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Camden and Islington NHS Trust estates redevelopment Q&A

Q1: What's wrong with the current Camden and Islington estate/facilities? Why is change needed?

A: We are reviewing our entire estate because many of the buildings are old and not fit-for-purpose, as highlighted in the CQC inspection report, published in June 2016. We want to provide modern, accessible community mental health facilities across Camden and Islington, moving more of our services closer to where people live and to physical and social support services.

For people who need to come into hospital, we want to provide a welcoming environment, including access to green space and to privacy, which we know is therapeutically beneficial and which simply isn't possible any longer at St Pancras. It's really very difficult to deliver 21st century care in 19th century buildings.

In addition, the St Pancras site is increasingly overlooked by surrounding buildings, compromising service user privacy and dignity. This on-going major development work and expansion is expected to continue for several years.

Q2. What changes are you proposing?

A: The changes will affect all inpatient services at St Pancras Hospital and also some community services. We are proposing to move inpatient wards from the ageing buildings at St Pancras to a new purpose-built hospital near the Whittington Hospital, close to the Highgate Centre for Mental Health which is our other inpatient building. In addition, we are proposing to develop two new community hubs, which will offer a range of community services from under-one-roof, in accessible locations. Investment in the new inpatient facility and the community hubs will be funded by money released from the value of the St Pancras Hospital site.

By releasing the value on most of the land at St Pancras we propose to:

- Improve inpatient facilities, delivering a warm and welcoming modern building
- Provide new accommodation for the community facilities at St Pancras; sharing a building with the new Institute for Mental Health
- Invest in new, vibrant community mental health hubs in Camden (Greenland Road) and Islington (Lowther Road)

Full details of the proposals are given in the [consultation document](#).

Q3: There are approximately 30 sites on the estate, are you reviewing all of them?

A: Yes.

Q4: What's the process you are following? What are the timings?

A: In July 2017, we submitted an Outline Business Case (OBC) to NHS Improvement (NHSI). This contained the three feasible options:

- Repair and maintain our current buildings including on our St Pancras site
- Move our inpatient beds from St Pancras to a site behind the Whittington Hospital, invest in our community services, build new facilities, and bring our researchers and academics together on a single site
- Move our inpatient beds from St Pancras to the St Ann's site, next to Barnet, Enfield and Haringey Mental Health Trust, invest in our community services, build new facilities, and bring our researchers and academics together on a single site.

Since then we have continued engaging with our service users, staff and local people and between 6 July and 12 October 2018 our clinical commissioning groups (CCGs) led a formal public consultation on proposals based on the preferred option of building a new inpatient hospital on the Whittington Hospital site and investing in two new community hubs.

Next steps include the evaluation of feedback received during the public consultation period. All the feedback received will be evaluated by an independent organisation and the outcome report will be published on our website around 12 November 2018. Overall programme timings would be as follows:

6 July to 12 October 2018 – Public consultation

November 2018 – Post consultation report is published

December 2018 – Camden and Islington CCGs make their final decision on the proposals based on the outcome of the public consultation

December 2022 – New community hubs complete

June 2023 – New inpatient facility is complete and ready for patient move

June 2024 – New building at St Pancras is complete

Q5: Can't you just upgrade the buildings on the St Pancras site?

A: The Trust has thoroughly examined the option of upgrading wards at St Pancras Hospital. However much we spend, we would not be able to address the need for privacy or access to green space on the St Pancras site with tall buildings beginning to spring up all around the area compromising privacy and dignity.

A further challenge is the lack of availability of a suitable temporary building where inpatients could be cared for while redevelopment work takes place. Having acutely unwell people on an actual building site is not an option. As no suitable decant space is available in London, the Trust would need to build temporary wards somewhere and the advice from experts is that the cost of such a building would be almost as much as a permanent hospital. It would have to be constructed to the same specifications as a permanent hospital ward, with the same thickness of walls, avoidance of ligatures, heating and ventilation. It would therefore cost almost as much as what we would spend on the new permanent hospital.

Q6: What happened to the money you made from the sale of St Luke's in 2012?

A: We sold the St Luke's site for £26 million. This money is still in our bank account and will be a major contributor to the development of new community and inpatient facilities. It means we will be able to start work prior to selling off part of the St Pancras site without being too reliant on borrowing.

The Trust had a significant cash balance even before St Luke's was sold and since then, we have consistently made cash surpluses due to our income, after all our outgoing expenses, being in surplus. This has enabled us to make £29 million in capital investments over the last five years, refurbishing St Pancras, Highgate Mental Health Centre and community properties, as well as upgrading our ICT (information and communication technology).

As a result of all these receipts and payments, we hold £50 million in cash as of end March 2018.

Q7: Are the current buildings unsafe? If so, why haven't you acted before now?

A: The facilities are not unsafe but the age and condition of the buildings makes it difficult and costly for us to maintain safety standards. Quite rightly, standards and expectations rise all the time, and it is increasingly difficult for us to keep up. If we had more modern facilities, this would not be a problem.

Q8: Didn't the CQC report in 2016 highlight issues with safety? Wasn't safety rated as 'requires improvement'?

A: The CQC report, published in June 2016, did identify issues with the estate that we will address by building the new inpatient facility. For example, the CQC highlighted that there was poor line of sight within the wards due to their historic design and we have addressed this by adding extra staff observations.

Q9: What would be the benefits of moving to a location on the Whittington site?

A: It's an attractive option, as the beds would stay in Camden and Islington and there would also be opportunities to partner with the Whittington to 'join up' physical and mental health care services. It would also give us the opportunity to develop a new purpose-built hospital which would be co-designed with our service users.

Q10: I haven't seen much integration with The Whittington so far. Why would this be any different?

A: Co-locating services enables integration but you are right that it doesn't follow automatically. Having said that, we are making good progress. Physical Health Liaison Clinics, led by C&I and Whittington consultants, are already underway at Highgate. Service users are seen at this weekly clinic by specialist doctors and treated for a range of physical health conditions, from chronic obstructive pulmonary disease to diabetes and heart disease.

People with serious mental health issues die on average 20 years earlier than the general population. One of the Trust's key projects is working with our physical health partners to improve the physical health of patients with psychosis alongside their mental health. We want to raise life expectancy by tackling conditions such as diabetes and chronic obstructive pulmonary disease. We want to encourage further integration and welcome your ideas on how this can best be done.

Q11: The St Pancras site is very convenient, with multiple transport links.

A: We recognise that having good transport links is important, but it's likely that we will need to make some trade-offs. Many of our service users have told us that the benefits of having single en-suite rooms, warm and welcoming inpatient facilities with green and tranquil space outside, outweigh the inconvenience of them being a little further away.

Q12: Some individuals have been regular inpatients on the St Pancras site over the years and this will be a huge and unsettling change for many of them.

A: We don't underestimate the impact of change, but believe the huge benefits that will result from having a brand new, warm and welcoming inpatient facility will outweigh the concerns over change. With regard to the move itself, we will do it with as little disruption as possible and certainly before any major building work starts. We wouldn't do this unless we strongly believed that the benefits would outweigh the disruption. Our priority is to provide modern facilities that enable people to stay as well as possible.

Q13: If you sold some of the St Pancras site, would any other services move off this site?

A: Service users will still access community services at St Pancras. Our goal is to provide the right service from the right place. Some community services based at St Pancras will also be offered in one of the new community hubs, giving service users greater choice of where they wish to access services. We want not only to provide high-quality services but also to locate them near to the people who need them. If our services are accessible, people are likely to use them sooner and that will help them stay well and prevent or slow deterioration. Where possible, we also want to co-locate mental health services with physical health and social support services. As an example, we know that psychological therapies are more accessible if they are embedded in the community.

Q14: Couldn't you just lease part of the site? Selling it seems so permanent.

A: To simply lease the land for a shorter period of time would not attract the kind of developers and revenue we will need to finance our plans across the whole estate. However, we are looking at leasing the land on a long-term basis.

Q15: If you sold part of the St Pancras site, who would you sell it to? Would it stay within the NHS or go to the highest bidder?

A: As a public body, we would need to follow an open procurement process. Camden Council has designated the area for health and housing, so we anticipate that some of the land would be used by another NHS body and the remainder for housing, including affordable housing. So no, the land would not simply go to the highest bidder, we need to follow Treasury regulations.

Q16: Who are development partners and what is their role?

A: We will carry out a search for a development partner to plan and deliver the redevelopment. The development partner's work will include gaining planning permissions.

Q17: How is a development partner selected?

A: Appointment of a development partner is subject to a strict tender process that will take over 40 weeks to complete. No appointment will be made prior to the public consultation.

We will follow the formal Official Journal of the European Union (OJEU) process. This is the publication in which all tenders from the public sector, which are valued above a certain financial threshold according to EU legislation, must be published.

Q18: I'm worried that you're going to sell off land cheap to commercial developers who will make a huge profit.

A: Absolutely not. We would work with a property consultant to ensure we generated as much money as possible. We will also be working with Camden Council to ensure we meet their requirements in terms of providing affordable, social housing as part of this redevelopment.

Q19: Moorfields is such a big name. If they moved onto the site, wouldn't it essentially become a Moorfields site with mental health facilities marginalised?

A: We expect that if Moorfields (or any other NHS partner) moved here, they would occupy more of the land at St Pancras than us, but we would retain a significant presence and it would remain a beacon site. We would continue to occupy a similar footprint to the space currently taken up by the East Wing. We also think there would be some advantages connected to being part of a larger health campus. For example, we might be able to share some facilities and stigma would be reduced if we were sited alongside a physical health trust.

Q20: If for some reason Moorfields decides against the site, what would be your fall-back plan?

A: We would be able to sell or lease the land to others, either developers or other public bodies.

Q21: What percentage of the housing generated would be for affordable?

A: We will be working with Camden Council to ensure we meet their requirements in terms of providing affordable, social housing as part of this redevelopment.

Q22: Does the St Pancras Hospital site have any existing keyworker housing and what would happen to the members of staff residing there if the land is leased or sold?

A: The St Pancras Hospital site does not have any existing keyworker housing. The Trust is working with other organisations across the local STP, as well as the Department of Health, to develop a way of meeting the housing needs of the NHS in North Central London.

Q23: Would people with mental illness be prioritised for social housing?

A: We would not be able to stipulate that people with mental illness be prioritised. However, we would work with the developer to determine whether, for example, any specialist supported housing could be part of the housing requirements. Decisions over who is allocated social housing is a council matter.

Q24: Would I be eligible for key worker housing?

A: It has not yet been determined who would be eligible for keyworker housing.

Q25: It sounds like this is all about gentrification, with mentally ill people moved out to make way for high rise apartments for the rich.

A: A significant proportion of the land sold or leased for housing development would be for social housing. The St Pancras area has become safer and more prosperous, which is to our advantage because it means that we would be able to release significant funds if we sold part of our site. But the reason we are reviewing our estate is because we want to improve the environment for our service users and staff, whilst providing the right community services in the right place.

Q26: Would there be any new high-rise buildings?

A: Yes, we expect that there would be a couple of taller buildings on site. One for any new (NHS) partner, and another for housing.

Q27: Why can't the Trust use the money from the sale of the land at St Pancras to restore some of the well-built buildings on the site and 'build up' where appropriate? That would enable inpatient beds to stay on site.

A: It would not be practical to refurbish buildings which are structurally unsuitable for 21st century mental health care. The cost of even getting close to what is required would be

prohibitive and prevent us from improving our community estate. Please see Q4.

Q28: Is the engagement genuine given we haven't seen drawings or designs?

A: We hosted more than 50 initial, informal meetings with service users, staff and carers. We then went back to these groups to update them on developments and gather their views as part of the formal public consultation. We are absolutely committed to making sure the feedback we receive is used to help shape decisions and plans, and in co-designing the proposed new facilities with our service users.

Q39: Some of the buildings at St Pancras are historic/beautiful. Can you confirm that none of them will be knocked down?

A: If we were to lease or sell part of the St Pancras site, it would be the job of the planners to balance the need to regenerate the site with the need to preserve the heritage associated with the Victorian buildings. We expect any important buildings, or at least their façades, would be retained.

Q30: Aren't the buildings on the St. Pancras site listed?

A: No, they are not currently listed.

Q31: Isn't it likely that the St Pancras buildings will become listed if people realise they are under threat?

A: No. We have something called a 'certificate of immunity' which means that they will not be listed before 2020.

Q32: Are you trying to rush through plans before these historic buildings become listed?

A: We are not rushing anything through and we are following all the stipulated processes. We see an opportunity to improve the care we provide to local people and to strengthen our research and we are eager to take it.

Q33: Will you knock down the wall that surrounds the site? Are you concerned that it stigmatises people with mental health issues?

A: This decision would be made by the planners. There are different views on the topic, some people think the wall is historically important, others think that it is stigmatising.

What I can tell you is that we take stigma very seriously. It is one of the reasons why we believe it's so important to invest in our community facilities.

Q34: What proportion of the site do you plan to retain?

A: The site is nearly five acres in size and we currently lease out about a third of it. We envisage that our new building on the St Pancras site would be the same size as the current East Wing.

Q35: What would happen to the organisations that already lease part of the site – the Royal Free Hospital Foundation Trust, Central and North West London Foundation Trust, London Central and West and AT Medics GP?

A: All of these services will stay on the St Pancras Hospital site and, depending on the service, could be housed in refurbished buildings. As these services are not moving, they did not form part of the public consultation. From our point of view, we are keen to work alongside organisations that can help us integrate physical, social and mental health support.

Q36: What would definitely stay on-site?

A: The majority of community, outpatient services at St Pancras would remain onsite in a new building. The administrative staff bases of some community services would move to one of the new hubs, where service users would benefit from those teams being co-located. Service users will still access community services at St Pancras and, in addition, some of these services will also be offered at the community hubs, giving service users greater choice of where they wish to access services.

A key goal is to locate our research facilities and academics on the St Pancras site. Currently, our researchers are based at University College London, our research partner. We want to locate them in a clinical environment as this will make it easier for them to identify research priorities and ensure that innovation and evidence is quickly translated into care for our service users. St Pancras is a perfect location for an Institute for Mental Health because it is home to the 'Knowledge Quarter', whose members include the Francis Crick Institute, the Royal College of Physicians, the Wellcome Trust and the British Library. That provides the Trust and UCL with many opportunities for collaboration.

Q37: So you're moving mental health services off St Pancras to make way for a fancy research centre that will be of little benefit to local people who urgently need support?

A: We envisage that the Institute would focus on applied research – that is, research that can be put into practice straightaway. We know that medical staff provide better care when they are able to get involved in research and innovation. And it's easier to attract and retain talented staff in a competitive environment when excellent training and education are on offer. The Trust's new accommodation at St Pancras would be shared with the new Institute for Mental Health.

Q38: Won't this research be a drain on your finances?

A: No, quite the opposite. For every pound invested in mental health research, economic benefits are estimated to be 37p per year in perpetuity, so the Institute of Mental Health will support our long-term economic sustainability.

Q39: How will staff benefit from the new research institute in terms of education and training?

A: A significant proportion of our staff are already involved in research and innovation and it is our goal to extend the opportunity to pretty much everyone. We know that staff find this work rewarding and helpful for career development, and that service users also benefit as staff apply the latest thinking to their care.

Q40: What approach are you taking to the rest of the estate? Might you create new facilities or is this about consolidating the overall number of locations?

A: It is likely that in future we will have fewer, bigger community sites.

Currently many of the Trust's community services are scattered across both boroughs in old, expensive-to-maintain and often difficult-to-access, buildings. This means some service users having to travel to multiple locations to get all the care they need.

Our goal is to ensure that our services are as accessible as possible to the people who need them. We will continue to have a significant number of facilities across Camden and Islington but we are also finding ways to embed consultant psychiatrists in GP surgeries. Wherever possible, we want to 'join-up' mental health services with other health and wellbeing support.

We have already asked our service users what services they would like to see co-located alongside mental health in the new community hubs – for example, housing advice, GP surgeries, debt, counselling. We will continue to gather this feedback during the public consultation period.

Q41: Roughly how many facilities do you expect to end up with?

A: That is under review at the moment and we are talking to all our clinicians to identify demand and what will work best, dependent on current and predicted activity. What we know is that there will not be any cuts to services as part of this programme. Also, there is expected to be additional space created at some of our existing community sites. We expect there to be two community mental health hubs and Greenland Road and Lowther Road would be among the locations being considered for these.

Q42: Are any of the facilities on the rest of the estate definitely going to be kept?

A: We anticipate keeping many of our existing facilities, including, for example, Highgate Mental Health Centre. The only change to that building may be the creation of a new Place

of Safety facility but that is still being discussed.

Q43: You used to have 85 sites. Over time, this has dropped to 35 and now you want to cut these even further. People are going to have to travel longer and longer distances in order to access your services.

A: Whilst our goal is to increase accessibility, we recognise that there will be some people who need to travel further to access some of our services, although for some people, certain services may end up closer to where they live. For example, we are already extending our reach into the community through new ways of working such as consultations by video link. Other models include placing our psychiatric teams in GP surgeries, which we have done throughout Islington.

Q44: Will all services for Camden and Islington residents remain in the boroughs?

A: Yes.

Q45: Will any services be cut? Will any new services be added?

A: We do not plan to cut any services. We update and review the services we provide all the time. For example, at the end of last year we opened Ruby Ward, a much-needed psychiatric intensive care unit for women. In addition, we are planning to introduce a new perinatal service and we have been placing our psychiatric teams in primary care settings, to support early intervention.

Q46: Camden and Islington has closed over a hundred beds in the past ten years. Can you confirm there won't be a further reduction in the total number of beds?

A: There are no plans to reduce the overall number of beds.

Q47: With the population of Camden and Islington growing and ageing, isn't there a need to create additional beds?

A: We believe we can offset the impact of demographic change through early intervention and increased community and practice-based activity. The Trust already has a high number of beds when we benchmark against other London trusts, but our community offering is small and that is where the problem lies. We need more community services in order to reach people earlier before they become so unwell that they need hospital care. The overwhelming majority of people do not want to be in hospital and clinical treatment is only one part of the support patients need. Relationships, social interactions and personal surroundings also play a large part to support meaningful recovery. Hospitals are not the best environments for most people's recovery.

Q48: Isn't this whole thing really about saving money?

A: We are not planning to reduce our overall site 'footprint', to spend any less money on services or to reduce the number of beds available. Instead, we plan to invest in developing 21st century facilities both at St Pancras and across the community of Camden and Islington. By updating our facilities, we will save money on maintenance that can be re-invested into services.

Q49: Will clinical outcomes improve if the Trust's facilities improve?

A: There is growing evidence that a welcoming and therapeutic environment is an enabler of recovery. In addition, the new community facilities will enable us to offer more services under- one-roof and take a more holistic approach to an individual's health and wellbeing needs.

Q50: We've been here before. We were asked for our input and nothing happened. Will this time be different?

A: The site came into Trust ownership in 2013 which means our destiny is now in our own hands. Rather than just talking about change, we want to transform our facilities so that they enable us to deliver the best care for local people as well as world-class research. We will carefully consider the views and comments received informally and through the public consultation to ensure that feedback helps to shape future decisions and plans.

Q51: Who (else) is being consulted?

A: We sought staff, service user and carer input as part of an informal consultation process prior to submission of the Outline Business Case in July 2017. This process included discussions with the unions, Islington and Camden Healthwatches, cBug, iBug, the Nubian Users Forum, Women's Strategy Groups, the Service User Alliance, staff at all our key sites and service users. Since then, the pool of stakeholders we have been talking to has become much wider and includes existing inpatients, outpatients, carers, local residents and voluntary groups.

Q52: Will this business case be part of your Sustainability and Transformation Plan? Aren't STPs all about driving down cost?

A: Our estates strategy is linked to North Central London's STP. STPs are expected to meet a 'triple challenge' set out in the NHS Five Year Forward View: better health, transformed quality of care delivery, and sustainable finances. The Trust is working to address all three challenges.

Q53: Will we continue to be informed and consulted as plans progress?

A: Yes. You will be kept fully informed and there will be many opportunities for you to be involved and provide input.

Q54: Will there be any job losses as a result of the changes you are planning to make? Is my job definitely safe?

A: We are not planning to cut any jobs.

Q55: Will my job stay in central London? Might I lose my inner London weighting/high pay zone protection?

A: The assessment for inner London weighting/ high pay zone protection is based on where the Trust headquarters are located. As these will remain in central London, there will be no change to inner London weighting/ high pay zone protection.

Q56: Might I have to work on a different site? Will I have any choice as to what site I work on?

A: It is our intention that all facilities will remain in Camden and Islington. We will give staff as much choice as we can, but it is likely that some roles will move to different sites. Accessibility for service users and staff is a key consideration as we review our estate.

Q57: If my travel costs increase, will I be compensated?

A: Yes, staff will be compensated for any incremental travel costs.

Q58: With Brexit becoming a reality, how confident are you that you will be able to fund these ambitious plans?

A: You're right that this is a time of uncertainty. However, we have done our best to factor these uncertainties into our thinking and we certainly won't initiate any changes that we can't take to completion.

Q59: Why was Tottenham Mews sold off at a lower price than the market estimate?

A: This property was found to be surplus to requirements for the Trust following a long period when it was empty and an extensive consideration of service needs across the boroughs. The initial value put on the property was £12 million which was very much beyond the expectations of the Trust. This value was based on the possible development of a four to five storey plot. The property was marketed extensively but there was no interest in purchasing at anything near that price. Offers were received in the region of £4M to £4.5M.

We then sought further independent advice on the value of the building. More detailed consideration took into account the need for any new owner to buy out rights to light if they were intending building upwards. This has a significant impact on costs. The unusual size of the plot and closeness to neighbouring buildings also restricts the opportunities for development and the independent revised valuation taking this into account was £6.5M to £7M.

Further open marketing led to several bids starting at just over £5M and eventually the Trust secured a sale at £7.3 million, in excess therefore of the revised valuation.

The sale at the end of the financial year meant the Trust was in excess of its year-end financial target and therefore received Transformational Funding according to the NHS rules. The transformational funding received was £6million and this plus the £7.3 land sale exceeded the original stated figure of £12million in the Business Case. However, with hindsight the business case figures should have been amended for clarity.