



# 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: 9<sup>th</sup> 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](mailto: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 18<sup>th</sup> 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 16<sup>th</sup> 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)

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 16<sup>th</sup> 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 17<sup>th</sup> 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 COUNCILSOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEEINPATIENT 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.

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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](mailto:mnewton@wandsworth.gov.uk) (020-8871-6488) can supply it, if required.

WANDSWORTH BOROUGH COUNCILSOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEEINPATIENT 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.

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.

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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

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