Open Agenda

Healthy Communities Scrutiny Sub-Committee

Tuesday 26 July 2016
7.00 pm
Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

Membership

Councillor Rebecca Lury (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Anne Kirby
Councillor Sunny Lambe
Councillor Maria Linforth-Hall
Councillor Martin Seaton
Councillor Bill Williams

Reserves

Councillor Jasmine Ali
Councillor Gavin Edwards
Councillor Tom Flynn
Councillor Eliza Mann
Councillor Leo Pollak

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

Babysitting/Carers allowances If you are a resident of the borough and have paid someone to look after your children, an elderly dependant or a dependant with disabilities so that you could attend this meeting, you may claim an allowance from the council. Please collect a claim form at the meeting.

Access The council is committed to making its meetings accessible. Further details on building access, translation, provision of signers etc for this meeting are on the council's web site: www.southwark.gov.uk or please contact the person below.

Contact
Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

---

Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 18 July 2016

PRINTED ON RECYCLED PAPER

Healthy Communities Scrutiny Sub-Committee

Tuesday 26 July 2016
7.00 pm
Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	**APOLOGIES**	
2.	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
	DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.	
4.	**SEXUAL HEALTH CHANGES**	1 - 4
5.	**HIV CHANGES**	5 - 51
6.	**SEXUAL HEALTH & HIV ROUNDTABLE**	
7.	**KING'S COLLEGE HOSPITAL BED PROPOSALS**	52 - 68
8.	**WORKPLAN**	69

Item No.	Title	Page No.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

Date: 18 July 2016

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

"That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution."

Agenda Item 4

TRIGGER TEMPLATE – Guy's and St Thomas' sexual health reproductive and community sexual health service

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:
Guy's and St Thomas' NHS Foundation Trust **Kings College Hospital NHS Foundation Trust**	**Southwark Council**

Trigger	Please comment as applicable
1 Reasons for the change & scale of change	
What change is being proposed?	Reconfiguration of sexual health services to move more clinic activity online, reduce clinic capacity and expand the pharmacy and primary care offer. As part of our Sexual Health Transformation Programme Guys and St Thomas' are undertaking a review of clinic sites and opening times with a view to reducing cost, extending opening times at some clinics and offer a 7 day a week service.
Why is this being proposed?	Demand for services is increasing, STI rates are increasing and year on year spend on sexual health is rising against a reduced public health grant. We need to increase access to testing and treatment whilst reducing spend. Approximately 30% of people who attend clinics are asymptomatic and providing a testing at home service will improve access for this cohort whilst releasing clinic time for more complex need.
What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.	20% reduction in place from mid-year (October 2016) . This will equal a £208,241.77 reduction on the block contract value for reproductive sexual health services. Genitourinary Medicine is paid by activity.
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	There is a parallel consultation in place with Lambeth Council and Guys and St Thomas' Trust.

2 Are changes proposed to the accessibility to services?	**Briefly describe:**
Changes in opening times for a service	There may be site rationalisation across GSTT services and changes to opening hours so that they can deliver a 7 day a week service across the borough with extended opening times. GSTT will consult extensively with patients on changes to services.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	No
Relocating an existing service	No
Changing methods of accessing a service such as the appointment system etc.	No current proposals to change – services will remain open access. Patients will be directed to online as clinically appropriate.
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	Young people, black African and black Caribbean groups and men who have sex with men experience poorer sexual health. Poor sexual health is also positively correlated with deprivation. An EIA has been done and is being reviewed.
3 What patients will be affected? (please provide numerical data)	**Briefly describe:**
Changes that affect a local or the whole population, or a particular area in the borough.	Around 28,000 Southwark residents use sexual health services each year. Approximately 9100 Southwark residents attend GSTT GUM services each year with approximately 7100 sexual health screens performed. This represents 25% of residents who use GUM clinics and 28% of sexual health screens. Around 11,500 residents use Kings with 7000 sexual health screens performed. This represents 31% of testing. Attendees are split evenly amongst men and women. We model that in the first year approximately 4200 patients who currently use GSTT and Kings for STI testing could self test – either via an online service or via a click and collect service.
Changes that affect a group of patients accessing a specialised service	By redirecting asymptomatic patients who can safely home test from clinics, patients

	with complex needs who require a consultant led service will find it easier to access, with reduced waiting times. Due to the current open access arrangements within services patients are poorly triaged – shifting asymptotic patients to self testing will make it easier to meet complex need.
Changes that affect particular communities or groups	By sexual orientation men who have sex with men are the largest cohort who use sexual health services and have the highest incidence of infection. By ethnicity, black African and black Caribbean groups have the highest sexual health needs. Services have shown to be good at meeting the sexual health needs of BME populations and in 2012-13 black residents were twice more likely to use the service than other ethnic groups. Thus clinic changes will most impact on MSM and BME groups.
4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	We want to commission more online/home sampling and less clinic activity. This will result in a reduction of clinic capacity.
Delivering care using new technology	Home testing has been available in Southwark since March 2015. It has shown high acceptability amongst users demonstrated by an average 74% return rate. It is being independently evaluated.
Reorganising services at a strategic level	We are changing our commissioning intensions to commission more home sampling activity and less clinic based activity, which is inline with the London Sexual Health Transformation Programme.
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	Not currently.
5 What impact is foreseeable on the wider community? Briefly describe:	
Impact on other services (e.g. children's / adult social care)	None.
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	This transformation program will protect the financial viability of sexual health services into the future as we move to an effective and affordable delivery model.
6 What are the planed timetables & timescales and how far has the proposal progressed ?	**Briefly describe:**
What is the planned timetable for the decision making	April to September.

What stage is the proposal at?	Launch of consultation
What is the planned timescale for the change(s)	April to September consultation (including GSTT staff and patient consultation). Public consultation to run to mid may and decision process stage to in June.
7 Substantial variation/development	**Briefly explain**
Do you consider the change a substantial variation / development?	Yes
Have you contacted any other local authority OSCs about this proposal?	The proposed changes were considered at Lambeth OSC on 12th May.

TRIGGER TEMPLATE

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant, explain the respective responsibilities and provide officer contacts:
Ali Young Head of Pathway Commissioning **NHS Southwark Clinical Commissioning Group** **T**: 07717 306352 **E:** ali.young @nhs.net	Partnership - Lambeth Council commissions these services across Lambeth Southwark and Lewisham (it is on behalf of the CCGs in Lewisham and Southwark). **Andrew Billington** Lead Commissioner for Sexual Health Public Health Commissioning Children, Adults and Health **London Borough of Lambeth** **T:** 020 7926 0203 abillington@lambeth.gov.uk **Lewisham CCG Lead:** **Chris Gadney** AD Commissioning NHS Lewisham Clinical Commissioning Group M: 07919528020 **E:** cgadney@nhs.net **Lambeth CCG Lead:** **Bisi Aiyeleso** Assistant Director – Service Redesign (Joint) Lambeth Clinical Commissioning Group Tel: 0203 049 4322 Mobile: 07557 631395 E: bisi.aiyeleso@nhs.net

Trigger	Please comment as applicable
1 Reasons for the change & scale of change	
What change is being proposed?	Ongoing redesign of care & support services for people living with HIV (PLHIV), the final stages of this redesign are: 1) The continuation of two HIV specialist support services, namely, Peer Support (Metro) and Children & Families services for families affected by HIV (Metro/PPC) 2) Termination of 3 specialist support services for people living with HIV in

	Lambeth, Southwark and Lewisham, and for pathways to be developed into mainstream services delivering alternative services. The services are: i) Specialist Counselling for PLHIV (Terrance Higgins Trust (THT)) ii) Specialist Advice & Advocacy for PLHIV (THT) iii) "First Point" signposting of patients newly diagnosed with HIV (Metro) 3) Continuation of specialist support for people with neurocognitive impairment related to late stage HIV infection at the Mildmay Hospital. 4) Continuation of the HIV Community Nurse Specialist Team which intensively supports patients who are struggling with treatment adherence in their homes. N.B. The three Councils continue to invest in HIV prevention services targeting the affected communities, this includes work to address stigma and targeted support for gay/bisexual men with substance misuse issues.
Why is this being proposed?	Prior to the transfer in 2013 of Public Health responsibilities to local authorities and HIV funding from PCTs to CCGs, a comprehensive service review of HIV care and support services was undertaken by Lambeth PCT (on behalf of Lambeth, Southwark and Lewisham PCTs with support from Lambeth, Southwark and Lewisham Councils). The finding of this review (which included extensive engagement with providers and service users) was that the HIV care and support service model was no longer fit for purpose, as the natural course of HIV infection had changed so radically since the services were set up. Due to the high prevalence of HIV across LSL, and the treatment advances that enable the majority of people with HIV to live a long and healthy life, there is a need to normalise and destigmatise HIV. In view of this, the recommendations of the review were where clinically appropriate to mainstream pathways for PLHIV, in line with other long term condition management, rather than having specialist services. Key

	reasons for this are: ii) Ensure PLHIV have equitable access to mainstream care & support services iii) Ensure HIV can be effectively managed alongside multiple co-morbidities and other ageing conditions. iv) Ensure longer term sustainability of services that can respond to the growth in both the number and Post transition (since April 2013) the recommended changes have been implemented in a staged approach, to date the following service changes have been made: • The CASCAID (HIV specialist Mental Health service provided by SLAM worked with the IAPT service so they could support people living with HIV through psychological therapy where appropriate, and funding to CASCAID has been reduced. • The peer support contracts for people living with HIV were retendered last year and the new service is delivering more outputs at lower cost than was the case under the legacy contracts adopting an evidence-based expert patient approach and including peer mentors for those that require 1 to 1 support. The next stage is to implement the recommendations as they pertain to care and support services and this trigger template relates to that change.
What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.	The Southwark CCG contribution to the three contracts that it is proposed to decommission totals £128,496 • Advice & Advocacy: £48,451 • Counselling: £33,298 • First Point: £47,197 Final proposals will include any recommendations for reinvestment of these monies, following analysis of the consultation findings. This will include consideration of any necessary transitions

	plans.
How you planning to consult on this? (Please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	The HIV care and support review carried out in 2012, which recommended the changes outlined in this document, included a formal public consultation exercise and involved extensive engagement with the public, providers and service users. More recently, further service user and public consultation on the final stage of the service review, specifically the proposals outlined above has been undertaken during April-June 2016. This is due to close on June 29th 2016. This has targeted people living with HIV, existing service users from across Lambeth, Southwark and Lewisham and all affected providers. Online & Paper surveys detailing proposed changes have been made available to service users and promoted through Healthwatch, HIV outpatient departments and the affected services themselves. Copies were made available in HIV treatment centres (Harrison Wing at GSTT, Caldicott Centre at KCH and the Lighthouse). In addition service users engagement events and focus groups with service users were facilitated across the 3 boroughs to inform the final decision, better understand the impacts and make recommendations for any mitigations where required. As of 31st May, 149 surveys have been completed, of which 33% were Southwark residents. The profile of respondents was broadly representative of the profile of people living with HIV in terms of gender, sexual orientation and ethnicity and therefore is reflective of those individuals disproportionality affected by the proposed service changes : • Men: 62% • Women: 32% • Heterosexual: 42% • Gay male: 46% • Black/Black British African: 31% • White (British Isles): 31% • White (Other): 9% • Mixed (White and Black African): 5% • Black/Black British (Caribbean): 4% Demographics of participants at engagement events was not collected, however these were also considered to be

	reflective of those communities most affected by HIV.
2 Are changes proposed to the accessibility to services?	**Briefly describe:**
Changes in opening times for a service	N/A
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	N/A
Relocating an existing service	N/A
Changing methods of accessing a service such as the appointment system etc.	The proposals to date are to ensure PLHIV have equitable access to mainstream services for advice and advocacy, signposting and counselling. Work is being undertaken to assess capacity and capability of mainstream services to pick up and provide service for more people with HIV, and any risks that need to be mitigated. The intention is these proposals will improve access points for services through generic opening times, varied community locations and increased choice from that which is currently provided through the specialist provision.
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	HIV disproportionately affects Black African communities and Gay/Bisexual men, advances in treatment and life expectancy mean that the age profile of patients living with diagnosed HIV is becoming older. The proposals are therefore most impactful for these groups and the service changes aim to ensure equitable access for these groups. Ensuring mainstream services can respond to the needs of PLHIV has been a key component to the more recent consultation. The replacement provision (i.e. more mainstream advice, advocacy and counselling services) currently provide services to these protected groups, and thus will by definition be accessible to these groups. The increased service accessibility (more locations, more choice of service) is likely to be positive for those who may have additional mobility needs. The EIA has been drafted and will be completed at the close of consultation. To date, the impact on the majority of protected groups (where data available) has been assessed as positive.
3 What patients will be affected? (please provide numerical data)	**Briefly describe:**

Changes that affect a local or the whole population, or a particular area in the borough.	Not applicable
Changes that affect a group of patients accessing a specialised service	In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care, of this cohort the following numbers of individuals have accessed the services which are being proposed to be mainstreamed: **Advice & Advocacy:** 267 Southwark clients per year (200 new) **Counselling:** 70 Southwark clients per year (29 new) **First Point:** 99 Southwark clients per year (48 new)
Changes that affect particular communities or groups	In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2195 (number rounded up to nearest 5) men and 740 (number rounded up to nearest 5) women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57.0% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates Thus service changes will most impact on MSM and BME groups
4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	N/A
Delivering care using new technology	Ensuring PLHIV have appropriate and equitable access to mainstream services, will open up access to new technologies available through those services. IAPT currently provide a range of services through multiple new technologies. Options for online counselling services delivered via HIV specialist services is also being explored as part of the transition planning.
Reorganising services at a strategic level	Yes. Following the strategic review of HIV care and support services in 2012, changes to the commissioning landscape for HIV care and support were introduced through the Health and Social Care Act of 2012.

	The recommendations of the 2012 review are now being implemented. This involves a strategic change away from the provision of some specialist services (where clinical appropriate) and a move to ensuring that mainstream provision can respond to PLHIV.
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	No
5 What impact is foreseeable on the wider community?	**Briefly describe:**
Impact on other services (e.g. children's / adult social care)	Clients seeking Advice/Advocacy services will access them via existing Southwark Citizens Advice Bureau services and Southwark's Local Support Team, based at Bermondsey Spa. Counselling will be accessed via Improving Access to Psychological Therapies (SLaM) Signposting to support services will be continued and provided by the specified HIV Peer Support Service. Work is underway with the mainstream services in terms of assessing any risks and agreeing mitigating actions as a result of these proposals.
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	The individual contract values of these services across LSL are all circa £150k or less. The current providers are all national organisations with multiple funding sources and therefore the proposed changes are not deemed to impact on their financial sustainability. The shift or activity to mainstream services is relatively small, therefore impact on the wider system is expected to be minimal.
6 What are the planed timetables & timescales and how far has the proposal progressed?	**Briefly describe:**
What is the planned timetable for the decision making	Consultation closes on 29th June. Southwark's Commissioning Strategy Committee will further consider recommendations following the consultation on 7th July. Therefore Southwark OSC are asked to give immediate comments on the proposals, to inform these discussions. Following this the CCG discussions will need to be aligned to ensure agreement across the 3 boroughs, final recommendations will be agreed by Southwark CCG's Information Governance

	Committee. Due to the need to align decisions across all 3 boroughs the final decisions of LSL agreed service changes are unlikely to be confirmed until end of July/mid August.
What stage is the proposal at?	A 10 week consultation process with affected service users and other stakeholders across LSL will conclude on June 29thth.
What is the planned timescale for the change(s)	Following decisions being made across LSL during July, providers impacted by the final recommendations will be given 3 months' notice to support transition, with any service changes occurring from 1st Nov 2016 at the earliest..
7 Substantial variation/development	**Briefly explain**
Do you consider the change a substantial variation / development?	The proposed changes are not considered substantial. The numbers of PLHIV affected by these proposals are low, in comparison to the wider population of PLHIV who will be entitled to access mainstream services. Robust transition plans are being developed to ensure the needs of PLHIV will continue to be met through alternative services.
Have you contacted any other local authority OSCs about this proposal?	Lambeth considered the proposals as part of a wider package of changes to Public Health services on May 12th 2016. Lambeth OSC supported the HIV Care & Support proposals, did not consider these as substantial developments, and were satisfied with the level of consultation. The decision regarding final proposals is delegated to Council Officers. Lewisham will consider the item, consultation findings to date and the emerging recommendations at their meeting on June 28th.

Update on Lambeth, Southwark & Lewisham's HIV Care & Support Redesign

1. Summary

1.1 This paper provides an update on the proposals, and related consultation, to redesign care and support pathways for people living with in Lambeth, Southwark and Lewisham (LSL) which is being led by Lambeth Council, on the behalf of all 3 CCGs.

1.2 Prior to Public Health transition from Primary Care Trusts to Local Authorities in 2013/14, a comprehensive service review of HIV care and support services was undertaken by LSL Sexual Health Commissioners (hosted by Lambeth PCT) with support from specialist Public Health colleagues. The findings suggested that the specialist service model was no longer fit for purpose as the natural course of HIV infection had changed so radically since the services were set up. In view of this, the recommendations of the review were to start to mainstream HIV care and support services as part of long term condition management. Many of the recommended service changes have already happened.

1.3 As a final component of this work, there are proposed service changes to locally commissioned HIV Care and Support Services, this includes the intention to decommission the Terrence Higgins Trust (THT) advice and advocacy service, the THT counselling service and the Metro First Point signposting service. Some specialist services will remain, including peer support, and non-statutory specialist HIV social work services for families with children that are affected by HIV.

1.4 To date, the LSL sexual health commissioning team have carried out targeted user and stakeholder consultation on these final proposals. The consultation closed on 29th June, analysis of the consultation findings are in progress, following which final recommendations will be considered by each commissioning body for decision in August. In Southwark, this is the CCG as they are the funders of the services.

1.5 The original review and associated consultation first came to the committee in 2011, and following public consultation in 2012.

2. Purpose

2.1 The purpose of this report is to update the Committee on the final stages of the implementation of the HIV Care and Support review and emerging findings from the consultation.

3. Recommendations

3.1 The committee is asked:

- To note proposals for redesign and the consultation that has been undertaken to date, led by Lambeth's commissioning team, on behalf of Southwark and Lewisham CCGs
- To note the extension of that consultation period for one month to enable further engagement to be undertaken
- To note the emerging findings from the initial consultation analysis
- To highlight any issues not addressed in the paper for consideration by Southwark CCG in reaching their decision to implement the changes outlined below following the consultation process.

4. Policy context

4.1 This paper supports the approach of the Southwark Health and Wellbeing Strategy 2015–2020 in reducing inequalities through a live process of engagement and development. It supports delivery of the strategy's priority for addressing long term conditions, including self-management and support. The proposals were also set out within the LSL Sexual Health Strategy 2014-2017 which Southwark council is a party to.

5. Background

5.1 Lambeth Council Public Health Commissioning team undertakes the strategic commissioning of all HIV prevention, HIV care and support and sexual health services across Lambeth, Southwark and Lewisham. This includes the following services for which the CCG is the responsible commissioner:

- HIV care and support delivered by voluntary and community sector organisations, currently Terrence Higgins Trust, Metro and Positive Parenting and Children
- HIV care and support mental health services delivered by SLaM NHS Trust
- HIV care and support neuro-cognitive in-patient care and rehabilitation delivered by the Mildmay Mission Hospital
- Abortion services delivered by BPAS and MSI

5.2 The team also commission Local Authority sexual health services across Lambeth, Southwark and Lewisham on behalf of all three Councils, for which Lambeth receives a payment from both Southwark and Lewisham Councils.

5.3 In 2011 LSL sexual health and HIV commissioners initiated a review of the existing portfolio of HIV care and support services and needs assessment to inform future commissioning intentions. The service review aimed to ensure that LSL provision for HIV care & support would be modernised to reflect the changing needs of people living with HIV in line with the epidemiological changes of HIV and advances of treatment. Updates from this workstream have previously been to Southwark Health and Adult Services Scrutiny Committee in October 2011 and May 2012.

6. HIV Care and Support Review Overview

6.1 The proposed changes to HIV care and support services, on which the three CCGs are consulting, follows the recommendations of the Lambeth, Southwark and Lewisham HIV Care and Support review. Final decisions on the proposal for Southwark will be made by Southwark CCG in August. All three CCG decision making processes have been aligned to ensure that a shared LSL decision can be achieved by the end of August.

6.2 The finding of the original review (which included extensive engagement with providers, service users and wider stakeholders) was that the HIV care and support service model was no longer fit for purpose. The natural course of HIV infection had changed radically since the services were set up. The review identified that the success of HIV treatments meant people with HIV were living longer and healthier lives and that HIV was an episodic condition, much like other long term conditions.

6.3 The review determined that people with HIV are best served by ensuring they have better access to mainstream health and social care services rather than being directed down a specialist pathway for all their health and social care needs which leads to fragmentation of care. This in turn would serve to increase HIV awareness in mainstream services and support destigmatising of HIV. This is particularly important in Lambeth, Southwark and Lewisham where HIV prevalence is so high that in an average GP practice each full time equivalent GP would have between 16-30 patients registered with them living with HIV.

6.4 To this end, the review recommended decommissioning certain health and social care services including advice and advocacy, counselling and assessment and signposting. The Lambeth, Southwark and Lewisham Sexual Health Strategy (2014-17) committed to delivering on the recommendations of the review and work has been undertaken to ensure the readiness of mainstream services to manage the change in pathways.

7. Implementation to date

7.1 Post transition of Public Health into local authorities (since April 2013) the changes recommended in the review have been implemented in a staged way and have included:

- Procuring a new LSL-wide peer support and mentoring service. The new service was procured in 2015 and is delivered by a partnership of local community and voluntary sector organisations.
- Reconfiguring, in 2015, the CASCAID mental health service delivered by South London and Maudsley NHS Trust (SLaM).

8. Current proposals under consultation

8.1 Lambeth, Southwark and Lewisham are currently consulting on a new service model which will see advice and advocacy and counselling being provided by local non-HIV specialist services and assessment and signposting provided by the peer support service. Currently these services are provided as follows:

- Counselling - Terrence Higgins Trust
- Advice and Advocacy - Terrence Higgins Trust
- Assessment and signposting - Metro

8.2 The proposed new pathway for counselling and mental health support is:

- CASCAID specialist mental health service at South London & Maudsley (SLaM) NHS Trust will see urgent and complex cases e.g. complex late diagnosis.
- Non-urgent cases will go via Improving Access to Psychological Therapies services (IAPT) which is provided in all 3 boroughs by SLaM. Staff in the individual IAPT services will be supported by CASCAID's liaison function.

8.3 Within the proposed new pathway people with urgent psychological needs would be seen without delay by the SLAM CASCAID service. All other people living with HIV with non-urgent needs will wait the local IAPT waiting time to access a service. This wait time is governed by a national standard.

8.4 The proposed new pathway for advice and advocacy would be:

- Local advice services in each borough provided by the Citizens Advice Bureau will triage the service user and provide a service. If they need to be seen by a more specialist advisor they will be referred onto the appropriate organisation

within the local network of advice agencies (eg. law centres). These pathways cover need relating to benefits, immigration, housing, debt, employment and immigration.

- Support with charitable applications (a significant proportion of the work of THT's advice service) will be provided through the Peer Support and Mentoring Service at Metro across all three boroughs.

8.5 The Peer Support service provide assessment and signposting for all people newly diagnosed with HIV. The Peer Support service currently already provides this service and will simply extend their offer.

8.6 It should be noted that there is no change proposed to the Positive Parenting and Children's service which provides enhanced specialist HIV social care support (non-statutory) to families affected by HIV.

9. Consultation Process

9.1 The consultation on these proposals commenced on 9th May 2016 and ended on 29th June 2016. The Public Health Commissioning Team made contact with Healthwatch in each borough at the outset and have liaised with them to ensure that service users would feel confident about accessing engagement events and to ensure that people living with HIV who don't use the affected services could provide their views online.

9.2 User Consultation has included surveys, focus groups, and drop-ins across Lambeth, Lewisham and Southwark. A survey has been made available online (hosted through Lambeth Council website) and hard copies and has been promoted to relevant agencies and service users. Paper copies of the proposals and feedback form have also been available and these have been delivered to HIV treatment centres HIV clinics and Guys and St Thomas's, Kings and Lewisham Hospital. An engagement event was held at the Harrison Wing at Guys and St Thomas's hospital.

9.3 In addition there have been facilitated engagement events and focus groups with service users across the three boroughs to better understand any potential negative impacts so as to inform the final decision and make recommendations for mitigation where deemed necessary.

9.4 As part of the consultation process, Lambeth Public Health Commissioners and Southwark CCG lead commissioners met with the Providers affected by the proposals, Metro and THT. This provided commissioners with an opportunity to hear provider concerns directly.

9.5 At the close of the extended consultation period, 203 surveys have been completed, of which 30% were Southwark residents. The consultation period was due to end in late May but was extended by a further four weeks to enable further opportunity for feedback and in recognition of the complexity of the commissioning arrangements across three boroughs.

9.6 The demographics of respondents to date are broadly in line with the overall profile of people living with HIV in the 3 boroughs:

Gender	Sexual Orientation	Ethnicity
Male – 68%	Heterosexual -35%	Black/Black British, African – 29%

		Black/Black British,Caribbean-5% Black British Other – 4%
Female – 31%	Gay male – 61%	White (UK) – 34% White Other- 13%
Other -1%	Bisexual/Other -4%	Mixed – 8% All other ethnic groups – 7%

9.7 Demographics of participants at engagement events were not formally collected, however these were considered by facilitators of these events to be reflective of those communities most affected by HIV.

10 Emerging findings

10.1 The proposal receiving strongest support, from Southwark residents, was to maintain the Peer Support Service and this was followed by the proposal to maintain the Families Service. Of the proposals to decommission a current service: a majority of respondents supported the proposal concerning ending the signposting service and more respondents supported the proposal concerning ending the specialist counselling service than opposed it. Only the proposal to decommission the specialist advice service was opposed by more respondents than supported it, although those opposed were no more than 50% of responses.

	Support	Oppose	Unsure/no opinion
Peer Support	84%	2%	14%
Families	63%	17%	20%
Signposting	56%	27%	17%
Counselling	43%	35%	22%
Advice	38%	50%	12%

10.2 These results should be considered in light of the campaign to mobilise opposition through social and mainstream media via #stopthehivcuts in general and by THT specifically. Broadly speaking, the majority of respondents did not oppose the proposals and, for all but one proposal, support outweighed opposition. Overall, our proposals to keep some services and lose others appear to have received support.

10.3 The survey's free text boxes did provide people who opposed the proposals with an opportunity to articulate their concerns about losing HIV specific services and using mainstream alternatives, these concerns largely focussed on:

- Stigma – fear of discriminatory behaviour and judgemental attitudes from staff in mainstream services.
- Confidentiality – fear of disclosure of their HIV status (without consent) by the mainstream service to their employer, landlord, other agencies or the wider community.
- Competency – worries that mainstream agencies would have insufficient or outdated knowledge about the impact of HIV and how it affects different communities e.g. Black Africans and gay men.

11 Next Steps & Implementation

11.1 A detailed analysis of the consultation processes is underway, these findings are currently being collated to inform final recommendations and transition plans. Following which a decision will be made by Southwark CCG on the new model in August. Decisions across all three boroughs have been aligned to ensure a consistent decision across Lambeth, Southwark & Lewisham. Should a decision be made to terminate any of the existing contracts in line with the proposals then a three month notice of termination will be provided and a "Succession Plan" will be drawn up in line with the standard contract clauses.

11.2 Subject to the outcome of the consultation, transition plans will be developed to ensure clients who access current services, and any new clients wishing to access services in future, are aware of the new pathways. Information and signposting on the new service model would be provided by the peer support service, which currently offers this facility and which may be funded to extend this offer during the transition period.

11.3 All non-HIV specialist advice and counselling services (that will meet needs in the new pathway) would be offered additional training on HIV competency delivered by an independent HIV organisation, to ensure they can confidently support people living with HIV. Many have received training on HIV in the recent past and are familiar with working with people with HIV given the local prevalence.

11.4 CAB across Lambeth, Southwark and Lewisham can provide training for the peer support service on managing referrals into advice and advocacy services. CAB can also offer a quality assurance programme across the system to measure the performance of the new service model during the first year. CCGs have agreed in principle to fund this. In addition, Lambeth, Southwark and Lewisham would commission a quality assurance programme from an independent HIV organisation to measure the performance of the new service model and pathways across all of the HIV Care and Support system in the three boroughs.

11.5 The non-HIV specialist services that form the proposed new pathway are already providing advice and advocacy and counselling services to people living with HIV. The numbers of people who are affected by these proposals are small in comparison to the numbers already being seen by non-HIV specialist services. All mental health and advice services commissioned across Lambeth, Southwark and Lewisham are non-discriminatory of people living with HIV and offer the same standard of quality and access to all sections of our communities and all groups with long term conditions.

11.6 A number of voluntary sector organisations affected by the proposals, and those who advocate for people living with HIV, have made representations to the CCG in the consultation period to share their concerns around the loss of the specialist services. There has also been local and national media coverage of the proposals. These views will feed into the final consultation report.

11.7 At meetings with affected service providers, it has been suggested that a steering group of key stakeholders is established to oversee the transition to the new service model and provide assurance that the changes do not have adverse impacts on

individuals or groups of individuals. This group will include service users, clinicians, third sector providers and providers of the new pathways.

12 Financial implications

12.1 The services under review are provided by national voluntary sector organisations. The financial contribution from Southwark CCG to the services under review is:

Terrence Higgins Trust – Advice and Advocacy	£48,451
Terrence Higgins Trust – Counselling	£33, 298
Metro - First Point	£47,197
Metro – Peer Support	£31,284
Metro/PPC – Children & Families Service	£70,645

12.2 There is inconsistency across LSL on where these budgets are held and which organisation acts as responsible commissioner. This is a legacy of the transition of public health services from PCTs. In Lambeth the council is the responsible commissioner, but in Lewisham and Southwark the CCG is the responsible commissioner. The contracts issued to the providers are joint contracts.

13 Equalities implications

13.1 People living with HIV are predominately from groups with protected characteristics including ethnic minority groups and men who identify as gay or bisexual. For this reason these groups are almost exclusively impacted by the proposals outlined in this paper. In view of this, ensuring that there is very good representation from these communities in the consultation has been essential to ensuring it is robust enough to inform decision making.

13.2 In 2014, 2,935 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2,195 men and 740 women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates **(**LASER 2014).

13.3 A total of 70 Southwark residents used the counselling service provided by THT (29 of these were new clients) and 286 Southwark residents used the advice and advocacy service (excluding those applying for grants).

13.4 The proposed changes are not considered substantial. The shift of activity to mainstream services is relatively small, the services that will receive these clients in future are confident they can meet demand and therefore the impact on the wider system is expected to be minimal. A profile of the users of the individual services is provided below.

13.5 The pattern of usage varies across the services, the counselling service is more heavily used by gay men, the advice service is more heavily used by women and First Point is more reflective of the cohort of people living with HIV.

13.6 Counselling user profile

Gender	Sexual Orientation	Ethnicity
Male – 82%	Heterosexual -24%	Black/Black British, African – 15% Black/Black British (Caribbean) - 6%
Female – 18%	Gay male – 72%	White (UK) – 37% White Other- 31%
Other/withheld-0%	Other/withheld -4%	Mixed – 5% Others/withheld – 6%

13.7 Advice and Advocacy user profile

Gender	Sexual Orientation	Ethnicity
Male – 33%	Heterosexual -50%	Black/Black British, African – 34% Black/Black British (Caribbean) - 10%
Female – 67%	Gay male – 53%	White (UK) – 24% White Other- 16%
Other/withheld-0%	Other/withheld -7%	Mixed – 3% Others/withheld – 13%

13.8 First Point user profile

Gender	Sexual Orientation	Ethnicity
Male – 68%	Heterosexual -48%	Black/Black British, African – 32% Black/Black British (Caribbean) - 7%
Female – 28%	Gay male – 44%	White (UK) – 21% White Other- 15%
Other/withheld-4%	Other/withheld -8%	Mixed – 0% Others/withheld – 23%

13.9 A draft Equality Impact Assessment is enclosed in Appendix A. This will be reviewed by Southwark CCG's Equality & Human Rights Committee, before informing final CCG decisions.

Appendix A:
Southwark's Equality Impact Assessment

SCCG HIVC&S
Equality Analysis Tem

Equality Analysis (EA) Guidance Notes

Please see Appendix A below. Please also ensure that the EA be completed in Plain English, as it is likely to become a public document once signed-off. Ensure that all acronyms have been clearly defined in full before use. For further information or assistance on completing the EA, please contact the CCG's **Membership, Engagement and Equalities Team on 0207 525 7888 or email SOUCCG.southwark-ccg@nhs.net**

Name of strategy/policy/service	HIV Care and Support Services
Lead Director/Head of Service	Ali Young
Author	Fraser Serle, Interim Commissioning Officer
Reviewed by	Harjinder Bahra, equality and human rights manager Southwark CCG
Date equality analysis completed	5 July 2016
Date equality analysis sign off	

Section 1: Executive summary, sign-off process, capturing, monitoring and reviewing the EA action log

1.1	**Summary of the Strategy/Policy/Service**
	Provide an Summary of the Strategy/Policy/Service that is the subject of the EA
	The proposed changes are based on the 2012 LSL HIV Care and Support Review undertaken by Lambeth, Southwark and Lewisham PCTs and Councils. The review included extensive stakeholder consultation, including that with service users. This review recommended that mainstream or non-specialist HIV services would be better placed able to offer care and support services to people with living with HIV (PLWH) and that this might be desirable to avoid service duplication and to work towards de-stigmatising HIV as a long term condition. In addition, it would improve access to local services. The LSL Sexual Health Strategy, 2014-17, committed to delivering on the recommendations of the review. The Lambeth public health commissioning team have led on implementing the Review in stages, consisting of: • Procuring a new LSL-wide peer support and mentoring service which adopts an evidence-based expert patient model and aligns with the local NHS strategy for long-term medical conditions. The new service was procured in 2015 and is delivered by a partnership of local community and voluntary sector organisations • Restructure the CASCAID mental health service delivered by South London and Maudsley NHS Trust (SLaM) – this was completed in 2015 • Restructure advice and advocacy, counselling and assessment/signposting services – creating new pathways into non-specialist HIV services in line with the recommendations of the Review. This document outlines the equalities impact of that proposed restructure which would involve reducing the number of HIV specialist services commissioned for people living with HIV (PLWH) from five to two.

1.2	**What does the Strategy/Policy/Service provide?**
	The new pathways to access advice and advocacy, counselling and assessment/signposting services for all PLWH will be alongside the general population of Southwark, these services already work with PLWH:

- IAPT for counselling: IAPT is a counselling service provided by SLAM. It is for any Southwark residents regardless of HIV status who is:

- Feeling down, low or depressed
- Feeling stressed or anxious
- Finding it hard to control worrying
- Anxious in social situations
- Experiencing low mood or anxiety in pregnancy or the first year after birth
- Experiencing panic attacks
- Experiencing flash backs of traumatic events
- Caught up in excessive washing or checking
- Experiencing anxiety, stress and low mood linked to a long-term medical condition

People can self-refer online, see their GP who will refer them or self-refer on the telephone.
https://slam-iapt.nhs.uk/lambeth/welcome-to-lambeth-talking-therapies-service/

Counselling is provided at multiple sites across the borough which will mean there are more sites at which people can be seen. Being part of the integrated counselling service should facilitate referral into more specialist counselling and mental health support should a service user require it.

Southwark Citizens Advice and Southwark Local Support Team for advice and advocacy: The principal advice offer is through the local specialist advice services. This is offered over the phone, online or face-to-face. If the advice issue cannot be resolved straight away, an appointment is made with an advice agency for a more in-depth discussion or casework. These services are to deal with advice needs relating to benefits, housing and money/debt. In other cases (e.g. immigration, employment, consumer advice) people will be referred to other local or national organisations by the providers.

Sign Posting – The Peer Support service provided by Metro will be the new route for newly diagnosed patients to access support services. Peer support is available to patients at all HIV clinics in Lambeth, Southwark and Lewisham.

The two remaining services will be

- Family Support provided by PPC Metro. This typically complements input from children's social care who are also usually involved, often for child protection concerns. They also provide support to adolescents transitioning to adult services. Currently no alternatives that exist within the borough to meet this group of PLWH's needs.
- Peer Support and Mentoring provided by Metro through a consortium of HIV service providers. It has a strong evidence base of being effective and is **recommended by the British HIV Association (BHIVA) as a support service for PLWH. The** new peer service also deliver on key aspects of those services under review, namely assessment and signposting for newly diagnosed people and one to one support via peer mentoring.

The drivers for making changes to the HIV care and support services are to improve service effectiveness and better manage the service within a reducing financial envelope. In 2013 BHIVA published revised standards of care to inform and support commissioning of services across the system and provide a benchmark for the quality of care:

"In the three decades since the identification of HIV, progress in treatment and care has been enormous, with substantial improvements in both clinical outcomes and the lives of people living with HIV. Treatment outcomes for people with HIV in the UK are amongst the best in the world, which, despite current financial pressures, must be sustained and enhanced as new structures emerge within an evolving NHS." Standard 2

"People living with HIV should be enabled to maximise self-management of their physical and mental health, their social and economic well-being, and to optimise peer-support opportunities." Standard 9

Dealing with HIV must increasingly come into the mainstream. Mainstream services can now better meet the needs of people living with HIV than when the HIV-specific services for counselling and advice & advocacy were set up. The UK HIV stigma index identifies that only 27% of PLWH who participated in this research reported using HIV-specific services. For London, this is reported as 34% people, predominantly used most in the first year after diagnosis http://stigmaindexuk.org/reports/2016/London.pdf (p.9, section 6).

The three separate HIV services that would no longer be provided are:

- Advice & Advocacy provided by Terrence Higgins Trust (THT). Southwark residents living with HIV who use this service would access the appropriate borough the based mainstream advice and advocacy services, such as Southwark Local Support Team Lambeth.
- Counselling provided by THT. Southwark residents living with HIV who wish to access counselling would use Southwark Talking Therapies Service, which is part of the Improving Access to Psychological Therapies service (IAPT).
- First Point provided by Metro. The expectation is that the HIV treatment centres where this service operates would undertake the appropriate sign posting and referral of their patients who needed support with their HIV diagnosis, they would utlise the peer support programme that will be provided by Metro to facilitate this.

1.3 Who are the service users?

People Living with HIV (PLWHIV)

1.4 With the current service, is there any inequality in access and or outcomes across the protected characteristics?

In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2195 (number rounded up to nearest 5) men and 740 (number rounded up to nearest 5) women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57.0% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates.

Nationally the proportion of undiagnosed HIV remains particularly high amongst black African men (38%)

1.5 What does the Strategy/Policy/Service aim to change, and what would an equitable Strategy/Policy/Service look like?

The new pathways to access advice and advocacy, counselling and assessment/signposting services for all PLWH will be in line with those that all other people with long term medical conditions have access to thus ensuring equity for all the population of Southwark.

These will be:

Peer support and mentoring service, which will assess all people newly diagnosed with HIV and will signposts on to the range of appropriate services, including peer support and mentoring.

- IAPT for counselling: IAPT is a counselling service provided by SLaM. It is for any Southwark residents regardless of HIV status who is:

- Feeling down, low or depressed
- Feeling stressed or anxious
- Finding it hard to control worrying
- Anxious in social situations
- Experiencing low mood or anxiety in pregnancy or the first year after birth
- Experiencing panic attacks
- Experiencing flash backs of traumatic events
- Caught up in excessive washing or checking
- Experiencing anxiety, stress and low mood linked to a long-term medical condition

PLWH will be signposted into IAPT by the peer support service or can self-refer online, or see their GP who will refer them or self-refer on the telephone, see
https://slam-iapt.nhs.uk/lambeth/welcome-to-lambeth-talking-therapies-service/

Counselling is provided at multiple sites across the borough which will mean there are more sites at which people can be seen. Being part of the integrated counselling service will facilitate smoother referral into specialist mental health support should a service user require it.

Southwark Local Support Team will provide advice and advocacy for PLWH in line with other Southwark residents with long-term conditions. If the advice issue cannot be resolved straight away, an appointment is made with an advice agency for a more in-depth

discussion or casework.

Southwark Local Support Team Services will provide immediate support on benefits, housing and money/debt advice. If specialist legal advice is required for PLWH (immigration, employment,) PLWH will be referred to other local or national specialist organisations, in line with the policy for all Southwark residents with long term conditions.

The two remaining HIV specific services will be:

- Family Support provided by PPC Metro. This typically complements input from children's social care who are also usually involved, often for child protection concerns. They also provide support to adolescents transitioning to adult services. Currently no alternatives that exist within the borough to meet this group of PLWH's needs.
- Peer Support and Mentoring provided by Metro through a consortium of HIV service providers. It has a strong evidence base of being effective and is recommended by the British HIV Association (BHIVA) as a support service for PLWH. The new peer service also deliver on key aspects of those services under review, namely assessment and signposting for newly diagnosed people and one to one support via peer mentoring

The drivers for making changes to the HIV care and support services are to improve service effectiveness and better manage the service within a reducing financial envelope. In 2013 BHIVA published revised standards of care to inform and support commissioning of services across the system and provide a benchmark for the quality of care:

"In the three decades since the identification of HIV, progress in treatment and care has been enormous, with substantial improvements in both clinical outcomes and the lives of people living with HIV. Treatment outcomes for people with HIV in the UK are amongst the best in the world, which, despite current financial pressures, must be sustained and enhanced as new structures emerge within an evolving NHS." Standard 2

"People living with HIV should be enabled to maximise self-management of their physical and mental health, their social and economic well-being, and to optimise peer-support opportunities." Standard 9

	Mainstream services can now better meet the needs of people living with HIV than when the HIV-specific services for counselling and advice & advocacy were set up. The UK HIV stigma index identifies that only 27% of PLWH who participated in this research reported use of HIV-specific services. For London, this is reported as 34% people, predominantly used most in the first year after diagnosis http://stigmaindexuk.org/reports/2016/London.pdf (p.9, section 6).

1.6	**Who needs the Strategy/Policy/Service? (please how needs vary by protected characteristics)**
	People Living with HIV in Southwark. At present PLWH in Southwark are predominantly gay men and people of black African origin.

1.7	**EA Sign-Off Process**
	Describe the process how this EA has/will be Signed-Off
	(1) Feedback by the equality and human rights steering group (EHRSG) (2) Feedback (if any) and signing off by the Quality and Safety Sub-committee (QSSC), to which the EHRSG reports

1.8	**Capturing, Monitoring and Reviewing the EA Action Log**
	Describe arrangements for capturing, monitoring and reviewing any identified Equality and Human Rights gaps/risks in relation to this Strategy/Policy/Service

Section 2: Engagement, involvement and consultation

2.1	**Engagement and Involvement**
A	**Describe how community engagement and involvement were undertaken in respect of this strategy/policy/service?**
	The key stakeholders are PLWH who live in Lambeth, Southwark or Lewisham (LSL) use the services affect by these changes and the providers of these services - THT, Metro and PPC. Extensive stakeholder and service user consultation was undertaken for the 2012 review to inform the direction of travel for HIV care and support service provision in LSL. Meetings were held with the providers of these services early in the calendar year to give them an indication desire to continue to implement the findings of the 2012 review and the impact the budget savings will have on wider service provision. Consultation with service users was organised with each of the affected provider services. This took the form of drop in sessions and a focus group, additionally service users who were unable to attend an event were invited to complete a questionnaire online or submit a paper copy. In addition to copies of the questionnaire were made available to the HIV treatment centres in LSL for their patients. The engagement programme was to inform service users of the current financial context and the proposed changes and gauge an understanding of their use of the current HIV care and support services, their use of mainstream services and what might considerations would need to be in place to enable them to consider using mainstream services. It would give a clear service user 'voice' in any recommendations which are put forward.
B	**What were the outcomes, and how have they informed this strategy/policy/service?**
	An additional public consultation encompassing all the proposed strategic changes to public health services was undertaken. This included an online survey, public consultation events and consultation with Local care Networks, GP Networks and Providers. This consultation included a focus on the proposed HIV Care and Support Changes. The results of the online survey with the public were that 48% of respondents supported the proposed changes, 37% opposed the changes and 16% neither opposed nor supported. (To 25th May 2016). In addition, an engagement and HIV service user involvement exercise has been undertaken across Lambeth, Southwark and Lewisham with service users and providers of the current services. This consultation ends on 28th June.
C	**Describe any engagement and involvement gaps/risks identified, and how they have been addressed?**
	There has been some feedback to the consultation raising concerns about the quality and ability of the non-HIV services to work with PLWH. These concerns had not previously been raised with the commissioners by HIV advocacy services even though these non-HIV services have been providing

	services to PLWH for many years. Therefore until now no remedial work or investigation into the issues raised has taken place. Now that they have it is possible for the HIV commissioner to address these issues with the relevant mainstream services commissioners. The local non-HIV services have reported to the commissioners that their current client group includes people living with HIV, and they deal with the full range of social welfare law needs that they present with. Work will take place with the non-HIV services, the local HIV treatments centres and HIV support services as one way to reassure people who may be concerned about using a non-HIV service.

2.2	**Formal Consultation (if appropriate)**
A	**Describe how 'formal' community consultation was undertaken in respect of this strategy/policy/service?**

There was a formal consultation as part of the 2012 service review.

Two large scale stakeholder mapping events took place along with two smaller meetings completed by LSL Commissioners with Lambeth and Southwark Local Authority leads to map eligibility criteria, referral mechanisms and service usage for PLWHIV including pathways for clients with No Recourse to Public Funds (NRPF).

The purpose of all the stakeholder mapping events was to use a process mapping approach to understand the current pattern of service delivery including:

- How services map across to needs
- The relationship between HIV-specialist and mainstream services
- Access and referral routes into services and eligibility criteria
- Gaps, unmet need and any duplication
- Situation for people with no recourse to public funds
- Routes out of services
- Ideas about how services could be organised and delivered in a better way.

The events were as follows:

Date	**Focus**	
14.7.2011	Lewisham Local Authority/ NHS services	Led by Ruth Hutt, Consultant in Public Health. Attended by 18 staff from Lewisham social care, CASCAID, CNS, Alexis clinic, joint commissioning team and 1 service user from Lewisham in a 3 hour meeting to map client

		pathways into Social Care including Non Recourse to Public Funds (NRPF). Also outlined current generic, specialist HIV and voluntary sector support currently used by PLHIV.
19.7.2011	PCT / LA funded provider portfolio	Led by LSL Sexual Health & HIV Commissioners. Attended by 68 people including service users. Attended by LSL statutory and third sector service providers.
4.8.2011	LB Southwark Social Care Portfolio and Services	Led by Sexual Health & HIV Commissioning Team with Southwark Physical Disabilities Team Attended by 1 Senior Commissioning Manager for Children's Services; 1 Commissioning Support Officer and 1 Team Leader for the Physical Disabilities Team.
8.9.2011	LB Lambeth Social Care Portfolio & Services	Attended by the Team Manager and a Specialist Practitioner for Physical Disabilities in Lambeth and the Team Manager for the NRPF Team

The process for Continuing Care was managed in a discreet meeting with the Lambeth lead Commissioner who was able to clarify the process for Lambeth and Southwark, although the process for Lewisham is still to be clarified.

Consultation Process: The service model and commissioning intentions were open for three months public consultation from the 7th November 2011 until 6th February 2012. A list of consultation questions can be found in the report which stakeholders are invited to comment on. As part of the consultation process six public events targeted at stakeholders, patients and public were held across LSL on the following dates:

- 9th December 2011, 9.30am-12.30pm, Guys Hospital, Robens Suite, 29th Floor, Tower Wing, SE1 9RT
- 12th December 2011, 2-5pm, Assembly Rooms, Lambeth Town Hall, Brixton Hill, SW2 1RW
- 13th December 2011, 9.30am-12.30pm, Committee rooms 1 & 2, Civic Suite Lewisham Town Hall, Catford, SE6 4RU
- 5th January 2012, 6-9pm, , Guys Hospital, Robens Suite, 29th Floor, Tower Wing, SE1 9RT
- 9th January 2012, 6-9pm, Assembly Rooms, Lambeth Town Hall, Brixton Hill, SW2 1RW

	• 10th January 2012, 6-9pm, Committee rooms 1 & 2, Civic Suite Lewisham Town Hall, Catford, SE6 4RU In addition, focus groups were arranged across LSL to ensure effective engagement with PLHW. An initial Equality & Equity Impact Assessment Screening was completed which will be expanded on in more detail during the consultation phase.
B	**What were the outcomes, and how have they informed this strategy/policy/service?**
	See above
C	**Describe any gaps/risks identified, and how they have been addressed?**
	Each CCG has conducted an equality analysis on the proposed service change.

Section 3: Human Rights (Human Rights Act 1998)

3.1	**Human Rights**
A	**Describe how this strategy/policy/service protects or enhances Human Rights?**
	The service strategy ensures PLWH have access to a range of services, in line with all other people living with long term conditions in Southwark, that ensure they can live the life they choose (empowerment) and are treated fairly and with dignity.
B	**Describe any identified Human Rights gaps/risks, and how they have been addressed?**
	There are no identified Human Rights gaps/risks

Section 4: Equality – The Nine Protected Characteristics (Equality Act 2010) and other Groups/Communities

4.1	**Age Equality and Health Inequalities**
A	**Describe how this strategy/policy/service supports Age Equality?**
	The age of the cohort for PLWH is now older, nationally of those people accessing HIV care, just less than half (48%) are aged 45 years or older, and 16% are 55 or older. Within current service provision nearly half the advice and advocacy service users are in the 45-54 age range. This strategy continues to ensure that people of all ages, including older people, have access to the care and support services they need in line with all other Southwark residents with long term conditions.
B	**Describe any identified Age Equality gaps, and how they have been addressed**
	Southwark Council commissions Southwark Local Support Team to provide welfare advice for all residents regardless of HIV status. Southwark Local Support Team routinely provides services to vulnerable groups, such as those with disabilities or long term conditions, referring on those who need specialist legal support. The council is working with the providers to ensure they are prepared for any increased use by PLWH and they have an awareness of particular issues that may be experienced by different age groups in relation to being HIV positive. Additionally Age UK Lewisham and Southwark provides a range of welfare and other services for residents aged 55 plus, Southwark CCG will work with AUKLS to ensure that they are HIV aware and welcoming for PLWH. Equally, NHS funded counselling services are widely available as part of the Government's IAPT programme, provided in Southwark by SLaM and Maudsley NHS Trust. Training on HIV and mental health was provided to the IAPT team in the summer of 2013, by HIV specialists at SLaM, this was followed by enhanced training for "High Intensity" workers over the autumn. HIV specialists at SLaM are currently talking to mainstream mental health services, including IAPT to identify current training needs and ensure that PLWH are able to access mainstream services that are "HIV competent". This will include looking at issues around aging and HIV. It is anticipated that the IAPT service will be promoted to include targeting PLWH. In addition, plans are for funding IAPT to increase, thereby creating more capacity for counselling. It is thus anticipated that access to local counselling for PLWH will increase as the IAPT service develops. The peer support programme provided by Metro will provide assessment and signposting for all newly diagnosed people. The peer support and mentoring programme provides people the opportunity to be supported by similar to themselves. The mentoring programme offers 1 to 1 support for PLWH provided by a peer mentor. **The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral, but potentially positive in the long term.**

C	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Age**
	Local non-HIV specialist services have indicated that they currently provide services for PLWH and are able to provide services for PLWH who formally accessed specialist HIV services in the borough, and that they already have the expertise around the main advice issues for which PLWH currently access services from THT, namely welfare benefits, debt advice and housing. The introduction of this strategy ensures equity of service delivery between PLWH and all other residents with long term conditions.

4.2	**Disability Equality (Physical and Mental) and Health Inequalities**
A	**Describe how this strategy/policy/service supports Disability Equality?**
	There is limited data and research available on the needs of people with learning disabilities or physical disabilities. There are approximately 36,600 people in Southwark with a disability, 17.5% of the adult population, the number of people living with HIV who are also disabled and/or have a mental health problem in Lambeth is unknown. The success of anti-HIV treatments results in people with HIV being able to live long and healthy lives, although small numbers, especially those diagnosed late, will become ill and may become disabled. In addition, PLWH are thus now more likely to acquire other long term medical conditions along with the general population due to ageing. This strategy aims to ensure that there is equity of provision between PLWH and other people with long term conditions and PLWH who may experience multiple long term medical conditions.
B	**Describe any identified Disability Equality gaps, and how they have been addressed?**
	The new service pathways ensure PLWH have access to IAPT as a first-line counselling option, thus taking advantage of planned additional investment in IAPT. In addition this has the potential to beneficial for PLWH as these services are integrated into the mental health pathway in the borough. There is stigma associated with HIV therefore work is being undertaken with the non-specialist services to ensure they promote that they provide an HIV-appropriate service to PLWH. Mental ill-health itself has a high level of stigma therefore the mental health service providers are used to with working with stigma and disclosure. **The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral, but potentially positive in the long term.**

C	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Disability**
	Local non-HIV specialist services have indicated that they currently provide services for PLWH and people who are disabled and are able to provide services for PLWH who are disabled formally accessed specialist HIV services in the borough. , They already have the expertise around the main advice issues for which PLWH currently access services from THT, namely welfare benefits, debt advice and housing. IAPT also provides services to people who are disabled and PLWH. The introduction of this strategy ensures equity of service delivery between PLWH and all other residents with long term conditions and other residents who are disabled. Mental ill-health itself has a high level of stigma therefore the mental health service providers are used to with working with stigma and disclosure.

4.3	**Gender Reassignment Equality and Health Inequalities**
A	**Describe how this strategy/policy/service supports Gender Reassignment Equality?**
	Although there is a lack of evidence, the little that is available indicates that trans people experience health inequalities (e.g. Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care April 2012 National Center for Transgender Equality), including sexual health inequalities which may include higher rates of HIV, and difficulties accessing services and relevant information. It has been estimated that there are 20 transgender people per 100,000 population, meaning that there are approximately 50-60 transgender people in Southwark. Service providers are required collect data on gender identify, at present the numbers of service users identifying as transgender are very low.
B	**Describe any identified Gender Reassignment Equality gaps, and how they have been addressed?**
	There is a lack of data regarding these services and gender reassignment. In the future data will be gathered and analysed to identify gaps. **The CCG is assured that the equality impact is neutral.**
C	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Gender Reassignment**
	Service providers are required collect data on gender identify, at present the numbers of service users identifying as transgender are very low. In the future data will be further analysed to identify any health inequalities gaps.

	Healthwatch Southwark has been undertaking a needs assessment / review of experiences of the trans population of Southwark. Commissioners will review the findings from this to see how it can inform the future provision of services.

4.4	**Marriage (Heterosexual) and Civil Partnership/Marriage (Same Sex) Equality and Health Inequalities**
A	**Describe how this strategy/policy/service supports Marriage and Civil Partnership/Marriage Equality**
	There is a lack of evidence on the relationship between marriage and civil partnership and HIV. No data is collected in by the providers on marriage and civil partnership and future research e.g. service reviews, can capture information on service use and the characteristic.
B	**Describe any identified Marriage and Civil Partnership/Marriage Equality gaps, and how they have been addressed**
	No gaps have been identified. **The CCG is assured that the equality impact is neutral.**
C	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Marriage and Civil Partnership/Marriage**
	Service providers are required collect data on marriage and civil partnership. In the future data will be further analysed to identify any health inequalities gaps.

4.5	**Pregnancy and Maternity Equality and Health Inequalities**
A	**Describe how this strategy/policy/service supports Pregnancy and Maternity Equality**
	The numbers of children born with HIV are reducing due to medical advances. However there are still issues for women living with HIV around childbirth and disclosure. A small number of family access HIV Care and Support services in Southwark but many are vulnerable erg have no recourse to public funds. Therefore, the Family Support provided by PPC Metro will be maintained. This service typically complements input from children's social care who are also usually involved, often for child protection concerns. The service also provides support to adolescents transitioning to adult services. The service is used predominantly by women of African and Caribbean origin.

B	**Describe any identified Pregnancy and Maternity Equality gaps, and how they have been addressed**
	The Family Support provided by PPC Metro will be maintained because there are no alternative non-specialist services that exist within the borough to meet this group of PLWH's needs. **The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral, but potentially positive in the long term.**
C	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Pregnancy and Maternity**
	The Family Support provided by PPC Metro will be ensure that families can continue to access HIV care and support which cannot be provided elsewhere.

4.6	**Race Equality (Colour, Nationality, Citizenship, Ethnic Origins, National Origins and Caste) and Health Inequalities**
A	**Describe how this strategy/policy/service supports Race Equality**
	In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2195 (number rounded up to nearest 5) men and 740 (number rounded up to nearest 5) women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57.0% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates. Nationally the proportion of undiagnosed HIV remains particularly high amongst black African men (38%). Evidence gathered locally during the consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy Section 3.1 and from research, (e.g. African Health and Sex Survey, 2013-14, Sigma Research, LSHTP, A Review of research Among Black African Communities Affected by HIV in the UK and Europe, Medical Research Council) also indicates that these health inequalities are driving factors including: • Late Diagnosis of HIV • Difficulties in accessing services, including HIV testing services • Difficulties in accessing information about HIV and HIV prevention • Deprivation and immigration status • HIV stigma

	This strategy continues to ensure that people of all ethnicities have access to the care and support services they need in line with all other Southwark residents with long term conditions. The current HIV prevention programme is targeted at population groups and communities at risk of HIV transmission. There are no plans to change this.
B	**Describe any identified Race Equality gaps, and how they have been addressed?**
	Southwark Council commissions Southwark Local Support Team to provide welfare advice for all residents regardless of HIV status and race. Southwark Local Support Team routinely provides services to BAME populations, referring on those who need specialist legal support. The council is working with the providers to ensure they are prepared for any increased use by PLWH and they have an awareness of particular issues that may be experienced by different ethnic groups in relation to being HIV positive. Equally, NHS funded counselling services are widely available as part of the Government's IAPT programme, provided in Southwark by SLaM NHS Trust. Training on HIV and mental health was provided to the IAPT team in the summer of 2013, by HIV specialists at SLaM, this was followed by enhanced training for "High Intensity" workers over the autumn. HIV specialists at SLaM are currently talking to mainstream mental health services, including IAPT to identify current training needs and ensure that PLWH are able to access mainstream services that are "HIV competent". This will include looking at issues around race and HIV. It is anticipated that the IAPT service will be promoted to include targeting PLWH. In addition, plans are for funding IAPT to increase, thereby creating more capacity for counselling. It is thus anticipated that access to local counselling for PLWH will increase as the IAPT service develops. IAPT currently provides services for Southwark's BAME populations, including PLWH. The peer support programme provided by Metro will provide assessment and signposting for all newly diagnosed people. The peer support and mentoring programme provides people the opportunity to be supported by someone from a similar ethnic background should they wish. There is a specific peer support group for people of African origin. **The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral.**
C	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Race**
	Local non-HIV specialist services have indicated that they currently provide services for PLWH from BAME populations and are able to provide services for PLWH from BAME populations who formally accessed specialist HIV services in the borough. They already have the expertise around the main advice issues for which PLWH currently access services from THT, namely welfare benefits, debt advice and housing. IAPT also provides services to people who from BAME populations and PLWH.

	The introduction of this strategy ensures equity of service delivery between PLWH and all other residents with long term conditions who are from BAME populations in Southwark.

4.7	**Religion or Belief Equality and Health Inequalities**
A	**Describe how this strategy/policy/service supports Religion or Belief Equality**
	There is limited evidence on the relationship between religion and belief and HIV. However, evidence gathered locally during the consultation on the Lambeth, Southwark and Lewisham Sexual Health Strategy indicates that: - The role faith leaders play is important in relation to delivering work in the sexual health promotion and HIV prevention work in the community - Involving local faith organisations e.g. churches and mosques is important in relation to delivering work in the sexual health promotion and HIV prevention work in the community.
B	**Describe any identified Religion or Belief Equality gaps, and how they have been addressed**
	Although no gaps have been identified, it is recognised that ethnicity, nationality, cultural and faith practices are inevitably linked, particularly given Southwark's diverse communities. As has been recognised, for many communities the church, mosque or temple is 'home' away from home. Indeed, Southwark has the largest black majority churches in the country. Therefore, in addition, to providing access to Peer Support Programme, counselling services in more places and integrated mainstream non-HIV services, working with faith organisations on sexual health promotion and HIV prevention work might potentially have better health and wellbeing outcomes for PLWH in the long term. **The CCG is assured that the equality impact is neutral, but potentially positive in the long term.**
C	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Religion or Belief**
	All services involved in the new pathway will be required to deliver services that are equitable whatever the religion or belief of the client.

4.8	**Sex Equality and Health Inequalities**
A	**Describe how this strategy/policy/service supports Sex Equality**
	In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2195 (number rounded up to nearest 5) men and 740 (number rounded up to nearest 5) women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57.0% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates. Nationally the proportion of undiagnosed HIV remains particularly high amongst black African men (38%). HIV disproportionally affects men. In 2014-15 two thirds of service users of the THT services and three quarters of First Point were men. This strategy continues to ensure that people of all sexes have access to the care and support services they need in line with all other Southwark residents with long term conditions.
B	**Describe any identified Sex Equality gaps, and how they have been addressed?**
	Southwark Council commissions Southwark Local Support Team to provide welfare advice for all residents regardless of HIV status and sex. Southwark Local Support Team routinely provides services to all residents, referring on those who need specialist legal support. The council is working with the providers to ensure they are prepared for any increased use by PLWH and they have an awareness of particular issues that may be experienced by different sex in relation to being HIV positive. Equally, NHS funded counselling services are widely available as part of the Government's IAPT programme, provided in Southwark by SLaM NHS Trust. Training on HIV and mental health was provided to the IAPT team in the summer of 2013, by HIV specialists at SLaM, this was followed by enhanced training for "High Intensity" workers over the autumn. HIV specialists at SLaM are currently talking to mainstream mental health services, including IAPT to identify current training needs and ensure that PLWH are able to access mainstream services that are "HIV competent". This will include looking at issues around sex and HIV. It is anticipated that the IAPT service will be promoted to include targeting PLWH. In addition, plans are for funding IAPT to increase, thereby creating more capacity for counselling. It is thus anticipated that access to local counselling for PLWH will increase as the IAPT service develops. IAPT currently provides services for all Southwark residents, including PLWH. The peer support programme provided by Metro will provide assessment and signposting for all newly diagnosed people. The peer

	support and mentoring programme provides people the opportunity to be supported by someone of the same gender should they wish. The current HIV prevention programme is targeted at population groups and communities at risk of HIV transmission. There are no plans to change this. **The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral.**
C	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Sex**
	Local non-HIV specialist services have indicated that they currently provide services for PLWH of all genders from Southwark and are able to provide services for PLWH from who formally accessed specialist HIV services in the borough. , They already have the expertise around the main advice issues for which PLWH currently access services from THT, namely welfare benefits, debt advice and housing. IPAT also provides services to people of all genders and PLWH. The introduction of this strategy ensures equity of service delivery between PLWH and all other residents with long term conditions irrespective of gender in Southwark.

4.9	**Sexual Orientation Equality and Health Inequalities**
A	**Describe how this strategy/policy/service supports Sexual Orientation Equality**
	In 2014, 2932 adult residents (aged 15 years and older) in Southwark received HIV-related care: 2195 (number rounded up to nearest 5) men and 740 (number rounded up to nearest 5) women. Among these, 51.2% were white, 28.6% black African and 4.9% black Caribbean. With regards to exposure, 57.0% probably acquired their infection through sex between men and 38.4% through sex between men and women. Southwark has a higher proportion of HIV diagnosis in heterosexual men and women compared to London and England rates. Nationally the proportion of undiagnosed HIV remains particularly high amongst black African men (38%). HIV disproportionally affects gay men. In 2014-15 almost half of thirds of service users of the THT services and First Point were gay men. This strategy continues to ensure that people of all sexual orientations have access to the care and support services they need in line with all other Southwark residents with long term conditions.

B	**Describe any identified Sexual Orientation Equality gaps, and how they have been addressed**
	Southwark Council commissions Southwark Local Support Team to provide welfare advice for all residents regardless of HIV status and sexual orientation. Southwark Local Support Team routinely provides services to all residents including LGBTQI residents, referring on those who need specialist legal support. The council is working with the providers to ensure they are prepared for any increased use by PLWH and they have an awareness of particular issues that may be experienced by LGBTQI people in relation to being HIV positive. Equally, NHS funded counselling services are widely available as part of the Government's IAPT programme, provided in Southwark by SLaM NHS Trust. Training on HIV and mental health was provided to the IAPT team in the summer of 2013, by HIV specialists at SLaM, this was followed by enhanced training for "High Intensity" workers over the autumn. HIV specialists at SLaM are currently talking to mainstream mental health services, including IAPT to identify current training needs and ensure that PLWH are able to access mainstream services that are "HIV competent". This will include looking at issues around sexual orientation and HIV. It is anticipated that the IAPT service will be promoted to include targeting PLWH. In addition, plans are for funding IAPT to increase, thereby creating more capacity for counselling. It is thus anticipated that access to local counselling for PLWH will increase as the IAPT service develops. IAPT currently provides services for Southwark residents who are LGBTQI, including PLWH. The peer support programme provided by Metro will provide assessment and signposting for all newly diagnosed people. The peer support and mentoring programme provides people the opportunity to be supported by someone of the same sexual orientation should they wish. The current HIV prevention programme is targeted at population groups and communities at risk of HIV transmission. There are no plans to change this. **The CCG is assured sufficient mitigation is in place, therefore the equality impact is neutral.**
C	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Sexual Orientation**
	Local non-HIV specialist services have indicated that they currently provide services for LGBTQI PLWH from Southwark and are able to provide services for LGBTQI PLWH from who formally accessed specialist HIV services in the borough. , They already have the expertise around the main advice issues for which PLWH currently access services from THT, namely welfare benefits, debt advice and housing. IAPT also provides services to LGBTQI people and PLWH. The introduction of this strategy ensures equity of service delivery between LGBTQI PLWH and all other residents with long term conditions irrespective of sexual orientation in Southwark.

4.10 Asylum Seekers and Refugees Health Inequalities

A	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Asylum Seekers and Refugees**
	The non-specialist counselling and advice services in Southwark already work extensively with asylum seekers and refugees. This strategy ensures that there is equity between PLWH who are asylum seekers and refugees and all other asylum seekers and refugees. In addition, the family support service delivered by PPC Metro is staying in place and will provide a service to asylum seekers and refugees including those families with no recourse to public fund. **The CCG is assured that the equality impact is neutral.**

4.11	**Gypsies and Travellers Health Inequalities**
A	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Gypsies and Travellers**
	The non-specialist counselling and advice services in Southwark already work with gypsies and travellers. This strategy ensures that there is equity between PLWH who are gypsies and travellers and all other gypsies and travellers. **The CCG is assured that the equality impact is neutral.**

4.12	**Carers Health Inequalities**
A	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to Carers**
	The non-specialist counselling and advice services in Southwark already work with carers of people with long terms conditions. This strategy ensures that there is equity between carers who are PLWH or who are caring for PLWH and all other people with long term conditions. **The CCG is assured that the equality impact is neutral.**

4.13	**Socio-economically Deprived Groups Health Inequalities**
A	**Describe how this strategy/policy/service works towards reducing health inequalities in relation to socio-economically deprived groups**
	There is evidence that some PLWH experience poverty and social hardship – (National Aids Trust and Terence Higgins Trust 2010). There is also

	some evidence that impact of the welfare reforms may have a negative impact on some PLWH – (Impact of the Welfare Reforms 2014 Counterpoint Policy Alliance). Southwark Council commissions Southwark Local Support Team to provide welfare advice for all residents regardless of HIV status, referring on those who need specialist legal support. The council is working with the providers to ensure they are prepared for any increased use by PLWH and they have an awareness of particular issues that may be experienced by PLWH in relation to being HIV positive. Thus PLWH who are experiencing social deprivation and wish to access hep related to welfare benefits/debt advice will be able to do so from the Southwark Local Support Team. In addition, the peer support service will be able to signpost people to access hardship funds. **The CCG is assured that the equality impact is neutral.**

Section 5: Further Actions, Monitoring and Sign-Off

5.1	**Further Actions**
	Describe what further actions (if any) in respect of this EA need to be taken
	There are gaps in: • Sexual health and transgender • Language • Religion and belief • Marriage and Civil Partnership There is a lack of evidence and research in these areas in relation to sexual health. Transformed services will have the ability to monitor in relation to transgender and language needs. Services are provided to all irrespective of religion and belief and marriage and civil partnership. All services commissioned by Southwark CCG need to comply with equalities legislation, therefore discussions can take place with the relevant commissioners to ensure that they are abiding by their equalities duties.

5.2	**Monitoring**
	Describe arrangements for capturing, monitoring and reviewing any identified gaps/risks in relation to this Strategy/Policy/Service

5.3	**Sign-Off**	
	Lead Director/Head of Service	Ali Young, Head of Pathway Commissioning, Southwark CCG
	Contact Details	E: ali.young@nhs.net

		T: 07717 306352
	Sign-Off Date	5 July 2016

Appendix A

About the Equality, Human Rights and Health Inequalities Analysis (EA) Template

The EA template replaces the previous Equality Impact Assessment (EIA). The rational is to focus on the quality of the analysis, and how it is used in decision-making and less on the production of a document (which often becomes an end itself). Any equality, human rights and health inequalities gaps/risks identified from the analysis will need to be mitigated against with pragmatic, but proportionate 'reasonable adjustments'

Which Strategy/Policy/Service needs to have an EA, and when should it be done?

All strategies, policies, new services, commissioning intentions, service redesign and service decommissioning need to conduct an EA. Best Practice is to conduct an EA at the start of the process or as soon as practicable thus ensuring that **'mitigation'** and **'reasonable adjustments'** on identified risks/gaps in relation to Equality and Human Rights can be made **'on the go'** as the Strategy/Policy/Service and commissioning intentions develop.

The context of the EA and our commitment to Southwark people

Human rights and equality are inexorably linked to the quality of healthcare, patient outcomes and health inequalities. Therefore, we are committed to an inclusive NHS that provides equal access to quality and compassionate care for all Southwark people. In this respect, our commissioning intentions are based on the human rights principles of **Fairness, Respect, Equality, Dignity and Autonomy (the FREDA Principles).** Human rights can be seen as the overall umbrella of cradle to grave rights and freedoms enjoyed by every citizen in the UK, for example, a right to life and a right not to be treated in an inhuman or degrading way. Equality sits below focusing on preventing unlawful discrimination and promoting fairness and diversity on the basis of staff and patients' nine 'protected characteristics' as defined by the Equality Act 2010, which are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership/Marriage
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex

- Sexual Orientation

We also know that some groups and communities may have differential experience in accessing health services, and that socioeconomic determinants can exacerbate health inequalities. In this respect, protecting or enhancing human rights and promoting equality and inclusion are integral to our core business and reflected throughout everything that we do.

Statutory equality and human rights duties and pledges

The key statutory equality duties and pledges are contained in the Human Rights Act 1998, the Equality Act 2010 and the NHS Constitution (which brings together a number of 'Rights', 'Pledges' and 'Responsibilities' for staff and patients alike all in one place). In addition, public bodies (including the NHS) must pay **'due regard'** to the Public Sector Equality Duty (PSED) to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share protected characteristic and people who do not share it: and
- Foster good relations between people who share a protected characteristic and people who do not share it.

These are sometimes referred to as the three aims or arms of the general equality duty. In order to advance equality this involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Due regard in this context means evaluating the positive and negative impact of **strategies, policies, new services, commissioning intentions, service redesign and service decommissioning** in relation of the nine protected characteristics, and where possible make 'reasonable adjustments' to mitigate any actual or perceived equality gaps/risks.

Statutory health inequalities duty

Avoidable health inequalities are – by definition - unfair and socially unjust. A person's chance of enjoying good health and a longer life is influenced by the social and economic conditions in which they are born, grow, work, live and age. These conditions also affect the way in which people look after their own health and use services throughout their life. Addressing such avoidable inequalities and moving towards a fairer distribution of good health therefore requires a life course approach and action to be taken across the whole of society. The NHS Five year Forward View sets out the need to address the health and wellbeing gap, preventing any further widening of, and working towards a reduction, in health inequalities. The Health and Social Care Act 2012 introduced the first legal duties on health inequalities, with specific duties on NHS England and CCGs, These duties took effect from 1 April 2013 requiring the CCGs to take whole local population approach to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality and reduce inequalities in access to those services or the outcomes achieved (health-related services can be any services which impact on health, including those outside health and social care)
- Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities
- Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities

Due regard in this context means evaluating the impact of **strategies, policies, new services, commissioning intentions, service redesign and service decommissioning** in relation of health inequalities (whether they reduce or exacerbate them). Where possible make 'reasonable adjustments' to address the health and wellbeing gap, prevent any further widening of, and work towards a reduction, in health inequalities

Agenda Item 7

TRIGGER TEMPLATE

Scrutiny welcomes early drafts of this form for proposals 'under consideration'.

NHS Trust or body & lead officer contacts:	**Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:**
King's College Hospital NHS Foundation Trust Lead: Jane Farrell, Chief Operating Officer	Six CCGs in south east London and NHS England specialised commissioners (noting that activity from some south west London and Kent commissioners is also affected by the proposals).

Trigger	**Please comment as applicable**
1 Reasons for the change & scale of change	
What change is being proposed?	**<u>Context</u>** King's College Hospital (KCH) is planning to increase the number of beds across the Trust's hospital sites (Denmark Hill, Princess Royal University Hospital (PRUH) and Orpington Hospital) to address long standing performance challenges related to the delivery of national access targets for emergency and elective waiting times. An increase in the number of beds will support an improvement in waiting times for non elective and elective care and enable an improved patient experience and offer, though: • reducing bed occupancy through providing additional bed capacity to support more timely admission for emergency patients and hospital flow. • providing increased and ring fenced bed capacity for inpatient elective activity, reducing waiting times and elective cancellations and supporting the separation of emergency and elective activity. • providing a dedicated frailty and step down unit to support improvements in the management of these patients and to free up bed capacity to reduce bed occupancy. The proposed increase in beds represents a response to immediate and significant capacity and performance pressures. It is

	recognised that over time the total number of beds required at KCH and their utilisation will change in the context of changing population needs, improved productivity and efficiency and the implementation of agreed service and care pathway changes, in line with the developing five year south east London Sustainability and Transformation Plan. The additional KCH beds will not cut across or preclude any of these plans being implemented, with a commitment to review the KCH beds 18-24 months post implementation to determine any required changes to meet agreed south east London strategic change proposals. These proposals are aligned to the future Our Healthier South East London strategy plans but recognise that those changes will not be felt in full in the short to medium term and interim and immediate capacity is therefore required alongside efforts to improve the overall pathways involved, both in and out of hospital. **Proposal** The bed proposal is part of the Trust's plans to address an assessed and recognised current 74 bed shortfall across the Denmark Hill (54 beds) and PRUH (20 beds) sites. The bed proposals form part of the Trust's overarching 2016/17 Recovery Plans for A&E and elective waiting times, with these plans including in and out of hospital care actions to support sustainable performance improvement, including work to improve internal productivity and efficiency which will address part of the bed gap (11 beds in 2016/17). The residual bed shortfall will be addressed through the creation of 63 extra beds, as follows: ▪ The creation of 40 beds at Orpington, which will enable the transfer of 40 beds from the PRUH site to Orpington. These beds will be used to provide a dedicated frailty and step down unit for Bromley and outer south east London residents. ▪ The 40 beds freed up at the PRUH though the above Orpington move will be utilised as follows: o To increase bed capacity at the PRUH by 20 beds for acute care, to better meet emergency demand and reduce bed occupancy.

	○ To provide an additional 20 beds at the PRUH for elective activity, to support a transfer of elective inpatient cases from Denmark Hill, to improve access and waiting times for these patients. All elective activity at PRUH will be undertaken in ring fenced beds, eliminating the risk of cancellation, leading to reduced waiting times in line with the NHS constitutional standard. A robust options appraisal is being undertaken to confirm the proposed specialties for transfer - the Trust's provisional shortlist includes gynaecology, colorectal, bariatric orthopaedic and respiratory services. Based on this provisional list the proposed service moves would impact approximately 1030 patients across south east London in a year. ▪ The creation of an additional 23 beds at Denmark Hill, which along with the 20 beds freed up through the transfer of elective services to the PRUH will provide increased bed capacity of 43 to reduce bed occupancy and improve both non-elective and planned care access and waiting times. The Trust's ability to address the bed gap has been enabled by a national one off capital investment opportunity, with the Trust's proposals driven by available potential capacity across the Trust's sites. The remaining capacity opportunity at Denmark Hill is being fully utilised in this proposal, but is insufficient to close the Denmark Hill gap, hence the need to look across the Trust's sites to utilise all potentially available capacity whilst also ensuring that resulting service and configuration changes will support a high quality service offer to patients. The urgency associated with the Trust's bed proposals is in part driven by the availability of national funding for the capital costs associated with the proposals.
Why is this being proposed?	The Trust's bed proposals form part of the wider recovery plans that focus on strategic solutions across emergency and elective pathways, recognising that these will take time to establish and that action and improvement is also required in 2016/17.

	The Trust's bed proposal is driven by the following factors: ▪ The need to address a significant bed capacity gap at the Trust's Denmark Hill and PRUH sites. ▪ The Trust's Recovery Plans to support improved performance against national standards for A&E and Referral to Treatment Times. 2016/17 Operational Plans include clear commitments related to incremental improvement in performance over 2016/17, including quarter four commitments, the delivery of which will be part predicated upon having sufficient bed capacity available at KCH. ▪ The need to address long standing performance challenges across A&E and RTT access and waiting times, thus securing an improved offer and patient experience in terms of waiting times. ▪ Recognition that the needs of PRUH frailty patients could be better supported through the implementation of a dedicated frailty unit, as part of overall work to improve pathways and outcomes for frailty patients.
What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service and any anticipated changes to the amount being spent.	There will be no additional recurrent cost to commissioners associated with the proposed service moves between Denmark Hill, PRUH and Orpington. The proposals support a reduction in bed occupancy and the ability to ring fence elective beds to enable the Trust to meet planned levels of demand and activity whilst also improving waiting times. There will be capacity costs associated with the proposals – national funding is being provided to allow this capital investment to be made. Capital investment of £8.972m will be made at KCH, with these additional capital funds provided nationally. There will also be non recurrent revenue costs in quarter four of 2016/17 which local CCG and specialised commissioners have committed to addressing with KCH. In activity terms the change represents a shift in location for some elective activity noting that in overall terms it represents a small element of the Trust's total elective activity.
How you planning to consult on this? (Please briefly describe what stakeholders you will be engaging	The Trust has engaged with local CCG and specialised commissioners on the

with and how). If you have already carried out consultation please specify what you have done.	proposals, along with NHS system regulators, NHS England and NHS Improvement, as the bed proposals from an important element of the Trust's 2016/17 recovery plans related to A&E and RTT performance. The Trust plans to engage with a wider range of stakeholders on the proposals, with a proposed three month engagement process to ensure that key stakeholders have an opportunity to consider and feedback on the Trust's proposal and that the Trust is able to take account of feedback received in framing the service offer to patients: ▪ Patient groups and service users ▪ NHS commissioners ▪ Healthwatch Both the Trust and commissioners are committed to providing regular reports to the HOSCs to update on progress in relation to the engagement process and the implementation of the Trust's business case.
2 Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	The bed proposals will not result in any change to opening times
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	There is no proposed change to diagnostic, outpatient and day case facilities. Pre and post-operative care will continue to be provided from local sites. The proposals relate to an element of the Trust's inpatient services, noting that no service is being withdrawn by the Trust but that a number of services will be provided from a different location. For the elective service moves the proposals will affect approximately 1030 south east London residents over a year – this relates to 0.6% of the Trust's total south east London elective activity. Patients and referring clinicians will be made fully aware of the service offer at the Trust, with all but the elective procedure itself continuing to take place locally as now. South east London residents will still have a wide range of choices available to them for elective inpatient care with each CCG holding 20 plus contracts with different providers. The Trust recognises that the bed proposals will support improved waiting times but equally that geographic access

	for the Denmark Hill to PRUH elective service moves may mean travel is less straight forward for some patients. As part of the engagement process the Trust will be considering appropriate transport arrangements for these patients.
Relocating an existing service	A small number of elective inpatient services will be relocated from Denmark Hill to PRUH, as outlined above.
Changing methods of accessing a service such as the appointment system etc.	There will be no change to the access and referral process to these services.
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	The Trust is undertaking an Equality Impact Assessment (EIA). Any issues identified in the EIA will be mitigated in the Trust's proposals e.g. transport arrangements, recognising that geographic access to PRUH for some patients may be an issue. If required transport will be provided free of charge to all Lambeth, Southwark and Lewisham patients to ensure the change in location of the service does not impact financially on the patient. In overall terms the Trust's proposals aim to improve access to services, to improve the patient experience and to provide dedicated and ring fenced facilities to enable the optimal treatment and care of patients.
3 What patients will be affected? (please provide numerical data)	**Briefly describe:**
Changes that affect a local or the whole population, or a particular area in the borough.	Appendix 1 provides a breakdown, by CCG, of the 2015/16 inpatient activity being considered within the shortlisted specialties.
Changes that affect a group of patients accessing a specialised service	N/A
Changes that affect particular communities or groups	N/A
4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	The services will move between the Trust's acute sites.
Delivering care using new technology	N/A
Reorganising services at a strategic level	The proposals represent a point in time response to an immediate bed gap that needs to be addressed to support improvement and recovery for national access targets. The proposals do not represent a reorganisation of services at strategic level and the Trust's bed and service configuration will be reviewed in the context of south east London Sustainability

	and Transformation Plan strategic proposals where relevant.
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	No
5 What impact is foreseeable on the wider community?	**Briefly describe:**
Impact on other services (e.g. children's / adult social care)	None
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	None
6 What are the planed timetables & timescales and how far has the proposal progressed ?	**Briefly describe:**
What is the planned timetable for the decision making? (Please note that the timeline **must** include the date that scrutiny is asked to respond to the proposal by, and the date that the NHS body/ Commissioners intend to make the decision on the proposal. If relevant it would be helpful include dates that any consultation will take place.)	The Trust's internal decision making timetable is for 1 September 2016 decisions (allowing for capital build timescales). The engagement process with commissioners, HOSCs and other stakeholders has commenced and will continue in line with the Trust's engagement plan. Both the Trust and commissioners are committed to providing regular reports to the HOSCs to update on progress in relation to the engagement process and the implementation of the Trust's business case.
What stage is the proposal at?	High level Trust proposals developed and shared with CCG and specialised commissioners and system regulators, linked to the 2016/17 recovery planning process for A&E and RTT and the national offer of capital funding support. Development of fully worked up proposals is underway, including a detailed review of potential elective transfer specialties and an equality impact assessment. A three month engagement plan is also being developed.
What is the planned timescale for the change(s)	Proposed opening of the additional beds in January 2017.
7 Substantial variation/development	**Briefly explain**
Do you consider the change a substantial variation / development?	No – the proposal supports the delivery of national performance standards and an improved service offer, with no change proposed to the Trust's service offer. The proposals do include a proposed change of location for some services, but this is not considered to represent a substantial

	change with 0.6% of the Trust's total elective activity transferring between sites under the proposals. If required transport will be provided free of charge to all Lambeth, Southwark and Lewisham patients to ensure the change in location of the service does not impact financially on the patient.
Have you contacted any other local authority OSCs about this proposal? (Please note that if this is viewed as a substantial variation by OSCs / NHS bodies / Commissioners , and the proposal impacts on more than one borough, then regulations stipulate that the relevant boroughs **must** consider forming a Joint Health Overview & Scrutiny Committee ,a JHOSC. ~~It is the consultees responsibility to inform all the boroughs of a proposal to enable this to be considered.??~~	The Trust plans to work with all south east London CCGs and HOSCs on the proposals. This will include the proposal being set out as part of the Trust's Corporate Communication Team's regular briefing to local HOSCs and the provision of regular update reports.

KING'S COLLEGE HOSPITAL BED PROPOSALS - ELECTIVE SERVICE MOVES - ACTIVITY BY CCG - SOUTH EAST LONDON

Specialty	Total spells	Bromley	Greenwich	Southwark	Lambeth	Bexley	Lewisham	SEL total
Colorectal	230	23	9	76	64	12	16	205
Bariatric	306	24	18	43	24	24	34	171
Gynaecology	319	57	10	99	70	10	29	290
Orthopaedics	347	80	17	66	59	14	35	291
Respiratory	414	8	21	12	41	25	4	120
Total	1616	192	75	295	258	85	118	1030

King's College Hospital NHS Foundation Trust Bed and Capacity Reconfiguration Plan

EXTERNAL ENGAGEMENT PLAN

Background

King's College Hospital NHS Foundation Trust is planning to increase the number of beds across the Trust's hospital sites (Denmark Hill, Princess Royal University Hospital (PRUH) and Orpington Hospital). This will address long standing performance challenges related to the delivery of national access targets for emergency and elective waiting times. An increase in the number of beds will support an improvement in waiting times for non-elective and elective care and enable an improved patient experience. It will:

- Enable swifter admission for emergency patients by increasing the number of beds available which will improve A&E waiting times and improve patient flow through the hospital
- Provide increased ring-fenced bed capacity for inpatient elective activity, reducing waiting times and elective cancellations and supporting the separation of emergency and elective activity.
- Provide a dedicated frailty and step down unit to support improvements in the management of these patients and to free up emergency bed capacity at the PRUH.

The proposed increase in beds represents a response to immediate and significant capacity and performance pressures.

Proposal

The bed proposal is part of the Trust's plans to address an assessed and recognised current 74 bed shortfall across the Denmark Hill (54 beds) and PRUH (20 beds) sites. The bed proposals form part of the Trust's overarching 2016/17 Recovery Plans for A&E and elective waiting times. King's proposes to create 11 beds in this financial year by improving internal productivity and efficiency. The residual bed shortfall will be addressed through the creation of 63 extra beds, as follows:

- The creation of 40 beds at Orpington, which will enable the transfer of 40 beds from the PRUH site to Orpington. These beds will be used to provide a dedicated frailty and step down unit for Bromley and outer south east London residents.
- An increase in bed capacity at the PRUH of 20 beds for acute care, to better meet emergency demand and reduce bed occupancy.
- The provision of an additional 20 beds at the PRUH for elective activity which will support a transfer of elective inpatient cases from Denmark Hill and improve access and waiting times for these patients. All elective activity at PRUH will be undertaken in ring fenced beds, eliminating the risk of cancellation, leading to reduced waiting times in line with the NHS constitutional standard. A robust options appraisal is being undertaken to

confirm the proposed specialties for transfer - the Trust's provisional shortlist includes gynaecology, colorectal, bariatric orthopaedic and respiratory services. Based on this provisional list the proposed service moves would impact approximately 1070 patients across south east London in a year.

- The creation of an additional 23 beds at Denmark Hill, which along with the 20 beds freed up through the transfer of elective in-patient services to the PRUH, will provide increased capacity of 43 beds.

Service Moves

These proposals will require some movement of services between King's sites as follows:

1. AT ORPINGTON HOSPITAL - The freed up space at Orpington Hospital from the move of outpatient Dermatology and Diabetes (provided by Bromley Healthcare) will be converted to a 40 bed Older Person's Assessment and Frailty Unit.

2. AT PRUH – The 40 beds in the Frailty Unit at Orpington will be filled by specially selected patients from the PRUH who would otherwise be occupying emergency beds. Of these 40 "free" beds, 20 will be allocated to medicine to increase emergency capacity and 20 will be used to support the transfer of patients from Denmark Hill.

3. DENMARK HILL– 20 elective beds will be transferred to the PRUH and in addition, a new 23 bed ward for emergency admissions will be created by moving offices out of the 9th floor of the Ruskin Wing.

The moves have to happen in a particular order, with the Orpington Dermatology move happening in advance of the others because of the time needed to convert the space into the new Older Persons Assessment and Frailty Unit.

Communications and engagement rationale

Effective communications and engagement is vital to the development process of the Trust's proposals to increase bed capacity.

Crucial elements that will be supported by this are:

- Ensuring that there is a strong and compelling narrative for why change is needed and why our preferred approach is a suitable way forward
- The new service model arrangements put patients at their centre and the process of development ensures this
- The development process is open and transparent
- All relevant audiences are kept informed about the process and associated developments

- All relevant audiences are listened to and their views considered as part of the development process

This will help to ensure that all our stakeholder audiences:

- Understand why there is a case for change and what this is
- Support in principle the case for change
- Appreciate that the aims of the proposals are to improve overall patient experience and access across inpatient non elective and elective care

Audiences

There are a wide range of audiences we will need to engage and communicate with throughout the process. The list below gives a brief outline of the types of external stakeholders this includes:

- Patient interest (including: patients, their families and carers, patient representative groups, community voluntary sector organisations, community forums and groups, general public)
- Health system (including: CCGs, NHS Improvement, NHS England, Health Overview and Scrutiny Committees, Local Authorities, Healthwatch, Health and Wellbeing Boards, GPs, other providers)
- Political and media (including: MPs, Councillors, local and trade media)

Approach to communications and engagement

To deliver effective communications and engagement on this project, we will need to make use of a wide range of channels and ensure the structure and timing aligns with the operational development process. Further detail of the approach will be included when key milestones of the process are clearer, particularly on timescales for certain enabling work and fuller development of the specifics.

Our general approach will be to:

- Develop a strong and compelling narrative for the proposed service moves, bed creation and pathway redesign
- Develop overall key messages about the project that are clear and can be used across all elements of the project
- Produce regular and planned updates to key audiences to update them on progress
- Provide a range of face-to-face and digital channels for communications and engagement activity
- Identify specific opportunities to engage and involve staff on the development process

- Identify specific opportunities to engage and involve patients and other local stakeholders ensuring a joined up approach with Patient and Public Involvement and Strategy (Health System Partnerships/Primary Care Liaison) colleagues
- Produce bespoke patient information specific to relevant services
- Work closely with local stakeholders to ensure local intelligence is considered as part of any developed plans
- Ensure that face to face local site based engagement meetings with patients and carers are put in to place as part of the engagement process, to enable questions and issues to be raised and responded to by the Trust.

Patient engagement and communications

The Trust will deliver proportionate pre-engagement activity with patients for key areas of the proposals and liaise with Healthwatch to draw on their advice, expertise and their role to provide patient representation. This will include delivering a level of targeted activity which is aligned to the findings of equality impact assessments as well as establishing local site based meetings for patients and carers.

Communications and Engagement Activity

Our first priority is to deliver an overarching case for change briefing to key stakeholder groups. It is important that all groups understand the context of our proposals. The bulk of the activity will be linked to each specific service move and will include an appropriate combination of information giving and briefing and opportunities for face to face discussion and feedback. The Trust's overarching plan with regards to this proposal is set out at high level in the table below - further detail on the communications and engagement activity set out will be shared with key stakeholder groups as it is developed.

Planned stakeholder engagement activity

	Stakeholders	Lead	Key actions	Supporting actions	Timing
CCGs/CSU	All south east London (SEL) CCGs Any other CCGs impacted by the moves	KCH Chief Operating Officer	• Early discussion of considerations • Outline briefing to advise of intentions • Full details of proposed service moves	Outline briefing includes outline engagement plan	May 29 June W/c 5 Sept
Other Commissioners/Regulators	Other commissioner – through established contract meetings and Associate CCG briefings. Regulators – through existing regulatory meetings with NHS England and NHS Improvement.	KCH Chief Operating Officer	• Full details of proposed service moves		W/c 5 Sept
Health Overview and Scrutiny Committees	All south east London OSCs Any other OSCs impacted by the moves	KCH Chief Operating Officer /CCG Chief Officers Support from Corporate Communications as required	• Early discussion of intentions • Initial outline briefing to advise of intentions • Provision of trigger template and commitment to regular update reports, covering the engagement process		June 29 June W/c 5 Sept

			and business case implementation.		
Healthwatch	Southwark, Lambeth, Bromley/Lewisham others in SEL Any other HWs impacted by the moves	Corporate Communications / Patient and Public Involvement (PPI)	• Early notification of considerations • Initial outline briefing to advise of intentions • Full briefing of proposed service moves	Discuss support from HW to facilitate patient/public discussion meetings – agree format to take forward	W/c 4 July W/c 5 Sept W/c 26 Sept
Health - system wide and internal stakeholders	All south east London (SEL) GPs Any other GPs impacted by the moves Local Medical Committees (LMC)	Strategy (Health system partnerships/Primary Care Liaison)	• Early notification of exploratory work • Articles in GP bulletins/notify LMCs		W/c 13 June W/c 26 Sept
	Site specific local focus groups to be arranged to enable patients and carers to be briefed directly and to enable questions and issues to be raised and responded to by the Trust. Additionally targeted approach for patient or population groups highlighted in the Equality Impact Assessment.	Corporate Communications / Patient and Public Involvement (PPI)	• Patient briefing material • Patient feedback material • General briefing articles in relevant Trust/HW member/patient bulletins • Letters to patients • Website updates	Early notice/final changes	W/c 3 Oct W/c 3 Oct W/c 3 Oct W/c 14 Nov W/c 28 Nov / Jan 2017

Patient Representative Groups	Where appropriate any patient groups impacted by moves, as part of the overall patient engagement process described above.	Corporate Communications / Patient and Public Involvement (PPI)	• General briefing material and patient feedback material as relevant		W/c 3 Oct
PALS		Corporate Communications	Brief PALS and send patient briefing pack		W/c 3 Oct

Political and media stakeholders

MPs	All SEL MPs Any other MPs impacted by the moves	Corporate Communications	Initial briefing of exploratory work/considerations Full briefing issued to MPs		From July W/c 3 Oct
Media	• Southwark News • South London Press • Bromley News Shopper • Other media outlets as required	Corporate Communications	Media release issued regarding considerations and engagement with patients/public Media statement issued outlining final outcomes		W/c 3 Oct W/c 21 Nov

***A separate internal communications and engagement plan will be delivered in appropriate alignment with external plan**

∞

Health Communities scrutiny sub-committee Table of dates for meetings for 2016/17

Healthy Communities Scrutiny Sub-Committee
Tuesday 26th July 2016
Wednesday 14th September 2016
Tuesday 22nd November 2016
Wednesday 18th January 2017
Tuesday 21st February 2017
Tuesday 11th April 2017

This page is intentionally blank

HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE
MUNICIPAL YEAR 2015-16

AGENDA DISTRIBUTION LIST (OPEN)

NOTE: Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

Name	No of copies	Name	No of copies
Sub-Committee Members		**Council Officers**	
Councillor Rebecca Lury (Chair)	1	David Quirke-Thornton, Strategic Director of Children's & Adults Services	1
Councillor David Noakes (Vice-Chair)	1	Andrew Bland, Chief Officer, Southwark CCG	1
Councillor Jasmine Ali	1	Malcolm Hines, Southwark CCG	1
Councillor Paul Fleming	1	Dr Ruth Wallis, Public Health Director	1
Councillor Maria Linforth-Hall	1	Jin Lim , Public Health Assistant Director	1
Councillor Lucas Green	1	Jay Stickland , Director Adult Social Care	1
Councillor Bill Williams	1	Dick Frak, Interim Director of Commissioning	1
		Layla Davidson, Principal Strategy Officer	1
Health Partners		Shelley Burke, Head of Overview & Scrutiny	1
Matthew Patrick, CEO, SLaM NHS Trust	1	Sarah Feasey, Legal	1
Jo Kent, SLAM, Locality Manager, SLaM	1	Chris Page, head of cabinet office	1
Zoe Reed, Director of Organisation & Community, SLaM	1	Niko Baar, Liberal Democrat Political Assistant	1
Steve Davidson, Service Director, SLam	1	Julie Timbrell, Scrutiny Team SPARES	10
Marian Ridley & & Jackie Parrott Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1	**External**	1
Julie Gifford, Prog. Manager External Partnerships, GSTT	1	Rick Henderson, Independent Advocacy Service	1
Geraldine Malone, Guy's & St Thomas's	1	Tom White, Southwark Pensioners' Action Group	1
Sarah Willoughby, Stakeholder Relations Manager, KCH FT	1	Kenneth Hoole, East Dulwich Society	1
		Elizabeth Rylance-Watson	
Electronic agenda (no hard copy)		**Total:45**	
Reserves		**Dated: July 2016**	
Councillor Jasmine Ali			
Councillor Gavin Edwards			
Councillor Tom Flynn			
Councillor Eliza Mann			
Councillor Leo Pollak			