



# 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: 7<sup>th</sup> October 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**

**THURSDAY, 16TH OCTOBER, 2014 AT 7.00 P.M.  
THE TOWN HALL (ROOM 145), WANDSWORTH, SW18 2PU**

**Members of the Sub-Committee:**

Councillors Claire Clay (Wandsworth), Sunita Gordon (Sutton), Brian Lavender-Lewis (Merton), Raju Pandya (Kingston) and Margaret Buter – deputising for David Porter (Richmond),

### **AGENDA**

**1. Declarations of Interests**

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

**2. Terms of Reference of the South West London Joint Mental Health Overview and Scrutiny Committee and Inpatient Mental Health Services Sub-Committee (Paper 1) (Pages 3 - 8)**

To note the terms of reference and rules of procedure of the South West London Joint Health Overview and Scrutiny Committee and Inpatient Mental Health Services Sub-Committee approved at the Joint Health OSC meeting held on 17th July 2014. (Attached)

3. **Election of Chairman**

To elect a Chairman for the Inpatient Mental Health Services Sub-Committee for the life of the Sub-Committee.

4. **Election of Vice-Chairman**

To elect a Vice-Chairman for the Inpatient Mental Health Services Sub-Committee for the life of the Sub-Committee.

5. **Consultation Proposals**

Presentation from the South West London and St George's Mental Health NHS Trust on the Inpatient Mental Health Services consultation proposals.

6. **Scrutiny Issues (Paper 2)**

**(Pages 9 - 14)**

To consider report by the Health Policy Team Leader, Wandsworth Borough Council on issues that members may wish to consider during the scrutiny process. (Attached)

7. **Dates for Members' Visits**

To approve the dates for members' visits to the sites where inpatient services are currently delivered.

8. **Dates for Future Sub-Committee Meetings**

To approve the dates for future meetings of the Sub-Committee.

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
SOUTH WEST LONDON**

**TERMS OF REFERENCE**

1

1.1 The South West London Joint Health Overview and Scrutiny Committee is established by the London Boroughs of **Croydon, Merton, Richmond upon Thames, Sutton, Wandsworth**, and the **Royal Borough of Kingston upon Thames (constituent boroughs)** in accordance with s.245 of the NHS Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

1.2 It will be a standing Joint Overview and Scrutiny Committee which will undertake scrutiny activity in response to a particular reconfiguration proposal or strategic issue affecting some, or all of the constituent Boroughs.

1.3 The length of time a specific matter / proposal will be scrutinised for will be determined by the Joint Committee.

1.4 The purpose of the Standing Joint Committee is to consider the following matters and commission sub-committees to carry out detailed scrutiny work as below:

(a) To engage with Providers and Commissioners on strategic sector wide *proposals* in respect of the *configuration* of health services affecting some or all of the area of Croydon, Merton, Richmond upon Thames, Sutton, Wandsworth, and the Royal Borough of Kingston upon Thames (the area.)

(b) Scrutinise and respond to the consultation process (including stakeholder engagement) and final decision in respect of any reconfiguration proposals affecting some, or all of the constituent Boroughs.

(c) Scrutinise in particular, the adequacy of any consultation process in respect of any reconfiguration proposals (including content or time allowed) and provide reasons for any view reached.

(d) Consider whether the proposal is in the best interests of the health service across the affected area.

(e) Consider as part of its scrutiny work, the potential impact of proposed options on residents of the reconfiguration area, whether proposals will deliver sustainable service change and the impact on any existing or potential health inequalities.

(f) Assess the degree to which any proposals scrutinised will deliver sustainable service improvement and deliver improved patient outcomes

(g) Agree whether to use the joint powers of the local authorities to refer either the consultation or final decision in respect of any proposal for reconfiguration to the Secretary of State for Health.

(h) As appropriate, review the formal response of the NHS to the Committees consultation response."

1.5. The Joint Committee will consist of 2 Councillors nominated by each of the Boroughs and appointed in accordance with local procedure rules. Each Council can appoint named substitutes in line with their local practices.

1.6 Appointments to the Joint Committee will be made annually by each Borough with in-year changes in membership confirmed by the relevant authority as soon as know.

1.7 A Chairman and Vice Chairman of the Joint Committee will be elected by the Committee at its first meeting for a period of one year and annually thereafter.

1.8 The life of the Joint Committee will be for a maximum of four years from its formation in July 2014.

1.9 For each specific piece of scrutiny work undertaken relating to consultations on reconfiguration or substantial variation proposals affecting all or some of the constituent borough areas, the Joint Committee will either choose to act as a full Committee or can agree to commission a sub-committee to undertake the detailed work and define its terms of reference and timescales. This will provide for flexibility and best use of resource by the Joint Committee.

1.10 In determining how a matter will be scrutinised, the Joint Committee can choose to retain decision making power or delegate it to a sub-committee.

1.11 The overall size of each sub-committee will be determined by the main Committee and must include a minimum of 1 representative per affected Borough.

1.12 Where a proposal for reconfiguration or substantial variation covers some but not all of the constituent Boroughs, in establishing a sub-committee, formal membership will only include those affected Boroughs. Non affected boroughs will be able to nominate members who can act as 'observers' but will be non-voting.

1.13 The Committee and any sub-Committees will form and hold public meetings, unless the public is excluded by resolution under section 100a (4) Local Government Act 1972 / 2000, in accordance with a timetable agreed upon by all Boroughs and subject to the statutory public meeting notice period.

## **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC)**

### **RULES OF PROCEDURE**

#### **1. Membership of Committee and Sub-Committees**

- 1.1 The London Boroughs of Croydon, Merton, Richmond upon Thames, Sutton, Wandsworth and the Royal Borough of Kingston upon Thames, will each nominate, 2 members to the JHOSC, appointed in accordance with local procedure rules .
- 1.2 Appointments will be reconfirmed annually by each relevant authority
- 1.3 Individual boroughs may change appointees in accordance with the rules for the original nomination.
- 1.4 Individual boroughs will be strongly encouraged to nominate substitutes in accordance with local practice.
- 1.5 In commissioning Sub-Committees, membership will be confirmed by the JHOSC and can be drawn from the main Committee or to enable use of local expertise and skill, from non-Executive members of an affected borough.
- 1.6 The membership of a sub-committee will include at least one member from each affected Borough. (Non affected boroughs can appoint 'observer' members to sub-committees but they will be non voting.
- 1.7 The JHOSC, may as appropriate review its membership to include authorities outside the South West London area whom are equally affected by a proposal for reconfiguration or substantial variation who can be appointed to serve as members of relevant sub-committees.

#### **2. Chairman**

- 2.1 The JHOSC will elect the Chairman and Vice Chairman at the first formal meeting. A vote will be taken (by show of hands) and the results will be collated by the supporting Officer.
- 2.2 The appointments of Chairman and Vice Chairman will be reconfirmed annually.
- 2.3 If the JHOSC wishes to, or is required to change the appointed Chairman or Vice Chairman, an agenda item should be requested supported by four of the six constituent Boroughs following which the appointments will be put to a vote.
- 2.4 Where a sub-committee is commissioned, at its first meeting a Chairman and Vice-Chairman will be appointed for the life of the sub-committee.

#### **3. Substitutions**

- 3.1 Named substitutes may attend Committee meetings and sub-committee meetings in lieu of nominated members. Continuity of attendance is strongly encouraged.
- 3.2 It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure the supporting officer is informed of any changes prior to the meeting.

3.3 Where a named substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting.

#### 4. Quorum

4.1 The quorum of a meeting of the JHOSC will be the presence of one member from each of five of the six participating Boroughs.

4.2 The quorum of a meeting of a Sub Committee of the JHOSC will be three quarters of the total membership of the sub-committee to include a minimum of two members.

#### 5. Voting

5.1 Members of the JHOSC and its sub Committees should endeavour to reach a consensus of views and produce a single final report, agreed by consensus and reflecting the views of all the local authority committees involved.

5.2 In the event that a vote is required each member present will have one vote. In the event of there being an equality of votes the Chairman of the JHOSC or its sub-committee will have the casting vote.

#### 6. JHOSC Role, Powers and Function

6.1 The JHOSC will have the same statutory scrutiny powers as an individual health overview and scrutiny committee that is:

- accessing information requested
- requiring members, officers or partners to attend and answer questions
- Referral to the Secretary of State for Health if the Committee is of the opinion that the consultation has been inadequate or the proposals are not 'in the interests' of the NHS

6.2 The JHOSC can choose to retain the powers of referral to the Secretary of State for Health for a particular scrutiny matter or delegate them to an established sub-committee.

#### 7. Support

7.1 The lead governance and administrative support for the JHOSC will be provided by Boroughs on an annual rotating basis.

7.2 The lead scrutiny support for sub-committees will be provided by Boroughs on a per issue basis to be agreed by the JHOSC.

7.3 Meetings of the JHOSC and its sub-committees will be rotated between participating Boroughs.

7.4 The host Borough for each meeting of the JHOSC will be responsible for arranging appropriate meeting rooms and ensuring that refreshments are available.

7.5 Each borough will identify a key point of contact for all arrangements and Statutory Scrutiny Officers will be kept abreast of arrangements for the JHOSC.



## 8. Meetings

- 8.1 Meetings of the JHOSC and its sub-committees will be held in public unless the public is excluded by resolution under section 100a (4) Local Government Act 1972 / 2000 and will take place at venues in one of the Six SWL boroughs.
- 8.2 Meetings will not last longer than 3 hours from commencement, unless agreed by majority vote at the meeting.

## 9. Agenda

- 9.1 The agenda will be drafted by the officers supporting the JHOSC or its sub-committees and agreed by the appropriate Chairman. The officer will send, by email, the agenda to all members of the JHOSC, the Statutory Scrutiny Officers and their support officers.
- 9.2 It will then be the responsibility of each borough to:
- publish official notice of the meeting
  - put the agenda on public deposit
  - make the agenda available on their Council website; and
  - make copies of the agenda papers available locally to other Members and officers of that Authority and stakeholder groups as they feel appropriate.

## 10. Local Overview and Scrutiny Committees

- 10.1 The JHOSC or its sub-committees will invite participating Borough's health overview and scrutiny committees and other partners to make known their views on the review being conducted.
- 10.2 The JHOSC or its sub-committees will consider those views in making its conclusions and comments on the proposals outlined or reviews.
- 10.3 Individual Overview and Scrutiny Committees will make representations to any NHS Body where a consensus at the JHOSC cannot be reached"

## 11. Representations

- 11.1 The JHOSC or its sub-committees will identify and invite witnesses to address the committee and may wish to undertake consultation with a range of stakeholders.
- 11.2 As far as practically possible the committee or sub-committee will consider any written representations from individual members of the public and interest groups that represent geographical areas in South West London that are contained within one of the participating local authority areas.
- 11.3 The main Committee and any established sub-committees will consider up to 3 verbal representations per agenda item from individual members of the public and interest groups that represent geographical areas in South West London that are contained within one of the participating local authority areas. Individuals must register to speak before 12pm on the day before the meeting takes place.
- 11.4 The Chairman or any committee or sub-committee will have the discretion to accept more or late speakers where s/he feels it is appropriate.

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WANDSWORTH BOROUGH COUNCILSOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
INPATIENT MENTAL HEALTH SERVICES SUB-COMMITTEE –  
16TH OCTOBER 2014

Report by the Health Policy Team Leader, Wandsworth Borough Council on scrutiny of the consultation on inpatient services provided by the South West London and St George's Mental Health NHS Trust

SUMMARY

On 29th September 2014, formal public consultation was launched on proposals for reconfiguration of mental health inpatient services in South West London. The preferred option presented is that all services should be located on the Springfield Hospital and Tolworth Hospital sites in new, purpose-built facilities (with the exception of the Phoenix Unit and Storey Building at Springfield, which were completed in 2007 and 2009 respectively). Services would be approximately equally shared between Springfield and Tolworth. This would involve the transfer of a number of specialist services from Springfield to Tolworth, as well as the transfer of three adult wards from Queen Mary's Hospital, Roehampton to Tolworth, and the closure of all inpatient mental health services at Queen Mary's Hospital. An alternative option, retaining the three wards at Queen Mary's, is presented in the Consultation Document but is not supported.

The responsibility of the Sub-Committee is to consider whether the consultation is adequate and whether the proposals being put forward are in the interest of the local population. In addressing the latter, it is suggested that the Sub-Committee may wish to focus on four issues:-

- Whether the number of beds proposed is right;
- The strength of plans for community and early intervention services;
- Whether the proposed sites are the correct ones; and
- Whether the proposed distribution of services between the sites is correct.

The Sub-Committee are asked to consider the proposed work programme set out in paragraph 9, as well as the proposed programme of visits to be undertaken by members of the Sub-Committee and the interested parties to be invited to present their views to the Committee.

The full consultation document has been circulated to members of the Sub-Committee and officers from the Mental Health Trust and Clinical Commissioning Groups will be in attendance at the Sub-Committee meeting to explain the proposals and respond to members' questions.

*Scrutiny proposals and work plan*

**RECOMMENDATIONS**

1. The Sub-Committee are asked to consider:-
  - (a) Whether they support the proposed work plan set out in Paragraph 9 below;
  - (b) Which interested parties should be invited to present their views to the Sub-Committee; and
  - (c) The proposed programme of visits to be undertaken by members of the Sub-Committee.

**INTRODUCTION**

2. On 29th September 2014 the Clinical Commissioning Groups for Merton, Sutton, Wandsworth, Kingston and Richmond, together with NHS England and the South West London and St George's Mental Health NHS Trust launched a consultation on the future of inpatient mental health services in South West London. The formal consultation period will close on 21st December 2014. This Sub-Committee has been established by the South West London Joint Health Overview and Scrutiny Committee to scrutinise the consultation and, in particular, to consider whether the consultation process is adequate and whether the proposals being put forward are in the interests of the population of South West London. This paper sets out issues to which members may wish to give attention during the scrutiny.

**CONSULTATION PROPOSALS**

3. The proposed changes to mental health inpatient services are set out in full in the consultation document, which has been circulated to members of the Sub-Committee, and officers of the Mental Health Trust and the Clinical Commissioning Groups will be in attendance at this meeting of the Sub-Committee to respond to explain the proposals and respond to members' questions.
4. Within South West London, mental health inpatient services are currently provided at Springfield Hospital, Tooting, SW17, Queen Mary's Hospital, Roehampton, SW15 and Tolworth Hospital, Kingston, KT6. Springfield Hospital is by far the largest site and contains the great majority of the beds. On this site, only the Phoenix Unit (opened in 2007) and the Storey Building (formerly the Wandsworth Recovery Centre) (opened in 2009) comply with current standards for inpatient services. 48 beds are currently provided in three wards at Tolworth Hospital, none of which is fully compliant with current standards. Queen Mary's Hospital contains 64 mental health beds over three wards. Although these were opened only in 2006, they were not specifically designed as mental health wards and the environment is not satisfactory and does not provide direct access to outside space.
5. Consideration was given to three other hospitals as potential sites for new inpatient mental health provision: Sutton Hospital, Richmond Royal Hospital and Barnes Hospital. However, none of these was considered viable, and only three options are explored in detail in the consultation document:
  - (a) *The 'do minimum' option.* This would involve continuing to use the existing buildings for inpatient care, but undertaking the backlog of maintenance work on these buildings. This option is considered neither clinically or financially viable, as it would entail the continuation of provision in outmoded buildings and it would not secure the capital receipts obtainable through regeneration and sale of a part of the

Springfield site. It is therefore presented only for information and is not being consulted on.

- (b) *Providing services at Springfield, Queen Mary's and Tolworth.* Under this option, Queen Mary's Hospital would continue to provide three adult wards. Tolworth would cease to provide local adult mental health service (though it might offer one ward for older adults with age-related mental health needs) but would provide three child and adolescent wards as well as the adult deaf ward and a ward for obsessive compulsive disorder and the body dysmorphia service. All other inpatient services would remain at Springfield. This option is not favoured because the size of the service at Queen Mary's is at the lower limit of what is deemed by the Royal College of Psychiatrists to be clinically safe, and it is considered that the much smaller size of Tolworth and Queen Mary's relative to Springfield may make it harder to recruit staff to work on these two sites. It would also involve the continued provision of services in Queen Mary's Hospital that are considered unsatisfactory.
- (c) *Providing services at Springfield and Tolworth.* Under this option, Tolworth would provide all of the services listed in the previous option, as well as three adult mental health wards, with the result that the two units would be of similar size. This is the preferred option as it ensures that all inpatient services would be provided from services facilities that are fully compliant with current standards. The additional capital costs of achieving this would be more than compensated for by the reduced running costs of operating from just two sites.

6. The consultation seeks views on three issues:-

- (a) Whether the preference for the two site option is supported;
- (b) Whether there is support for the proposal to transfer a range of specialist mental health services from Springfield to Tolworth Hospital; and
- (c) Whether the ward for older people with age-related mental health needs should be provided at Springfield or Tolworth Hospitals.

### **SCRUTINY OF THE PROPOSALS**

7. In considering whether the proposals brought forward in the consultation document are in the interest of the local population, the Sub-Committee may wish to address the following issues:-

- (a) *Whether the number of beds proposed is right.* In all, the proposals represent a reduction of approximately fifty on the current complement. This reflects a long-term pattern of reduction in reliance on in-patient care in mental health services. However, if the reduction is too great, it will result in the most vulnerable patients being denied services they need. Conversely, if the level of provision is greater than needed, it will result in a substantial capital investment in inpatient services that might have offered better value for money if directed to community provision;
- (b) *The strength of plans for community and preventive services.* Whilst the consultation document provides some information on the Mental Health Trust's plans for community services, this is not the subject of consultation. However, the robustness of those plans will be a key determinant of the extent to which the number of inpatient beds can be safely reduced. There is also good evidence that early intervention services directed to people experiencing their first psychotic episode can substantially reduce the proportion who go on to experience serious

*Scrutiny proposals and work plan*

and enduring mental health services. Members may, therefore, wish to enquire about the strength of these services in South West London and their potential for bringing about a long-term reduction in the need for inpatient mental health care;

- (c) *Whether the proposed sites are the correct ones.* One of the key judgements put forward in the Consultation Document is that building new inpatient services at Tolworth is preferable to continuing to rely on the relatively new provision at Queen Mary's Hospital. The Sub-Committee may wish to consider whether it shares the view that the inpatient provision at Queen Mary's Hospital is so inadequate as to justify this substantial capital investment. It may also want to test the reasons for the rejection of any other possible sites for inpatient provision; and
- (d) *Whether the proposed distribution of services between sites is the right one.* The rationale for moving some specialist services from Springfield to Tolworth is both to provide more space for these services and to ensure that, within the new configuration, both hospital sites have roughly equal status. However, there is a risk that these moves will be seen as breaking up an established centre of expertise. In addition, there is a long history of provision for deaf people in the Tooting area and moving the ward for deaf people to Tolworth may separate it from some of the social infrastructure that has developed in the Tooting area. Another question that might be asked is why Queen Mary's Hospital, which has a core function of providing rehabilitation services for older people, is not considered as a possible site for the ward for older adults with age-related mental health conditions.

**SCRUTINY OF THE CONSULTATION**

8. The Sub-Committee also has a duty to consider whether the consultation being undertaken is adequate. The Consultation Document provides details of engagement work that was taken in the preparation of the options for consultation and the way in which the views of stakeholders have been accommodated. Questions the Sub-Committee may wish to ask are:-
- (a) Does the consultation document present the issues and options clearly and fairly?
- (b) Are the proposals for formal consultation sufficient to allow all interested parties the opportunity to comment?
- (c) Is there a willingness to take account of any comments received, and are the arrangements for consideration of comments sufficient for this?

**PROPOSED WORK PLAN**

9. The following suggested work plan is put forward for the Sub-Committee's consideration:

16/10/14 Initial meeting of the Committee

20/10/14 Circular letter sent to interested parties, inviting them to present their views to the Sub-Committee

20/10/14 - 14/11/14 Visits by members of the Sub-Committee. Possible sites to visit would be:

- Springfield Hospital
- Tolworth Hospital
- Queen Mary's Hospital

- Specialist services proposed for relocation from Springfield to Tolworth
- Community and early intervention services

w/c 17/11/14 Second meeting. Hearing views from selected interested parties

w/c 15/12/14 Third meeting. To agree response to consultation

w/c 23/02/15 Final meeting (if required). To agree any action in response to the NHS decision.

10. Members are asked to consider whether they support the proposed work plan, whether there are particular interested parties whose views should be sought on the consultation and proposals, and the proposed programme of visits.

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Town Hall  
Wandsworth SW18 2PU

8th October 2014

Richard Wiles

Health Policy Team Leader  
Wandsworth Borough Council

### **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.

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