Merton Council

South West London Joint Health Overview and Scrutiny Committee

Date: 17 December 2014
Time: 7.00 pm
Venue: The Town Hall Wandsworth, SW18 2PU

AGENDA

This is a public meeting – members of the public are very welcome to attend. The meeting room will be open to members of the public from 7.00 p.m.

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South West London Joint Health Overview and Scrutiny Committee Membership

Full Members:	Substitute Members:
Brian Lewis-Lavender	Brenda Fraser
	Suzanne Grocott
	Co-opted Representatives

Note 1

Members are reminded of the need to have regard to the items published with this agenda and, where necessary to declare at this meeting any Disclosable Pecuniary Interest (as defined in the The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012) in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. If members consider they should not participate because of a non pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Council's Assistant Director of Corporate Governance.

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⇒ **Call-in**: If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.

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⇒ **One-Off Reviews**: Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.

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Wandsworth

Chief Executive and Director of Administration
Paul Martin

Wandsworth Borough Council
Administration Department
The Town Hall Wandsworth High Street
London SW18 2PU

Date: 9th December 2014

For further information on this agenda, please contact the Committee Secretary:
Martin Newton on 020 8871 6488 or e-mail mnewton@wandsworth.gov.uk

SOUTH WEST LONDON JOINT MENTAL HEALTH OVERVIEW AND SCRUTINY COMMITTEE

INPATIENT MENTAL HEALTH SERVICES SUB-COMMITTEE

WEDNESDAY, 17TH DECEMBER, 2014 AT 7.00 P.M.
THE TOWN HALL (ROOM 145), WANDSWORTH, SW18 2PU

Members of the Committee:
Councillor Claire Clay (Chairman) (Wandsworth); Councillor Sunita Gordon (Vice-Chairman) (Sutton); Councillors Brian Lewis-Lavender (Merton); Raju Pandya (Kingston) and David Porter (Richmond).

AGENDA

1. **Minutes - 18th November 2014 (Paper 6)** **(Pages 3 - 8)**

   To confirm and sign as a correct record the minutes of the meeting of the Sub-Committee held on 18th November 2014.

2. **Declarations of Interest**

   To receive any declarations of disclosable pecuniary interests and other relevant personal interests in any of the matters to be considered at the meeting.

3. **Exclusion of the Public**

To consider passing a resolution in the following terms:-

"That under Section 100A (4) of the Local Government Act 1972, the press and other members of the public be excluded from the meeting while item 4 is being considered, because it is likely that exempt information as described in paragraph 3 of Part 1 of Schedule 12A to the Act would be disclosed to them if they were present."

4. **Further Information from the Trust on the Proposals**

To consider further details provided by the Trust on the proposals for the future location for mental health inpatient facilities in South West London.

During discussion at their meeting on 16th October 2014 the Sub-Committee asked for clarification of the financial flows, in particular the expected income from sale of land at Springfield Hospital and how this will be used to enhance services. The Trust undertook to provide relevant information at this meeting of the Sub-Committee. (For Members of the Sub-Committee and appropriate officers only)

5. **Clinical Commissioning Groups' Information (Paper 7)**

To consider summary information from the CCGs on the community services plans for each borough. (To follow)

6. **Healthwatches' Response to Consultation (Paper 8)**

To consider the Healthwatches' responses to consultation and any additional comments. (To follow)

7. **Other Representations (Paper 9)** **(Pages 9 - 10)**

To consider the details of other representations received from interested parties in relation to the consultation proposals. (Attached)

8. **Sub-Committee's Views on the Consultation Process (Paper 10)** **(Pages 11 - 16)**

Report by the Chairman on the Sub-Committee's views on the consultation process. (Attached)

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Minutes of a meeting of the South West London Joint Mental Health Overview and Scrutiny Committee - Inpatient Mental Health Services Sub-Committee held at the Town Hall, Wandsworth, SW18 2PU on Tuesday, 18th November, 2014 at 7.00 p.m.

PRESENT

Councillor Clay (Chairman – Wandsworth); Councillor Gordon (Vice-Chairman – Sutton); Councillors Porter (Richmond), Lewis-Lavender (Merton) and Pandya (Kingston)

In attendance:
Ms Chandler (Head of Hospital and Home Tuition Service – Wandsworth), Ms McSherry (Head of Educational Inclusion Service - Wandsworth), Ms Johnson (Joint Co-ordinator – Merton and Sutton Rethink Mental Illness), Dr Coffey (Chairman – Wandsworth CCG Clinical Reference Group on Mental Health) and Ms Lewis (Executive – Wandsworth Healthwatch)

South West London and St. George's Mental Health NHS Trust: Dr Whicher (Medical Director for Trust), Ms Michaelides (Interim Chief Officer, Kingston CCG), Mr Neal (Programme Director, Estates Modernisation), Ms Reeves (Consultation Lead - Communications)

Officers: Ms Crean-Murphy (Richmond), Ms Haynes (Croydon), Ms Morrison (Kingston), Mr Olney (Sutton) and Dr Wiles (Wandsworth)

APOLOGIES

Apologies for absence were received from Councillor Bonner (Croydon).

The Committee proceeded to consider the business set out on the agenda for their meeting (a copy of which is interleaved, together with a copy of each of the supporting papers).

Minutes - 16th October 2014 (Paper 3)

On item 1, the Sub-Committee were asked by the Secretary to agree an amendment to the previously circulated minutes to include reference to members' general satisfaction with the proposed consultation process that was expressed at the October meeting. it was then

RESOLVED – That the minutes of the Sub-Committee meeting held on 16th October 2014 be confirmed and signed as a correct record subject to an amendment to resolution (a) on item 5 (Paper 2) to read "(a) that in general the Sub-Committee are satisfied with the proposed consultation process and support the proposed work plan set out in paragraph 9 of the report;"

The minutes were thereupon signed by the Chairman.

Declarations of Interest

On item 2, no declarations of interest were made.

Further Information from the Trust on the Proposals (Paper 4)

On item 3, the Chairman referred to the further information supplied by the Trust since the previous meeting by way of final consultation plan and confidential database organisation contact lists and asked for clarification of the figures provided (page 29 of the agenda) for assumed changes in admissions from the current year to 2020. Dr Whicher said that Wandsworth, for instance, has a younger but growing population compared to other borough populations that are more static and for this reason the projected number of admissions for Wandsworth was very similar from 2014-15 to 2020.

In response to questions from Councillor Porter and Councillor Gordon, regarding the reduction in expected admission numbers for Richmond and Sutton residents, Dr Whicher confirmed this was linked to the home treatment service reducing numbers of admissions and the length of patient stay in hospital. Discussion continued and it was noted that available bed space was also utilised where necessary by patients from other areas. Following further questions from the Sub-Committee, Dr Whicher undertook to provide information on the total number of local beds now (excluding national services) and projected number available by borough under the new model.

Discussion continued and in response to further questions from the Chairman and Councillor Pandya, Dr Whicher confirmed that bed spaces were flexible to admissions required rather than specifically allocated to boroughs and that spaces were also used, for example, by Croydon and Surrey-based patients. Dr Coffey then advised members of the requirements to reduce admission numbers in the way suggested, by way of improvements to community services, including a timeline of details of community provision that needed to be in place before bed numbers could be reduced.

Dr Whicher confirmed that the proposals intended to increase the number of people who are treated at home in a crisis and reduce patient length of stay and delayed transfers through central coordination. With regard to inpatient care modelling, Dr Whicher also said that the Beacon report from 2012 estimated that 50% of admissions could be treated in the community. A comparison had been made with North East London Foundation Trust, which serves a similar population, and projections indicated a length of stay decreasing to between 25 and 23 days.

Councillor Porter made the point that it was difficult to predict required facility capacity and Dr Whicher accepted that it was a challenge to match flexibility to required ‘peaks and troughs’ but that some of the issues could be pro-actively managed around administration and discharge. In response to a question about sending patients to other areas of the country for treatment during exceptionally busy times, Dr Whicher confirmed that it was not the policy of the Trust to do this.

Discussion then turned to the new facilities and the Chairman asked for clarification on length of stay information in respect of new facilities compared to older premises.

Dr Whicher replied that the reduced numbers of incidents reported in respect of new ward facilities showed the value and benefit of greatly improved modern buildings for the quality of patient experience. Dr Whicher referred the Sub-Committee to the Trust's circulated presentation in relation to future standards (starting on page 4 of the presentation) which gave further information on the clinical case for change and on numbers of incidents which compared those reported at the specifically built Wandsworth Recovery Centre with those reported at the 'more functional' Queen Mary's Hospital.

Debate then turned to the issues attached to mixed wards before Dr Coffey raised the issue of admission rates for older people (details set out on page 21 of the presentation) and the large difference in admission numbers for Kingston compared to Wandsworth, which he suggested reflected the heavy investment in Wandsworth in respect of community based provision, therefore reducing admission numbers. He said that there would need to be similar investment in Kingston to address these issues. Dr Coffey also advised the Sub-Committee that there is always choice in how money is spent and investment would be required in community services to mitigate any problems created by reducing bed numbers. A decision would need to be made as to whether proposals were considered to be 'safe or not safe'.

Dr Whicher said that the Trust's proposals would provide more modern cost efficient facilities that would enable investment in services elsewhere. She stated that the Trust is required to make savings of 4% a year (20% over 5 years) and would work with the CCG to look at the impact of changes and areas requiring investment with the proposals giving the opportunity for the Trust to review what it did. Councillor Gordon referred to community services and asked where the exemplar was that applied to the boroughs covered by the Trust. She said that services had previously moved to Springfield Hospital from Sutton and that the crisis space promised within Sutton had not materialised. Ms Michaelides made the point that there were different priorities in different areas and that Kingston, for instance, would have different needs to Wandsworth meaning that 1 model would not be suitable for all.

Discussion continued and the Chairman asked whether with fewer beds available in 5 to 10 years time there could be confidence that there would be sufficient beds and community support to ensure patients would not have to be sent outside of the area for treatment. Dr Coffey said that there could not be 100% confidence and that plans for robust community services were needed. He stated that the proposals would not be able to be signed off if not considered 'safe' and that therefore the improvements to community services were required first.

The Chairman reiterated the need for more information on the improvements to be forthcoming in order for the Sub-Committee to take a view on them. She noted the comments of Dr Moore, at the previous meeting of the Sub-Committee, about the up-skilling of at least one GP within each practice to deal with mental health issues, and sought clarification of the arrangements and resources for delivering this. During further debate, Dr Coffey said that payment for identifying dementia is allocated to the GP funding pot and that although community services are under the CCG it is up to the GP how his / her practice uses that funding. For this reason it would not be possible to presume that all funding would be used to 'up skill' in that way. In response to a question from Councillor Gordon, and at the request of the Sub-Committee, Ms Michaelides undertook to provide CCG summary information on the community services plans for each borough.

With regard to financial flows, Mr Neal confirmed that a confidential briefing could be given to councillors and the Chairman suggested that this exempt information be provided to members of the Sub-Committee in closed session at the beginning of the next meeting on 17th December commencing at 7pm, with the 'open business' of the evening to follow at the conclusion of that briefing.

Views from Selected Interested Parties (Paper 5)

On item 4, the Sub-Committee heard the views of selected interested parties on the Trust's proposals.

Members firstly considered the submitted paper and heard the comments of the Director of Education and Social Services at Wandsworth, as articulated by Ms McSherry, on implications of the proposed move of the CAMHS provision to Tolworth. Discussion ensued and it was noted that planning permission had been granted for refurbishment of the Newton Building at Springfield for residential use. Ms Chandler confirmed that CAMHS had moved into their present purpose built accommodation in March, which the Trust had 'kitted out, and that this provision had cost in the region of £4m.

Dr Whicher put forward the Trust's view that the Tolworth site would provide better and larger accommodation than the present provision, with more outdoor space available. Mr Neil stated that the planning permission for the Springfield site included the present open areas being turned into public parkland. Debate continued and in response to a question from the Chairman about impact on staff and travelling time between sites that would be exacerbated by a move to Tolworth, Ms Chandler confirmed that staff work flexibly around the work locations that included schools St. George's Hospital and that the present site at Springfield provided greater ease of access both for staff and pupils.

Dr Coffey said that the comments put forward on retaining the CAMHS provision at Springfield were persuasive and that there may be a need to re-consider the Trust's proposals. Dr Whicher referred to the need to consider the proposals and comments made as part of the 'bigger picture' and confirmed that the proposals are intended to create a new, improved environment for all users of the service as space available at Tolworth is greater. At the conclusion of discussion on the comments submitted in relation to CAMHS the Chairman put forward the view that a convincing argument from the Trust for relocation to Tolworth still needed to be made and thanked Ms McSherry and Ms Chandler for attending and for putting forward their views to the Sub-Committee.

The Sub-Committee then considered the views of Ms Johnson, Joint Co-ordinator of Merton and Sutton Rethink Mental Illness – Ms Johnson confirmed that the information that she was providing was anecdotal. Discussion turned to forensic services and it was noted that these are commissioned by NHS England. Dr Whicher said that in terms of concerns over a 'revolving door' scenario in mental health re-admission the numbers were stabilising and reducing through crisis planning. Ms Johnson confirmed that she would give the Trust full marks for its consultation involvement of groups.

Members then heard the comments of Ms Lewis from Wandsworth Healthwatch who also confirmed that she was satisfied with the way that the Trust had involved them in the consultation process. She added that it was important the Trust were led by what the community said. Ms Lewis also made the point that different Healthwatches in other boroughs may have other views depending on local interests and priorities and that these views should be sought. Sub-Committee members undertook to seek the views of their local Healthwatch and to report back.

Other Matters

The Trust confirmed that Ms Ayoade is the main point of contact for Sub-Committee members in relation to arranging visits. The Chairman informed members that the visit she had undertaken with Councillor Lewis-Lavender had been very informative. Councillor Gordon confirmed her intention to visit the Tolworth site.

The meeting ended at 8.50 p.m.

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WANDSWORTH BOROUGH COUNCIL

SOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

INPATIENT MENTAL HEALTH SERVICES SUB-COMMITTEE –
18TH DECEMBER 2014

Report by the Director of Education and Social Services on other representations received from interested parties

SUMMARY

As part of the Sub-Committee's consideration of the proposals for a reconfiguration of inpatient acute mental health services in South West London the views of a number of interested parties have been sought.

This paper sets out the views of Wandsworth Police and if further comments from other interested parties are received these will be reported to the Sub-Committee as part of this agenda item on the night of the meeting. The Sub-Committee is asked to consider these comments in finalising their view on the reconfiguration proposals.

RECOMMENDATIONS

1. The Sub-Committee is asked to consider the comments put forward by interested parties in finalising their view on the reconfiguration proposals.

VIEWS SUBMITTED BY WANDSWORTH POLICE

2. Wandsworth Police have confirmed that the police perspective is mainly concerned with the availability of bed space. Any delay has an operational impact for the Police. More importantly it means the patient is not receiving the care they require. The Police were asked to provide responses to two questions and the following comments were received as below:-

3. **"Has the Mental Health Trust had contact with you about these plans and discussed the implication for police interaction with mental health services?"**

   Wandsworth Police confirmed that their Mental Health Liaison Officer had no knowledge of the consultation, although he had recently taken this role after the previous MHLO retired.

4. **"What is your current experience of interaction with inpatient mental health services (e.g. their readiness to receive patients from police custody)?"**

   The Police also confirmed that interaction with inpatient mental health services had been mixed and tends to depend on the manager at the time. The Police referred to a policy that states it is the responsibility of the Mental Health Trust to find bed

Other representations received

space and confirmed that it is the Mental Health Liaison Officer's experience that this can be misinterpreted or ignored at times. The Police confirmed that on the majority of occasions staff do all they can to find bed space but that there were some recent examples where this had not been done. Although these represented a relatively small proportion there were still enough to cause Police concern.

5. The Police confirmed that in this context although they are not aware of all the pressures in which the Trust operate, the Police appreciated there must be pressure on beds for inpatients.

The Town Hall
Wandsworth SW18 2PU

Dawn Warwick
Director of Education and Social Services

9th December 2014

Background papers

No background documents were relied upon in the preparation of this report

All reports to the Overview and Scrutiny Committees, regulatory or other committees, the Executive and the full Council can be viewed on the Council's website (http://www.wandsworth.gov.uk/moderngov/uuCoverPage.asp?bcr=1) unless the report was published before May 2001, in which case the committee secretary mnewton@wandsworth.gov.uk (020-8871-6488) can supply it, if required.

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WANDSWORTH BOROUGH COUNCIL

SOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

INPATIENT MENTAL HEALTH SERVICES SUB-COMMITTEE –
18TH DECEMBER 2014

Report by the Chairman of the Sub-Committee setting out proposed comments from the Sub-Committee on the proposals for reconfiguration of inpatient mental health services

SUMMARY

Consultation on proposals for a reconfiguration of inpatient acute mental health services in South West London commenced on 29th September and will conclude on 21st December. This Sub-Committee was established specifically to scrutinise the consultation process and the proposal itself. In the course of the consultation period, it has so far held two meetings, at which it has received presentations from the South West London and St George's Mental Health NHS Trust and the Clinical Commissioning Groups undertaking the consultation. It has also heard from a number of other interested parties. This paper is intended to set out the Sub-Committee's views as they stand at the end of the consultation period.

The Sub-Committee is supportive of the ambition to improve the environment within which inpatient mental health care is provided. However, it has not been persuaded that the central purpose of the plans is to maximise patient wellbeing, and is concerned that they have been unduly influenced by a desire to maximise returns from the disposal of land at Springfield Hospital and to withdraw from the costs associated with occupying Queen Mary's Hospital. .

It is clear that the proposals entail a substantial reduction in the number of beds available on local acute inpatient wards. The Sub-Committee has not yet been provided with a clear explanation as to why such a substantial reduction is justifiable. If it is to agree the proposals, there must be clear plans to strengthen community provision, reducing the need for inpatient care. The Sub-Committee is very concerned that it has not yet received evidence of such plans. It will only give its assent to the proposed service change when an assurance is received that bed closures will not take place until community services have been enhanced sufficiently to ensure that a reduction in bed numbers will not result in unacceptably high occupancy levels on inpatient wards.

The Sub-Committee is also very concerned about the proposal to relocate child and adolescent mental health services to Tolworth. It is very disappointing that Wandsworth Council, as the provider of education within these services, was not consulted prior to the publication of the proposals. There appear to be very strong reasons why the transfer of child and adolescent mental health services to Tolworth would not be in the interest of users of this service. Accordingly, the Sub-Committee recommends that this proposal be reconsidered, and that there should be a more general review of the proposals for the location of specialist inpatient services.

Proposed comments from the Sub-Committee

The Sub-Committee is asked to agree this report as a statement of its views.

RECOMMENDATIONS

1. The Sub-Committee is asked to agree this report as a statement of its views on the consultation process and the proposals put forward by the Mental Health Trust and its commissioners.

INTRODUCTION

2. The South West London Joint Health Overview and Scrutiny Committee has established a sub-committee with specific responsibility for scrutinising the consultation on the proposed reconfiguration of inpatient mental health services in South West London. This includes both scrutinising the consultation itself and reaching a view on whether the proposed changes are in the interest of the local population.

3. This paper is intended to set out the Sub-Committee's views at the end of the consultation period and to make recommendations to the Trust and its commissioners as to the steps they need to take to the Sub-Committee's support. The Sub-Committee will, of course, be interested in responses received to the consultation and it may revise its view on the consultation and the acceptability of the proposals in the light of those responses.

THE CONSULTATION PROCESS

4. The Sub-Committee acknowledges that the Trust and its commissioners have gone to considerable length in engaging stakeholders prior to the commencement. However, we are very concerned that there appears to have been no engagement with Wandsworth Council, as provider of schooling within the Child and Adolescent Mental Health Services, prior to the commencement of consultation. We are also surprised that there does not appear to have been any formal engagement with either the Police or the Prison Service, despite the inpatient provision including a substantial forensic service.

5. The consultation plan was comprehensive and considerable resources have been devoted to its implementation, and we acknowledge the willingness of the Trust to extend the range of groups consulted with in response to comments from members of the Committee. However, we are aware of some complaints that insufficient paper copies of the consultation document were made available to service users, a significant proportion of whom do not have web access. We have also heard complaints that the summary consultation document was over-complicated, and we agree that the language and presentation could have been simpler without loss of important detail.

REPLACEMENT OF OUTDATED FACILITIES

6. We fully agree that some of the facilities currently used for inpatient mental health care are outdated. However, the cost of the new wards will come from the disposal of surplus land at Springfield Hospital. This is a resource that can be used once only, and it is therefore imperative that the new buildings represent good value for money. As yet, the Sub-Committee has not seen sufficient evidence to demonstrate that this is the case.

7. The Sub-Committee has noted evidence from the Mental Health Trust that the number of serious untoward incidents can be dramatically reduced in wards with a superior physical environment. However, the Trust figures presented to the Sub-Committee at its meeting on 18th November also showed that there was a four-fold variation in the number of serious untoward incidents between two wards at Queen Mary's Hospital. Whilst there are differences in the physical layout of these wards, they are of the same age and specification, and it appears likely that the variation in the number of serious untoward incidents relates primarily to differences in clinical management and staffing. The Sub-Committee would therefore wish to be assured that proposals for the staffing and management of the new wards will reflect an understanding of the models that will minimise untoward incidents.

NEW CONFIGURATION OF INPATIENT SITES

8. One of the issues for consultation is whether future inpatient services should be based on two or three inpatient sites. We recognise that economy and critical mass present a strong argument in favour of the concentration of services on just two sites, although we note that whilst the vacation of the wards at Queen Mary's Hospital will generate a saving for the Mental Health Trust, it will not save money for the NHS as a whole since Wandsworth Clinical Commissioning Group will become liable for the cost of these wards if the Trust ceases to use them. We are aware that some users of the services at Queen Mary's Hospital object strongly to the withdrawal of services from that site. The Sub-Committee will wish to review the balance of consultation responses before determining its view on this matter.

BED NUMBERS

9. Whilst the consultation document does not specify the number of beds to be provided within the new service model, it is implicit in the proposals that there will be an overall reduction in the number of beds, with this falling primarily on non-specialist adult acute beds. At the first meeting of the Sub-Committee, we were told that the overall reduction in the number of beds from 392 to between 346 and 353, a reduction of between 9.9% and 11.2%. However, a more recent response provided on the consultation web site shows that the Trust currently has a total of 161 beds on adult acute wards. Under the new service model, it will have six wards each with between 12 and 18 beds – a reduction of between 33% and 55%. Reductions on this scale require a very clear justification and supporting evidence. As yet, this has not been forthcoming.

10. Data provided to the Sub-Committee on the anticipated number of admissions projects a reduction of 12% in the number of admissions between 2014/15 and 2020. It is thus clear that the plans also depend upon a very sharp reduction in the average length of stay. The Sub-Committee has not yet been provided with the demographic or epidemiological basis for the estimated reduction in the number of admissions and required inpatient beds, but it is clear that the vast majority of the reduction is expected to be achieved through more efficient bed management within inpatient services, and strengthened community services allowing more care to be provided outside hospital.

11. The Mental Health Trust has informed us that it has recently introduced improved bed management and discharge arrangements, resulting in earlier discharge and the ability to manage with a reduced bed complement. Evidence cited in support of this was that there were 15 beds available at the time of the Sub-Committee meeting on 18th November. However:

Proposed comments from the Sub-Committee

(a) this still represents an occupancy rate in excess of the Royal College of Psychiatrists' guidance that an average occupancy rate on acute wards of no greater than 85% is required, in order to allow for fluctuations in demand;

(b) the Care Quality Commission inspection of the Mental Health Trust undertaken in March 2014 identified high rates of bed occupancy as a concern. Whilst the new approach to bed management may have alleviated this problem, this success is evidently recent and its sustainability has yet to be demonstrated over a longer period; and

(c) the improvements so far achieved through introduction of improved bed management arrangements are likely to represent the 'plucking of low hanging fruit' and it is doubtful that the recent rate of improvement will be maintained in succeeding years.

12. It is, therefore, clear that the acceptability of the proposed reduction in bed numbers is primarily dependent on plans for strengthening community provision. Although it has not investigated this in detail, the Sub-Committee accepts in principle the evidence in the consultation document that the need for inpatient care is greatly reduced in areas where community services are strong. There are variations in the number of admissions to acute mental health wards between boroughs in South West London and the Trust overall has a higher rate of admissions than takes place in some other areas. We accept that, where improved community services make admissions unnecessary, this is in the interest of patients and represents a more effective use of resources. However, whilst the consultation document makes a general commitment to the strengthening of community provision, the Sub-Committee is very concerned about the lack of detail in the consultation document or in the evidence it has so far received. In particular, we have been told that Clinical Commissioning Groups are unable to make any commitment to the level of community mental health provision beyond five years ahead. This is entirely unacceptable. Whilst it is fully understood that it may be difficult to commit to detailed plans over this time frame, if the Sub-Committee is to give its assent to changes that will result in a reduction in the number of inpatient beds more than five years into the future, we must have an assurance that promises to prioritise community services will hold good at that time.

13. The Sub-Committee is, as yet, unconvinced of the case for a reduction in the number of local acute beds on the scale that appears to be envisaged in the consultation proposal. If it is to agree the proposal, we would expect to see, as a minimum:

(a) clear and credible plans, agreed between each CCG and the Mental Health Trust, covering at least the next two years, setting out the steps that will be taken to enhance community services and reduce the demand for inpatient care;

(b) a commitment from the Mental Health Trust, covering the next five years, that the required 4% p.a. cost improvements required will fall less heavily on its community services than other areas of activity;

(c) a commitment from all of the Clinical Commissioning Groups that community mental health services, whether provided by the Mental Health Trust or other bodies, will benefit at least proportionately from additional investment made possible through achievement of cost improvements;

(d) a commitment from both the Mental Health Trust and the Clinical Commissioning Groups that investment in community mental health services will continue to be protected beyond the current five year planning cycle; and

(e) an absolute assurance that closures resulting in reduced bed numbers will not be implemented if occupancy rates are unacceptably high and, in particular, that there will be no reduction in the number of acute inpatient beds if there is a foreseeable risk that this will result in a need to divert admissions of local patients to other providers.

LOCATION OF SPECIALIST SERVICES

14. The Sub-Committee has serious doubts about the proposed location of specialist services set out in the Consultation Document. In particular, we have heard evidence from the head teacher of the school for the child and adolescent mental health service inpatient facilities at Springfield Hospital. We are astonished that Wandsworth Council, as the education authority responsible for this school, was not consulted prior to the publication of the proposal for its relocation. The Sub-Committee believes that the proposal to relocate the child and adolescent services to Tolworth is misconceived, for the following reasons:

(a) £3.7 million has recently been spent to provide a high quality education campus on the Springfield site. Abandoning the campus so soon after this investment represents a poor use of public money;

(b) the location of the service close to St George's Hospital, which has a substantial inpatient paediatric service, means that Wandsworth Council's Hospital and Home Tuition Service is able to use its resources flexibly across both sites, as well as for home tuition, so that pupils within the child and adolescent mental health service are able to access specialist subject teachers. This would not be an option if the school were a free-standing service, which would have to be the case if it were relocated to Tolworth;

(c) the proximity of Springfield to Oak Lodge School means that pupils using the child and adolescent deaf service are able to benefit from high level local expertise in the education of children with hearing impairment and communication difficulties;

(d) moving the school to Tolworth would make it the responsibility of Kingston Council, which has no experience of managing hospital education. Even if the Department for Education agreed that Wandsworth Council should retain responsibility for the school, the distance between Tolworth and St George's would not permit flexible use of staff across both sites;

(e) an advantage of providing education on the Springfield site is that it is set in parkland which can be used for educational purposes and relaxation. It is also reasonably close to an underground station and with good public transport links that, for example, facilitate trips to Central London museums. These benefits would be lost if the service transferred to Tolworth;

(f) the rationale given for the retention of the adult eating disorder service at Springfield is that it is necessary for it to remain close to the physical care provided by St George's Hospital. It is unclear why this does not apply equally to the adolescent eating disorder service. Moving the adolescent service to Tolworth would presumably entail a risk that children would need to be transferred to the adult service if their physical condition was particularly severe – directly contrary to the guidance accompanying the recent Government announcement of additional funding for adolescent eating disorder services; and

Proposed comments from the Sub-Committee

(g) there are more general benefits in the close proximity of child and adolescent mental health services to an acute hospital with a major inpatient psychiatric service, which will be lost if the service is transferred to Tolworth.

15. The Sub-Committee has not looked in such detail at the proposal to transfer deaf services to Tolworth. However, there is a long history of provision for deaf people in Wandsworth, reflected in a range of facilities within the local community. If the Sub-Committee is to assent to the move of the deaf services, we will have to be presented with evidence that the implications for access to related community provision and support have been fully taken into account.

CONCLUSION

16. The Sub-Committee is strongly supportive of the ambition to improve the environment within which inpatient mental health services are delivered. However, whilst the consultation document itself gives no specific details on reduced bed numbers, information provided on the consultation web site indicates a potential reduction of between 33% and 55% in the number of local acute beds. We have not been provided with evidence that supports such a drastic cut. We are very concerned about the lack of detail provided on the way in which community services will develop in order to facilitate the substantial reduction in the number of local acute inpatient beds envisaged in the consultation. If we are to assent to the plans, we will require much clearer proposals, and a firm commitment that beds are not closed until strengthened community services are in place.

17. We are also concerned that the proposed locations of specialist mental health services do not appear to have been fully thought through or consulted on with relevant parties. We believe that the proposal to transfer child and adolescent inpatient mental health services to Tolworth is fundamentally misconceived, and would ask that, in the light of this, further consideration should be given to the proposed location of all the specialist services affected.

18. Overall, we are concerned that the proposals on which we are being consulted are unduly led by financial and capital planning issues: maximising return from disposal of land on the Springfield site, and withdrawing from the costs associated with use of Queen Mary's Hospital. The start point should be the wellbeing of patients. We have yet to be convinced that this is the case.

The Town Hall
Wandsworth SW18 2PU

9th December 2014

Cllr Claire Clay

Chairman, Inpatient Mental Health Services Sub-Committee

Background papers

No background documents were relied upon in the preparation of this report

All reports to the Overview and Scrutiny Committees, regulatory or other committees, the Executive and the full Council can be viewed on the Council's website (http://www.wandsworth.gov.uk/moderngov/uuCoverPage.asp?bcr=1) unless the report was published before May 2001, in which case the committee secretary mnewton@wandsworth.gov.uk (020-8871-6488) can supply it, if required.

WANDSWORTH BOROUGH COUNCIL

Contact: Martin Newton
Tel: 020 8871 6488
e-mail: mnewton@wandsworth.gov.uk

AS PROVIDED FOR UNDER SECTION 100B(4)(b) OF THE LOCAL GOVERNMENT ACT 1972, THE CHAIRMAN IS OF THE OPINION THAT THIS ITEM SHOULD BE CONSIDERED AT THE MEETING AS A MATTER OF URGENCY BY REASON OF SPECIAL CIRCUMSTANCES. THESE CIRCUMSTANCES ARE SET OUT AT THE TOP OF THE REPORT]

SUPPLEMENTARY AGENDA NO.1 FOR THE MEETING OF THE SOUTH WEST LONDON JOINT MENTAL HEALTH OVERVIEW AND SCRUTINY COMMITTEE - INPATIENT MENTAL HEALTH SERVICES SUB-COMMITTEE TO BE HELD AT THE TOWN HALL (ROOM 145), WANDSWORTH, SW18 2PU ON WEDNESDAY, 17TH DECEMBER, 2014 AT 7.00 P.M.

5. **Clinical Commissioning Groups' Information (Paper 7)**

To consider summary information from the CCGs on the community services plans for each borough. (Attached)

This is a CCG discussion paper/draft document which does not identify models or the financing.

The Town Hall
Wandsworth
SW18 2PU

PAUL MARTIN
Chief Executive and
Director of Administration

11th December 2014

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AS PROVIDED FOR UNDER SECTION 100B(4)(b) OF THE LOCAL GOVERNMENT ACT 1972, THE CHAIRMAN IS OF THE OPINION THAT THIS REPORT SHOULD BE CONSIDERED AS A MATTER OF URGENCY BY REASON OF SPECIAL CIRCUMSTANCES. THESE CIRCUMSTANCES ARE THAT THE COMMENTS SET OUT IN THE REPORT ARE REQUIRED TO BE CONSIDERED BY THE SUB-COMMITTEE AT THE EARLIEST OPPORTUNITY

7

Adult Community Mental Health Services

A Discussion Paper 1st December 2014

Introduction

The following paper has been composed to update the JHOSC of current and future direction of mental health services. It begins by informing the JHOSC of recent changes that have occurred in mental health strategy and makes clear the drivers for future direction. The paper was written by the South West London Sector Lead Commissioner for mental health and outlines the path that Kingston CCG and Borough are taking. The individual Borough variations and specific pathways are outlined by each borough in the second section of the paper.

Section 1

1. Community Mental Health Services

Mental health services have gone through a radical transformation over the past 30 years – perhaps more so than any other part of the health system. The model of acute and long term care based on large institutions has been replaced by one in which most care is being provided in community settings by multi-disciplinary mental health teams. These teams support most people in their own homes but have access to specialist hospital unity for acute admissions and smaller residential units for those requiring longer-term care (these smaller residential units are primarily provided now by the third sector).

In 1999 the National Service Framework (NSF) for Mental Health (DH, 1999) was published which prescribed three new service models which had been delivered in England in a limited number of localities. The NSF mandated the development of these services across England. The key services comprised:

- Assertive outreach teams – enhanced case management aimed at providing intensive support for complex need who are difficult to engage in mainstream services
- Crisis Resolution and Home Treatment Teams – time limited intensive support for people in the community in order to prevent admission and facilitate early discharge
- Early Intervention – intensive care co-ordination for younger people (14 – 35) experiencing a first episode in psychosis.

The implementation of these services led to a surplus capacity of inpatient beds meaning providers were able to close beds whilst developing their community services. More recently policy has been more supportive of local innovation.

1.2 Financial modelling for service transformation

A study published in 2004 found that the costs of community-based mental health care were broadly equivalent to institutional care: "interestingly, the evidence from cost effectiveness studies of de-institutionalisation and the provision of community mental health teams is that the quality of care is closely related to the expenditure upon services, and overall community-based models of care are largely equivalent in cost to the services they replace" (Thornicroft and Tansella, 2004). A number of studies have found that rebalancing care from institution's to the community does not generate cost savings (Knapp et al, 2011).

1.3 The management of people experiencing mental health Crisis

Although not strictly part of the developing picture of community care outside of hospitals Kingston has signed its commitment to deliver the national criteria and pan London commissioning guidance. The Crisis Concordat sets out a shared statement signed by senior representatives from all organisations involved which covers what needs to happen when people in mental health crisis need help and anticipating and preventing mental health crisis wherever possible making sure effective emergency response systems operate in localities when a crisis does occur. The concordat consists of:

- Access to support before crisis
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well, and preventing future crisis

No person experiencing a mental health crisis will be turned away from services.

1.4 London Strategic Clinical Network crisis commissioning guidance

Recent guidance (NHSE/LSCN, October 2014) has been issued pan-London to inform the commissioning of crisis services. The guidance clearly defines the services which should be available in Kingston:

1.5 Access to support before crisis

- Crisis telephone helplines – a local mental health crisis helpline should be available 24 hours a day, 7 days a week, 365 days a year with links to out of hours alternatives including NHS111
- Self-referral – people have access to all the information they need to make decisions regarding crisis management including self-referral
- Third sector organisation – Commissioners should facilitate and foster strong relationships with local authorities and the third sector
- GP support and shared learning – Training should be provided for GPs, practice nurses and other community staff regarding MH crisis assessment and management

1.6 Emergency and urgent assess to crisis care

- Emergency departments – a dedicated area for mental health assessments which reflect the needs of people experiencing a mental health crisis
- Liaison Psychiatry – all emergency departments to have access to on-site liaison psychiatry services 24 hours a day, 7 days a week, 365 days a year
- Mental Health Act Assessments - arrangements in place to ensure assessments take place promptly and reflect the needs of the individual concerned
- Section 136, police and mental health professionals – follow the London Mental Health Partnership Board section 136 protocol and adhere to the pan London S136 standards

1.7 Quality of treatment of crisis care

- Crisis housing – crisis and recovery houses are in place as a standard component of the acute crisis care pathway which are offered as an alternative to admission or when home treatment is not appropriate
- Crisis resolution/Home treatment teams – the provision of crisis and home treatment teams which are accessible 24 hours a day, 7 days a week, 365 days a year

1.8 Recovering and staying well

- Crisis care and recovery plans – all people subject to the Care Programme Approach (CPA) and people who have required crisis support in the past should have a documented crisis plan
- Integrated care – services should adopt a holistic approach to the management of people presenting in crisis. This includes consideration of socioeconomic factors such as housing, relationships, employment and benefits.

1.9 The future role of Community Mental Health Teams

The Kings fund recently published a guide for the transformation of mental health services in London (Sept 2014) in which evidence from the London Health Programme was highlighted regarding mental health service provision in the capital. They found that:

- Community mental health workers often had high caseloads that resulted in lower access to evidence-based interventions
- Poorer quality interventions were being provided, which were less likely to be evidence-based
- Mental health trusts had a high number of stable patients with long-term conditions in secondary care despite the availability of local enhanced services
- There was high accident and emergency (A&E) usage as a means of accessing mental health care, leading to revolving door and high cost
- There was low access to servicers for carers in their own right
- There was poor translation of research into service improvement

1.10 Future Community services model for Kingston

In response to the Crisis Concordat and the need for service transformation it is proposed that Kingston commission:

1.11 Primary Mental Health Care

There is an emphasis on expanding access to mental health service beyond people with severe mental illness. The development of the Improved Access to Psychological Therapies (IAPT) programme beginning in 2006 focused on common to moderate mental health need (primarily depression and anxiety) with the rapid access into time limited talking therapy (CBT normally around 12 sessions).

It is felt in Kingston that we need to greatly expand the services offered to patients within primary care and community settings. To enable us to do this we need specially trained expert GPs and supporting multi-disciplinary teams within a primary care model to support this. To achieve this aspiration 19 GPs are currently undergoing an Advanced Diploma in Primary Mental Health, with practice staff also undergoing formal mental health training – this will ensure full geographical coverage of Kingston with GPs benefiting from the support of a consultant led MDT/enhanced primary care service as the single point of access into mental health services in Kinston.

1.12 Community Mental Health Teams (CMHTs)

In Kingston, with the roll out of effective crisis services and enhanced primary mental healthcare services, we are diverting the care currently delivered to a large cohort of patients into different care pathways/settings. The traditional roll of the community mental health team needs to change in line with service changes. With primary care being able to manage tariff clusters 1 – 4, most of clusters 5 – 7 and a high proportion of clusters 11 – 12 we will see an enablement of secondary care community mental health teams to focus on high needs clusters where specialist interventions are required.

Whilst the number being managed in CMHTs will be significantly lower the quality of the interventions and productivity can be far higher.

1.13 Crisis services

- A mental health crisis telephone helpline – this is currently a commissioned service which is delivered centrally by the local mental health trust – the local feedback in Kingston from users/carers that have used the service has not been positive. We should engage our third sector partners in developing a local service in Kingston

- Self-referral – ensuring that there is a single point access into MH services which encourage self-referral into services. This should be delivered in the enhanced primary care service

- Third sector organisations – commission 'sub crisis' services from our local non statutory mental health service providers in partnership with the Royal Borough of Kingston

- Psychiatric services in Kingston Hospital – A Consultant led psychiatric service which is available 24 hours a day 7 days a week. The service will incorporate the current A&E liaison service, the older person's liaison service with knowledge, access and agreed protocols around perinatal mental health and Children's and Young people's psychiatric services. The service must be able to access an appropriate area for psychiatric areas where patients experiencing mental health crisis can be assessed in privacy and with dignity

- Psychiatric Street Triage service – this new initiative has been successfully piloted in eleven areas. There are different models. In Kingston we would recommend this as an out of hour's service to be co-located with the police at Kingston custody suite. The service offers senior nursing advice to the police on the management of people who are experiencing a mental health crisis. The service will go out with police to offer interventions and advice to ensure the person is triaged into the correct service. The pilots have shown a decrease in the use of S136 and inappropriate A&E attendance's

- Crisis Housing/beds – this facility should be in place as a standard component of the acute crisis care pathway as an alternative to admission or when home treatment is not appropriate. These are non-clinical areas less medically focused in comparison to inpatient wards. Crisis housing can be provided within the NHS or the third sector (there is no single model). Access to Crisis housing/beds should be gate-kept through the Crisis and Home Treatment team who should also provide in-reach support to the service/s

- Crisis Resolution and Home Treatment Team – The team will provide a 24/7 mobile workforce inclusive of Doctors, nurses, social workers, OTs and support workers with access to specialist clinical advice. The service will have the capacity to visit service users up to three times daily, providing a range of psychological and physical interventions including support and psycho-education for carers and families. Referrers are guaranteed an immediate telephone response and face to face assessment when needed within two hours.

  The teams will have a 100% gatekeeping role to Acute and Crisis Housing and will also be 100% involved in inpatients discharge – arranging same day follow up home visits and daily follow up until the end of the acute phase to ensure patients are well supported in their home environments and prevent relapse.

1.14 Future Mental Health Accommodation models for Kingston

Historically Kingston CCG and Local Authority have invested in traditional models of residential accommodation originally designed in the late 1990s to facilitate the closure of Long Grove psychiatric hospital. With the years moving on the original group of patients has decreased and the patients remaining have different needs in terms of physical frailty. The model Kingston is left with does not meet the needs of our new severe and enduring mental health patient group who require some form of support through a rehabilitation/re-enablement pathway. It is the intention to commission 'step down' accommodation in Kingston in a range of settings developed with a range of local providers. The range of settings will be from 24 hours staffed supported living environments to self-contained accommodation with up to 12 hours support available to residents daily (as they move towards further independence). For some patients independent accommodation is sadly not in their best interests or their wish. We need to be mindful of this and ensure that some longer term accommodation is available to meet this group's needs.

1.15 Conclusion

Kingston has an aspiration to transform community mental health services for adults who have functional mental illness and, in doing so, to respond to and implement recent policy and best practice guidance. The aim of this paper has been to begin the discussion on the service model described above and how changes to current commissioning of services may need to change.

References

2 References

Components of a modern mental health service: A pragmatic balance of community and hospital care; overview of systematic evidence (Thornicroft G, Tanselkla M, 2004)

London mental health crisis commissioning guide (NHS LSCN, October 2014)

Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis (HM Govt, February 2014)

Service Transformation – Lessons from mental health (The Kings Fund, Feb 2014)

The economic consequences of deinstitutionalisation of mental health services (Knapp et all, 2011)

The NSF for mental health (DH, 1999)

Transforming Mental Health – A plan of action for London (The Kings Fund, Sep 2014)

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Section 2 Borough Variations

2.1 WANDSWORTH POSITION ON COMMUNITY SERVICES

Wandsworth's Joint Mental Health Commissioning Plan 2013-16 explicitly seeks to deliver safe, high quality services (Priority 2) within the community, "…Our aim is to…continue to invest in & promote the development of fast, innovative community based services…". This will be accompanied by continued reduction inpatient stays and reduction in use of NHS and private sector beds.

This local Commissioning Plan and the adoption of the South West London CCG's Collaborative MH Strategy evidences the commitment to development of effective community services to ensure that residents of Wandsworth can receive services in the least restrictive environment and as close to their home as possible.

Currently Wandsworth commission a range of community services both in secondary care, including Community Mental Health Teams, an Early Intervention Service, Crisis and Home Treatment and Psychiatric Liaison services and in primary care such as the Improving Access to Psychological Therapies services (IAPT). Wandsworth CMHT's are already targeting people with more complex needs and the IAPT service works with people with milder anxiety and depression through to those with more severe non-psychotic disorders. Wandsworth's Mental Health Clinical Reference Group is exploring the most clinically effective primary care models and this is coupled with the work within SWLSTG's community transformation programme to improve primary care interfaces to allow better discharge of stable, but more complex patients.

As referenced in the Local MH Commissioning Plan, Wandsworth GP clinicians retain strong input into SWLSTG's Community Transformation work stream and the development of a clinically safe and responsive model of community services. Wandsworth CCG commissioners are not in a position to sign off the Community Transformation savings plan until there is clinical satisfaction & the certainty of a robustly developed model. However, CCG Commissioners are continuing to work with SWLSTG to better understand and shape such a local community model. It is the clear view of CCG

Commissioners that such a model will include the combination of interventions from CMHTs, Early Intervention, Crisis and Home Treatment and Liaison Psychiatry services.

Wandsworth supports increases in funding to Crisis & Home Treatment Team and see this as being a key community service which retains the vital links with acute in patient services. Helping to avoid admission, provide care and support within the home and help to support the earliest possible discharge, thus reducing length of stay. The review of Liaison Psychiatry across SW London as set up in the SWL MH Collaborative strategy is also supported.

It is further noted that recent system resilience funding within Wandsworth, which is linked to the National Crisis Concordat, has a focus on enhancing discharge support within CMHT, reducing waiting times for Early Intervention services and strengthening Crisis and Home Treatment Teams.

2.11 Primary and Community Mental Health Services in Sutton

Introduction

This paper looks to set out the commissioning direction with regards the provision of non Hospital care for those people with a mental health condition.

Background and Strategic Context

Both nationally and locally the provision of care for those people with the broad spectrum of mental illness, has undergone significant transformation in the past 25 years and in particular in recent years with the aspiration to achieve "parity of esteem" across physical and mental health.

Sutton along with its neighbouring London Borough, Merton embarked upon setting its strategic commissioning direction through its Joint Commissioning Strategy "Maximising Opportunities". This strategy was set out in 2009 and continues to 2015.

http://www.sutton.gov.uk/CHttpHandler.ashx?id=7872&p=0

The strategy sets out that although the need for specialised inpatient mental healthcare is a crucial element to achieving high quality care and recovery, the need to enhance the provision of non hospital care is as crucial. This would be through a range of stakeholders across statutory bodies, General Practice, the Voluntary Sector and the Service User and their Carers.

Sutton CCG continues to outline Mental Health as one of its top priorities with significant transformation of its commissioning around non hospital mental healthcare from 2015, which this paper explains later.

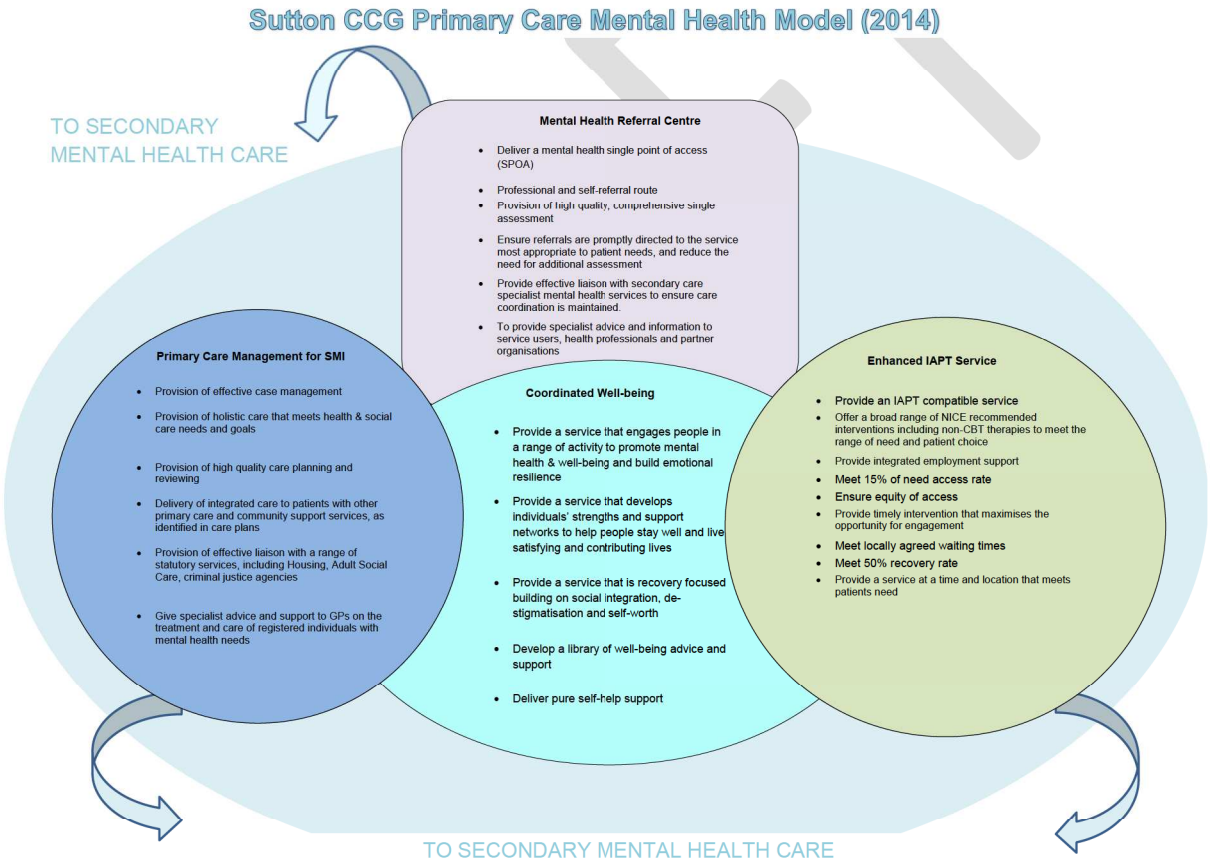
2.12 Future Commissioning

As mentioned Sutton has embarked upon a new way of commissioning elements of the non hospital provision with a procurement exercise which is currently taking place.

This model will provide a single point of access with a single approach to assessment. There will also be an enhanced IAPT (Improving Access to Psychological Therapies) service focussing on people with depression and anxiety. The model will also include a "Primary Care" service which will work with people that may have a diagnosis of a severe mental health problem such as psychosis or bi-polar disorder, but are living well with their condition with care managed closer to home.

The model will be underpinned by the concept of wellbeing with service users having access to a wide range of social and health benefits (fig1)

Fig 1



The new model of care will look to enhance the wider aspect of community care.

2.13 Specialised Non Hospital Services

Sutton benefits from a well resourced Crisis Resolution and Home Treatment service which provides a gateway to admission when needed but primarily looks to support people at home. This is

replicated for older people which has seen a reduction in the need for inpatient admission in the past 4 years.

It is the CCG's intension to continue its investment in these services.

Adrian Davey
Joint Commissioning Manger
Sutton Clinical Commissioning Group

2.2 Richmond Clinical Commissioning Group

Richmond – Community Mental Health Services: Our Vision & Approach

Richmond's mental health services are commissioned to support the national objectives in 'No Health without Mental Health'[i]. Richmond's over aching principle in commissioning services is for the appropriate interventions and services to be available to support people in maintaining their mental health including enabling support within the community. Richmond CCG works closely with the Local Authority to commission integrated health and social care services for people with mental health needs. This is supported by Richmond's integrated commissioning team who commission both health and social care services. Over the last 3 years we have invested in community and preventative services which support people to live full and meaningful lives in the community and prevent the need for inpatient care through investment in a primary mental health service. People should only be admitted to in-patient services when absolutely necessary and for as short a period as possible. Research and good practice[ii] indicate that people have better outcomes and suffer lower relapse rates if they can be treated in their own communities, surrounded by carers, families and their support networks. Our commissioning intentions for community services are to continue to work in partnership with the local authority to provide clinical and social care services to maintain mental health, prevent admission to inpatient services where possible and promote recovery and better outcomes for local people. Our community pathway is outlined in the report below.

2.21Primary Mental Health Care
In 2011 a report[iii] into local primary care approaches to mental health identified a poor service response to local need & the development of good practice exemplars elsewhere that made a reality of preventive approaches at the primary care level.

As a result, the Richmond Wellbeing Service (RWS) was procured to provide an integrated response to mental health needs in primary care. The service supports secondary care services by working with higher levels of need within primary care. It is preventative in nature in supporting people with emerging low level needs to access appropriate support and promote recovery. The service is a partnership between East London Foundation Trust and RB Mind.

The service provides support to GPs treating and managing patients within Richmond practices and consists of 2 integrated elements:

(1) A primary enhanced support and psychological therapies in line with Improving Access to Psychological Therapies (IAPT) via a single point of access; and

(2) a Primary Care Liaison service that provides support to Patients with serious and enduring mental illness who are stable delivered by a team of psychiatrists & CPNs in GP surgeries or Richmond Royal.

The service also provides a gateway to specialist mental health services at secondary care level ensuring a seamless provision of care. It works very closely with specialist mental health services as well as other community based and social care services. The service supports the aims of the National Mental Health Strategy, the Richmond Mental Health Joint Commissioning Strategy 2010-15 and the London Mental Health Models of Care Framework. Integrated IAPT & PCL services are an innovative departure and the model is being replicated elsewhere in SW London.

The benefits of more intensive investment in primary mental health care are:

- Location within primary care facilitates: greater integration of mental & physical health care support; uninterrupted service; reduction of stigma, and care close to home.
- Higher performance against national KPIs and better outcomes for patients
- High stakeholder satisfaction (Service users: 80% were happy with the waiting times and feeling that staff listen to them; GPs: 95% expressed high 'overall satisfaction with services')
- The PCL team is headed up by consultant psychiatrists who have a dual qualification in psychotherapy and are therefore uniquely placed to span psychiatric and talking therapy approaches to mental health problems. The team's existence has allowed the discharge of a cohort of patients (approx. 300) from a secondary to a primary care setting.
- The knowledge that the PCL can be quickly and easily accessed if problems arise with patients has given GPs the confidence to 'take back' some patients that would have previously remained within the CMHTs thus meeting the objectives of the Better Care Fund in relation to moving activity from secondary care into a primary care setting.
- The PCL has also allowed patients who otherwise would have been referred into secondary mental health to remain within primary health care.
- The relationship between the PCL and the IAPT service has resulted in RWS providing treatment for a cohort of patients with enduring problems who in other localities would not be treated – people whose needs are too high to be catered for within a standard IAPT service but whose needs are not high enough to be eligible for support from secondary care.

2.22 Emergency & Crisis Services

An effective approach to people experiencing mental health crisis can prevent unnecessary harm and acute hospital admission. It is therefore a crucial element in ensuring people remain within their community. Richmond has signed the Crisis Concordat which is a commitment that mandates a joined up approach to mental health crises across key agencies.

For people in mental health crisis there are several services in Richmond which can help. They are provided by SWLSG MH Trust:

- Crisis & Home Treatment Team (CHTT): support secondary mental health patients who are in crisis in the community and prevent need for hospital admission. This is a 24/7 service.
- Crisis Line: provide out-of-hours emotional support, information, advice and facilitate crisis interventions where required.
- The Liaison Psychiatric Service's in our acute providers offer an opportunity to integrate the requisite specialist mental health expertise and resource into acute hospitals to effectively manage care for this group, access appropriate support and treatment and provide better outcomes.

- Crisis planning: all secondary mental health service users have a crisis plan as part of their care package which includes what needs to happen when a crisis happens and also steps that can be taken to avoid a crisis.

Richmond has been successful along with SWLSG and the SWL Boroughs in bidding for additional national funding for crisis services. Services included within this funding include:
:

- Richmond will be involved in a pilot for a 'Street Triage' mental health scheme: SWLSTG working in partnership with Metropolitan Police and the London Ambulance Service across don boroughs to pilot a new project to ensure that people with mental health issues are kept out of police custody and receive the right treatment and care. A dedicated team of mental health nurses will accompany Police Officers and Paramedics out of hours to incidents where it is believed people are in need of immediate mental health support.
- EIS Website - providing advice, information and guidance re: psychosis and how to access support.
- Strengthen Crisis and Home Treatment Teams (CHTT) across south west London.

Specialist Secondary Community Support

Secondary MH community services support people with severe and enduring mental conditions. Teams are multi-disciplinary providing a holistic service to service users & carers in their own communities. Services are provided by specialist teams & services. Richmond's has a S.75 agreement in place with social work and care co-ordination being provided by SWLSG. : Richmond has recently remodelled its Community Mental Health teams to move from a geographical based team to one based around people's diagnosis. This will support better targeted interventions and specialist skills within teams. Secondary services in Richmond currently include:

- Mood Affect & Personality Disorder CMHT (MAP), including Personality Disorder Intensive Treatment community team
- Treatment, recovery in Psychosis (TRiP) community team.
- Early Intervention in Psychosis team (EIS) provides support & therapy for 18 -25 year olds with a first diagnosis of psychotic illness.
- Rehabilitation team support clients with high & complex needs to facilitate a recovery pathway for people with high needs who may have needed in-patient residential care to live as independently as possible within their own communities.
- Attention Deficit and Hyperactivity Disorder (ADHD) Service.

Our intention is to continue to work with our providers to ensure timely and appropriate access to secondary care services. To continue to support a recovery pathway and improve the opportunity for people to access secondary services for short interventions if needed.

Accommodation and support

Richmond has a range of specialised accommodation based services to support people with mental health needs. Effective accommodation support for people with enduring MH issues can maintain them in their community, prevent relapse and prevent hospital admission.

Service range from 24 hour support to low level visiting support. Services are able to support people with developing and maintaining their mental health and independence during their recovery. . The service providers in partnership with key stakeholders including the Trust rehabilitation team,

CMHT's voluntary sector and RSL's. Over the past year Richmond has commissioned 2 new 24 hour support services providing 14 units of accommodation, and a new medium support service for 7 people.

We will continue to work with our stakeholders and partners to review the need for accommodation based support to support a recovery pathway.

2.23 Direction of Travel for Community Services

Richmond has invested in community services and our intention is to continue to review and support our community pathway. We aim to do this by:

- Continuing to treat more people in the community if appropriate using safe, evidence based and best practice guidance
- develop a clear accessible community care pathways based around the needs of people and ensure a seamless journey through to recovery
- Continue with our successful enhanced primary care service to support GPs to care for their patients in the community at primary care level reducing the need for secondary care
- Reduce level of acute mental health demand by engaging earlier and increasing opportunity to prevent crisis admissions
- Ensure that when unavoidable crises happen services are timely & effective
- Enable seamless transitions between primary & secondary care services
- Improve the rehabilitation of people in high dependency accommodation
- Building on the positive experience of the RWS and use it as a platform for further enhancements to primary mental health care;
- Review the wider community mental health pathway to identify more integrated models of mental health care.
- Ensuring homelessness services are better supported to identify & support mental health need amongst their service users.
- Provide training for service users to build capacity & competence around joint working and co-production in commissioning and procurement activity.
- Facilitate review of the rehabilitation care pathway with stakeholders to better understand the profile of need; maximise potential for independence, and identify efficiencies.
- Explore outcome based commissioning (OBC) as a tool to develop holistic & person-centred care pathways that are seamless and ensure organisational boundaries are not a barrier to effective & safe care.

Author
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[i] No Health without Mental Health

[ii] Closing the Gap - priorities for essential change in mental health
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

[iii] Case for Change – Richmond Primary MH Service (Sarah Rouwenhorst 2011)

2.4 NHS Merton Clinical Commissioning Group (CCG)

is working with the other South West London (SWL) CCGs as part of the Commissioning Collaborative to address priorities for mental health.

NHS mental health services are changing to deliver more care at home or closer to home. Services have moved to a model where clinicians are supporting patients, their families and carers at home or in a local clinic in their community, and the continued development of community mental health services is expected to reduce the need for hospital stays.

The Merton community mental health services portfolio currently includes Early Intervention Services (EIS) and Crisis Resolution and Home Treatment teams (CRHTT).

- EIS offers early intervention to all people with a first episode or first presentation of psychosis. Referrals are accepted either from primary or secondary care clinicians who detect early onset of psychosis, mostly in younger age groups who are more likely to slip through the care net. Patients engaging with the service have demonstrated improved long term outcomes in terms of overall quality of life, social functioning and reduced length of hospital stays.
- The CRHTT delivers effective home treatment in a range of settings as an alternative to in-patient care. They work across both community services and acute in-patient services to facilitate reduced usage of in-patient beds and early discharge of patients. The team also offers 24-hour seven day week rapid response in resolving crises faced by patients, and stay involved with patients until the crises are resolved.

As with other SWL CCGs, NHS Merton CCG is planning to put in place more alternatives to hospital treatment, aiming to develop the right services in the community to:

- Reduce the number of people who need to be admitted to hospital
- Enable people who *are* admitted to hospital to be discharged home sooner with appropriate care and support.

The NHS Merton CCG Operating Plan 2014/16 commits to "improved access and outcomes within primary and community care settings with the aim of refocusing services towards prevention and early intervention, continued improvement of access into treatment for individuals who have a dual diagnosis (with a focus on mental health and substance misuse)."

NHS Merton CCG is currently in the process of re-procuring its Improving Access to Psychological Therapies (IAPT) service. The CCG has increased the budget for the new service by 25% to support service improvement and ensure the levels of activity in the contract meet the latest national targets.

The specification for the new service addresses issues identified through stakeholder engagement (which involved patients, carers, GPs and the voluntary sector), including: waiting times and the high drop-out rate between referral and treatment; the need for better marketing and engagement with the wider population to generate self-referrals, and better access including out of hours; improved links with wider wellbeing services and the voluntary sector; and the need for better access for vulnerable groups such as people with long-term conditions and older people.

Public Health Merton has supported the CCG in mapping the existing wellbeing services provided in the public and voluntary sector, with the intention of improving the link between IAPT and wellbeing, employment support and other services.

NHS Merton CCG has recently commissioned a Complex Depression and Anxiety Service (CDAS) from South West London and St George's Mental Health Trust. Starting in February 2015, this service will see and treat patients with complex depression and anxiety disorders who have previously been seen by the IAPT service. This will provide a more appropriate service to this cohort of patients, and will also improve the ability of the IAPT service to see and treat primary care mental health patients more quickly.

Funding has been agreed from the Better Care Fund (jointly managed by NHS Merton CCG and the London Borough of Merton) for three additional community nurses specifically to work with people with dementia. These nurses are expected to be in place in early 2015/16. Each will be aligned to one of the three NHS Merton CCG Localities (East Merton, West Merton and Raynes Park) to enable them to work as part of an integrated team providing holistic care. They will have a valuable role in improving the health, wellbeing and quality of life of individuals living with dementia as well as their families and carers.

These highly skilled individuals will have a number of roles across the pathway of patients with dementia and will be a valuable point of contact for people with dementia and their carers. The vision is for the nurses to care for patients in a holistic way and respond to their mental and physical health needs as well as the needs of their carers. They will have a key role in ensuring that patient care is coordinated and that people have seamless access to appropriate services and support. They will also have the expertise to support other healthcare professionals and the potential to enhance dementia skills and knowledge in a range of care settings.

NHS Merton CCG has committed to up-skilling primary care clinicians to enable them to better support people with mental health needs. For example, in November, two Dementia Education Events took place at the Merton Dementia Hub. Sessions at the events included:

- The CCG's Clinical Lead for Dementia discussing the context, priorities, progress and ongoing work regarding dementia in Merton.

- A Consultant Old Age Psychiatrist at South West London and St George's Mental Health NHS Trust, exploring the benefits of an early diagnosis from patient, family, medical, social care and societal perspectives, as well as reviewing how to make a referral to the Memory Assessment Service and progress in terms of cross-sector working.
- A Service Manager at the Alzheimer's Society outlining the range of support services offered for individuals with dementia and their carers, both at the Dementia Hub and around the borough.

The Merton Dementia Hub established earlier this year by the London Borough of Merton, in partnership with other agencies including NHS Merton CCG, is a state of the art dementia friendly facility run by the Alzheimer's Society. It offers a range of support services for people with dementia and their carers which help people to remain independent and have a good quality of life in the community. Memory clinics also take place at the Hub, at present on a monthly basis, but their frequency is due to increase.

In 2013/14 the Merton Health and Wellbeing Board commissioned London Borough of Merton Public Health to produce a Mental Health Needs Assessment. The findings and recommendations of this review, which was published in September 2014, will be used to further inform the development of the CCG's strategy for community mental health services in Merton.

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WANDSWORTH BOROUGH COUNCIL

Contact: Martin Newton
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AS PROVIDED FOR UNDER SECTION 100B(4)(b) OF THE LOCAL GOVERNMENT ACT 1972, THE CHAIRMAN IS OF THE OPINION THAT THIS ITEM SHOULD BE CONSIDERED AT THE MEETING AS A MATTER OF URGENCY BY REASON OF SPECIAL CIRCUMSTANCES. THESE CIRCUMSTANCES ARE THAT THE COMMENTS SUBMITTED BY KINGSTON HEALTHWATCH SHOULD BE CONSIDERED AND TAKEN ACCOUNT OF BY THE SUB-COMMITTEE AT THIS MEETING

SUPPLEMENTARY AGENDA NO.2 FOR THE MEETING OF THE SOUTH WEST LONDON JOINT MENTAL HEALTH OVERVIEW AND SCRUTINY COMMITTEE - INPATIENT MENTAL HEALTH SERVICES SUB-COMMITTEE TO BE HELD AT THE TOWN HALL (ROOM 145), WANDSWORTH, SW18 2PU ON WEDNESDAY, 17TH DECEMBER, 2014 AT 7.00 P.M.

6. Healthwatches' Response to Consultation (Paper 8) (Pages 3 - 4)

To consider the Healthwatches' responses to consultation and any additional comments.

Comments received from Healthwatch Kingston. (Attached)

The Town Hall
Wandsworth
SW18 2PU

PAUL MARTIN
Chief Executive and
Director of Administration

16th December 2014

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Inpatient Mental Health Services in South West London - Healthwatch Kingston response

Healthwatch Kingston has considered the proposals regarding inpatient mental health services in South West London and has worked closely with members of its Mental Health Task Group to form a response. Our main concern is that whatever and wherever the service is provided, the residents of Kingston upon Thames do not lose out.

We believe that the two-site option (Springfield Hospital and Tolworth Hospital) is the option to give the best outcome for the borough of Kingston. We also see that the location of the two sites allows the best coverage of SW London, with Springfield to serve the North and East of the Trust area, and Tolworth to serve the South and West.

Transport to Tolworth is fairly good and it is important that Outpatient services, therapies etc continue to be available within a reasonable distance to all the population in the five boroughs.

It would lead to considerable redevelopment to the site and secure its future as a Centre of Excellence. It would also provide Adult and Children Inpatients easy access to local shops and parks/ green spaces when on leave from the ward.

However, we wish to note the following concerns:

a) Staffing for the larger resource-hungry facilities. At present time, recruitment/ retention of staff is problematic at Tolworth. The future plans include many more wards so it is essential that adequate staffing is made a priority.

b) We want to emphasise the importance of improving Psychiatric Liaison Services (personnel) at all involved general hospitals which will be particularly important if there are only two Inpatient Sites.

c) The Trust must do all it can to de-stigmatise mental health by ensuring that the new Tolworth site is working closely with local residents, and making the site fit in with the local area.

d) Could any of the redundant sites identified in the Estates Strategy be used to aid transition back to the community or family home from inpatient care? This will offer the patient a 'safe house' which could help patients/ service users prepare to transfer back into independent living - it could be seen as an 'interim recovery model'.

Submitted by Healthwatch Kingston upon Thames' Mental Health Task Group and the Board of Trustees

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WANDSWORTH BOROUGH COUNCIL

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AS PROVIDED FOR UNDER SECTION 100B(4)(b) OF THE LOCAL GOVERNMENT ACT 1972, THE CHAIRMAN IS OF THE OPINION THAT THESE ITEMS SHOULD BE CONSIDERED AT THE MEETING AS A MATTER OF URGENCY BY REASON OF SPECIAL CIRCUMSTANCES. THESE CIRCUMSTANCES ARE THAT THE COMMENTS SUBMITTED SHOULD BE CONSIDERED AND TAKEN ACCOUNT OF BY THE SUB-COMMITTEE AT THIS MEETING

SUPPLEMENTARY AGENDA NO.3 FOR THE MEETING OF THE SOUTH WEST LONDON JOINT MENTAL HEALTH OVERVIEW AND SCRUTINY COMMITTEE - INPATIENT MENTAL HEALTH SERVICES SUB-COMMITTEE TO BE HELD AT THE TOWN HALL (ROOM 145), WANDSWORTH, SW18 2PU ON WEDNESDAY, 17TH DECEMBER, 2014 AT 7.00 P.M.

7. Other Representations (Papers 9A and 9B) **(Pages 3 - 8)**

To consider the details of other representations received from interested parties in relation to the consultation proposals. (Attached)

The Town Hall
Wandsworth
SW18 2PU

PAUL MARTIN
Chief Executive and
Director of Administration

17th December 2014

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AS PROVIDED FOR UNDER SECTION 100B(4)(b) OF THE LOCAL GOVERNMENT ACT 1972, THE CHAIRMAN IS OF THE OPINION THAT THIS REPORT SHOULD BE CONSIDERED AS A MATTER OF URGENCY BY REASON OF SPECIAL CIRCUMSTANCES. THESE CIRCUMSTANCES ARE THAT THE COMMENTS SET OUT IN THE REPORT ARE REQUIRED TO BE CONSIDERED BY THE SUB-COMMITTEE AT THE EARLIEST OPPORTUNITY

9A

WANDSWORTH BOROUGH COUNCIL

SOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

INPATIENT MENTAL HEALTH SERVICES SUB-COMMITTEE –
17TH DECEMBER 2014

Report by the Director of Education and Social Services on the implications of the proposed move of the CAMHS provision to the Tolworth site on the education of children and young people who are in-patients

SUMMARY

The Hospital and Home Tuition Service (H&HTS) is the medical Pupil Referral Unit (PRU) based in Wandsworth which provides education for children and young people who are in-patients and those who need home tuition because of their medical needs. The H&HTS has been judged as 'outstanding' in all categories on each of the last two Ofsted inspections. As part of the H&HTS remit it provides education on the Springfield Hospital site in two national wards and one regional ward within the CAMHS directorate for children and young people. This education is delivered within the inpatient Tier 4 mental health provision. Staff within the H&HTS are all Wandsworth employees.

The proposed move of the CAMHS provision to the Tolworth site has significant implications for the continuity of educational provision on the CAMHS campus and also for Wandsworth Hospital and Home Tuition Service. Since the November sub-committee meeting further discussions have taken place with the Director of Children's Services (DCS) in Kingston and with the Mental Health Trust to explore the options available. A further analysis has been undertaken of the financial implications based on the information provided by the Mental Health Trust about the proposed increase in size of the provision on the Tolworth site.

As a result of these discussions and analysis, if the CAMHS Campus moves to the Tolworth site, the MHT will need to commence discussions with Kingston about the educational provision. Wandsworth Council will not be in a position to take on responsibility for education provision within Kingston borough due to the risks associated with the financial implications to Wandsworth schools' budgets inherent in the plan.

INTRODUCTION

1. The Hospital and Home Tuition Service (H&HTS) is the medical Pupil Referral Unit (PRU) based in Wandsworth which provides education for children and young people

who are in-patients and those who need home tuition because of their medical needs. The H&HTS has been judged as 'outstanding' in all categories on each of the last two Ofsted inspections.

2. As part of the H&HTS remit, the service provides education on the Springfield Hospital site in two national wards and one regional ward within the CAMHS directorate for children and young people. This education is delivered within the inpatient Tier 4 mental health provision. The three wards in the CAMHS Campus makes up part of the wider Hospital and Home Tuition Service, which also provides education provision for inpatient pupils at St George's Hospital and community provision for Wandsworth pupils with medical conditions requiring home tuition, school phobia, vulnerable pupils with mental health issues and pregnant teenagers.

Staffing across the H&HTS

3. Current staffing across the whole of the H&HTS is 11.6fte teachers and 8 support staff. This consists of one Headteacher, Deputy Head, two Assistant Headteachers, one Co-ordinator (Corner House), two Teachers of the Deaf and five teachers with ranging subject specialisms primary and secondary. There are six Higher Level Teaching Assistants (HLTAs), one teaching assistant (TA) and one administrative officer. All staff within the H&HTS are Wandsworth employees.

4. The H&HTS also provides teaching for children on the St George's site and home tuition for children with long term illness. All staff are used flexibly across the service where need arises, with most staff in the CAMHS Campus having secondary teaching expertise across a broad range of subjects and/or Teacher of the Deaf.

CURRENT FINDINGS ON THE IMPLICATIONS OF MOVING THE CAMHS CAMPUS TO THE TOLWORTH SITE

5. The following update summarises the outcomes of the issues highlighted in light of further research into the implications of these proposals:

    a. meeting with representatives from the Mental Health Trust, who identified plans for the expansion of the facilities for young people on the Tolworth site, which had not previously been outlined, and the lack of space on the Springfield site for these provisions;

    b. meeting with the DCS for Kingston and Richmond; and

    c. further analysis of the financial implications arising from a and b.

Discussions with the Mental Health Trust

6. The discussion with the Director of Operations from the Mental Health Trust revealed plans for an increase in bed numbers across all CAMHS Wards, and the addition of a new PICU (Psychiatric Intensive Care Unit). This would increase the number of beds across the CAMHS Campus by 19 beds from 27 beds to 46 beds.

7. The increases would be as follows: increasing the beds on Aquarius Ward from 10 to 15 beds; increasing the beds on Wisteria Ward from 10 to 15 beds; increasing the beds on Corner House from 7 to 8 beds; and a new 8 bedded PICU Ward.

8. The Mental Health Trust made clear that there was no possible space within the new Springfield plans for any of the CAMHS Wards, and they have no choice except to move them to Tolworth.

Discussions with the DCS Kingston and Richmond

9. The DCS in Kingston and Richmond confirmed that Kingston has no hospital school or separate medical PRU. Their experience of providing education to Tier 4 inpatient pupils with mental health needs is therefore limited. 'Achieving for Children' is the commissioned provider for Children's Services across Kingston and Richmond. No discussions have taken place between the Mental Health Trust and Kingston about the provision of education services on the Tolworth site and this would need to take place immediately if the proposal to move the CAMHS Campus to the Tolworth site were to be taken forward.

10. Kingston have indicated they would be reluctant to commission the provision from Wandsworth on the Tolworth site as it would have cost implications for the provision with funding lost to commissioning management and a lack of clarity about who is responsible for pupil outcomes.

Funding Implications

11. Wandsworth Council officers have discussed the funding implications with the Department for Education (DfE) and if the new 8 bedded PICU ward were to open in 2015/16 financial year, the Council would need to make a very exceptional case for additional funding for teaching staff in 2015/16. There is no guarantee that the DfE would provide any additional funding in 2015/16. It should be possible to make a case for additional funding for 2016/17 but until funding decisions are made after the general election, the DfE are unable to provide assurance that additional funding for teaching staff at a hospital provision would be agreed.

12. The DfE advise that there is a risk that future growth in teaching requirements would not be funded by the DfE. They are aware that the funding of education in hospitals needs to be reviewed.

13. There is therefore a risk that if Wandsworth Council continued to be responsible for the hospital education if the provision moved to Kingston, that Wandsworth's schools budgets would need to be reduced in order to fund additional teaching requirements. Council officers would not be in a position to recommend that Wandsworth Council remains responsible for the education provision. In current financial circumstances, Wandsworth's Schools Forum would not necessarily agree to school budgets being reduced.

RECOMMENDATIONS

14. Provision remains on the Springfield site. The benefits of having the education provision provided by Wandsworth Hospital and Home Tuition Service have been proven to be 'outstanding' on two separate occasions. This option causes less disruption to the education provision for the pupils on the CAMHS Campus and also protects the quality of the wider service currently available to Wandsworth residents.

15. Wandsworth and Kingston should seek a joint meeting with the DfE as a matter of urgency to clarify who will be responsible for the educational provision on the Tolworth site if the move takes place. If the proposed move of the CAMHS Campus to the Tolworth site were to be agreed, it is Wandsworth Council's understanding that

Kingston will be responsible for funding and providing the education provision. The meeting with the DfE should also clarify the arrangements for agreeing with the DfE the level of funding.

16. If the Mental Health Trust continues with the plan to move the CAMHS Campus to the Tolworth site, they will need to commence discussions with Kingston Council about the possible configuration of the educational provision.

The Town Hall
Wandsworth
SW18 2PU

DAWN WARWICK
Director of Education and Social Services

17th December 2014

Background papers

No background documents were relied upon in the preparation of this report

All reports to the Overview and Scrutiny Committees, regulatory or other committees, the Executive and the full Council can be viewed on the Council's website (http://www.wandsworth.gov.uk/moderngov/uuCoverPage.asp?bcr=1) unless the report was published before May 2001, in which case the committee secretary mnewton@wandsworth.gov.uk (020-8871-6488) can supply it, if required.

9B

South West London Mental Health
Unison Branch Office
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Springfield Hospital
61 Glenburnie Road
Tooting, London
SW17 7DJ

Tel: 020 3513 6989

Mr Richard Wiles
Health Policy Team Leader
Wandsworth Borough Council

17 December 2014

Dear Mr Wiles

Re: Public Consultation about the Future Location for Mental Health Inpatient Facilities in South West London

I refer to our recent telephone conversation. As promised, I am writing on behalf of the staff of South West London and St. George's Mental Health NHS Trust to give the Joint Overview and Scrutiny Committee our comments on this very important matter.

We have been satisfied with the consultation process and have noticed that the general population of the area, staff of the Trust, service users and carers were made fully aware of the consultation and were also given many opportunities, reminders and encouragement to express their views, comments and concerns about the planned future of Mental Health Inpatient facilities in South West London.

The proposed options for the location of inpatient services have generated many interesting comments and concerns among the staff of our Trust working at various sites.

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

proposed development of Springfield will provide the money to cover the cost of this project.

We have considered Option One and Option Two and have noted the planned relocation of some specialised mental health inpatient services and the best location of a ward for older people with mental health conditions. We support Option One because that has more potential and it will be cheaper than Option Two.

There were some concerns about transport and distance if Queen Mary's wards were relocated to Tolworth or Springfield. This is not a major problem because Tolworth is very well serviced by bus routes and Surbiton and Tolworth main line stations. Springfield has excellent transport services.

Some of our staff had personal concerns that there will be a small drop in their income because Tolworth is in the Outer London Region while Queen Mary's is in the Inner London Region. We know that this London Allowance will be protected for one year after their transfer.

We want our Trust to continue to be the main provider of the Mental Health Services for the local population of the Boroughs of Richmond, Kingston, Wandsworth, Merton and Sutton. Our Trust is renowned for the national services like the Eating Disorder, Forensic, Deaf Children and Specialist Services. We are proud of our experienced and skilful staff working in this area. The proposed redevelopment and relocation has our full support and we recommend the acceptance of Option One.

Yours sincerely

Suresh Desai

Suresh Desai
Staff Side Chair and Unison Branch Secretary