



# Agenda Item 1

## Wandsworth

Chief Executive and Director of Administration  
Paul Martin

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

Date: 10<sup>th</sup> November 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](mailto:mnewton@wandsworth.gov.uk)

### **SOUTH WEST LONDON JOINT MENTAL HEALTH OVERVIEW AND SCRUTINY COMMITTEE - INPATIENT MENTAL HEALTH SERVICES SUB-COMMITTEE**

**TUESDAY, 18TH NOVEMBER, 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 Margaret Buter – deputising for David Porter (Richmond)..

### **AGENDA**

1. **Minutes - 16th October 2014 (Paper 3)** (Pages 3 - 8)

To confirm and sign as a correct record the minutes of the meeting of the Sub-Committee held on 16<sup>th</sup> October 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. **Further Information from the Trust on the Proposals (Paper 4)** (Pages 9 - 30)

To receive further details from the Trust on the proposals for the future location for mental health inpatient facilities in South West London.

During discussion at their meeting on 16<sup>th</sup> October 2014 the Sub-Committee asked for clarification of the following points – this further information is / will be provided as set out below:-

- a. Details of the Groups the Trust have been in touch with about the consultation (by Borough) (Final consultation plan and details of circulation - Attached)

**(Confidential database lists to be circulated separately to Sub-Committee members only);**

- b. An indicative analysis of expected number of admissions to each of the new units, by Borough of residence (updating the figures on p. 50 of the consultation document) (Attached);
- c. Further analysis 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 (Presentation and verbal update to be made by the Trust at the Sub-Committee meeting – To follow) ; and
- d. Additional information to support the assertions in the consultation document that community services will be strengthened identifying a clear trajectory over the next few years that shows the capacity of community services being strengthened as well as clear commitments going beyond that period (Presentation and verbal update to be made by the Trust at the Sub-Committee meeting – To follow).

4. **Views from Selected Interested Parties (Paper 5)**

To hear the views of selected interested parties comprising providers, carers, service users, professionals and staff interests on the proposals for the future location for mental health inpatient facilities in South West London.

As part of the Sub-Committee's discussions on this item, members are asked to consider the comments submitted by the Director of Education and Social Services at Wandsworth Council on the proposed move of the CAMHS provision to the Tolworth site and implications on the education of children and young people who are in-patients. (To follow)

Minutes of a meeting of the South West London Joint Mental Health Overview and Scrutiny Committee - Inpatient Mental Health Services Sub-Committee held at the Town Hall, Wandsworth, SW18 2PU on Thursday, 16th October, 2014 at 7.00 p.m.

## PRESENT

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

In attendance: Councillor Bonner (Croydon)

South West London and St. George's Mental Health NHS Trust: Dr Moore (SW London Clinical Lead for MH, Kingston CCG), Dr Whicher (Medical Director for Trust), Ms Michaelides (Interim Chief Officer, Kingston CCG), Mr Neal (Programme Director, Estates Modernisation), Mr Kaile (Head of Communication and Stakeholder Engagement)

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 Porter (Richmond).

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).

## Introduction

The Secretary welcomed everyone to the first meeting of the Sub-Committee and then Sub-Committee members and representatives of the SW London and St. George's Mental Health NHS Trust introduced themselves.

## Order of Business

The Sub-Committee agreed to vary the order of business to take items 3 and 4 as first business.

## Election of Chairman

On item 3, the Secretary asked the Sub-Committee to nominate a Chairman. It was then moved by Councillor Gordon, seconded by Councillor Lewis-Lavender and

**RESOLVED** – That Councillor Clay be appointed as Chairman of the Inpatient Mental Health Services Sub-Committee for the 2014/15 municipal year.

Election of Vice-Chairman

On item 4, the Chairman asked the Sub-Committee to nominate a Vice-Chairman. It was then moved by Councillor Lewis-Lavender, seconded by Councillor Pandya and

RESOLVED – That Councillor Gordon be appointed as Vice-Chairman of the Inpatient Mental Health Services Sub-Committee for the 2014/15 municipal year.

Declarations of Interests

On item 1, no declarations of interest were made.

Terms of Reference of the South West London Joint Mental Health Overview and Scrutiny Committee and Inpatient Mental Health Services Sub-Committee (Paper 1)

On item 2, the Terms of Reference were noted.

Consultation Proposals

On item 5, Dr Moore and Dr Whicher proceeded to outline the Trust's proposals for mental health inpatient services.

The Sub-Committee were informed of the shortcomings of the Trust's present accommodation, that services are changing with more care closer to home, and that now was an appropriate time for the Trust to consider the best pattern of inpatient services for the future. The consultation process sought comments on the best future pattern of services at Springfield and Tolworth Hospitals and options for services at Queen Mary's Hospital, taking account of the extant planning consent for regeneration of the Springfield Hospital site and of NHS priorities and plans for health care in South West London.

The Trust's preferred option (option 1) proposed the establishment of two centres of excellence for inpatient mental health services at Springfield Hospital and at Tolworth Hospital. Each site would provide a range of services for people living in Kingston, Merton, Sutton, Richmond and Wandsworth, and specialist services which treat people from across the country.

Option two would maintain inpatient services at Springfield Hospital, Tolworth Hospital and Queen Mary's Hospital and was closer to the existing pattern of inpatient services except that local mental health services would no longer be provided from Tolworth Hospital.

Additionally, under the options above, the Trust would also be consulting on the relocation of some specialist mental health inpatient services from Springfield Hospital to Tolworth Hospital as the Trust believed that the extra space at Tolworth Hospital would enable the provision of high quality accommodation at both hospitals; and on the best location for a ward for older people with age-related mental health conditions, either at Springfield Hospital or at Tolworth Hospital.

The 'do minimum' approach (maintenance only) had not been included as an option as part of the public consultation and the Trust did not view this option as being clinically safe or financial viable.

The Trust had embarked on four major clinical service transformation programmes which would underpin and support the preferred option proposed within the consultation, the programmes were:-

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

It was also noted that by 2018 the clinical commissioning groups in South West London would put in place more alternatives to hospital treatment aiming to:-

- Reduce the number of people who need to be admitted to hospital and how long they need to stay in hospital.
- Put the right services in the right place in the community and enable people who are admitted to hospital to be discharged home sooner with proper care and support.

The preferred option of two sites would mean:-

- Flexible new accommodation so space can be used in different ways as services change and develop.
- Wards would typically have 12 to 18 beds, brought into use as appropriate to meet clinical needs.
- Staffing ratios would meet Francis Report standards which recommended a ratio of at least one staff member to four patients.

The Trust proposed engagement with service users, carers and local communities with distribution of information to community groups. It further proposed to attend local meetings and to hold public events in each Borough. There would be Independent external evaluation of feedback, a 12-week consultation period, the consultation would run alongside planning applications and business planning process, and decision-making would be by NHS Commissioners – the 5 CCGs and NHS England.

The Trust had produced 2,000 documents giving full details of the consultation and 10,000 summary documents. The literature had been produced in 5 languages, as well as in easy read and braille, and sent to over 2,700 contacts electronically whilst being posted to GPs, Members, Groups and Councils etc. Information was available online, at GP surgeries, public buildings and libraries.

The Sub-Committee were informed that the Trust had also attended six engagement events since 29<sup>th</sup> September 2014.

### Scrutiny Issues (Paper 2)

On item 6, discussed ensued on the paper submitted by Dr Wiles. In response to a question from the Chairman regarding future bed capacity, Dr Whicher confirmed

that under both options 1 and 2 there would be a reduction in the current provision of 392 beds to 346/353 beds and that the Trust believed there was an ability to reduce bed numbers with more care provided at home or closer to home. The Sub-Committee noted that the Trust and the five NHS CCGs that commission mental health services are committed to the principle of providing as much treatment as possible in the community and further investment had already been made into Home Treatment Teams which has resulted in a reduction in the use of acute beds in 2014. This policy is based on national policy such as the *Crisis Concordat* and local *Collaborative Commissioning Work with Clinical Commissioning Groups* across South West London.

Councillor Gordon then raised the issue of crisis care and Dr Moore confirmed that this was considered essential and that there was a commitment to properly fund this provision. Ms Michaelides said that it was acknowledged that not enough is spent nationally on mental health, that this needed to be addressed and that measures were being put in place to commission services from a range of providers. She further stated that she could not be specific as to the increased sum available but that there was certainly a commitment in this area. Dr Moore said that crisis care was vitally important as is increasing care in the community provision that is pro-active with a need to be able to respond and to improve.

Councillor Buter asked about strategy for improving community services and investment in them to improve support and Dr Moore said that upskilling of the primary provision – by better training for GPs / Nurses – would make services more responsive and pro-active with access to crisis care and home treatment supporting patients and reducing the need for them to require a ‘bed service’. As an example of upskilling, an Advanced Diploma in Mental Health Care meant better understanding and increased qualifications for GPs.

The Chairman then asked for greater information on financial support in this area and for clarification of the amount of money spent on services now and an estimate of funding available in 5 or 10 years’ time. Ms Michaelides said that a 5 year collaboration could be provided although the figures given would be by necessity ‘high level’.

Discussion continued and the Chairman re-emphasised the need for more clarity and re-assurance on future capacity, finances and improvements to community services and Councillor Bonner raised the question of how confident the Trust could be that home services would deliver what is expected. She said that some home services were developed while some others were not. Dr Moore undertook to feed back the Sub-Committee’s concerns and to clarify the position.

Debate continued and in relation to a question from Councillor Gordon about dementia patients, Ms. Michaelides said that it was recognised that the number of patients in hospital suffering from dementia was too high and that a different service provision could reduce this number and release resources. Dr Moore pointed to the evidence of clinical benefits of modernisation as found in the introduction of Home Treatment Teams in Merton and Sutton that had halved admission rates between 2007 and 2012.

Councillor Pandya then asked about the future of premises vacated by the Trust as part of the proposals and Mr Neal confirmed that a residential planning permission

had been granted in respect of a scheme for the Springfield Hospital site that would also fund the provision of new Trust facilities. Following a further question from the Chairman, about funding raised through the redevelopment at Springfield and the use of this to improve services, Mr Neal confirmed that further details of the sums involved could be made available and that these funds would also provide the means by which Tolworth Hospital would be redeveloped and re-used.

In response to a question from Councillor Pandya, Dr Whicher confirmed that wards are currently configured according to boroughs served and that the Trust's intention was to continue to support patient choice wherever possible. Discussion then turned to admissions and the Chairman asked for a breakdown by borough of numbers treated from each area on each site now and expected numbers in the future. Dr Moore confirmed that these statistics were available on page 50 of the consultation document and the Chairman asked that any further information be made available on this that could be helpful to the Sub-Committee.

On the question of engagement the Sub-Committee noted the Trust's plans and, in response to a question from Councillor Pandya, Ms. Michaelides undertook to look into options for ensuring comprehensive contact with all representative groups in the Trust's area. It was also noted that the fullest possible use of social media to ensure inclusion in the process would also be investigated. The Trust undertook to provide details of groups contacted about the consultation.

At the conclusion of discussion, it was

RESOLVED – (a) that the Sub-Committee support the proposed work plan set out in paragraph 9 of the report;

(b) that all interested parties would be invited to present their views to the Sub-Committee with arrangements to be made through the officers; and

(c) that Sub-Committee members make their own arrangements for any visits to the main facilities at Springfield, Queen Mary's and Tolworth Hospitals, with Dr Wiles and Mr Kaile arranging a programme of visits to the more specific services at Home Treatment Teams, CAMHS and deaf services.

### Dates for Members' Visits

On item 7, it was noted that the question of dates for visits had been dealt with as part of discussion on the previous item.

### Dates for Future Sub-Committee Meetings

On item 8, the Secretary was asked to liaise with members on future dates for the Sub-Committee's meetings.

The meeting ended at 8.26 p.m.

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### **Distribution of the consultation document**

Stakeholder databases for each borough have been compiled by the consultation response unit in conjunction with Kingston, Merton, Richmond, Sutton and Wandsworth Clinical Commissioning Groups. All five local authorities have been also asked to share, and promote the consultation, to all of their networks within the communities that they serve.

The stakeholder databases for each borough (To be circulated separately to sub-committee members) have been used to distribute information about the public consultation into inpatient mental health services, including hardcopies of the consultation documents, posters providing details of the public events and email updates.

10,000 summary documents, along with 2,000 main documents, have been printed and distributed across south west London. Information has been sent to all GP surgeries and public libraries for example. The distribution has been co-ordinated by the consultation response unit. CCG communications teams have also been distributing information electronically to their networks.

Print advertisements have been placed in the local newspapers for each borough (Kingston Guardian, Wimbledon Guardian, Richmond and Twickenham Times, Sutton Guardian and Wandsworth Guardian) in advance of the public meetings taking place. The information is also clearly sign-posted on the websites of Kingston, Merton, Richmond, Sutton and Wandsworth Clinical Commissioning Groups. It is also posted on the mental health trust's website. There is a twitter account @swlmhconsult which is being used to promote the consultation.

Event posters and email invitations to the public events have been sent to stakeholders on the borough stakeholder databases.

Additionally information has been distributed to all 3,000 SWLSTG members (via the membership team), the Prosper network for mental health service users (via co-production team) and the carers reference group (via Director of Social Work). This has been through a mix of emails and letters as indicated by user's preference.

Hard copies of the consultation documentation, and events poster, have been distributed throughout the Trust to all departments, including Springfield University Hospital, Tolworth Hospital and Queen Mary's Hospital, for service users and staff. Staff have been talking to service users about the consultation programme.

Information has been cascaded to staff at all the CCGs and SWLSTG via various internal channels, such as email cascade, internal briefing and intranet.

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NHS Kingston  
NHS Merton  
NHS Richmond  
NHS Sutton  
NHS Wandsworth  
NHS England

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

Version 7

Developing mental health services in South West London

Consultation Plan – September 2014

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**This consultation plan must be read in conjunction with the public consultation document.**



## **1. Context for this consultation plan**

This consultation plan outlines the steps we intend to take to ensure that we run an appropriate and transparent consultation exercise on proposals to develop mental health inpatient services for the people of the London Boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth. It does not address the proposals themselves, as these are outlined in the consultation document.

The accountable bodies for these services are the Clinical Commissioning Groups (CCGs) for Kingston, Merton, Sutton, Richmond and Wandsworth for services provided for people living in those five boroughs, and NHS England for services provided on a national basis. Among the CCGs Kingston is the lead CCG for commissioning mental health services. The services affected by the proposals are provided by the South West London and St George's Mental Health Trust (the trust).

The consultation is being carried out during a period of significant change in the NHS and in the context of continued restraint on public sector finances. The proposals will recognise this, and indicate how the mental health services for the people of the boroughs will bring about improvements in ways that are clinically and financially sustainable and affordable.

After the close of consultation the feedback will be independently analysed and results made available to commissioners who will make the decision. The final report of the evaluation analysis will be published by the commissioners.

**2. How was this consultation plan developed?**

This consultation plan was developed using the Cabinet Office principles for public consultation (updated November 2013) and NHS England guidance 'Planning and Delivering Service Changes for Patients' (published in December 2013). Legal guidance was received from Capsticks.

The consultation plan was shared with all five local authority Heads of Democratic Services at a meeting in April 2014. They provided considered feedback based on lessons learnt from recent consultations. This has been incorporated into the current version.

The consultation plan was also shared with the consultation committee group on 1 July which includes representation from service users, voluntary and statutory sector.

On 17 July 2014 a formal Joint Health and Overview Scrutiny Committee (JHOSC) was established and agreed a 12 week consultation period.

A sub-committee of the JHOSC will have formal oversight of the consultation. They have reviewed the draft public consultation document and the draft consultation plan. The relevant feedback has been incorporated into both documents.

### 3. Scope of project

The consultation plan has been designed using the Cabinet Office principles for public consultation (updated November 2013) to comply with the NHS England guidance 'Planning and Delivering Service Changes for Patients' (published in December 2013).

We are required to show how the proposals meet the four tests laid down by the Secretary of State for Health in the Mandate:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base to support the proposals
- Support for the proposals from clinical commissioners

The regulatory framework is provided by:

- The NHS Act 2006 (as amended)
- The Equality Act 2010, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
- Secondary legislation

We are required to show

- how we have taken into account the views and requirements of those who may use our services and their carers, families and advocates
- how the proposals will bring significant clinical benefits and improve outcomes and accessibility
- how the proposals take into account people's diverse and individual needs and preferences including people with protected characteristics

#### **4. Aims and objectives of consultation**

The aim of this consultation exercise is

- To inform people about how the proposals have been developed
- To describe and explain the proposals for mental health services
- To seek people's views on the proposals, including the range and location of services as set out in the proposals
- To ensure that a diverse range of voices is heard which reflect the communities involved in the consultation
- To understand the responses made in reply to our proposals and take them onto account in decision-making
- To ensure that the consultation process maximises community engagement and complies with legal requirements and duties



## **5. The role of consultation in the review process**

This kind of public consultation is essential in the development of NHS services. It provides people with an opportunity to help shape proposals for change and improvement and to comment on those proposals before any final decisions are made. This includes those who use services, their carers and advocates; community organisations, local government; community leaders and stakeholders, NHS partners and NHS staff.

Public consultation is one of a number of methods used by the NHS to develop better care and better services. It sits alongside the development of NHS commissioning intentions to improve the health of the population, assessments by the NHS on the impact of services on public health, regular continuous monitoring of the quality and range of services provided to the population carried out by NHS commissioners, providers and external agencies including the Care Quality Commission, and underpinning all of these the day to day contact with patients to generate feedback and suggestions about how services might be improved.

Before the formal public consultation process takes place, suggestions for consultation are developed through a process of involvement (frequently referred to as pre-consultation engagement) with all those likely to be involved with, affected by or interested in the services being considered. The public consultation document describes this engagement and shows how it contributed to the development of the proposals being put forward for public consultation on page 30 and 38.

## 6. Pre-consultation engagement phase

To help develop the proposals in the main public consultation document we have taken considerable steps to ensure that service users, carers, stakeholders and people in each part of the local catchment area, have had genuine opportunities to have their voice heard. This is described in the consultation document on page 30 and 38.

Pre-consultation work has included the identification of the main inpatient sites to be considered in the options for reconfiguration, and criteria for ranking potential options against clinical and sustainability measures. Based on this work, the trust published a Strategic Outline Case (SOC) for reconfiguration of inpatient services in March 2014. This has been supported in principle by commissioners subject to completion of the detailed business case and to the outcome of this consultation.

An intensive programme of pre-consultation involvement began in March 2014. This shared the main options outlined in the SOC with the purpose of ensuring that:

- the draft options have taken into account comments and suggestions already received
- the proposals are presented clearly and in ways that are accessible to people using these services and their carers, and to the communities of the five boroughs
- the questions asked within the document are the most appropriate to include
- the consultation exercise supports the submission of new ideas and further proposals as part of the process
- appropriate plans are in place to promote the consultation exercise, involve people, seek their feedback, monitor and evaluate the responses
- the proposals and the consultation process consider people's protected characteristics, diverse needs and individual preferences, and that
- the process will enable commissioners to reach an informed decision at the end of the consultation process.

Pre-consultation involvement took place with

- Service users, carers and their advocates
- Local authority and third sector partners
- Community organisations and representatives
- Trust staff and their representatives

Specific (but not exhaustive) examples of pre-consultation engagement that took place include:

- The sharing of early plans at various existing internal and external meetings throughout the five boroughs including with Healthwatch and Service User Reference Groups.
- A programme of meetings with MPs across South West London since November 2013 regarding the plans for consultation.
- Five pre-consultation events across South West London with attendance from members of the public, patients, commissioners and partners in spring 2014.

- In June 2014 we wrote to all our staff, 3,000 Foundation Trust members and promoted a pre-consultation survey (including online and through social media). The results of which have been fed back into the consultation approach.
- A series of meetings with each CCG and Local Authority to compile comprehensive lists of groups and stakeholders in each borough to ensure that we actively engage with everyone who uses or has an interest in the development of mental health services.
- We have also organised five public events, one in each of the five boroughs, as part of the actual consultation.
- The establishment of a consultation committee group with representation from service users, voluntary and statutory sector.

A description of the pre-consultation engagement activity and its impact on the final proposals is included in the main public consultation document on page 30 and 38.

## 7. Consultation with individuals and groups

To make sure that the consultation effectively captures views and feedback from our local populations, in partnership with CCGs and local authorities, we have developed a list of stakeholders who are involved in, affected by or interested in the development of the mental health inpatient services provided by the trust. They will be contacted and their views sought during the consultation period. In addition we have asked all organisations and groups to act as conduits and to actively help us promote the consultation (via their communication channels) to any relevant stakeholders.

The list below is an example of the type of groups we will be consulting with. The actual consultation list runs to well over a thousand and cannot be included here in full for practical reasons:

- People who use mental health services, their carers and advocates
- NHS and statutory organisations
- Service User Reference Groups
- Local community organisations, community representatives
- Faith groups
- Members of Parliament whose constituencies cover the five boroughs
- Local resident/ associations living close to the sites
- Trust staff
- Statutory and voluntary sector partner organisations
- Borough Councils (Kingston, Merton, Sutton, Richmond, Wandsworth) councillors, officers
- Media

## 8. Consultation catchment area and focus of distribution

Information about the consultation will be circulated within the catchment area of the trust:

- All sites from where the trust currently provides services (inpatient and community services) for patients, their carers and advocates
- All trust sites (including support premises) for trust employees
- All clinical and senior leaders in the trust (including those with managerial responsibilities for onward distribution to and discussion with their teams)
- Staff professional and trades union representatives; clinical professional and managerial forums within the trust
- Clinical Commissioning Groups for onward distribution to GP premises and community pharmacies
- CVS organisations for onward distribution to community organisations
- Faith groups in each of the five boroughs
- Service user groups in each of the five boroughs
- Community organisations with a specific interest in mental health and wellbeing
- Community and residents' groups with a specific interest in proposals for an individual site
- Leagues of Friends
- Other NHS acute and community services provided by other providers in the five boroughs for placing in patient and public areas
- Public libraries and public information points
- Local media, for publication about the proposals and consultation events
- For regional and national specialist services, to the appropriate clinical commissioning groups and NHS England
- Local MPs
- People currently using the trust's services (especially community services) who may not have an appointment during the consultation period and therefore require direct contact by letter or other appropriate method of communications

The distribution list for consultation materials and for raising awareness of the consultation includes suggestions provided by the clinical commissioning groups and the London Boroughs in Kingston, Merton, Richmond, Sutton and Wandsworth.

## 9. Equalities considerations

It is not just a legal requirement but also the right thing to do to make sure that the consultation process reaches all those who have an interest in the proposals and that they are empowered and enabled to take part. The consultation process has been subject to an equalities impact analysis to confirm that the process for consultation and decision-making is fully compliant with our legal duties under the 2010 Equality Act and the NHS Act 2006 (as amended) and that we are taking account of people's protected characteristics.

Consultation information will be made available on request in formats and community languages identified from the impact assessment. We will work closely with the trust's lead for involvement, and with voluntary and community sector organisations, to raise awareness of the consultation process and how people can take part; offer to meet with specific groups or representatives to seek feedback on the proposals and discuss how people with protected characteristics can best be enabled to give feedback, and to hold discussions with those groups most involved with or affected by the proposals put forward for consultation.

As a result of the equalities impact assessment:

- Steps will be taken to ensure that BAME groups are well represented in the cross section of stakeholders who are consulted and at a minimum reflect the population profile of South West London
- Materials will be available in Polish, Bengali, and Gujarati as the most spoken non-English languages in the boroughs of South West London
- Consultation with faith groups at a minimum will include representation from the main religions as captured in the 2011 census - Christian and Muslim
- Public events will be offered at a range of times and locations to provide appropriate access to people of working age
- Information will be offered in easy read format and in large print as required
- Organisations representing older people will be specifically included in the consultation
- Attention will be given to the needs of people who wish to access the material in braille, or in British Sign Language, and to ensure that meeting venues are accessible and that arrangements are in place for signing and for hearing loops
- Local antenatal, and/or parent groups e.g. local branches of the National Childbirth Trust will be included in the consultation

## 10. Consultation methodologies

We will use a range of techniques to enable people from all local communities to take part in the consultation exercise and to give feedback. Our basic principles are that:

- Our information will be consistent and clear
- We will reach out to people where they are, in their local neighbourhoods
- We will make the information relevant to local groups – we will be clear about what the proposals mean for each geographical area and for each group of people taking account of their interests, diverse needs and preferences
- Public consultation materials will be in jargon-free non-technical language to be accessible to everyone and produced in an appropriate range of formats
- We will monitor and evaluate the process consistently and in a systematic way, including capturing feedback and comments from events, meetings, discussions and individual responses to the consultation

The public consultation document will set out the basis for the consultation, the background, information about the options and proposals and how they were developed, and how people can give their feedback.

The criteria for the public consultation document is:

- The document will be clear and concise
- The document will be widely available
- The document will be written in plain language
- The objectives of the consultation will be set out clearly
- The document will explain why change is needed, what the proposals are, what benefits they will bring for patients and any other implications to give a balanced view (including the implications of no change)
- How the proposals, if agreed, might be implemented
- How people can comment: including details of public events and how people can ask for more information; postal and email addresses for consultation
- The document will include information about how patients and the public were involved in its development
- The document will include a list of stakeholders who are being consulted
- The document will include information about how people can ask questions and talk to someone who is independent of the consultation process
- The document will be available in paper and online free of charge from the start of consultation
- The document will give the dates of the consultation period (start and finish)

Our techniques will include:

- Wide distribution of the formal public consultation document. This will be sent to the lists as set out above and will be issued to organisations and individuals, inviting comments using a feedback form included within the document
- Online publication linked from the clinical commissioning group and trust websites. This will include an electronic response form so that people can submit comment and responses online
- A summary of the proposals and the benefits they are designed to bring to mental health services. This will be available in hard copy and online
- A series of public events, one in each Borough, where people can hear about the proposals, discuss how the proposals will affect them and give feedback. These events will be facilitated and recorded as part of the formal consultation process. We propose that these public opportunities use facilitated, participative techniques. These have been evaluated in other similar exercises as providing effective feedback.
- An offer to all local groups as listed above of a speaker from the consultation team to come out to one of their meetings, explain the proposals, and seek feedback (subject to no impact on clinical care due to clinician attending meetings etc). A record of the discussion will be included as feedback to the consultation process
- The consultation team will meet as many requests as possible, including those from organisations who may not be contacted at the start of the process, consistent with the principle of reaching all the local communities and patient groups who may be affected. Priority will be given, if necessary, to meeting new requests from people or groups who have not previously had reasonable opportunities to be involved with the consultation.
- The views of trust staff will be sought through the techniques available to all members of the local community and also by
  - Including a discussion of the proposals at clinical and professional forums
  - Including a discussion of the proposals at regular team meetings
  - Placing information on the trust internal intranet with links to the public consultation website
- The formal documents and summaries (hard copy and online) will include full details of planned events (date, venue, time), how people can request a visit from a member of the consultation team, and how people can submit feedback, and how to get further information
- All events will be systematically recorded to capture the feedback received, note key points of any discussions and record the attendance in terms of equality and diversity requirements. These records will form part of the evidence to inform the final decision-making process



## **11. Capturing consultation responses**

Formal public consultation differs from engagement in that we are asking for responses to a specific set of proposals, rather than a general exploration of issues and ideas. This influences the way we set out the consultation document and the way we seek feedback.

The consultation document will set out each proposal in a balanced way with supporting information. A feedback form will be included in the document asking for people's views on each option. This will include a space where people can suggest other options or make other comments.

The feedback form will also be available as a separate document for use in group discussions, forums or other events. The feedback form will also be available on line for people to make responses electronically if they prefer.

A consultation response unit will be established to respond to simple requests for information e.g. requests for the consultation document or basic information about the process. This will not be a mechanism of capturing feedback but providing information or signposting.

## 12. Assurance and evaluation

The consultation plan and consultation materials have been developed by Kingston Clinical Commissioning Group (on behalf of the CCGs in South West London and NHS England) with support from South West London and St George's Mental Health NHS Trust.

The process and the document have been subject to an equality impact analysis to ensure that they are fully compliant with equality and diversity legal requirements, reflect the composition of the catchment areas, and take into account the needs of people with protected characteristics.

Statutory scrutiny will be provided by a joint HOSC which was formally established in July 2014 and will be led by Wandsworth Council. A joint health overview and scrutiny committee (Joint HOSC) is required because the proposals for inpatient development include all five boroughs.

Commissioners have also sought additional clinical input from the London Clinical Senate of NHS England, which is awaited. This process will run in parallel to the consultation and will be shared when available to support the consultation and to assist commissioners in their decision-making at the end of the consultation period.

There has been a procurement process to select and agree an independent company to carry out the evaluation of the consultation responses. The successful company is called Participate and they have a long track record of carrying out this work. They are associates of the Consultation Institute and have carried out an expert review of the public consultation document and feedback form to ensure they meet with best practice.

Participate will be responsible for receiving all consultation responses directly so to provide absolute assurance that there can be no question regarding the independent nature of the consultation evaluation. Participate will also act as the independent facilitators of our five public consultation events which are organised to run in October 2015.

Participate will be required to provide a final report and analysis of the consultation within one month of the close of public consultation.

### **13. Impact of consultation on outcomes**

Consultation is a means to an end. After consultation the outcome will be used to help commissioners decide on the best proposal to take forward on behalf of all those who use the inpatient services provided by the trust and on behalf of the people living in the five boroughs. This decision making process will comply with the NHS England guidance 'Planning and Delivering Service Changes for Patients'. It will use the outcome of consultation as part of the evidence to be considered, alongside clinical benefits of the options put forward, sustainability and the development of health and social care services across South West London.

At the close of consultation the commissioners will publish a report setting out the major themes emerging from the consultation, a summary of the responses to each option, an overview of the process, an explanation of how the final decisions will be taken (including dates of meetings in public) and the timeline for implementing the recommended option, should this be adopted. This report will draw on the independent evaluation report. It will be available in hard copy and online. The full evaluation report will also be available to the public on request. A detailed communications and media plan will set out the actions for commissioners and the trust to communicate the decision, and the process used, to service users, carers, staff, local people, partner organisations, stakeholders and the media.

The Joint HOSC will also review the consultation process and comment on the outcome.

#### 14. Consultation timetable

The consultation timetable will be agreed with the Joint HOSC and is therefore not set out in detail here.

In outline,

- Pre-consultation involvement began in March 2014 and a programme of continuing engagement will continue throughout the period of consultation. After a decision is made this activity will continue as part of the trust's mainstream commitment to listen to people who use services and local communities
- Formal consultation is planned to begin on 29 September 2014. The start of consultation will be marked by the distribution of the consultation documents and summaries to the agreed list; by the publication of the documents online by commissioners and the trust; by advertising and posters announcing formal consultation events; news releases to the local media; and contacting community and patient groups in each borough offering a meeting to seek feedback on the proposals.
- During the early phase of consultation the trust and commissioner will use the contacts established during pre-consultation to raise awareness of the consultation, invite feedback and promote the offer of speakers
- Formal public events will be held during October, during the second month of consultation. This will avoid holding major events during the holiday period and give people a chance to read and understand the background to the proposals before they come to an event.
- The consultation team will continue to offer meetings with local groups throughout the consultation period (subject to clinical care not being compromised).
- In the final two weeks of consultation further publicity will be issued to the local news media reminding people of the closing date for feedback. Consideration will be given to contacting groups or stakeholders who have not so far given feedback and encouraging them to do so before the closing date.
- Consultation would close after a minimum of twelve weeks subject as agreed with Joint HOSC.

b. You will provide an indicative analysis of expected number of admissions to each of the new units, by borough of residence (updating the figures on p. 50 of the consultation document)

The assumed changes in admissions from current year to 2020.

<b>Admissions</b>	<b>FYE 2014/2015</b>	<b>Plan 2020</b>
KINGSTON	264	238
MERTON	276	233
RICHMOND UPON THAMES	281	220
SUTTON	314	254
WANDSWORTH	585	575
<b>Grand Total</b>	<b>1,719</b>	<b>1,520</b>

In 2020 these admissions will be distributed like this

	<b>Plan2020</b>
<b>KINGSTON</b>	<b>238</b>
Springfield	14
Tolworth	224
<b>MERTON</b>	<b>233</b>
Other	3
Springfield	188
Tolworth	42
<b>RICHMOND UPON THAMES</b>	<b>220</b>
Other	2
Springfield	17
Tolworth	201
<b>SUTTON</b>	<b>254</b>
Other	-
Springfield	43
Tolworth	211
<b>WANDSWORTH</b>	<b>575</b>
Springfield	526
Tolworth	49
<b>Grand Total</b>	<b>1,520</b>

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