

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



Contents

Chapter 1: Foreword	2
Chapter 2: Introduction: about this consultation	3
Chapter 3: Alternatives to hospital admission	6
Transforming services	6
Community hubs and spokes	7
Chapter 4: Inpatient services: the case for change	10
What we require: standards for mental health inpatient services.....	10
What we have: current provision of mental health inpatient services.....	11
Chapter 5: Proposals for consultation	17
Guiding principles	17
Developing the options	18
What we are consulting on.....	20
The options	21
Travel and transport.....	29
The four tests	30
Chapter 6: Taking the decisions	35
Chapter 7: How to respond	37
Response Form.....	Pullout
Appendix A: The options and how they were developed	38
Appendix B: Analysis of travel times	47
Appendix C: The context – principles and priorities	51
Appendix D: List of stakeholders and organisations consulted	55
Appendix E: Glossary	56



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.

A large teal speech bubble with a white border and a drop shadow, containing the text '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.



Chapter 3: Alternatives to hospital admission

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.

She feels safe
and calm here.





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



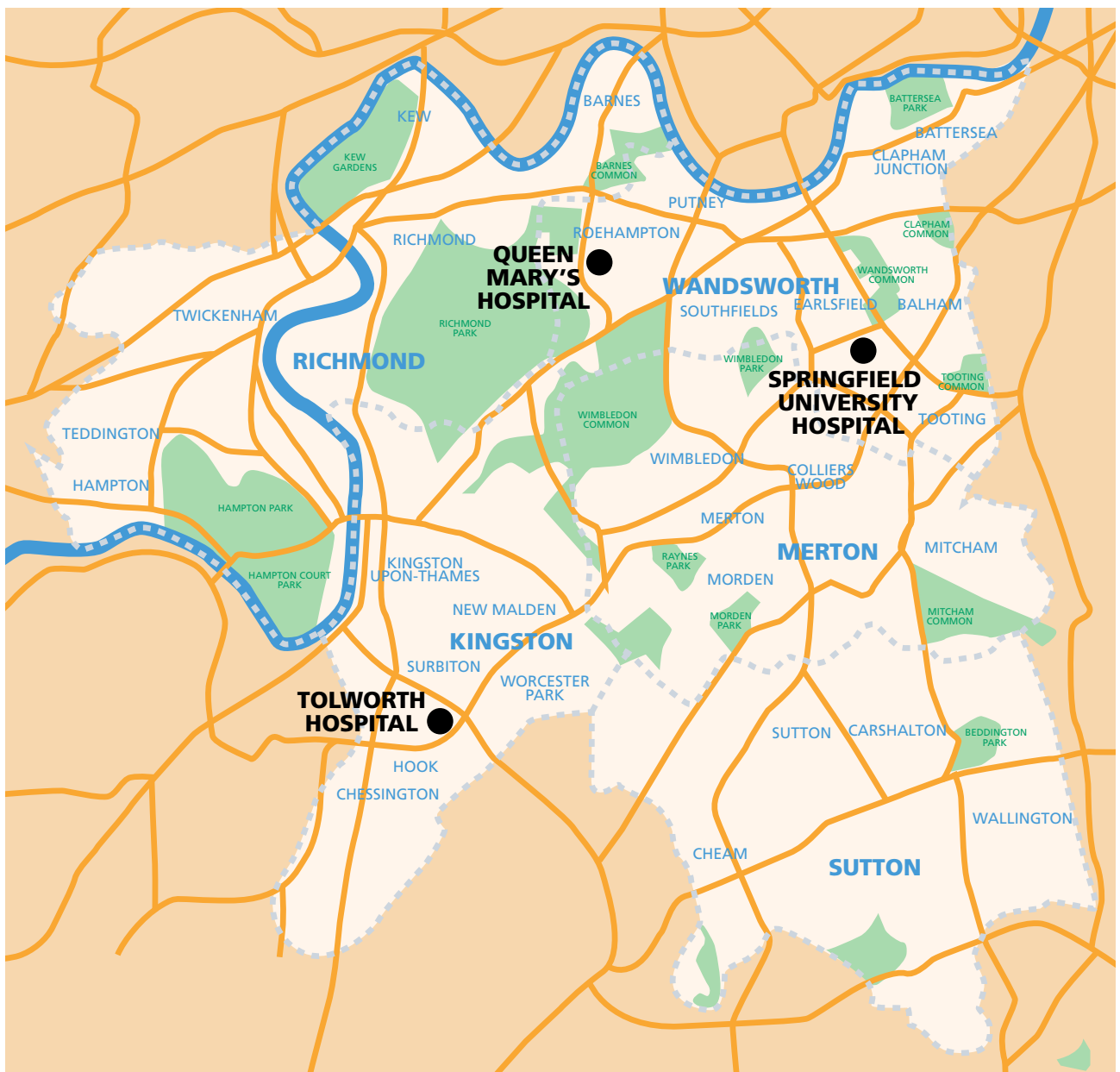
- Provide single bedrooms with ensuite facilities for all patients
- A maximum of 18 beds per ward – (Royal College of Psychiatrists 'Do the Right Thing, How to Judge a Good Ward, 2011)
- At least three mental health wards on each site to ensure cross cover for any emergencies (Royal College of Psychiatrists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

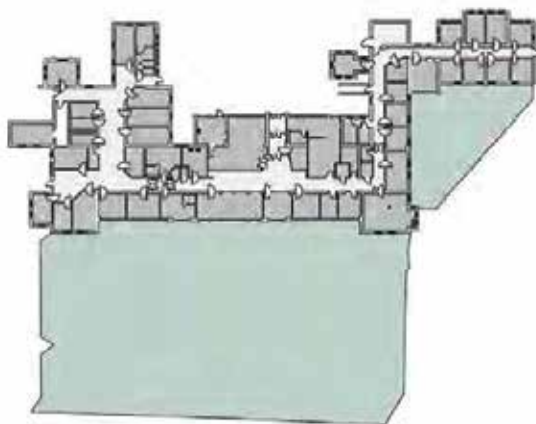
- Respect privacy
- Facilitate communication, collaboration and trust
- Encourage service user and family participation
- Empower service users

- 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."

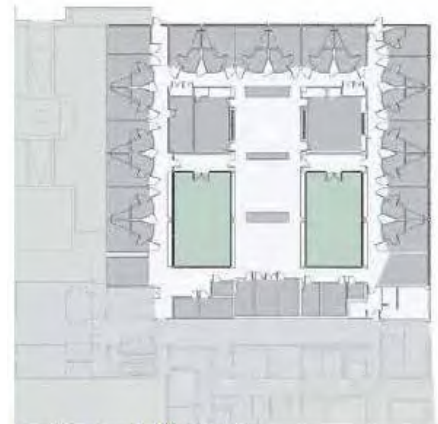
Modern mental health design principles

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.



Care is planned with proper respect.



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 Services (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 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	<ul style="list-style-type: none"> High quality surroundings to support patient care at both sites 	<ul style="list-style-type: none"> Surroundings are not equal at all sites – Queen Mary's Hospital ward layout and design cannot be improved
	<ul style="list-style-type: none"> Meets guidelines on minimum of at least three wards for mental health units 	<ul style="list-style-type: none"> Queen Mary's Hospital will be at the lower end of being clinically safe
	<ul style="list-style-type: none"> Resolves challenges of ward design, layout and impact on privacy, dignity and safety 	<ul style="list-style-type: none"> Only Springfield and Tolworth benefit from improved premises: challenges remain at Queen Mary's Hospital
	<ul style="list-style-type: none"> Balanced range of local and specialist services at each hospital 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Queen Mary's will not meet modern standards and requirements for privacy, access to open space, observation and care
	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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.)	<ul style="list-style-type: none"> No expensive long term running costs associated with maintaining or refurbishing old or unsuitable premises 	<ul style="list-style-type: none"> Costs are reduced because there will be no operational older buildings at Springfield and Tolworth: however these costs associated with Queen Mary's remain
	<ul style="list-style-type: none"> Overall this option generates a benefit to the NHS calculated at £25.87 million over 50 years 	<ul style="list-style-type: none"> Overall this option generates a cost to the NHS calculated at £17.34 million over 50 years
Access	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> The two inpatient sites are in the north eastern half and the south western half of the local catchment area respectively 	<ul style="list-style-type: none"> The two inpatient sites for local services are both in the northern part of the local catchment area
	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Beds at Queen Mary's Hospital will be reduced from 23 to 18 on each ward as soon as demand for these places reduces
		<ul style="list-style-type: none"> 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

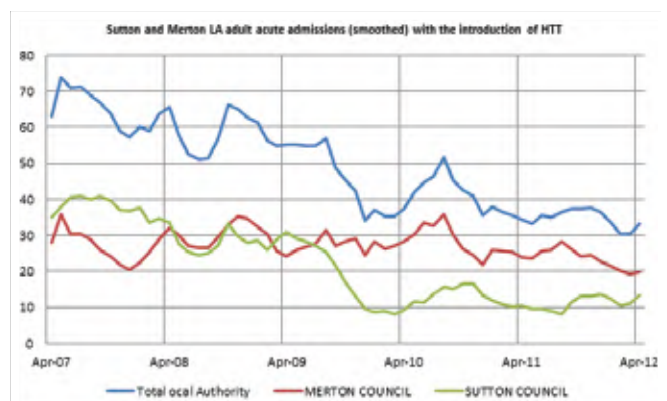
The proposals take into account national policy, regulation and guidance including

- '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.



Chapter 5: Proposals for consultation

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 be 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 the Trust engaged with a wide range of stakeholders including service users, carers, commissioners, partners and charities. This concluded with an options appraisal event at which senior clinicians and Trust leaders worked with key stakeholders to evaluate alternative combinations of inpatient care and determine which should be reviewed in more detail and considered for selection as consultation options. Clinical leaders helped to model the capacity of each site and the staffing and management arrangements required to provide high quality care at each site.

Option appraisal event – inpatient care

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

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

A wide-ranging group of stakeholders from across all five boroughs of the Trust's catchment 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.



Appendix A: The options and how they were developed

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

- **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.

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

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Existing wards meet design and clinical standards, but: <ul style="list-style-type: none"> ◆ 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	<ul style="list-style-type: none"> • 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.



Appendix A:
The options and how they were developed

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
7¹	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.



Appendix A: The options and how they were developed

'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
Sensitivity 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
Sensitivity 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

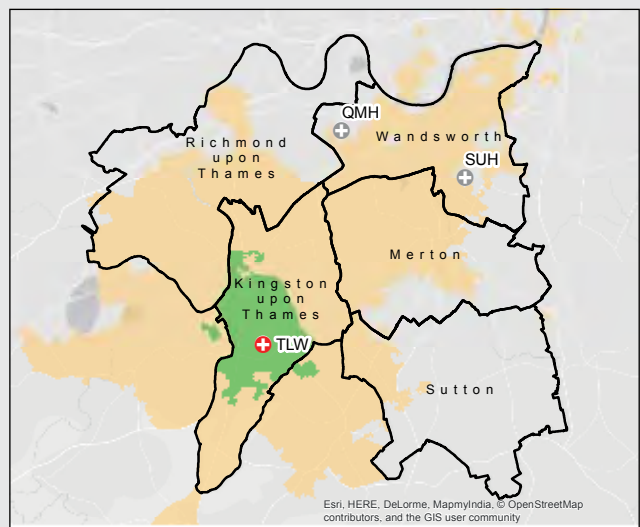
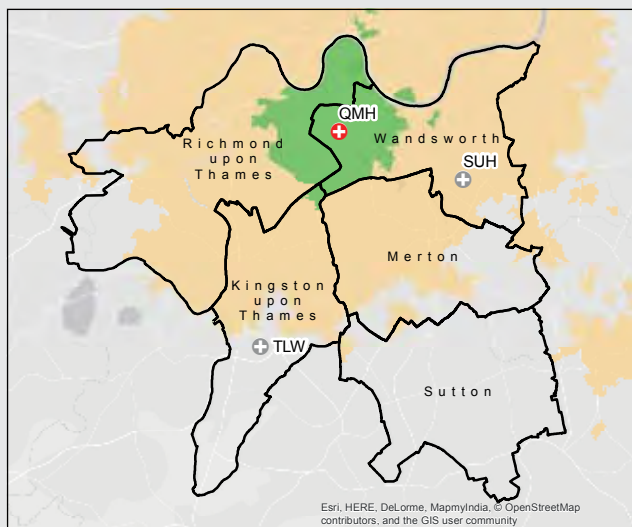
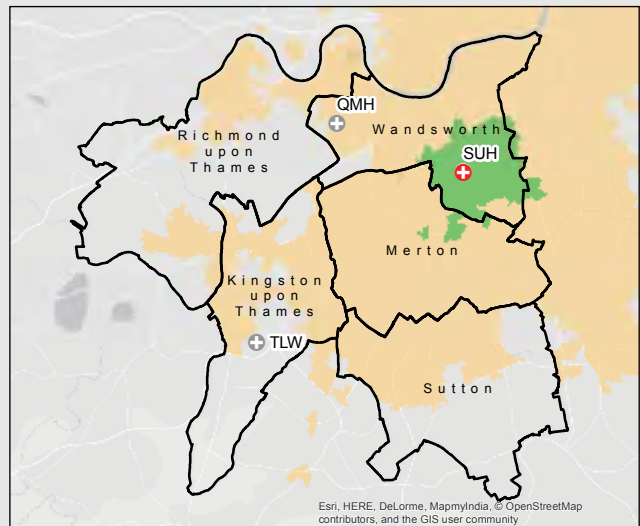
Individual stakeholder's personal experience of actual journey times to the hospitals may differ from the HSTAT journey time data, due to the very nature of modelling travel times. However, the tool has been developed by TfL, specifically for

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.



30 minutes travel time 60 minutes travel time

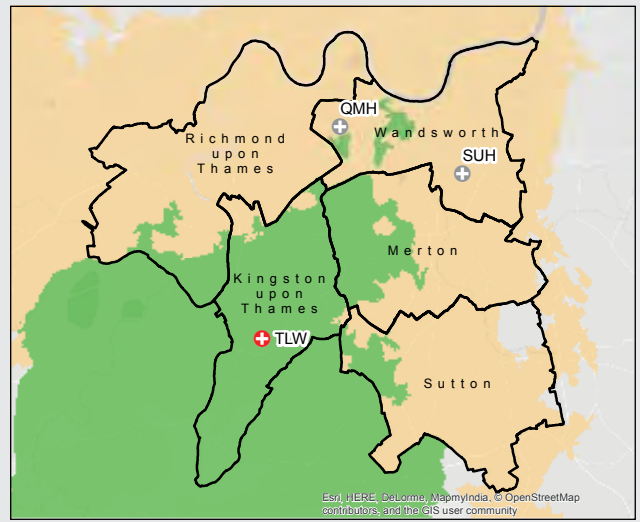
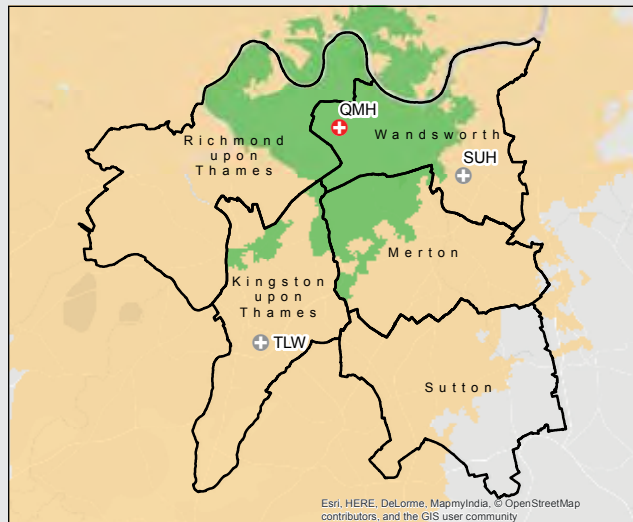
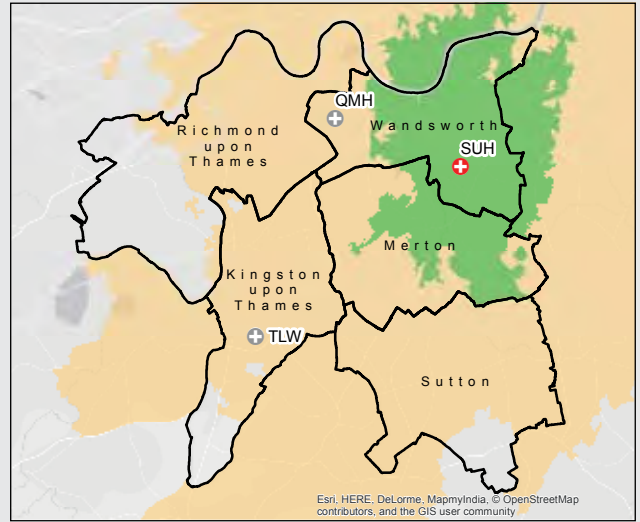




Private transport travel times

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.

 30 minutes travel time  60 minutes travel time





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.

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