

Transforming mental health services in Camden and Islington: Proposals for change to the Camden and Islington NHS Foundation Trust Estate

Pre-Engagement Summary

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1	The Secretary of State's Four Tests	

NHS England, in 'Planning and delivering service changes for service users' published in December 2013, outlined good practice for commissioners on the development of proposals for major service changes and reconfigurations.

Building on this, the 2014/15 mandate from the Secretary of State to NHS England, outlines that proposed service changes should be able to demonstrate evidence to meet four tests:

1. Strong public and patient engagement;
2. Consistency with current and prospective need for patient choice;
3. A clear clinical evidence base; and
4. Support for proposals from clinical commissioners.
5. Bed closure test

Reconfiguration proposals must meet the four tests before they can proceed. These tests are designed to demonstrate that there has been a consistent approach to managing change, and therefore build confidence within the service, and with service users and the public.

Test 1: Strong public and patient engagement

This test evaluates how service users and the public have been involved in the development of the proposals for the redevelopment of the St Pancras site and the development of the community hubs and relocation of some community services.

The extensive stakeholder engagement undertaken to date and that which is proposed over the course of the project is laid out in detail in Section [7] of this document. The methods and approaches for consultation have included presentations, discussions, surveys, meetings and emails.

A summary of these activities includes;

- 15 Service User engagements;
- 5 Staff engagements;
- 5 Carer engagements;
- 5 for senior stakeholders;
- 2 Governor engagements;
- 5 Healthwatch engagements;

- 5 local community engagements;
- 1 local resident engagement

The figure below lists each of the committees who have considered the pre-consultation plan and associated engagement activities.

Figure [11.1]: Staff Engagement

Meeting/approach	Date	How were participants informed
Staff-side meeting	14 March 2017	Presentation and discussion
Peckwater Centre staff	28 March 2017	Presentation and discussion
Highgate Mental Health staff	04 April 2017	Presentation
St Pancras staff	05 April 2017	Presentation and discussion
Lowther Road staff	05 April 2017	Presentation and discussion
C&I Senior Leadership Team Meeting	24 April 2017	Presentation
St Pancras and Greenland Road staff	11 May 2017	Presentation
Highgate Mental Health staff	12 May 2017	Presentation
All-staff briefing	24 May 2017	Presentation
Email update for staff	02 February 2018	Update email
C&I staff briefing, Greenland Road	30 April 2018	Presentation
C&I staff briefing, St Pancras	01 May 2018	Presentation
C&I staff briefing, Lowther Road	03 May 2018	Presentation
C&I staff briefing, Highgate	04 May 2018	Presentation

Figure [11.2]: Service User and Carer Engagement

Meeting/approach	Date	How were participants informed
cBug, iBug, Nubian Users' Forum, Women's Strategy Group	24 March 2017	Presentation followed by Q&A session
Service User Alliance	31 March 2017	Presentation followed by Q&A session
Service Users' Conference at St Pancras	13 April 2017	Presentation followed by Q&A session
cBug	25 April 2017	Discussion
Islington Carers' Hub	28 April 2017	Discussion
Camden Carers' Hub	19 May 2017	Discussion
iBug	27 June 2017	Discussion
Nubian Users' Forum	18 July 2017	Presentation
Service User Alliance	22 September 2017	Discussion and Q&A session
Briefing SMS Service Users at Margarete Centre	28 September 2017	Briefing
Frontline Service Users	02 November 2017	Discussion
Meeting of CPPEG	06 November 2017	Presentation
iCope Islington	15 November 2017	Discussion and Q&A
Carers' Partnership Meeting	09 January 2018	Discussion and Q&A session
Healthwatch inpatient survey	24 January 2018	Verbally by Healthwatch and

		then asked a series of questions
Healthwatch inpatient survey	26 January 2018	Verbally by Healthwatch and then asked a series of questions
Healthwatch inpatient survey	30 January 2018	Verbally by Healthwatch and then asked a series of questions
Extraordinary Service Users' Forum	02 February 2018	Update presentation followed by Q&A session
Islington Carers' Meeting	06 February 2018	Verbally by Healthwatch and then asked a series of questions
Camden Carers' Meeting	16 February 2018	Verbally by Healthwatch and then asked a series of questions
Previous inpatients	Through March 2018	Verbally by Healthwatch and then asked a series of questions
St Pancras Redevelopment Consultation Review Group	07 March 2018	Papers and verbally
Two borough community hubs engagement event	15 March 2018	Presentation
Communications meeting with Paul Ware	19 March 2018	Verbally
Meeting with Paul Ware	18 April 2018	Verbally
Nubian Service Users' Forum	09 May 2018	Presentation

Figure [11.3]: Senior Stakeholder Engagement

Meeting/approach	Date	How were participants informed
Stakeholder Reference Group meeting	27 July 2016	Discussion
Stakeholder Reference Group meeting	05 October 2016	Discussion
Stakeholder Reference Group meeting	26 January 2017	Discussion
Stakeholder Reference Group meeting	27 February 2017	Discussion
Stakeholder Reference Group meeting	29 March 2017	Discussion
JHOSC	21 April 2017	Presentation
North Central London JHOSC	19 September 2017	Presentation
Stakeholder Reference Group meeting	24 October 2017	Discussion
Knowledge Quarter	01 November 2017	Presentation followed
Clinicians community hubs meeting	26 January 2018	Discussion
North Central London Joint Health Overview Scrutiny Committee	23 March 2018	Presentation
Stakeholder Reference Group meeting	24 April 2018	Discussion

Figure [11.4]: Governor Engagement

Meeting/approach	Date	How were participants informed
Council of Governors	09 May 2017	Presentation
Email update for governors	02 February 2018	Update email
C&I Council of Governors	08 May 2018	Presentation

St Pancras Hospital Redevelopment Proposal
Informal Consultation with service users, staff and carers
Conducted by Healthwatch Camden on behalf of the
Camden and Islington NHS Trust.

Introduction

What is the Redevelopment Programme?

The plans include a proposal to move the in-patient beds from St Pancras to a new, purpose built unit in Highgate. There is no plan to reduce the number of beds – just to move their location. The buildings at St Pancras would then be rebuilt and would continue to provide a range of outpatient mental health services. The new buildings on the site would occupy a smaller area which means the rest of the land could be leased or sold to cover the cost of building the new facilities.

Aims

We know that changes to a service can be difficult for patients, carers and staff. Healthwatch Camden wanted to talk to people who use the in-patient service currently located at St Pancras to find out what the proposed changes will mean for them. We also wanted to hear from people who have used the service in the past, to carers and to hospital staff.

Although the Trust commissioned this work and fully supported it, Healthwatch Camden interviewed staff, carers and service users completely independently, to ensure everyone could be as open and honest as possible about their views and any concerns.

Method

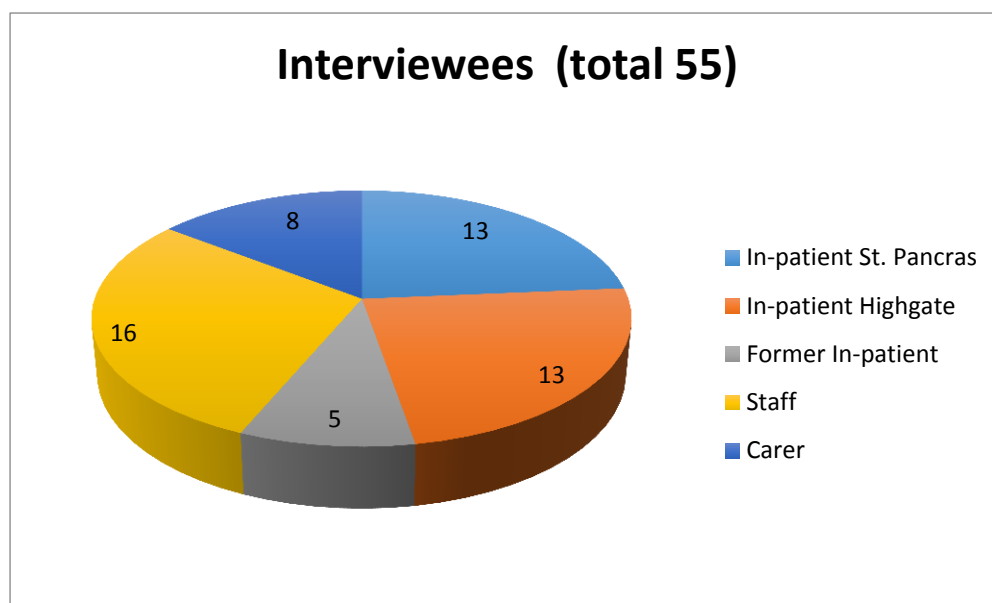
The research used one to one in depth interviews. Interviews were structured with a set of five open ended questions. While responses to the pre-set questions were sought, free comment around the themes was encouraged. A maximum of 45

minutes was allocated per interview. Actual interview times ranged from 15 to 45 minutes per interview. Responses were recorded using hand-written notes with effort made to capture direct quotations. These were then coded to ensure anonymity. The responses were reviewed and the commonly occurring responses were identified to create a reporting framework. Each interview was then analysed using the reporting framework.

Interviews were conducted with a total of 26 service users who were in-patients at the wards of either the St Pancras or Highgate Hospitals during the months of February and March 2018. At least two people were interviewed from every ward on both sites with the exception of Ruby Ward (the acute ward at St Pancras site) and those wards that are specifically for patients with dementia.

Interviews were also conducted with, 5 former in-patients, 8 carers and 16 ward staff members. Seventy three per cent of the in-patients interviewed had experience of being an in-patient at both the St Pancras and Highgate Hospitals. In total, 55 Interviews were conducted over a period of two months during February and March 2018.

Those interviewed included residents of both Camden and Islington although the majority were from Camden. The breakdown of interviewees is summarised in the chart below.



Interviews were conducted by a team of two people with experience of working with mental health service users. Arrangements to visit were made in advance with ward managers. Advice was taken on appropriate times to visit and care was taken to ensure that no one was asked to take part in an interview if they did not wish to do so. Those who volunteered for interview were given details of the scope and

reason for the interview. Guidelines for the protection of the wellbeing of patients were observed at all times.

Conversations focused on hearing about what service users, staff and carers value about the existing St Pancras Hospital and what they would like to see changed and improved if the Trust were to proceed with proposals to build a new in-patient facility in Highgate. We asked people whether or not the proposed change would involve problems for them and, if so, how these might be eased.

Findings

Overall, there was almost unanimous agreement that the existing facilities at St Pancras Hospital are not fit for the purpose of providing good in-patient care for people with mental health issues. The people we talked with were (with a very few exceptions) strongly in favour of a new purpose built mental health hospital to replace the facilities at St Pancras. However, some service users and carers value aspects of the St Pancras Hospital that they don't want to lose and would like to see replicated in any new site. A small minority said they would prefer to retain the existing St Pancras Hospital. The central location and good transport links at St Pancras are highly valued by many. However, depending on the specific circumstances for the individual, a roughly equal number of respondents said a Highgate location would be easier for them personally. In addition to the location, some people talked about the friendly atmosphere and non-institutional environment at St Pancras.

Some respondents commented that ideally the new facilities would be built on the existing site. However, many people said they thought that the potential benefits of a new purpose built hospital would outweigh any disadvantages associated with the re-location of the new site to Highgate.

There were strong views expressed about expectations from a new build. Those interviewed offered a wide range of ideas and suggestions that should be considered in the planning and design process.

1. Are there good things about St Pancras Hospital that you would like to make sure are not lost if the in-patient wards move to a new building in Highgate?

Many of those interviewed like the current location of the St Pancras Hospital because of the good transport links and access to shops in Camden Town and Kings Cross. In general, in-patients tended to focus on what they liked about the surrounding shops or cafes and proximity to Camden town rather than on transport and travel.

“People like the café in Crowndale Road - it’s popular with patients at St Pancras and nice because it’s in the community. There is a McDonalds in Archway and quite a few cafes but it’s quite a walk.” In-patient

Some in-patients talked about the way in which location and transport links affect their visitors but the majority did not express strong views on the issue of transport to the different locations.

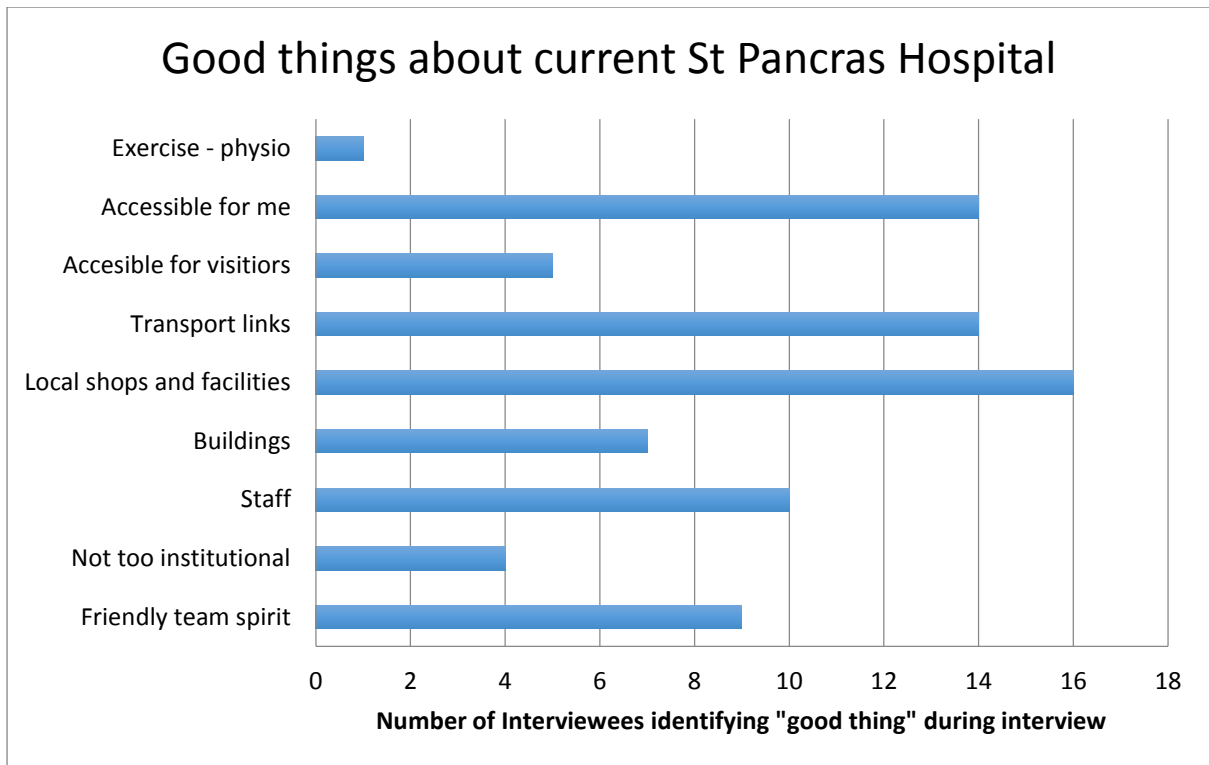
“My family just want me to be well. The new location won’t bother them as they don’t visit.” In-patient

“The issue of convenience for visitors isn’t a big deal for me. I don’t get any visitors.” In-patient

In contrast, staff spoke more often about the good transport links at St Pancras and ease of access for those travelling to work from out of borough. The issues around transport and location were also raised by carers. Overall, for people based in south Camden the journey to Highgate is longer and more challenging but for people living in north Camden or in Islington the Highgate location was preferred. Among those interviewed there was a roughly even balance between those who felt travel would be easier to Highgate and those who felt it is easier to St Pancras.

“The location and transport links are fantastic at St Pancras.” Staff member

“For the majority of patients the new location won’t make much difference but carers and relatives will find it a nuisance.” Staff member



For some service users, familiarity with the area around St Pancras Hospital area was important. Others prefer the Highgate area.

“I always prefer to be at St Pancras. I don’t know the area around Highgate so going out was quite anxiety provoking for me there.” Former in-patient

“I’d prefer to be up in Highgate. It’s quieter and less crowded. St Pancras is busy and built up. I get panicky in crowds.” In-patient

Some people talked about other good things about the St Pancras Hospital. The architecture of the old buildings was a positive factor for some.

“I like the old buildings at St Pancras but I recognise the maintenance challenges.” In-patient

“St Pancras does have a bit of an old cosy family feel.” In-patient

“The bricks are nice - some of them need to be saved because they are so ancient. I’d like to keep some of the architecture. Maybe make a brick wall (at the new building) from some of the old bricks from St Pancras.” In-patient

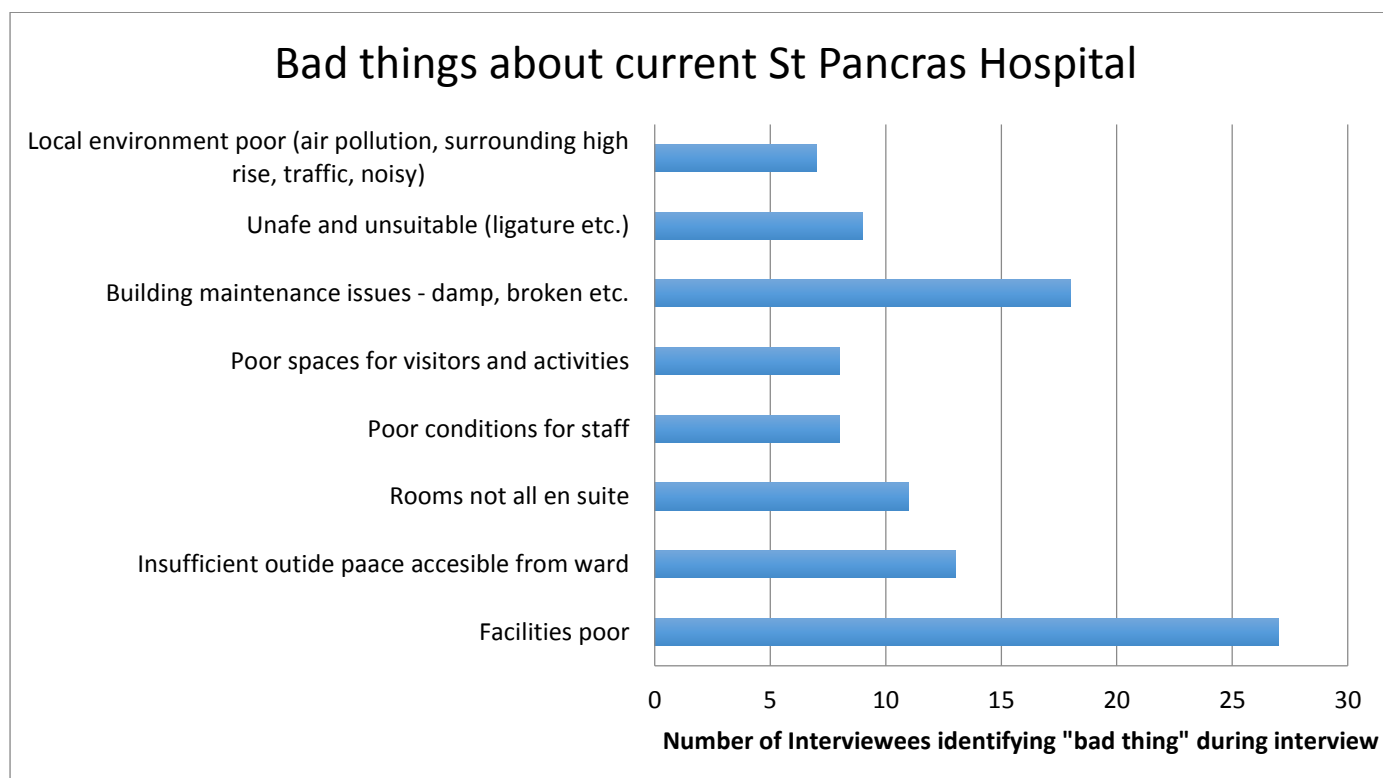
The most common observations were about the team spirit and friendliness of staff with suggestions that the constraints of the run-down facilities generated a sense of strength in adversity. There were comments that St Pancras feels more homely and friendly and less institutional than the current Highgate Hospital. People who like the site felt that the low rise buildings and Victorian architecture reduce the institutional feeling there.

“I’d want to retain the friendly atmosphere and staff.” In-patient

“The staff are very friendly at St Pancras. I think there is something about the unsuitable facilities that creates a sort of strength in adversity - a team spirit.”
Carer

“It’s not too institutional.” Former in-patient

“There is a chaos about it but it’s alive. There is something about the old buildings - I like old buildings - and the fact that it is not purpose built that makes it a pleasant experience in difficult times.” Carer



The great majority of service users, staff and carers were in agreement that the facilities at St Pancras are poor and are not fit for purpose.

“There’s nothing good about St Pancras Hospital. The sooner they knock it down the better.” In-patient

“St Pancras is a dreadful hospital with no redeeming features - it is a dump.” In-patient

“In all honesty there’s nothing I’d like to see retained at St Pancras. The only good thing is the location.” Staff member

“There’s nothing sad about closing the wards at St Pancras - there’s nothing I’ll be sad to lose there. It was close and convenient for me at St Pancras. But I like the Highgate location too.” Carer

“I think the redevelopment is a very good idea.” In-patient

A common criticism was the lack of outdoor space for patients. There is only one ward from which patients without permission for unaccompanied leave can access the outdoors. Some people said the surrounding environment was unpleasant and did not support mental health recovery although this was a view expressed mostly by staff rather than patients.

“Patients are unsettled because of the environment around - the building works, the noise, the lack of privacy.....” Staff member

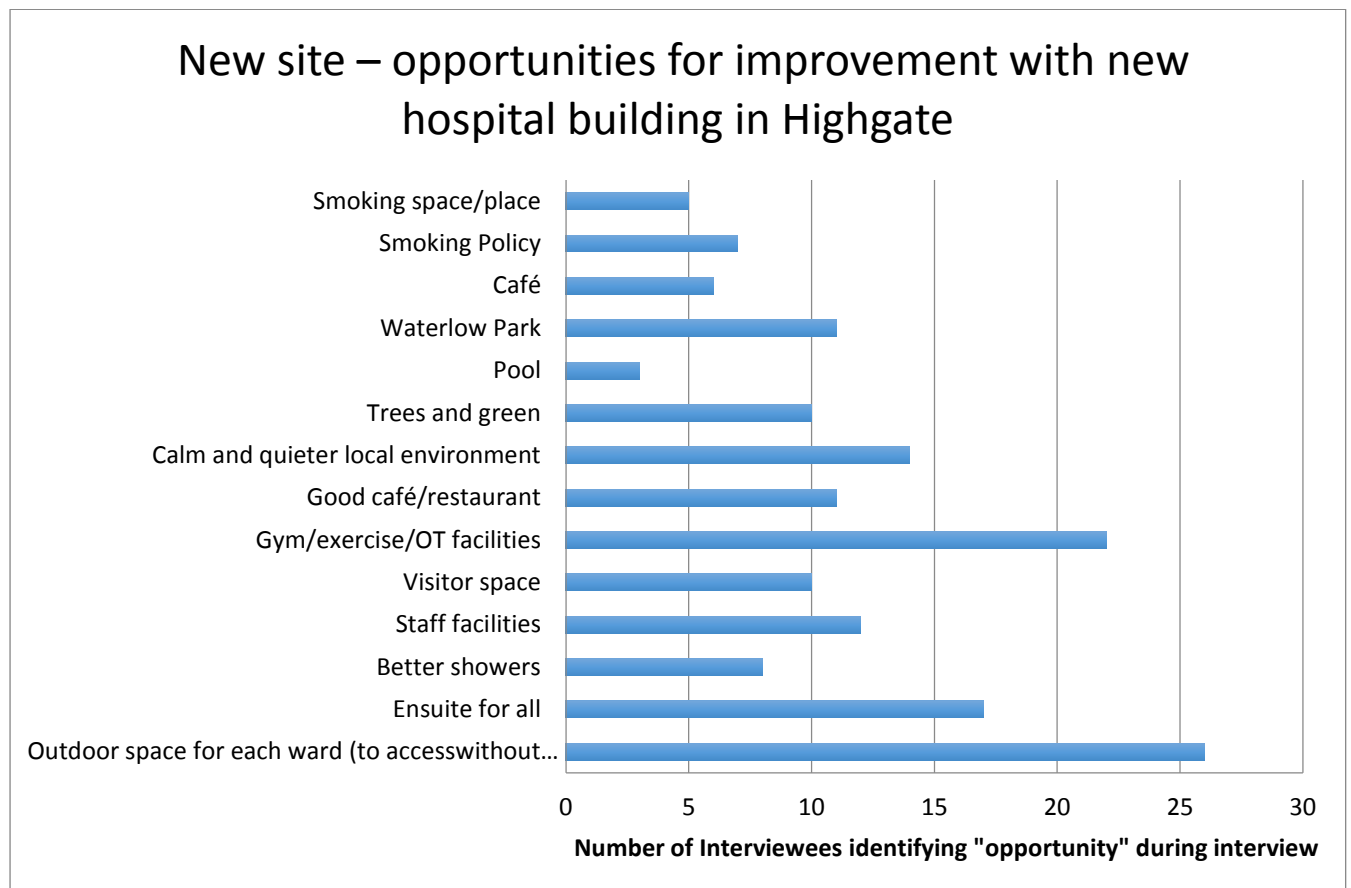
“There’s a notional idea that mental health service users need green and calm but for me I feel if you are from Central London then Highgate feels like a foreign country. It’s like going to a foreign country to visit someone who is in care.” Carer

2. What do you think could be changed for the better if the Trust is building a new building in Highgate?

All interviewees, even those who said they like St Pancras Hospital, were enthusiastic about the opportunities for creating a well-designed new mental health hospital. The need for more outdoor space was the single most important improvement identified. More than half the interviewees specifically commented on the need to ensure direct access to the outdoors from every ward for patients without permission to leave.

“The most important thing will be to make sure every ward has access to fresh air and outside space. It’s dehumanising to keep people trapped inside. There must be direct access to the outside - even if it’s just a courtyard - with no request for leave needed.” In-patient

The bar chart below shows the most commonly mentioned improvements that interviewees want to see at the new building in Highgate or good things that people recognise are available in Highgate (for example, Waterlow Park and the leisure centre and swimming pool at Archway).



Both staff and patients want better facilities for staff.

“We need staff areas where we can have breaks with lockers and showers.” Staff member

“They need to look after the staff. Then the staff can look after us. Happy staff mean happier patients.” In-patient

Many in-patients raised frustrations with the no smoking policy adopted by the Trust. Although this is a policy issue, not a building redevelopment issue, many interviewees proposed that a new building might incorporate facilities to solve the challenges presented by the no smoking policy. Similar concerns were raised about vaping which is currently permitted on wards. Service users want a place where they can smoke and argue that non-smokers also suffer from the distress caused among fellow patients by the smoking ban.

“The no smoking policy simply doesn’t work if you are sectioned. It creates trouble and fuels aggression and bad temper. It also negatively affects non-smokers because it influences the atmosphere on the whole ward.” Former in-patient

“The new build should incorporate a sensible solution to the no smoking policy - a suitable on site smoking space.” Carer

“The no smoking policy can be difficult because smoking is the only activity for people to do together. There need to be more activities and facilities for activities. There need to be things to do on the wards for people who aren’t allowed off.” In-patient

“The new design needs to account for things like peoples’ right to vape but definitely not in communal areas where it impacts everyone including those who have given up smoking and non-smokers.” In-patient

People want single rooms with ensuite toilets and showers for every patient. (St Pancras still has some shared rooms and some rooms without their own toilets and showers.) Problems associated with poor plumbing, bathroom and washing facilities at both St Pancras and Highgate Hospital were raised frequently with hopes for improvements in this area in a new building.

“It would be great to have more showers, washing machines and dryers, nice windows, better heating and movement of air.” In-patient

“Make sure the water doesn’t overflow in the showers and keep the toilets separate from the showers. Water needs to stay hot and the shower heads need to work properly.” In-patient

Make sure there are TV facilities and DVDs. Longer sofas in the lounges. I’d like music stereos available.

Other specific suggestions for facilities that should be incorporated into the design and planning of the new building included:

- A heating system that allows individual temperature control in each room.
- Wifi facilities with a good signal reaching into each bedroom
- Facilities for phone use with non-cord charging
- Ward meeting rooms large enough to fit in the whole team
- Staff rooms with lockers and showers
- Training facilities
- Nursing stations with IT access
- Prayer room
- Activity space on each ward
- Separate areas for men and women and separate quiet rooms
- Communal lounge with good visibility for staff

- Occupational therapy facilities such as kitchens on the wards
- Proper clinical room for physical examinations
- Areas for private or supervised visiting
- A good and affordable café/restaurant on site
- A convenience store on site
- Disability access and disability toilets for visitors

“In a new place I’d like there to be more chance to get fresh air, some private storage facilities and more privacy.” In-patient

“We could make use of the leisure centre and the swimming pool at Archway.” In-patient

“A pleasant visiting space, sufficient facilities for occupational therapy, a gym or exercise studio, an art room - these are the key to recovery.” In-patient

Many interviewees felt that the design of the existing Highgate Hospital, while modern and purpose built, should not be replicated. Some people commented that it is clean and nice. Others feel it is very institutional and that it feels like a prison. The new building should avoid the use of long corridors, inaccessible internal outdoor spaces and identikit wards.

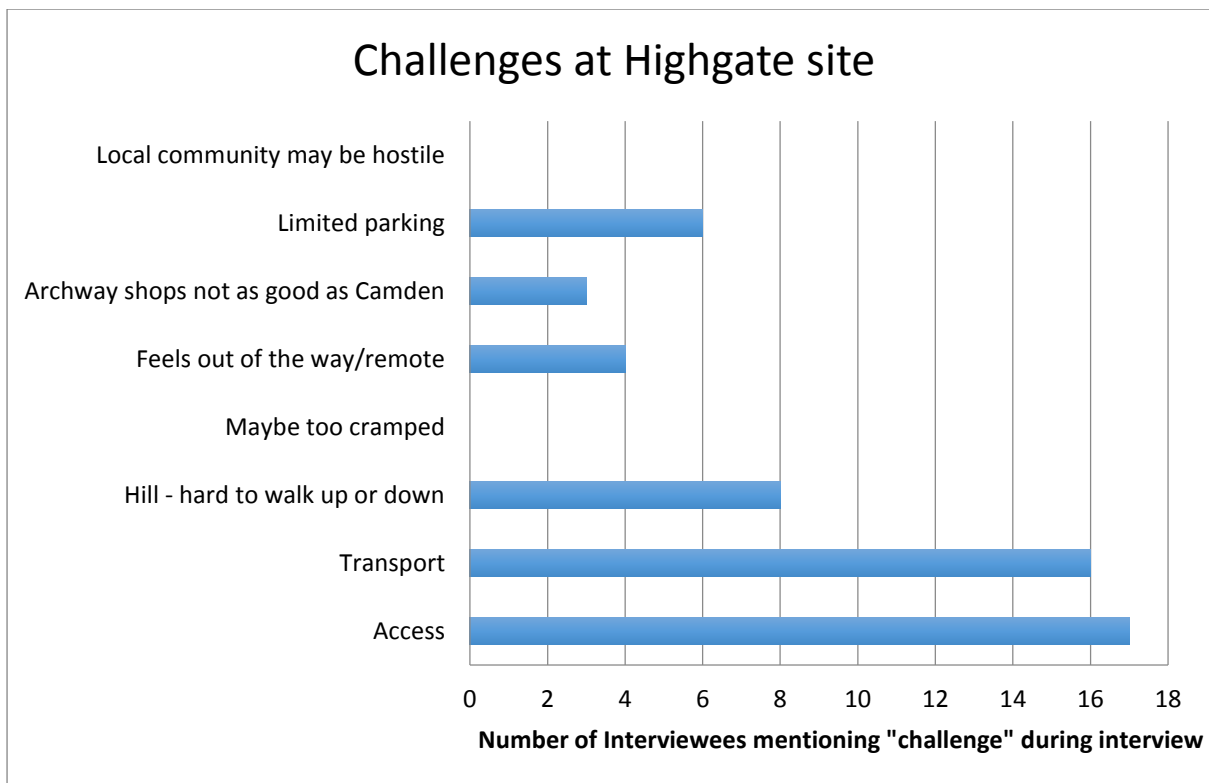
Several patients said that they would like to be involved in choices about internal decoration and fittings. One patient shared her own design ideas which are shown as an annex to this report. (See design sketches by Kelly Walters.)

People stressed that the development and design of the new building and facilities should be carefully planned and managed paying attention to detail.

3. Would there be any problems or any advantages for you if you had to go to Highgate rather than St Pancras in the future?

Some people anticipated problems with a Highgate site, others felt there would be advantages. The majority spoke of some good things and some bad things. Transport links and ease of access to local shops and amenities were the main issues arising during discussion of problems.

The chart below shows the main concerns raised and how many people raised them.



Among those interviewed there was a fairly even distribution between people who said a Highgate location would be easier to reach, harder to reach or not make much difference for them personally. Putting aside personal convenience, a majority of respondents considered that a Highgate location would be less convenient in terms of transport links but many also commented that this would be outweighed by the benefits offered by a new purpose built site.

“For me personally there will be problems if the location moves to Highgate. When I was in Highgate Hospital I got very few visitors whereas at St Pancras I got almost daily visitors. I live near St Pancras so my neighbours and church are all local to the site and all my social links are there. I felt very lonely and isolated at Highgate compared to my stays at St Pancras.” Former in-patient

“The new site won’t feel in the centre of the borough - the fact that it will technically be in Islington might be an issue for some.” Carer

“For me personally the Highgate location would be easier. Highgate and Archway is well served for transport.” Former in-patient

The fact that there is no bus that stops on Dartmouth Park Hill immediately outside the door of the existing Highgate Hospital was a concern. The hill is steep and a walk from the nearest bus stop either further down the hill or further up is challenging especially for a disabled person.

Some patients were of the opinion that the Highgate location would be much more isolated than St Pancras with a lack of good shops and cafes close by. Others were positive about the attractive shops and cafes a short walk away up in Highgate Village. Many people mentioned the benefits of having Waterlow Park close by. Some people liked the shops and amenities at Archway and commented that these had improved greatly in recent years. But most people felt Archway is a bit too far to walk on a short break.

The need for sufficient parking space was raised as a concern, mostly by staff rather than by patients.

“Parking will be a big problem - but you can’t park easily at St Pancras either.”
Staff member

Although the interview questions did not specifically address the issue, a small number of people raised broader concerns about the way in which the proposed development would be financed, including concerns about the sale of NHS land. These concerns were raised by three carers and one service user.

“It’s a good plan and we want new facilities. But the government should be funding proper facilities - the NHS should not be having to sell off public assets - selling off the family silver - to pay for this.” Carer

“I’ve got concerns about what is done with the land at St Pancras. It should stay with the NHS. My preferred option would be to lease the land to other NHS services. Be warned by the Carillion scandal and the problems with projects with private developers.” Carer

Questions were also raised by a few interviewees about the impact the redevelopment may have on the out-patient mental health services which were not the subject of this report.

“Will the outpatient service be disrupted during the site development?” Former in-patient

4. If you think the change of location would cause problems, do you have any suggestions about how these could be eased?

A significant number of respondents did not think the change of location would cause a problem. (add **Number as percentage of respondents?**) These responses were largely determined by whether the interviewee or their family currently lives closer to St Pancras or Highgate. (**About 50/50? Check data**) Those who did register a concern made a variety of suggestions for how the problems could be eased.

Environmental modifications to improve pedestrian access between the new site and the facilities at Archway were suggested by many. People want a clearly

marked and brightly lit walkway between the new hospital and Archway that is well signposted. One idea was to provide specially designed information (perhaps a mobile phone App and/or special leaflet) to guide patients and visitors around the available local facilities and transport links.

“A clearly marked walkway to the new site would help. And help to know what is available locally such as a special map and guide to the local facilities.” In-patient

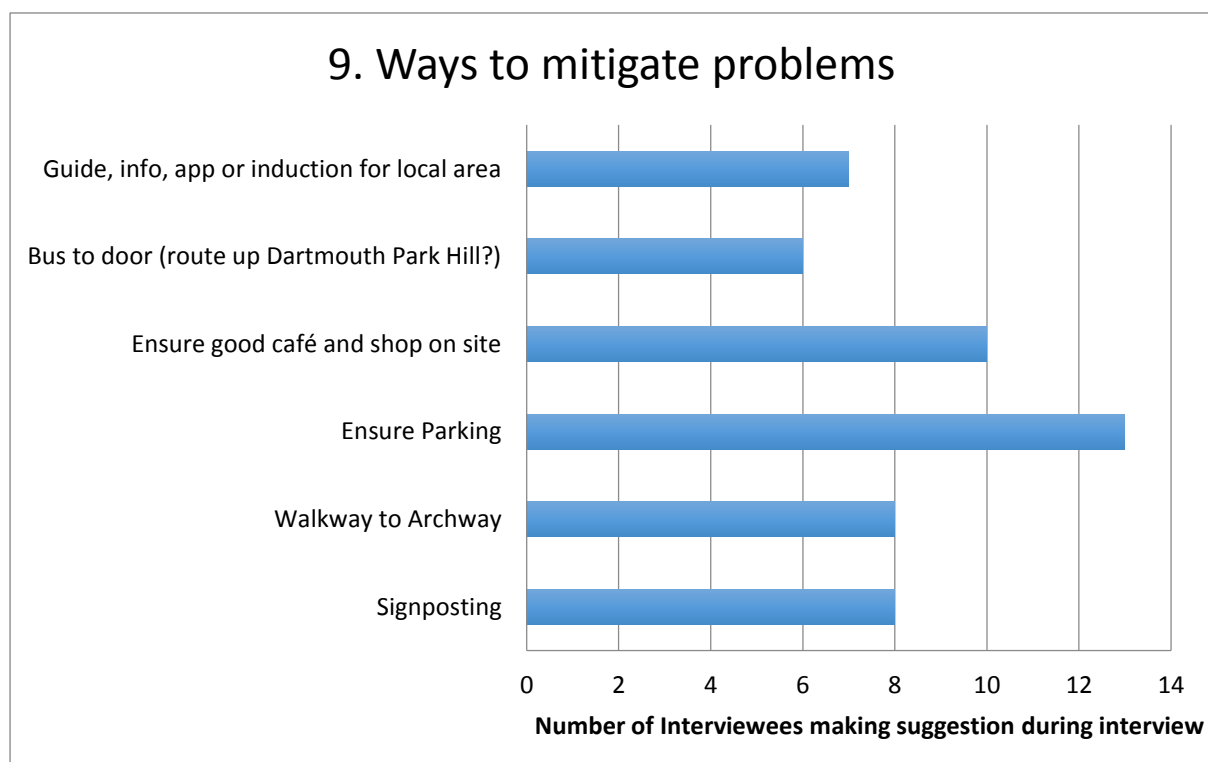
“An App could be really useful. With consent it could be used to enable staff to know where you are when you are out and to help patient contact the ward if needed. It could include a panic button.” Former in-patient

The steep hill was mentioned by several respondents as a challenge. There were calls for modifications to current bus routes to ensure a bus stopped right outside the entrance to the new site. Ideas for a private minibus service were treated with scepticism by those who raised the issue.

“There needs to be a new bus route to take people to the door.” Carer

People felt that the problem of the distance to Archway and Highgate Village could be eased by ensuring amenities on site at the new hospital.

There was strong consensus that the new building must incorporate at least one good, reasonably priced café/restaurant on site. People also want a convenience store on site and a cash machine.



Conclusion

Service users, carers and staff agree that the current St Pancras Hospital is not fit for the purpose of providing in-patient care for people with mental health issues. The people we talked with are (with a very few exceptions) strongly in favour of a new purpose built mental health facility to replace the facilities at St Pancras.

There is less consensus about the advantages and disadvantages of Highgate as the location for the new hospital. The concerns about the Highgate location are almost exclusively related to transport links and the walking distance to shops which in both cases are less convenient than for St Pancras.

On balance, a majority of those interviewed felt the benefits of a new building outweighed the inconvenience of the proposed location in Highgate.

There are some positive aspects of the St Pancras site that cannot be retained easily: the central location, excellent transport links and local community assets such as Camden Town and St Pancras amenities. Efforts must be made to make access and transport to the Highgate site and access to the local amenities at Archway and Highgate Village as easy as possible.

Other less tangible positive qualities about St Pancras must also be recognised and efforts made to ensure the plans for the new site are informed by these. Many service users want the new building to retain the “less institutional” design which, in turn, can foster a more “friendly atmosphere, team spirit and community feeling”. Striving for a building that is practical but not institutional must be part of the design brief.

It will be absolutely essential to ensure that any new build addresses the demand for outdoor space for each ward. This was the single most important demand from patients and was also cited as important by staff.

The interviews established that there is lots of common ground between the service users and between the service users and carers and staff members. However, each individual also expressed some specific and personal preferences, priorities and perspectives. It is clear that the relocation of the in-patient facilities will be received well by some and less well by others.

For this reason, excellent, consistent, honest and transparent communication throughout the change process will be important to retain confidence and goodwill. Investment and early planning will be needed to support service users and staff over the period of transition.

“People don’t like change. You have to accept that people will moan. The challenge is to communicate about it well. Don’t tell people different things.”

The response of service users, carers and staff to the informal consultation was very positive. People expressed appreciation at the opportunity to share their

views in a one-to-one conversation and were pleased to know that these would be captured in a report.

“Thank you. It’s so nice to be properly consulted.” Carer

“It’s great that you are bothering to come and talk to me.” In-patient

Recommendations

1. The Trust needs to take concrete and explicit steps to mitigate the disadvantages associated with the location of the new hospital in Highgate.
 - a) Environmental modifications to provide a clearly signed, well-lit and easy access pedestrian walkway between the hospital entrance and Archway station.
 - b) Innovative measures to support and encourage service users and visitors to familiarise themselves with the surrounding area (both routes and facilities). Measures might include a free downloadable App and a well-designed, hard copy, special map and guide.
 - c) Negotiations with Transport for London for a new bus route up and down Dartmouth Park Hill stopping at hospital entrance.
 - d) Consideration of options for transport assistance/subsidies for patients from South Camden.
2. The design of the new hospital must meet the demand for outside space, directly accessible from every ward.
3. Every effort should be made to involve service users in co-design of the internal spaces, decoration and fixtures and fittings.
4. The design of the new hospital must take into account the feedback from service users and staff on what is wanted and needed. In particular:
 - a) The design must avoid the institutional and prison-like feel of the existing Highgate hospital and strive to capture a more homely and community-based style reminiscent of some elements of the St Pancras Hospital.
 - b) The new building must:
 - provide single, ensuite rooms for all
 - accommodate facilities for staff including staff rooms with lockers and showers

- include a good, affordable café and convenience store and a cash point and vending machines
 - have a heating system that allows for temperature control in individual rooms and wards
 - offer solutions for managing the no-smoking policy
 - be equipped with fully functioning toilets and showers
 - provide good wifi throughout
 - provide sufficient occupational therapy and activity spaces and facilities
 - provide sufficient privacy, including space for meetings
5. The Trust must recognise that stakeholders lack confidence in the ability of institutions to manage large scale projects efficiently and effectively. Investment must be made in strong and consistent project management with an emphasis on good planning and attention to quality and detail.
 6. The Trust must ensure honesty and transparency of communication throughout the period of redevelopment and service change so that what is said is seen to be done and what is promised is delivered.

About Healthwatch Camden

Healthwatch Camden is an independent organisation with a remit to make sure that the views of local service users in Camden are heard, responded to, taken seriously, and help to bring about service improvements.

Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote people's involvement in the planning, running and monitoring of services; to gather views and experience and to make reports and recommendations for improvement based on those views; to offer information and advice on access to services and choices people can make in services; and to enable local people to monitor the quality of local services.

Our remit extends across all publicly funded health and social care in the borough. It includes statutory powers to enter and view any publicly funded health and social care service and to call for a formal response from the relevant bodies to any of the recommendations we make. Healthwatch Camden has a seat on the Health and Wellbeing Board and contributes to strategic thinking about reducing health inequalities across the borough.

Acknowledgements

Healthwatch Camden would like to thank the service users, carers and staff from St Pancras Hospital and Highgate Hospital for their time and interest in this project.

Project lead for Healthwatch Camden was Anna Wright, Deputy Director and Policy Lead. Interviews and analysis were conducted by Anna Wright and Elis Collis.

Annex

Design ideas sketched by in-patient, Kelly Walters (To be added.)

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Charity number 1152552

Summary of Community hubs engagement event – Lift – 15 March 2018

In March 2018 the Trust held an engagement event for service users and carers to carry out further engagement on the proposed new community hubs. Details about the proposed new hubs were shared in more detail and the group were asked to feedback on the positive aspects of the community services they currently use, what could be improved, if they envisaged any problems if some community services were based in the new hubs and if any problems were identified; what the Trust could do to mitigate or minimise impact. In addition, at previous engagement events service users highlighted confusion at the term “community hub” confusing it with a community centre. Part of the session was used to identify more suitable terms for the new hubs.

Feedback from service users included the need for a non-stigmatising and respectful environment that is considerate to different cultures. It was generally felt that more interventional services were required to prevent a mental health crisis, namely a drop-in facility that is accessible to service users so they have a place to go when they begin to feel unwell. It was felt that A&Es are inappropriate and terrifying when suffering a mental health crisis – they would like a different “first port of call”. Equally, it was felt that more support is needed when an individual is out of crisis – that the Trust needed to be more proactive rather than reactive.

Although one service user stated that some of the Trust’s proposed new locations could be more difficult for those with mobility issues, if they did have to travel further, the majority view was that location was less of an issue if services were good, improved and inclusive.

Some group members were particularly interested in the design of the buildings – asking that they are OCD friendly, not anxiety provoking in terms of design or layout and present a more therapeutic environment with the right colours and plants. Others said that there was a need to ensure the Trust had staff to support these new buildings – people who have experience of the issues to talk to service users. One service user said: “If you have social anxiety, you want to speak to someone who also has experienced social anxiety”. Another view was that the Trust needed to invest in people and long-term services, not just buildings. One service user said: “We don’t want to lose important things because we’re focussing on infrastructure.”

Most service users were generally positive about the proposed new facilities. The strongest views were based on wanting services that were inclusive, resourced with knowledgeable and compassionate staff and a non-stigmatising and welcoming environment. One service user said: “Buildings need to feel more vibrant, don’t want to feel that we’re going to **that** place”.

It was agreed that broader input should be sought to agreed names for the new hubs – perhaps a board where service users can post their suggestions or vote for the name they like most. Camden Wellbeing Centre, Islington Wellbeing Centre, Vantage Point and The Place were among some of the possible