

Camden and Islington NHS Trust estate redevelopment Q&A

Q1: Why is change needed?

A: Many of our buildings are old and not fit-for-purpose, as highlighted in previous Care Quality Commission reports. 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 easy access to outdoor 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.

Q2. What changes are you making?

A: **Inpatient hospital services:** We are creating a single campus at Highgate for all our inpatient hospital services. This new campus will comprise the existing Highgate Mental Health Centre (which we will refer to as **Highgate West**) and a new site at **Highgate East**, where we will create a new, purpose-built inpatient mental health facility. All beds at St Pancras Hospital will move to Highgate.

Community services: We are planning to develop new integrated community mental health centres, which will offer a range of community services from under-one-roof, in accessible locations.

Investment in the new inpatient facility and the integrated community mental health centres 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 will:

- 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 University College London (UCL) Institute for Mental Health
- Invest in new, vibrant integrated community mental health centres in Camden (Greenland Road, plus a location in North West Camden) and Islington (Lowther Road)

Q3: When did the process to make these changes begin?

A: The process began at the start of 2017 when we looked at the following three options with our stakeholders and regulator, NHS Improvement:

- Repair and maintain our current buildings including on our St Pancras site
- Move our inpatient beds from St Pancras to the new Highgate site, 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.

We continued listening to our service users, staff and local people through 2017 and 2018. 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 in Highgate and investing in new integrated community mental health centres. Since then our service users, carers and staff have been working with us to co-design the new facilities.

Q4: What was the outcome of the public consultation?

A: Overall there was strong support for the proposals. There was very strong support for the move of inpatient beds from St Pancras Hospital to a new purpose-built facility at Highgate.

There was also support for the development of integrated community mental health centres, however, feedback showed a degree of uncertainty around the detail of the integrated community mental health centre element, particularly the mix of services.

An independent report of the consultation findings is available in the [Decision Making Business Case](#).

Q5: When and how was the Trust given the go ahead to progress its plans?

A: The governing bodies of Camden Clinical Commissioning Group and Islington Clinical Commissioning Group met on 20 December 2018 where they formally declared their support for our Business Case, after considering the proposals and outcome of the public consultation.

Q6: What are the timings for the redevelopment?

Our aim is to have the new inpatient and Lowther Road builds completed by late 2023.

Q7: Can't you just upgrade the buildings on the St Pancras site?

A: The Trust thoroughly examined the option of upgrading wards at St Pancras Hospital. However much we spend, there are issues that would not be addressed such as access to outdoor space from wards and the tall buildings springing 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.

Q8: 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.

Q9: What are the benefits of moving to the Highgate East site?

A: Beds will stay in Camden and Islington and there will also be opportunities to partner with the Whittington Hospital to 'join up' physical and mental health care services. Having all our beds together in Highgate would also make it easier to share resources and provide nurse and doctor cover after hours.

Q10: The St Pancras site is very convenient, with multiple transport links.

A: We recognise that having good transport links is important. Many of our service users have told us that the benefits of having single en-suite rooms, access to fresh air from each ward and a quieter setting than St Pancras, outweigh the inconvenience of them being a little further away.

Q11: Will any other services move from the St Pancras 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 integrated community mental health centres, 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 down 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.

Q12: How will redevelopment of the St Pancras Hospital site be managed?

A: In December 2019, the Trust selected the King's Cross Central Limited Partnership (KCCLP), as the preferred bidder, to undertake and oversee the development of the site.

As a public body we followed a rigorous procurement process to identify the right partner for this hugely important part of the work and we believe the choice of KCCLP will enable us to get the very best out of this site, including clinical services, commercial space and private and affordable homes.

Q13: 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.

Q14: Is the engagement genuine?

A: Our engagement work began in 2017, long before the formal public consultation was launched in 2018. Since then we have attended hundreds of meetings to continue conversations with service users, carers, staff and other local people. We have also hosted a programme of workshops, enabling these groups to speak to our clinical planners and architects directly, and share their needs and experiences. We know how vital this feedback is to make our new facilities the best they can be and we will continue to seek views and ideas throughout the programme.

Q15: Some of the buildings at St Pancras are historic/beautiful. Can you confirm that none of them will be knocked down?

A: It will 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.

Q16: What proportion of the St Pancras site will you 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.

Q17: 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.

Q18: Can you confirm there won't be a reduction in the total number of beds?

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

Q19: 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.

Q20: 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 creating modern, sustainable facilities, we will support the wider NHS commitment to address the climate 'health emergency' by reducing our energy usage and carbon footprint.

Q21: 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.