional healthcare provision
Option 4: Disposal of site and do not retain healthcare provision and rent in area	
Receipt to help fund the Estate Modernisation Programme Removes an underused site from the Trust's portfolio, reducing overhead costs Removes a potential compliance risk relating to aged building stock	Trust loses an asset with capacity to house additional healthcare provision
Option 5: Trust refurbish site for healthcare provision	
Trust retains an asset with capacity to house additional healthcare provision Mitigates a potential compliance risk relating to aged building stock.	No receipt received to help fund the Estate Modernisation Programme Cost to re-furbish a site which is not required due to low healthcare demand in the area In contradiction to Trust estate strategy

Option 6: Trust redeveloping site for healthcare provision	
Trust retains an asset with capacity to house additional healthcare provision Removes a potential compliance risk relating to aged building stock. Improves patient experience in a modern facility	No receipt received to help fund the Estate Modernisation Programme Cost to re-develop a site which is not required due to low healthcare demand in the area In contradiction to Trust estate strategy
Option 7: Dispose of all of the site and purchase a new site for a new build healthcare facility	
Removes an underused site from the Trust's portfolio, reducing overhead costs Removes a potential compliance risk relating to aged building stock Purpose build facility to provide healthcare Improves patient experience in a modern facility	No available plots of land in area to purchase for new build facility Receipt received from sale would go towards new facility Cost to build new facility which is not required due to low healthcare demand in the area In contradiction to Trust estate strategy

3.4 Option Scoring

The table below summarises the assessment of each option against the CSFs. Each of the options was scored out of five, with five being the highest score and one the lowest.

Table 9: Critical Success Factors assessment

Critical success factors	Option 1 Do nothing	Option 2 Do minimum	Option 3 Disposal and retention on long lease	Option 4 Disposal of all site and rent	Option 5 Trust refurbishes existing site	Option 6 Trust redevelops site	Option 7 Dispose all site and purchase new site for new build facility
Business need	1	3	5	3	2	2	5
Clinical need	1	2	5	3	2	2	5
Strategic fit	1	2	5	4	1	1	0
Potential deliverability	3	3	4	2	2	1	0
Potential affordability	1	2	4	4	1	1	0
Benefit optimisation	1	1	4	2	2	2	2
Total Score	8	13	27	18	10	9	12

3.5 Options Short List

As a result of the qualitative appraisal a short list of options were identified for operational/economic appraisal as detailed below:

Table 10: Richmond Royal options – Short List

Option		Description
2	Do minimum	Retain the site and complete minimum backlog maintenance.
3	Disposal of site and retain healthcare services on a portion of the site on a long lease	Dispose of the Richmond Royal site to obtain maximum receipt. This option also includes retaining 500m^2 on the site on a long lease to provide outpatient services in accommodation refurbished by the Trust.
4	Disposal of all the site, do not retain healthcare services on the site and rent in area	Dispose of the Richmond Royal site to obtain maximum receipt, without retaining healthcare services on site. Look to rent suitable outpatient facilities in the area.

3.6 Quantitative evaluation of short list options

A high level economic appraisal has been carried out to compare the potential cash flows from the shortlisted options. The appraisal has been carried out using the principles from the DH Generic Economic Model (GEM) which uses a discounted cash flow analysis to assess the relative economic costs of the various options to the public sector. The main assumptions and inputs for the economic appraisal are summarised below:

- Land valuations – provided by the Trust's property advisers, Savills.
- Capital cost estimates – provided by technical advisers, Appleyard and Trew.
- Optimism bias set at 12%. Using median of the upper and lower limits for standard buildings (HMT Green Book Guidance).
- Lifecycle cost estimates – provided by technical advisors, Appleyard and Trew.
- FM cost estimates – provided by Trust estates department.
- Do minimum costs – based on existing budgets for the Trust's existing premises and known backlog maintenance requirements.
- Price base for cost inputs – all costs based on 2015/16 price base.
- Appraisal period – 26 years.
- Discount rate – 3.5%

As required by the Treasury and DH guidance, all internal public sector and accounting transactions (such as depreciation, capital charges, and VAT) have been excluded from the appraisal. The land value has been calculated by the Trust's Property Advisors which indicates the anticipated value of the whole site. The Capital costs have been determined using benchmarked rates and rates from similar projects. The Optimism Bias has been calculated using the median of the upper and lower limits stipulated in the HMT Green Book Guidance for standard buildings (upper = 24, lower = 2).

3.7 The Preferred Option

The results of the qualitative and quantitative appraisals have been combined to determine the cost per benefit point achieved for each option.

The Quantitative scores between Options 3 and 4 are close due to the anticipated lease costs of renting healthcare space on the Richmond Royal site and in the Richmond area being the same. Option 3 (disposal of the site and lease healthcare in a portion of the site) is demonstrated to be the preferred option due to the following qualitative reasons:

- Option 3 allows the Trust to have a purpose built space rather than a rented area which may not be completely suitable to the services' needs.
- Retaining a presence in the Richmond area supports the Trust's clinical service model.
- Retaining a healthcare facility on the site supports the Richmond Core Strategy and allows the site to be disposed of.
- Housing the facility on the Richmond Royal site is seen as more convenient for staff and service users, as they will already be using some of the services currently on the site.

This option is considered to be the option most able to achieve the scheme's objectives and realise the potential benefits.

It also helps facilitate the reduction in underutilised buildings and removes the need to support those underutilised buildings with significant resources; utilities and capital charges etc., which can be diverted into front line services. The preferred option has been presented to the Trust's professional property advisors who have reviewed the option and given advice on the preferred method of disposal of the site, as outlined in the Commercial Case.

3.8 Link to the wider EMP

In addition to the above justification for the preferred option, the realisation of the capital receipts is essential to the funding of the Trust's wider Estate Modernisation Programme. These capital receipts are included as an integral part of the funding in the Outline Business Case for the EMP which has already been approved by the NHS I. In the event that these capital receipts are not available and as a result the EMP will be more difficult to fund.

3.9 Switching Analysis

There is no switching analysis to assess as qualitative scoring removes the alternative cost option.

3.10 Sensitivity Analysis

Analysis has been performed across four scenarios;

Increase in receipts by 30% in both options 3 and 4

Decrease in rent by 20% in option 4

A blended version of receipt increase in option 3 and rent decrease in option 4.

Decrease receipts by 25% options 3 and 4

All modelled scenarios produce the same NPC and ranking as the preferred option as demonstrated below:

4 Commercial Case

4.1 Introduction

The purpose of this section is to describe the disposal strategy. A copy of the Property Advisers' appraisal and Disposal Strategy is included in Appendix D.

4.2 Statement of Planning Intention

As the site includes listed buildings within a conservation area the planning strategy will not extend to preparing a full detailed scheme to secure full planning permission. However, the intention is to 'de-risk' a number of the planning issues through a formal pre-application process with the local authority. This will extend to confirming the principle of a change of use to residential as well as the extent of demolition and the general approach to replacement bulk and massing. This will allow the Trust to approach the market on an unconditional or conditional basis. The full statement from the Trust's planning advisors, Montagu Evans, can be found in Appendix E.

4.3 Development Scenarios – Advantages and Disadvantages

A number of high level development scenarios have been documented in the table below. These assume different combinations of healthcare, residential and extra care housing uses to straight sale.

Table 11: Development Scenarios

Options	Advantages	Disadvantages
Scenario 1 The Trust to identify land use parameters, based upon a private residential scheme with an acceptable level of affordable housing and a retained Trust/health element. Land disposal marketed on an unconditional/conditional planning basis.	• The Council may take a more 'light touch' approach to planning gains if engineered by the Trust as opposed to a commercial party. • Potential to maximise capital receipt whilst delivering mixed use requirement • Market determination of site use • Potential to deliver the fasted route to receipt if unconditional offers acceptable • Option to deliver Trust Hub on site as part of the developer requirement.	• Potential lack of control over the form of the Trust Hub. • Healthcare element subject to agreement with developer.
Scenario 2 Sell 100% of site for residential	• Realise highest capital receipt • Significant contribution to EMP • Minimal risk retained by the Trust	• 100% residential scheme is unlikely to receive planning • No retention of public land for social infrastructure use • Vulnerable to Compulsory Purchase Order • No Trust use

Scenario 3 500m2 of space retained for Trust use with remainder of site sold for extra care scheme and remainder sold for residential	• Trust accommodation retained • Interest from other public and private sector bidders	• Trust takes development risk • Possible need to procure a developer with associated costs and time
Scenario 4 As Scenario 4 but with the local authority also in partnership adding in a variety of community uses in to the scheme	• Shared risk – public and private elements may have broader market appeal in to some. • Higher likelihood of community engagement and support.	• May appeal less to developers if their 'take' is reduced by presence of a number of other stakeholders. • More time consuming and complex to set up and administer
Scenario 5 The Trust leases the site long term to either a developer, with permitted development scheme, or to the local authority for community use or development for other use.	• Trust gains long term revenue stream • Trust retains asset – value likely to increase	• No significant capital receipt to kick start EMP. • Trust would need to seek other funding sources for EMP.

With all of the Development Scenarios taken into consideration, Scenario 1 was selected as the most beneficial to the Trust and has been used to produce the disposal strategy below.

4.4 Sale process

The Trust's property advisors have provided an initial disposal strategy for the Richmond Royal Hospital site. This is provided below:

1) Trust to declare Richmond Royal surplus

2) ePIMS process and advertisement

3) Conduct pre-application process

- Engage with the Council to ensure letter of commitment and feasibility of the proposed scheme.
- Seek to agree matters such as the Trust Hub and principle of residential use.
- Pre-application to relate to the principle of a change of use only – not a confirmed scheme.

4) Marketing preparation (4 weeks)

- Preparation of all marketing material; including providing sales collateral, brochure, branding and website to sell the opportunity.

- Soft market testing and market engagement to maximise interest.
- Provision of research material supporting the land disposal process and residential values.
- Preparation of data room site information and due diligence material to advise and mitigate against the risk of developers pricing conservatively. This should include full ownership details, proposed plans, pre-application details and vacant possession strategy.

5) First round of bids (round 1 – 5 weeks)

- Corresponding with Interested Parties
    - Manage enquiries and pursue interest to maintain competitive tension.
    - Conduct viewings and respond to enquiries.
    - Engaging with any external consultants.
    - Consultation on any early offers.
- Negotiate bid submission
    - Create a robust negotiating environment and to advise on bidder proposals as they develop, particularly the commercial terms and ways to maximise the value and robustness of offers (e.g. future market benchmarking provisions, profit and overhead levels, overage arrangements).
- Receipt of bids
    - Detailed analysis of bids and consideration against the Trust's objectives.
    - Recommendation and comment on the bids received, clarification of any unclear bids and agree next steps with the Trust.
    - Negotiation with interested parties.

6) Making recommendations (second round – 2 weeks)

- Invite selected parties (less than 5) to second stage.
- Undertake appropriate due diligence on the bidders and their appetite and ability to perform.
- Make recommendations to the Trust on proposed bidder.

7) Negotiating terms (1 week)

- Following selection of preferred bidder, assist with negotiations in order to bring discussions to a financial close and advise the Trust on any remaining minor commercial terms.
- Advise on content of Heads of Terms and negotiation the scope in line with the Trust's objectives.
- Draft the Heads of Terms.

8) Legal documentation (4 weeks to exchange/completion) (example contract included in Appendix H)

- Legal due diligence to include all property level searches prior to the exchange and

completion of the sale.

- Review of all legal documentation with regard to the commercial terms, residential development proposals and financial appraisal models, land payment structure, including assistance with the Schedules and Annexes to the legal agreements.

9) Completion of sale

10) Bidder to submit planning application (6 – 12 months)

11) Vacant possession

- On achieving vacant possession, completion of the transfer of the land title and transfer of receipts.
- If relevant, approval of any Development Management Agreement which relates to any uplifts to land payment, and overage clause implementation.

The full Disposal Strategy for the site can be found in Appendix D. Legal advice over the disposal strategy and the site is included in Appendix N.

4.5 Site constraints

Table 12: Site Constraints

Carpark	GP Federation located adjacent to the site have rights to use spaces in the carpark. These spaces may need to be re-provided in the development scheme.
Listed Status	A section of the building is Grade II listed. This reduces the potential development options for the building.
Mix of Units	This will need to be in line with existing planning guidelines.
Access	Access to the site is currently constrained and any new development will need to assess local impact. Options to mitigate impact would need to be considered.

4.6 Development Plan

During development of the site, the Trust will be working alongside the developer to ensure that the day-to-day delivery of healthcare services is not disrupted. In order to facilitate this, the intention is for the developer to re-develop the Evelyn Road Wing of Richmond Royal Hospital in order to provide the required 500m^2 of healthcare space. The proposed site drawings are included in Appendix I.

The healthcare facility is proposed to be located in this Wing following advice from the Trust's Property Advisors, as follows:

"Savills have previously advised the Trust that the healthcare accommodation should be located on Evelyn Road rather than Shaftsbury Road. This is because we expect that the Shaftsbury Road aspect will provide higher residential capital values, due to the aspect over Richmond Athletics Ground and the attractiveness of the retained façade. This strategy also allows the healthcare accommodation to co-locate with the doctors surgery already situated at the rear of the Site." This advice can be found in Appendix D.

Prior to starting the development, the Trust will decant all existing healthcare services out of the Evelyn Road Wing and into the rest of the building. This will ensure the space is vacated prior to the development works commencing. As only two services are currently being provided from the Evelyn Road Wing, their re-provision within the remainder of the existing building can be accommodated without difficulty from currently under-utilised space. This is indicated as Phase 1 in the Development Control Plan, attached as Appendix K.

Once the development and fit out of the Evelyn Road Wing, including of the 500m^2 of re-provided healthcare space, has been completed, healthcare services will be relocated from the rest of the building into the purpose built space. This will be planned as a phased, seamless transition allowing all service delivery to continue, effectively, uninterrupted.

Following the relocation of the healthcare services into the re-developed Evelyn Road Wing, the remainder of the vacated building will be handed over to the developer to allow the site redevelopment to continue. This is shown as Phase 4 in the Development Control Plan, attached as Appendix K.

5 Financial case

5.1 Introduction

The purpose of this section is the set out the indicative financial implications of the preferred option.

5.2 Site information

The Richmond Royal Hospital site is owned by South West London and St George's Mental Health NHS Trust and is located in Richmond, Surrey. The approximate net internal floor area of the building is 3,637m^2.

The Trust is committed to maintaining a presence on the Richmond Royal site, which will comprise of 500m^2 of space for outpatient services.

The Board approved the disposal OBC, subject to NHS I approval, in November 2015.

The site has been declared surplus in December 2015, with the receipt expected in August 2017. The savings on capital charges will not be fully realised until the site disposed.

5.3 Affordability, Fees and Costs

The Trust is funding the upfront costs of advisor's fees and surveys from the internal Capital Projects Programme budget. These will be recouped out of the sale receipt, as outlined in the table below in Section 5.5.

The costs of the kit out has already been built into the Trust's internal Capital Programme and not from the sale proceeds.

Section 106 and CIL costs have been estimated for the proposed development and have been highlighted in Savills' appraisal report on the site, in Appendix D. The selected developer will be responsible for paying these costs post purchase of the land and therefore these have not been included in the Trust receipt calculations.

5.4 Incremental financial statements

5.5 Impact on the balance sheet

5.6 Source and Application of funds

5.7 Summary of Financial Case

6 Management case

6.1 Introduction

The Management Case sets out how the Trust plans to manage the delivery of the scheme, and demonstrates that the scheme's preferred option is clearly achievable in line with best practice.

6.2 Governance

The EMP has formulated governance arrangements to reflect national guidance and the Trust's own Capital Programme Governance Framework. Due to the disposal of the site being a factor in the EMP, the Boards and Committee involved in the governance structure are as follows:

- Trust Board
- Finance and Investment Committee
- Trust Portfolio Board
- Capital Programme Board

The Estate Modernisation Programme work stream reports to the Capital Programme Board, which in turn reports on the full range of programme activity to the Trust Portfolio Board and the Finance & Investment Committee (F&IC), which is a subcommittee of the Trust Board of Directors. The reporting cycle is monthly, with additional reports and/or meetings as required for exceptions or urgent business.

The F&IC has taken a strong interest in all aspects of the EMP, and proposals for progression of the Richmond Royal Hospital disposal have come under close scrutiny in order that the Trust Board can be given the assurance of its appropriateness in both strategic and management terms.

Roles for each of the groups and work streams are provided in the Project Initiation Document for the Estate Modernisation Programme.

6.3 Leadership and special advisors

The table overleaf lists the roles and individuals involved in the scheme, including special advisors who have been appointed. The specialist advisors were procured through a mixture of frameworks and continuation of existing contracts with the Trust. The disposal is a key factor in enabling the EMP. The Trust has ensured that appropriate resources are concentrated on the disposal process. As shown in the table below, additional advisors have been brought in, separately to the EMP, to progress this disposal scheme.

Table 13: Leadership and Advisors

Role	Individual	Role description	Organisation
Senior Responsible Owner (Director of Finance and Performance)	Michael Parr	The SRO is the senior officer accountable for delivery of the project at Executive level.	South West London and St George's Mental Health NHS Trust
Programme Director (Director of Estate Modernisation Programme)	Matthew Neal	The Programme Director is responsible for the delivery of the project, the authorisation of work packages, day to day management and project team leadership.	South West London and St George's Mental Health NHS Trust
Project Management	Joe Clark	Responsible for managing information flow and timescale to secure overall project objectives.	Artelia UK
Property Lead (Head of Property)	Robert Barr	The Property Lead is responsible for leading the process of disposals for surplus properties.	South West London and St George's Mental Health NHS Trust
Service Operational Lead (Head of Operations)	Dawn Chamberlain	The Service Operational Lead is responsible for ensuring that the project meets operational and/or professional requirements.	South West London and St George's Mental Health NHS Trust
Property Advice	Sarah Burridge	Responsible for providing property advice to the Trust.	Savills
Planning Advice	Paul Burley	Responsible for providing planning advice to the Trust.	Montagu Evans
Legal Advice	Paul Hopkinson	Responsible for providing legal advice to the Trust.	PL Law

6.3.1 Senior Responsible Owner (SRO)

This role is being performed by the Director of Finance and Performance, with responsibility to the Board of Directors for delivery of the programme to meet their terms of reference.

The SRO is a Chartered Accountant with extensive experience in finance and commercial management in the NHS. The SRO has held a number of senior finance roles and board roles in a variety of NHS organisations including Primary Care Trusts and Foundation Trusts.

6.3.2 Programme Director

The Director of the Estate Modernisation Programme is a highly experienced programme director with a strong track record of delivering large scale and complex public sector redevelopment programmes. Prior to his appointment by the Trust, he was Head of Major Programmes at Nottingham City Council, where he provided strategic direction to a number of multi-million pound educational, housing regeneration, and enterprise zone projects.

6.4 Process to Completion

Initial milestones from OBC approval through to receipt are shown in the table below. This programme will be reviewed following OBC approval. A copy of the Programme Plan is attached at Appendix F.

Table 14: Timeline to completion

Stage	Date
OBC approval (SWLSTG)	05/11/15
Letter of Comfort from Richmond	29/04/16
Declaration of Surplus	01/12/15
OBC approval (NHS I)	May 2016 (tbc)
Stage 1 bids received and reviewed	23/08/16
Stage 2 bids received and recommendation made	14/09/16
Submission of detailed planning application	13/03/17
FBC approval (SWLSTG)	01/12/16
FBC approval (NHS I)*	26/04/17
Issue of planning permission	23/06/17
Receipt	04/08/17

*Approval of the Full Business Case by NHS I will be subject to detailed planning approval.

The Trust will need to have selected a preferred bidder in order to submit an FBC to the NHS I. The only outstanding points at FBC stage would be as follows:

- NHS I approval of FBC
- Planning constraints

- Judicial review

However, the contract with the bidder will have been negotiated.

The detailed planning application for the site will be undertaken by the Developer and not by the Trust.

In order to support the EMP, the FBC of the disposal of Richmond Royal must be submitted prior to May 2017 and the sale receipt must be received in the same financial year.

6.5 Assurance Arrangements

External Gateway Reviews will be held with the Trust concerning the Estate Modernisation Programme. The programme of proposed disposals is included in this review. The next EMP Gateway Review will be held in May 2016.

6.6 Communication Strategy

Due to the high profile and potentially complex nature of the scheme, the communications strategy will be key to ensuring that stakeholders are effectively engaged and involved in the decision making process for the future of the site. Communication with stakeholders has been considered in the context of face-to-face engagement (meetings) and management outputs (reports), to ensure that all relevant stakeholders are given the opportunity to be involved at key decision making milestones. The communications strategy will be subject to review by the Trust's communications and leadership team, following approval of the Outline Business Case.

6.7 Project Management

The Trust have appointed a PRINCE2 qualified Project Manager to manage the scheme and the special advisors who have been appointed. The Project Manager will report to the Programme Director. The scheme will be managed using a PRINCE2 methodology.

6.8 Risk Management

The main delivery risks and associated mitigation plans for the Richmond Royal Hospital disposal are shown in the table below. The Risk Register is attached at Appendix G. A risk allocation table is also attached at Appendix M.

Table 15: Top disposal risks for Richmond

Risk	Rating	Controls and mitigation actions
Conflict with GP Federation that use the carpark.	Medium	Communication is in place to keep them up to date. Negotiations to provide a solution to the car parking have begun.
Delay in approvals due to objections from local residents to Richmond development.	Medium	Proposals have been shared with local residents – a communication plan is in place to keep them up to date and to provide assurances on measures to prevent

		nuisance.
OBC not being approved by the NHS I	Low	A checklist has been provided by the NHS I and will be completed to ensure that OBC includes all necessary information.
Targeted receipt value not achieved	Medium	Strategy for sale to be produced and finalised by Trust's property advisors, to obtain desired receipt value.
Access to site may devalue land, as it will be difficult to build on	Medium	Carry out highways assessment and make allowances within site valuation.
Listed section of the building may hinder potential development options	Low	History building report has been produced to identify any constraints.
Risk that tenants in the Hospital might have property interests that would be costly and time consuming to remove	Medium	Leases and licences have been reviewed.
Risk that Planning Authority will not consent to developer's desired scale and type of scheme, or will have unduly costly conditions	Medium	Early engagement with Local Planning Authority.
Risk that the relocation Business Case will not be approved or will be delayed, causing delay to the disposal	Medium	Regular reviews of Business Case to be held to ensure alignment with requirements for approval.
Section of land at the front of the building is currently not within the redline of the site	Medium	The Trust's legal advisors have been commissioned to investigate having this section of land transferred to the Trust.

6.9 Post-project evaluation

On conclusion of the project, a Post-Project Evaluation (PPE) will be conducted in accordance with best practice with the project team and relevant stakeholders to establish:

- Whether the Critical Success Factors were achieved.
- Whether the anticipated benefits are being realised.
- What lessons have been learnt. These should be captured for the benefit of future projects.

Post Project Evaluations form part of the Trust's project delivery methodology and therefore are included as part of the EMP governance and protocols.

The Trust Project Lead is responsible for ensuring the PPE is completed, recorded

and reported.

APPENDIX 10 - Letter from NHS Trust Development Authority to Chief Executive of the South West London NHS Trust (21st July 2015)

Summary

This provides confirmation of support for the OBC in respect of the EMP. It requests a further version of the Commercial Case and an updated OBC prior to making its recommendation to the Department of Health and HM Treasury.

In addition, in the full business case for the scheme the Trust Development Authority (TDA) request that the Full Business Case be supported by confirmation in respect of several further matters, including the Richmond Royal and Barnes Hospital disposal OBCs and FBCs in advance of submitting the FBC for the EMP, in order to ensure the disposal strategy can be delivered.

DRAFT

South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX

Email: e.omahony@nhs.net
Tel: 01823 361338

21 July 2015

David Bradley
Chief Executive
South West London and St Georges Mental Health NHS Trust
Springfield University Hospital
61 Glenburnie Road
London
SW17 7DJ

Dear David

South West London and St Georges Mental Health NHS Trust – Outline Business Case for the Estates Modernisation Programme

I am pleased to confirm that the NHS TDA Board of the 15 July 2015 has considered the Outline Business Case (OBC) for the Estates Modernisation Programme and the Board is supportive of recommending the scheme for approval to the Department of Health and HM Treasury. In order for the NHS TDA to make the recommendation to the Department of Health (DH) and HM Treasury we would request that the NHS Trust provide the following:

- a further iteration and submission of the Commercial Case informed and supported by a Commercial Structure and Procurement Strategy. The procurement strategy will need to include the development of a risk allocation matrix. DH approval of these areas will be required before the Trust can advance its procurement strategy;

- an updated OBC to reflect amendments and revisions discussed as part of the business case review, this version will be used to inform the DH assessment of the scheme.

The total capital cost of the scheme is £[redacted] and will be funded from asset sales [redacted] with the balance of funding coming from the NHS Trusts internally generated resources.

The NHS TDA requests that the NHS Trust addresses the following areas within the Full Business Case (FBC) for the scheme:

- provision of a clear plan to address the void space at Queen Mary Roehampton Hospital when the NHS Trust exits the site in 2019 including which organisation is responsible for refurbishment costs;

- provision of clear and explicit letters of support from the 5 South West London CCG's and NHS England incorporating;

  * agreement on the number of acute adult inpatient beds and wards following the JMHOSC meeting in October 2015;

  * agreement that Commissioner and NHS Trust activity forecasts and financial plans are aligned;

  * confirmation of the NHS England position on the proposed CAMHS PICU beds;

- inclusion of a base case including the number of acute adult inpatient wards agreed with the 5 South West London CCGs and the JMHOSC with finances modelled accordingly;

- inclusion of full details of the disposal strategy for Springfield Hospital including:

  * NHS Trust Board declaration of the relevant parts of the site as surplus and registration of this on ePIMS;

  * description of any overage and clawback provisions on the disposals;

  * confirmation, with supporting legal advice, that there are no ransom strip or access issues;

- inclusion of final financial impact of the project including all cost and disposal valuations;

- provision of written external opinion on the accounting treatment of the development and associated disposals and provision of further detail in the FBC including:

  * valuations;

  * impairments;

  * profit and loss on disposal;

- confirmation that disposal proceed values are up-to-date and based on latest valuations and are being kept up-to-date during the disposal process as per 'The efficient management of healthcare estates and facilities (HBN 00-08)';

- provision of project financial statements showing that the costs of the project in the medium to long term can be met from internally generated resources and if not how these costs will be met;

- provision of a fully costed workforce plan which is consistent with the strategic aims of the Estates Modernisation Programme and the NHS Trusts Long Term Financial Model;

- provision of written confirmation of full planning permission including confirmation that planning conditions have been met;

- inclusion of final design plans for the new buildings;
- confirmation that service development plans are being implemented to support the reduction in the bed base through increase in community provision;
- clarification of any impact on the Section 75 agreements as a result of the increased community provision;
- confirmation that section 106 obligations have been met and financial contributions are confirmed
- confirmation that the recommendations from the OGC Gateway 1 review have been addressed;
- confirmation that an impairment review has been undertaken and a professional valuation has been included within the financial impact of the scheme;
- the NHS Trust are requested to develop and submit for approval the Richmond Royal and Barnes Hospital disposal OBCs and FBCs in advance of submitting the FBC for the Estates Modernisation Programme to ensure the disposal strategy can be delivered;
- the NHS Trust will be required to produce an application to the Independent Trust Financing Facility in parallel with the production of the FBC for a bridging loan of £38 million for the years 2018/19 and 2020/21. The NHS TDA team will advise on the actions required and timescales for the production of the financing application.

The NHS Trust is asked to note that further queries may also be raised as part of the Department of Health and HM Treasury review of the OBC.

I would like to take this opportunity to wish you every success in taking this scheme forward to the FBC stage.

Yours sincerely

E O'Mahony

Elizabeth O'Mahony
Director of Finance

Copy to:

Andrew Hines, Director of Delivery and Development (London)
Lee Outhwaite, Business Director (London)
Chris Cale, Head of Capital and Cash

APPENDIX 11: Excerpt from minutes of the meeting of the Trust (5th November 2015)

Summary

This is the formal confirmation of the Trust Board approval to the OBC to dispose of the whole of the Richmond Royal site and 75% of the Barnes site.

Trust Board approval of Barnes Hospital disposal OBC

The OBC for disposal of the Barnes Hospital site was reviewed by the Trust Board at its meeting on 5 November 2015. The Board's approval of this OBC is noted in the excerpt of the meeting's minutes below:

Minutes of the meeting of the Trust Board held on 5 November 2015

213-15/16	**Estates Modernisation Programme - Richmond Royal Hospital Site disposal TB(15-16) 151**
213.1	Items 213-15/16 and 214-15/16 were taken together.
213.3	**The Board approved the outline business cases to dispose** the whole of the Richmond Royal site and 75% of the Barnes site.
214-15/16	**Estates Modernisation Programme - Barnes Hospital Site disposal TB(15-16) 152**
214.1	See 213-15/16 commentary.

David Bradley
Chief Executive

APPENDIX 12 – Marketing evidence prepared by Savills.

APPENDIX 2 – Marketing Brochure

RICHMOND TW9

EXECUTIVE SUMMARY

- Freehold mixed use development opportunity in the London Borough of Richmond Upon Thames.
- Existing buildings extending to approximately 5,260 sq m (56,600 sq ft) GIA, including Grade II Listed and Locally Listed elements, and currently mostly in healthcare uses.
- Pre-application engagement for redevelopment of site to provide 82 residential units and a new 500 sq m (5,381 sq ft) healthcare facility.
- Total site area of approximately 0.4 hectares (0.9 acres).
- Healthcare facility to be handed back to the Vendor in shell and core condition.
- Sales proceeds from the disposal will be reinvested in other South West London and St George's Mental Health NHS Trust facilities to the benefit of residents with the London Borough of Richmond and surrounding areas.

LOCATION

Fronting on to Kew Foot Road, the Richmond Royal Hospital is located in the London Borough of Richmond upon Thames and is approximately 0.5 km (0.3 miles) north of Richmond town centre.

Richmond is a popular, Thames-side suburb in south-west London that benefits from an extensive range of shops, bars and restaurants as well as expansive green spaces and recreational facilities. The site is particularly well placed for access to the likes of Richmond Athletic Ground, London Scottish and Richmond Rugby Clubs, Richmond Swimming Baths, Richmond Cricket Club and the Royal Mid Surrey Golf Course. The Royal Botanical Gardens, Kew can be accessed approximately 0.8 km (0.5 miles) to the north of the site, whilst Richmond Park , London's largest Royal Park, lies approximately 2.0 km (1.2 miles) to the southeast.

Not to scale. For indicative purposes only

CONNECTIVITY

The site is very well served by a number of public transport routes. Richmond Station is situated approximately 0.5 km (0.3 miles) to the south of the site and provides both London Underground (District line) and overground rail services. Regular rail services run from Richmond to Clapham Junction (8 minutes)*, London Waterloo (21 minutes)* and London Victoria (32 minutes)*. Regular train services run from Clapham Junction to Gatwick Airport in approximately 25 minutes*.

The area is also well served by bus routes. Notable routes include 65 (Kingston to Ealing Broadway), 391 (Richmond to Imperial Wharf, Fulham), 190 (Richmond to West Brompton), 419 (Richmond to Hammersmith), and 490 (Richmond to Heathrow Airport).

* www.tfl.gov.uk

YOUNG'S
HOPE
RICHMOND

A lovely lavender
honey brew...
Lavender hill!

Summer Served Here...
Pimms O'clock?
Cider Time?
Add Some Sparkle?

HAPPINESS
BREAKFAST

Buenos Aires
ARGENTINE STEAKHOUSE

LIFE IS BEAUTIFUL

Richmond

THE CENTRAL BUILDING IS A GRADE II LISTED BUILDING AND WAS FORMERLY A HOUSE BUILT C. 1882. LISTED FEATURES INCLUDE AN 18TH CENTURY STAIRCASE, PANELLING, CORNICING AND FIREPLACES.

SITE DESCRIPTION

Richmond Royal Hospital is a complex of interconnecting buildings arranged around a hard landscaped courtyard area. Central to the Hospital is a Grade II Listed, former residential dwelling that was acquired and converted to hospital use in the 1860s. The site has subsequently been developed in a piecemeal fashion over the course of the late 19th and 20th Centuries, with a number of more recent alterations made from the 1960s onwards.

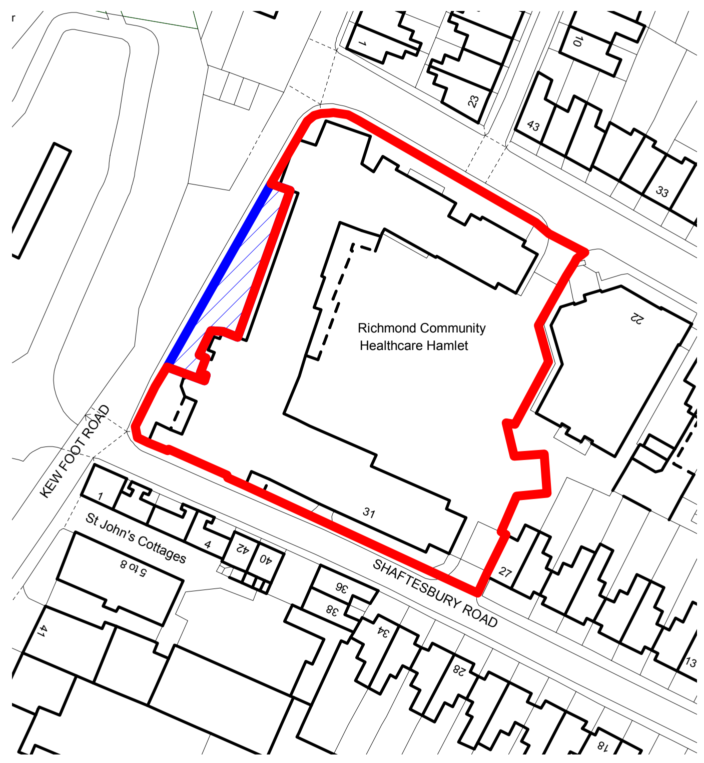
The Grade II Listed element of the site comprises a number of internal and external listed features. Furthermore, it should be noted that the southern wing of the hospital, also known as 31 Shaftesbury Road, is identified as a Building of Townscape Merit (locally listed).

The site is bound by Kew Foot Road to the west, Shaftesbury Road to the south and Evelyn Road to the north. Immediately to the east of the site is a community healthcare facility, owned and operated by Hounslow and Richmond Community Healthcare NHS Trust, and a mix of two and three storey terraced housing.

The site currently benefits from street access on Kew Foot Road, with in-bound vehicular access to the courtyard from Evelyn Road and out-bound from Shaftesbury Road. The courtyard currently provides 30 surface car parking spaces, 3 of which are designated for disabled use.

A range of outpatient services are currently operating from the Hospital and it is anticipated that these will be consolidated into approximately 500 sqm (5,380 sq ft) as part of the redevelopment.

The overall site area is approximately 0.38 hectares (0.94 acres).



NOTE:- Reproduced from the Ordnance Survey Map with the permission of the Controller of H.M. Stationery Office. © Crown copyright licence number 100024244 Savills (UK) Ltd. NOTE:- Published for the purposes of identification only and although believed to be correct accuracy is not guaranteed.

TENANCIES & TENURE

The site is held freehold under title number TGL187933 and is sold with all rights and reservations as listed on the title.

An electricity sub-station is located in the northern wing of the hospital and subject to a lease for a term of 99 years from 19 December 1995.

Hounslow and Richmond Community Healthcare NHS Trust (HRCHT) has a right to park cars in the courtyard on a first come first serve basis together with associated access rights. Due to a believed oversight in a historic transfer, HRCNT has also retained the area of land hatched blue on the adjacent plan, which they use for parking up to 13 cars. In return for providing 10 allocated parking spaces within the courtyard, the Vendor has agreed to acquire HRCHT's interest in the adjoining land and remove their first come first served parking rights. We understand that this agreement requires for this parking to be re-provided in the event that the site is redeveloped.

REPROVISION OF HEALTHCARE SERVICES

The Vendor intends to consolidate its existing facilities into a significantly smaller area within the site. Consequently, it will be necessary for the Purchaser to re-provide the Vendor with 500 sq m (5,380 sq ft) of healthcare uses within the new development on a lease structure to be agreed.

The Vendor intends to operate administration services and outpatient consultant care from the retained accommodation.

It is anticipated that the Vendor will agree a suitable decanting strategy with the Purchaser to allow the Vendor to remain on site throughout the development process. A suggested strategy is set out within the dataroom.

SERVICES

The property has the existing benefit of all mains services including gas, water, electricity, telecommunications and drainage. A full site utilities survey is available within the information pack.

RATEABLE VALUE

The property is currently subject to a rateable value of £108,000 (April 2010).

VAT

The property is not elected for VAT.

PLANNING & DEVELOPMENT

Town Planning

The local planning authority is the London Borough of Richmond upon Thames. Whilst there is no site allocation for the site in Richmond's current development plan, there are a number of town planning matters that should be noted:

- The original, central section of the hospital is Grade II Listed.
- The southern and part of the northern hospital wings are locally listed as Buildings of Townscape Merit.
- The site is located in the Kew Foot Road Conservation Area
- The existing uses on site are heathcare, which the Council classifies as "social infrastructure".
- Whilst Richmond's policy seeks to protect and retain community facilities and social infrastructure, there are provisions within development planning policy to allow loss of such uses if it can be shown that there is no longer a need for them or the uses are being re-provided elsewhere. For example, paragraph 3.87A of the London Plan states:

  "Loss of social infrastructure in areas of defined need may be acceptable if it can be demonstrated that the disposal of assets is part of an agreed programme of social infrastructure re-provision (in health and community safety, for example) to ensure continued delivery of social infrastructure and related services".

The Vendor can demonstrate that, in its current form, Richmond Royal Hospital no longer meets their operational requirements and that the intention is for sales proceeds to be directly re-invested in their Estate Modernisation Programme. This Modernisation programme will be to the benefit of the Boroughs that it serves, including the London Borough of Richmond upon Thames.

The Vendor has held extensive pre-application discussions with the Council in relation to the potential redevelopment of the site. These discussions focused on retention of the Grade II listed element of the hospital with conversion and redevelopment of the remainder of the site.

The residential led development proposals submitted as part of this process included 500 sqm (5,380 sqft) of retained healthcare uses.

A detailed catalogue of pre-application engagement is available for review in the dataroom.

Development Opportunity

Indicative development proposals have been prepared based on the pre-application engagement referred to above and the Vendor's interpretation of relevant planning policy. A summary of these proposals is set out below and further detail is set out in the dataroom. It should be stressed these these specific development proposals did not form part of the pre-application discussions and have not been presented to the Council. They are indicative only and interested parties should form their own view as to an appropriate form of development for the site.

- Conversion of the listed building to provide 8 residential dwellings.
- Redevelopment of the southern hospital wing behind a retained facade to provide 41 residential dwellings.
- Redevelopment of the northern hospital wing to provide 33 residential dwellings and 500 sqm (5,380 sqft) of healthcare uses.

Indicative total residential accommodation

Unit Type	No of Units	GIA		NIA	
		Sq M	Sq Ft	Sq M	Sq Ft
1 Bed	31	2,074	22,327	1,588	17,093
2 Bed	43	4,025	43,328	3,066	33,002
3 Bed	8	915	9,853	688	7,406
TOTAL	82	7,015	75,509	5,342	57,501