

## Open Agenda

# Joint Health Overview and Scrutiny Committee (JHOSC) on Lambeth Hospital Redevelopment

Thursday 6 February 2020  
7.00 pm  
Room 1.16,  
Lambeth Town Hall, Brixton, London, SW2 1RW

### Membership

Councillor Danny Adilypour  
Councillor Maria Linforth-Hall  
Councillor Nanda Manley-Browne  
Councillor Philip Normal  
Councillor Victoria Olisa  
Councillor Charlie Smith

### Reserves

Councillor Darren Merrill  
Councillor David Noakes

### 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](http://www.southwark.gov.uk) or please contact the person below.

#### Contact:

Southwark: Julie Timbrell on 020 7525 0514 or email: [julie.timbrell@southwark.gov.uk](mailto:julie.timbrell@southwark.gov.uk)  
Lambeth: Christian Scade on 020 7926 0045 or email: [CScade@lambeth.gov.uk](mailto:CScade@lambeth.gov.uk)

---

Members of the committee are summoned to attend this meeting

**Eleanor Kelly**

Chief Executive

Date: 29 January 2020



# Joint Health Overview and Scrutiny Committee (JHOSC) on Lambeth Hospital Redevelopment

Thursday 6 February 2020

7.00 pm

Lambeth Town Hall, Brixton, London, SW2 1RW

## Order of Business

Item No.	Title	Page No.
1.	<b>APOLOGIES</b>	
2.	<b>ELECTION OF CHAIR</b>	
	To appoint a Chair for the Municipal Year 2019/20. As set out in the terms of reference the Chair and Vice-Chair should be members of different participating authorities.	
3.	<b>ELECTION OF VICE-CHAIR</b>	
	To appoint a Vice-Chair for the Municipal Year 2019/20. As set out in the terms of reference the Chair and Vice-Chair should be members of different participating authorities.	
4.	<b>DECLARATION OF PECUNIARY INTERESTS</b>	
5.	<b>TERMS OF REFERENCE</b>	1 - 4
	To note the terms of reference for the Joint Health Overview and Scrutiny Committee on the Reconfiguration of Lambeth Hospital Mental Health In-patient Services.	
6.	<b>LAMBETH HOSPITAL REDEVELOPMENT - CONSULTATION PROCESS</b>	5 - 32
	To consider the redevelopment of Lambeth Hospital, including the consultation process.	
7.	<b>DATES OF FUTURE MEETINGS</b>	
	To confirm next steps and the dates of future meetings.	

**Item No.**

**Title**

**Page No.**

Date: 29 January 2020

## **Joint Health Overview and Scrutiny Committee**

### **Reconfiguration of Lambeth Hospital Mental Health In-patient Services**

#### **Terms of reference**

The Joint Health Overview and Scrutiny Committee (JHOSC) is constituted in accordance with the Local Authority Public Health, Health & Wellbeing Boards and Health Scrutiny Regulations 2013 (the “Regulations”) and Department of Health Guidance to respond to a substantial reconfiguration proposal covering more than one local authority area.

The JHOSC will scrutinise the proposal from Lambeth Clinical Commissioning Group and their provider South London and Maudsley Hospital NHS Foundation Trust (SLaM), to reconfigure mental health inpatient services for Lambeth, by transferring in-patient services (one psychiatric intensive care unit (PICU) and four acute wards) currently located in Lambeth Hospital to a new facility on the Maudsley Hospital site.

The JHOSC will consider the impact of proposed future service provision on the boroughs of Southwark and Lambeth and seek assurance that the proposed changes will be in the best interests of the local health service.

The relevant commissioners for this proposal are Lambeth and Southwark Clinical Commissioning Groups (CCGs) and the social care commissioners from both local authorities.

#### **Context**

The Lambeth Living Well Network Alliance are undertaking a broad scheme of service changes that will support the development of community services within Lambeth and support the transition away from acute to community based care.

This process is already underway with development of new and refurbished Living Well Centres in their late stages of approval.

Together with commissioners SLaM are therefore now exploring two options for the long-term future of acute inpatient services which currently reside on the Lambeth Hospital site:

- Option 1: Stay as we are (do nothing).
- Option 2: Transfer acute in-patient services to a new facility on the Maudsley Hospital site.

These options for consultation result from the evaluation of a long list of options including re-provision of the beds on the Lambeth Hospital site but represent those that are identified as being appropriate and achievable.

The Joint Committee's terms of reference are:

1. Subject to paragraph 2 below, to undertake all the functions of a statutory Joint Health Overview and Scrutiny Committee in accordance with the Regulations and Department of Health Guidance in relation to the proposal to reconfigure mental health inpatient services for Lambeth, which are currently located at Lambeth Hospital. This includes, but is not limited to the following:
  - (a) To consider and respond to the proposals from SLaM to reconfigure mental health inpatient services for Lambeth by transferring in-patient services currently located in Lambeth Hospital to a new facility on the Maudsley Hospital site;
  - (b) To scrutinise the commissioners of the SLaM proposal and to seek assurance that the proposals for alternative service delivery are supported and that partnership arrangements between health & social care and across the boroughs are adequate;
  - (c) To scrutinise any consultation process.
2. The terms of reference do not include the power to make a report to the Secretary of State (under regulation 23(9) of the Regulations) in relation to the proposal from Commissioners and SLaM, for Lambeth and Southwark Councils. However, any individual authority may make a specific delegation to the JHOSC in relation to their own power to make such a report on their behalf. The JHOSC will undertake to go through all the necessary steps needed to enable either collective or individual councils to exercise their power to refer to the Secretary of State

### **Membership**

Membership of the Joint Committee will be three nominated Members from each of the following local authorities:

- London Borough of Lambeth;
- London Borough of Southwark.

Members of the Joint Committee must not be an Executive Member of their authority.

### **Procedures**

#### **Chair and Vice-Chair**

1. The Joint Committee will appoint a Chair and Vice-Chair at its first meeting. The Chair and Vice-Chair should be members of different participating authorities.

#### **Substitutions**

2. Substitutes may attend Joint Committee meetings in lieu of nominated members. Continuity of attendance throughout the review is strongly encouraged, however.

3. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure that the lead authority is informed of any changes prior to the meeting.
4. Where a substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting

### **Quorum**

5. The quorum of the meeting of the Joint Committee will be 3 members; with at least one member from each borough present.

### **Voting**

6. It is hoped that the Joint Committee will be able to reach its decisions by consensus. However, in the event that a vote is required each member present will have one vote. In the event of there being an equality of votes, the Chair of the meeting will have the casting vote.

### **Reporting**

7. On completion of the scrutiny review by the Joint Committee, it shall produce a single final report, or set of recommendations, reflecting the views of both of the local authorities involved.
8. The JHOSC may ask Commissioners and / or SLaM to respond to the report recommendations within 28 days, or over a longer period.

### **Meetings**

9. Meetings of the Joint Committee will normally be held in public and will take place at venues within South London. The normal access to information provisions applying to meetings of the Overview and Scrutiny committees will apply. However, there may be occasions on which the Joint Committee may need to make visits outside of the formal Committee meeting setting.
10. Meetings shall last for up to two hours from the time the meeting is due to commence. The Joint Committee may resolve, by a simple majority before the expiry of two hours from the start of the meeting, to continue the meeting for a maximum further period of up to 30 minutes.

### **Local Overview and Scrutiny Committees**

10. The Joint Committee will encourage its Members to inform their local overview and scrutiny committees of the work of the Joint Committee.
11. The Joint Committee will invite its Members to represent to the Joint Committee the views of their local overview and scrutiny committees on the Lambeth Hospital redevelopment proposal and the Joint Committee's work.

## **Communication**

12. The Joint Committee will establish clear lines of communication between itself, the CCG, SLaM and local authorities. Lambeth Council shall be the lead authority and all formal correspondence between the Joint Committee, local authorities and the NHS on this matter will be administered by (*Christian Scade , Lambeth Council*) or (*other*) until such officer is appointed.

## **Representations**

13. The Joint Committee will identify and invite witnesses to address the committee, invite comments from interested parties and take into account information from all the local Healthwatch organisations. It may undertake further consultation with a range of stakeholders.

## **Support**

14. Administrative and research support will be provided by the scrutiny teams of the two boroughs working together.

## **Assumptions**

15. The Joint Committee will be based on the following assumptions:
  - (a) That the Joint Health Scrutiny Committee is constituted to respond to Lambeth CCG and SLaM on the reconfiguration of mental health inpatient services for Lambeth proposal.
  - (b) The CCG and SLaM will permit the Joint Health Scrutiny Committee access to the outcome of any public consultation.

## LAMBETH AND SOUTHWARK JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – FEB 6<sup>TH</sup> 2020

**Report title:** Lambeth Hospital Redevelopment

**Wards:** All

**Report Authorised by:** Andrew Eyes: Strategic Director, Integrated Health & Care; Fiona Connolly: Executive Strategic Director for Adults and Health

**Contact for enquiries:** Liz Clegg, Interim Director of Integrated Commissioning, [l.clegg@nhs.net](mailto:l.clegg@nhs.net) 0203 049 4309 & Neil Robertson, Lambeth Living Well Network (LWNA) Director [Neil.Robertson@slam.nhs.uk](mailto:Neil.Robertson@slam.nhs.uk) 07920 056151.

### **Report Summary:**

In May 2019 the South London and the Maudsley NHS Foundation Trust (SLaM) Board agreed to progress an outline proposal for the redevelopment of the Lambeth Hospital located on Landor Road, SW9. The primary driver being the need to modernise acute inpatient provision in support of the Trust's clinical strategy. In Lambeth, SLaM's services for adults of working age (including acute bed services) are provided within the framework of the Lambeth Living Well Network Alliance (LWNA). The current accommodation is outdated and uneconomic to refurbish. It is proposed that the site is sold with the capital receipt used to fund new modern provision (with same number of beds at present) on the Maudsley Hospital site.

A pre public consultation business case (PCBC) is being prepared with the aim of securing approvals from relevant bodies (including the SLaM Board, LWNA, NHS Lambeth CCG (CCG) and NHS England & Improvement) by January 2020. The aim is to commence formal public consultation from mid-February 2020.

A communications and engagement group was established in June 2019, which meets monthly, led jointly by SLaM and NHS Lambeth CCG with representation from key stakeholders including LWNA, Healthwatch, Black Thrive, and user groups to co-design, implement and lead the proposed consultation process. Initial feedback on the proposals from partners including service users and carers has generally been positive in terms of the benefits that will be achieved in terms of high quality in patient bed provision for Lambeth residents.

### **Finance summary:**

The amount of capital and revenue spending planned by the CCG and SLaM (and the LWNA) will not negatively change as a direct result of these proposals due to the block contract arrangements in place (SLaM receives a negotiated "block" amount per annum from the CCG to provide services to the Lambeth population). NHS Lambeth (and the LWNA) have corroborated the financial information presented by SLaM and have reached an agreed position, whereby SLaM takes the financial risk associated with these proposals.

**Recommendations:**

1. The recommendation for this Joint Health Oversight and Scrutiny Committee meeting is to support the progression to the launch of the Public Consultation in line with the information and intent set out in this paper.

Feedback would be valued from the Joint Health Oversight and Scrutiny Committee in regards to the detail of the process for consultation described in this document. Key areas where views would be welcomed include the breadth and depth of the proposed consultation process, whether appropriate stakeholder groups have been identified, whether there are any specific 'hard to reach groups' that should be contacted and whether the methods of communication and engagement seem appropriate.

Further to this feedback on other areas of consideration for the second meeting of the Joint Health Oversight and Scrutiny Committee are welcomed including whether site visits are required.

## 1. CONTEXT:

- 1.1 In May 2019 SLaM public Board agreed to start engaging with staff, patients and all other relevant stakeholders on proposed service changes to the Lambeth Hospital. SLaM recognised the urgent need to improve community and inpatient facilities in order to be able to deliver its clinical priorities.
- 1.2 To support this process a Joint Health Oversight and Scrutiny Committee (constituted of Lambeth and Southwark) has been formed to provide comments on the proposed scheme. This will take the following form:
  - Inaugural Session: To assess the proposed process for consultation on the scheme
  - Second Session: To review in detail the proposed scheme (including site visits)
  - Third Session: To review the outcome of the consultation and decision making process
- 1.3 This report supports the inaugural session outlining at a high level the proposed reconfiguration by SLaM of services currently based at Lambeth Hospital and providing detail of the planned consultation process.
- 1.4 SLaM, with the support of the CCG, Lambeth Council and the LWNA (see 1.7 below), propose to consolidate four acute adult wards and one Psychiatric Intensive Care Unit (PICU) currently at Lambeth Hospital into new, purpose built and better equipped facilities on the Maudsley site. The Maudsley Hospital site has been chosen due to its close proximity to Lambeth; the advantage of being adjacent to Kings College hospital with the related benefits of enhancing integrated physical and mental health care and the availability of space on the site to develop new purpose built wards. The proposals would maintain the current number of beds for Lambeth service users and a public consultation is planned as outlined within this paper.
- 1.5 Alongside this, there are a number of non-Lambeth specific services on the Lambeth Hospital site which will be affected for which separate processes of engagement involving a number of other commissioning organisations will be undertaken as appropriate.
- 1.6 The LWNA is currently implementing newly configured community services (see section 2 below) in support of the strategic shift from acute to community care. A small number of outpatient services currently provided on the Lambeth Hospital site will complete their transfer to community based locations within Lambeth prior to completion of the proposed ward redevelopments.
- 1.7 In Lambeth, SLaM provides services (for adults of working age) within the framework of the LWNA which was formed in July 2018 following approvals from Lambeth Council Cabinet and the CCG Governing Board. The LWNA comprises of the CCG, Lambeth Council, Certitude, Thames Reach and SLaM. It has been driving a major programme of service improvement and transformation (being the first delivery Alliance of Lambeth Together) across all key services including community, placements and acute services as reported to the 10/07/19 meeting of this Committee.

- 1.8 The proposals represent a substantial service change for which the CCG (as the responsible commissioner) has a statutory duty to have regard to NHS England (NHSE) guidance notably “Planning, assuring and delivering service change for patients” (April 2018).

There are four tests which NHSE (and NHS Improvement) apply with the expectation that there is:

1. Strong public and service user engagement;
2. Consistency with current and prospective need for service user choice;
3. Clear clinical evidence; and
4. Support for proposals from clinical commissioners: the CCG has been involved and provided their support for the proposed redevelopment.

- 1.9 Reconfiguration proposals are required to meet these four tests before they can proceed. In addition, NHSE has introduced the “bed test” (from 1 April 2017) which requires that commissioners are satisfied that any change in bed numbers does not adversely affect patient care. As the proposed proposals maintain the current number of beds this further test is not applicable.

- 1.10 The Mayor of London also published a framework of six tests against which hospital reconfiguration schemes should be appraised. In order to avoid excessive duplication we have reviewed the alignment of these key tests to those of NHS England and feel there is sufficient alignment to continue with the to follow the NHS England format (as these will need to be maintained throughout the process beyond this initial consultation). For completeness the relationship between the two is described below.

NHS England 5 Tests	Mayor's 6 Tests
Test 1: Strong Public and Service User Engagement	Test 6: Patient and public engagement
Test 2: Consistency with Current and Prospective need for service user choice	Test 1: Health inequalities and the prevention of ill health
Test 3: A clear clinical evidence base	Test 4: Impact and Social Care
Test 4: Support for proposals from clinical commissioners	Test 5: Clinical Support Test 3: Funding
Test 5: NHSE's Bed Closures Test	Test 2: Hospital bed capacity

- 1.11 The consultation phase of the proposed redevelopment of the Lambeth Hospital site is being overseen by the Lambeth Hospital Redevelopment Oversight Group. This group reports to the CCG and SLAM alongside providing assurance to NHSE. The Oversight group is supported by the Lambeth Hospital Communications and Engagement Group (co-chaired by SLAM and the CCG) which brings together a wide range of key stakeholders, including user and carer representative, Healthwatch and Black Thrive.
- 1.12 NHSE/I, NHS Lambeth CCG (and the LWNA) will be required to sign-off the business case, supporting the proposals as the responsible commissioner for Lambeth services. Key issues for partners and key stakeholders consulted to date include; the feasibility of the current timetable; overall financial viability; access for users and carers; quality of the community estate supporting community services (notably Living Well Centre's); density of service

provision on the Maudsley site and associated lack of amenity facilities for patients, carers and staff.

- 1.13 In line with best practice for service reconfigurations, SLaM, the CCG and the LWNA requested advice on the clinical case for change by the NHSE London Clinical Senate. This was to assist SLaM and the CCG decide whether it was reasonable to move forward to a public consultation in early 2020. The Panel concluded that there was a clear case for change and appropriate clinical model to improve the quality of inpatient accommodation. The Panel welcomed the stakeholder engagement and recommended continuing engaging with all key stakeholders throughout the process. They also suggested areas where SLaM and Lambeth mental health commissioners may wish to seek stakeholder views.

## **2. PROPOSAL AND REASONS:**

- 2.1 The LWNA has been responsible for the delivery of mental health services for adults of working age in Lambeth since July 2018 and is committed to ensuring people who are experiencing mental illness or distress should receive the support they need to lead full, healthy and independent lives. Following an extensive codesign process, new community services commenced from October 2019 via three Living Well Centres which enable more care to be delivered in a community setting (at the heart of our communities) so that those needing support remain close to their support networks of families and friends. More accessible integrated community services will mean people are less likely to be referred to hospital, and if they are, they more likely to be discharged sooner following periods of illness.
- 2.2 This approach is closely aligned with the Our Healthier South East London (OHSEL) Sustainability and Transformation Plan which operates across Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The key aim of the Plan is to move care out of hospitals into local communities so care can be provided closer to where people live, and support people live healthy lives and stay well as long as possible.
- 2.3 It is recognised, however, that there will always be a need for a much more intensive support provided in an inpatient setting. The LWNA including SLaM (the provider of acute services) is committed to ensuring that where this is the case individuals are treated in modern environments, ensuring service users get the best care and treatment they need. Unfortunately, this is not currently possible with the existing, out-dated and poorly configured facilities at Lambeth Hospital.
- 2.4 As noted, the site currently houses four acute wards including; an Early Intervention ward; a Psychiatric Intensive Care Unit (PICU); two rehabilitation wards (one of which is for forensic service users); and a medium secure forensic ward. In addition, a number of outpatient and non-clinical support services are based on the site:
- Outpatients for all adult Lambeth services;
  - Home Treatment Team;
  - Lambeth and Southwark Forensic Community Team;
  - Optima;
  - Older Peoples' Community Mental Health Team;
  - HIV Mental Health Team; and
  - Kings Health Partner Homelessness Team.

- 2.5 Lambeth Hospital's current estate has particular challenges which impact negatively on service user safety, experience and outcomes, including:
- The acute inpatient and PICU wards (Luther King, Nelson, LEO and Eden) were built in the 1990s (some of which originally as offices) and therefore do not align with modern accommodation standards e.g. they do not have ensuite bathrooms and are very cramped;
  - Nelson and Luther King wards are in the poorest condition due to their age and configuration and deviate from the latest planning standards. Patient safety is impacted due to poor observational lines of sight, ligature risks and ward lighting controls being located in areas accessible to patients. While measures are in place to maintain privacy and dignity, issues remain that cannot be addressed because of the design limitations of the wards e.g. all bedrooms are located off one busy ward thoroughfare, and toilets and showers are often blocked due to structural issues with the drainage system;
  - The wards do not comply with the Royal College of Psychiatrists standards relating to a "physical environment that is fit for purpose" due to lack of bathroom/shower facilities; poor natural light and ventilation; long narrow corridor design; insufficient on and off ward therapy spaces; and
  - The Care Quality Commission (CQC) has identified a number of specific issues including the existence of blind spots restricting supervisions and safety and the existence of ligature risks with risk of self-harm etc.
- 2.6 Three options that are being considered to address the severe limitations of the existing estate at Lambeth Hospital:
1. Do Nothing: Lambeth Hospital would remain as is.
  2. Relocation to Maudsley Hospital: acute inpatient wards including a PICU, and a rehabilitation ward would be re-provided on the Maudsley Hospital site.
  3. In-situ Redevelopment: inpatient wards would be re-provided on the Lambeth Hospital site.
- 2.7 Following a detailed review of these options Option 2 is identified as the preferred option as it offers the most economically advantageous and technically viable solution to improve the quality of the accommodation and support a strategy of future improvements for others boroughs where SLaM provides services.
- 2.8 Through early engagement with key stakeholders the expected benefits have been identified as follows:
- Improved service quality and environment for service users: delivering services from a new, purpose-built environment will deliver direct benefits to the quality of the services. Research suggests that access to outdoor space, single-sex environments or single rooms can prevent suicide, reduce violence, and aid recovery and discharge.
  - Improved dignity and respect: the configuration of accommodation will allow for all Lambeth adult acute wards to be single sex and therefore significantly improve privacy and dignity for all patients.
  - Reduced transport time between facilities: reduced transfer time between Lambeth inpatient wards and King's A&E due to the closer proximity to the acute physical health

pathways they offer. There will also be a reduced transfer time between Place of Safety and Lambeth inpatient wards as they will be on the same site.

- Staffing efficiencies and productivity: co-locating the various inpatient wards from Lambeth on the Maudsley site will improve the service quality by improving staffing efficiency and productivity as a result of the sharing of expertise across wards, mitigation of issues relating to recruitment and retention of substantive staffing.
- Shared therapy and group recovery: the provision of shared therapy space will break down barriers and facilitate group recovery across all wards.
- The majority of vulnerable or protected groups identified as part of the Equality Impact Assessment have been judged as achieving greater equality, improved outcomes or increased accessibility through the proposal.

## Conclusion:

- 2.10 The CCG and SLaM (together with the LWNA) share a commitment to ensuring people in Lambeth who are experiencing mental illness or distress should receive the support they need to lead full, healthy and independent lives. The new delivery model for the LWNA has been agreed with new community services (via Living Well Centres) in place since October 2019. This approach will join up services around those people who use them to ensure they get the best possible support available as and when they need it. The Living Well Centres will enable more care to be delivered in a community setting, at the heart of our communities so that those needing support remain close to their support networks of families and friends. More accessible community services should mean people are then less likely to be referred to hospital and if they are, more likely to be discharged sooner following periods of illness.
- 2.11 There will be times when people will need specialist support provided in a hospital environment. It is our aim that when in-patient admissions are necessary, they should be a focused, specialist intervention provided in environments that are safe, therapeutic and maintain individual privacy, ensuring service users get the therapeutic care and treatment they need.
- 2.12 Unfortunately, this is not currently possible with the existing, tired and poorly configured facilities at Lambeth Hospital. To invest in new inpatient and community facilities money needs to be released from the value in some of SLaM's property.
- 2.13 The proposed reconfiguration seeks to address this by consolidating services from Lambeth Hospital on the Maudsley Hospital site and significantly investing in new wards that will have new and modern accommodation and facilities, providing privacy and dignity alongside better access to external space. Only by disposing of the land at Lambeth Hospital can the process of modernising SLaM's overall estate commence.

### Summary assessment of the proposals against the NHSE four tests

- 1) **Strong public and patient engagement:** There has been extensive stakeholder engagement to date as described including presentations, discussions, surveys, meetings and emails. This will continue during the Consultation.
- 2) **Patient choice:** There will no change in the number of providers serving the local area, while choice will be improved through the offer of fit for purpose mental health facilities for local

service users.

- 3) **Clinical evidence base:** There is a clear case for change insofar as the existing estate is ageing and inflexible with multiple ligature points and blind spots where staff cannot easily observe service users. A wide range of clinicians have been engaged and consulted throughout to ensure patient outcomes are central to plans with feedback showing a strong level of support. As outlined the London Clinical Senate has provided advice and confirmed broad support for the case for change and the proposed consultation process.
- 4) **Support from clinical commissioners:** the CCG (together with the LWNA) have been involved in the PCBC development process to date and are co-leading on the development of the consultation process with SLaM and other stakeholders.

2.14 As outlined the case for change, including the preferred option, has wide support amongst key stakeholders and stands up to the four key tests in relation to major service reconfiguration set out by NHSE/I (and the Secretary of State for Health and Social Care) and the Mayor of London's framework of six tests as set out above.

### 3. FINANCE:

- 3.1 The equivalent value for the like-for-like re-provision of the Lambeth Hospital wards is estimated to be £55m irrespective of the site they are placed. The consolidation of inpatient services and the redistribution of community services within the Borough afforded by the preferred option means that the Lambeth Hospital site becomes vacant. It is estimated that the site could have a value of approximately £38.2m, which will be used to part fund the community and inpatient assets in the preferred option and allow SLaM to progress with future development of inpatient and community services for Lewisham, Southwark and Croydon.
- 3.2 The amount of spending planned by the CCG and SLaM (and the LWNA) will not negatively change as a direct result of these proposals due to the block contract arrangements in place. SLaM receives a negotiated fixed (block) amount per period from the CCG to provide services to the Lambeth population. NHS Lambeth (and the LWNA) has corroborated the financial information presented by SLaM and have reached an agreed position, whereby SLaM takes the financial risk associated with these proposals.

### 4. LEGAL AND DEMOCRACY:

- 4.1 The requirements for Clinical Commissioning Groups to consult with patients and stakeholders are set out in statute.
- 4.2 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, sets out the duty of health services to consult with Local Authorities about any proposal for a substantial development of the health service in the area of that local authority, or for a substantial variation in the provision of such service. The local authority is entitled to make comments on the proposal to be consulted on. Regulation 23(9) further entitles the local authority to report to the Secretary of State in writing where the authority is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed or the authority considers that the proposal would not be in the interests of the health service in its area.

4.3 Under section 242 and section 142Z of the National Health Service Act (the latter inserted by the Health and Social Care Act 2012), NHS Trusts and CCGs have a legal duty to make arrangements for individuals to whom the services are being or may be provided, to be involved (whether by being consulted or provided with information or in other ways):

(a) in the planning of the commissioning arrangements by the group, (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and (c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact." In order to meet these legislative requirements and the 'four tests' outlined in the Mandate from the Secretary of State to NHS England and NHSE's other tests, public involvement must be an integral part of the service change process. Engagement should be early and ongoing throughout the process using a broad range of engagement activities.

4.4 The Clinical Commissioning Group (CCG) must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

- In the planning of the commissioning arrangements by the group;
- In the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and
- In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

4.5 All public consultations should adhere to the Gunning Principles, which are:

- Consultation must take place when the proposal is still at a formative stage;
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- Adequate time must be given for consideration and response; and
- The product of consultation must be conscientiously taken in to account.

## **5. CONSULTATION AND CO-PRODUCTION:**

5.1 As noted in Section 4 of this paper there is a duty on the Commissioner (Lambeth CCG) and Provider (SLaM) to ensue involvement of users of services to be involved in their planning and, in the case of substantial changes to service provision, to consult with the relevant Local Authority Oversight and Scrutiny Committees.

5.2 A Lambeth Communications and Engagement Steering Group was formed for the purpose of overseeing engagement and consultation work for this programme. This group includes senior communications and engagement representatives from SLaM, Lambeth CCG, Lambeth Healthwatch and Black Thrive.

5.3 A key task undertaken by this group has been to map the stakeholders and identify the organisations and groups we need to engage with as part of this consultation. The following stakeholder matrix has been put together which sets out our broad approach to each stakeholder group. For this the likely interest and level of involvement of all key stakeholders has been considered. A detailed database has been created based on the contents of this grid and the team will work flexibly and adjust the approach taken based on any feedback received.

ENGAGE – meetings and focus group discussions	INFORM – letters, articles
<ul style="list-style-type: none"> <li>- Commissioners – Lambeth and Southwark CCGs and Councils (lead officers, members and cabinet members)</li> <li>- Living Well Network Alliance</li> <li>- Lambeth Collaborative Breakfast</li> <li>- Our Healthier South East London (STP)</li> <li>- Staff (clinical and non-clinical teams) on Lambeth and Southwark sites</li> <li>- SLaM governors, Board and Non Executives</li> <li>- GP members and community teams</li> <li>- Service users, carers and families (past and present)</li> <li>- Lambeth and Southwark Service User Advisory Groups</li> <li>- Independent Advisory Group</li> <li>- Local MPs</li> <li>- Lambeth and Southwark Overview and Scrutiny Committees</li> <li>- Lambeth and Southwark Health and Wellbeing boards</li> <li>- Key Officers and Councillors at Southwark and Lambeth (key officers, cabinet members, ward councillors)</li> <li>- Lambeth forums – e.g. disabilities, carers etc some joined with Southwark</li> <li>- Southwark Hub</li> <li>- Community Southwark</li> <li>- Integrate Agency Lambeth</li> <li>- Equality groups – most impacted (service users, families and carers)</li> <li>- Black Thrive (Black Thrive Steering Committee)</li> <li>- Voluntary and Residents groups and other Healthwatch contacts</li> <li>- Keep our NHS Public</li> <li>- London Ambulance Service, Police etc</li> <li>- Local residents – living close to the site</li> </ul>	<ul style="list-style-type: none"> <li>- Wider SLAM and CCG staff</li> <li>- Voluntary and community sector providers</li> <li>- Mental health charities</li> <li>- Media</li> <li>- Local residents</li> </ul>
MONITOR	MONITOR/INFORM
<ul style="list-style-type: none"> <li>- Other Trusts</li> <li>- Universities and Medical Schools</li> <li>- Staff in neighbouring areas</li> <li>- Housing organisations</li> </ul>	<ul style="list-style-type: none"> <li>- NHS Improvement</li> <li>- NHS England</li> <li>- Staff Unions</li> </ul>

- 5.4 SLaM has held a number of pre-consultation engagement meetings to listen to the views of existing and previous service users and carer representation groups as well as governors. This has included meetings with service users, their families and carers most affected by any proposed change and gathering views on what people view as the key benefits and challenges/potential negative impacts with the proposed options (see appendix 1).
- 5.5 Due to the potential workforce implications, SLaM has also completed initial pre-consultation engagement with staff who may be impacted and governors. This includes meetings with all the local managers and Directorate leaders, staff on in-patient wards, onsite community teams, social care teams and onsite voluntary services.
- 5.6 As a part of the pre-consultation engagement, a wide array of stakeholders from South East London Sustainability and Transformation Partnership (STP) were engaged that included CCG Chairs, CCG Members, Clinical Cabinet, GPs, Healthwatch, Local Authorities (Health and Wellbeing Boards, Local Authorities), Lead Officers and Members, and Provider Trusts.
- 5.7 Feedback received during these pre-consultation activities can be summarised as follows:
- Staff and service users alike agreed that the current condition of the wards was not fit for purpose and that the option to relocate to Maudsley Hospital was preferable over the 'do nothing' option.
  - Governors were reassured to hear that the number of inpatient beds for Lambeth would remain should the proposals be enacted.
  - All workshop attendees agreed that the preferred option offered a high-quality inpatient environment with the Nelson Ward staff believing the changes would help reduce violence and aggression on the ward.
  - Concerns were raised regarding the potential loss of identity of Lambeth Hospital, the lack of green and outdoor space at the Maudsley site, parking facilities and the sale of 'prime' NHS real estate. To address these concerns it was highlighted that the Lambeth Alliance's three newly-created Living Well Centres will give Lambeth a new identity in the community, and the designs for the inpatient units at Maudsley include the ability for all service users to access outdoor space with fresh air directly off the ward without escort or special permissions.
- 5.8 Formal public consultation activity is expected to begin in February 2020. A Consultation Implementation plan and calendar have been developed (see appendix 2 and 3 respectively). A consultation document, summary, translated and easy read document, promotion materials, questionnaire, website and Frequently Asked Questions are in the process of being finalised.
- 5.9 Our overall approach is to engage and consult with people across the affected area (Lambeth and Southwark) on the Trust's vision and proposed Lambeth service changes. We want to target people likely to be affected by the proposals to ensure that they have sufficient information on which to feedback. We will do this using a mix of mediums and forums and provide a range of channels through which people can respond with their comments. Resources are limited and we must make the very best use of free mediums to bolster paid for channels.

5.10 The core product will be the consultation document – and the summary, translated and easy read versions which will be available – and the consultation questionnaire. These will be widely promoted and distributed via a variety of channels e.g. direct engagement (with service users and staff), news media and social media, through Council communications channels (e.g. libraries, contact centres), GP surgeries, hospital and community sites and teams, and via community and voluntary organisations.

5.11 A series of consultation events are also being planned. These consist of:

- Public discussion meetings in Lambeth and Southwark: these will be widely advertised following the launch of the consultation and consist of a short presentation or film, facilitated table-top discussions and a question and answers session.
- Roadshow events: exhibition-style pull-up banners are being prepared which can be taken to meetings or put up in key locations e.g. on hospital/community sites or in Council contact centres to give people information about the proposals, have an opportunity to ask any questions and complete the consultation questionnaire.
- Engage/connect with existing fora and meetings: a calendar is being created of community and local organisation meetings and events which are already taking place, in Lambeth and Southwark, where we can be added to their agenda. We have started to identify the groups and forums and with the Steering Group are liaising with the various organisations to understand what support they can give and their meeting schedules.
- Engagement which responds to the EIA: the EIA has identified a number of vulnerable or protected groups who may be affected by the proposals who we need to proactively consult to ensure they can find out about and understand the proposals and provide feedback to the consultation. Groups and channels which will enable us to reach these audiences have been identified and will form part of the consultation's direct engagement.

5.12 As part of the public consultation, the CCG and SLaM will speak to as many people in the local community as possible, ensuring feedback is received from a wide range of service users of all of the services proposed for relocation, the local community, local voluntary and community organisations and local Healthwatch, as well as other key stakeholders such as local Councillors and MPs. All responses to the consultation (from the questionnaire and feedback captured at events/meetings) will be independently analysed. The consultation findings report will be presented at the JHOSC meeting following the end of public consultation. It will also be available on the consultation website and will inform the development of the Decision-Making Business Case.

## **6. RISK MANAGEMENT:**

6.1 The key risk associated with the proposals is that the much needed investment to modernise and improve the accommodation for acute in-patient services is not realised due to the proposed redevelopment of the Lambeth Hospital site not being progressed. This will result in continued poor quality and associated lack of dignity and respect and risk to patient care.

## **7. FUTURE OVERSIGHT AND SCRUTINY SESISONS:**

7.1 As previously noted, the process for the Joint Health Oversight and Scrutiny is formed into three stages:

- Inaugural Session: To assess the proposed process for consultation on the scheme
- Second Session: To review in detail the proposed scheme (including site visits)
- Third Session: To review the outcome of the consultation and decision making process

7.2 It is proposed that the next JHOSC session will cover much of the detail underlying the proposed service change; including, but not limited to:

- The detail of the preferred option
- The process of options evaluation
- Equalities impact assessment
- Quality impact assessment
- Organisational and Borough implications
- Timelines and gateways
- Risk and management mechanisms

7.3 Alongside this second meeting of the JHOSC it is felt that site visits to the wards at Lambeth Hospital would be valuable for members to understand the context of the case for change more clearly.

## **8. RECOMMENDATIONS**

8.1 The recommendation for this Joint Health Oversight and Scrutiny Committee meeting is to support the progression to the launch of the Public Consultation in line with the information and intent set out in this paper.

8.2 Feedback would be valued from the Joint Health Oversight and Scrutiny Committee in regards to the detail of the process for consultation described in this document. Key areas where views would be welcomed include the breadth and depth of the proposed consultation process, whether appropriate stakeholder groups have been identified, whether there are any specific 'hard to reach groups' that should be contacted and whether the methods of communication and engagement seem appropriate.

8.3 Further to this feedback on other areas of consideration for the second meeting of the Joint Health Oversight and Scrutiny Committee are welcomed including whether site visits are required.

## Appendix 1: Summary of pre-consultation engagement activity

Date	Activity
w/c 20 May 2019	<ul style="list-style-type: none"> <li>• Staff team briefings and ward visits ahead of Trust Board on 21 May.</li> <li>• Stakeholder letters ahead of Trust Board on 21 May, offering meetings.</li> <li>• Joint staff side meeting to discuss proposals</li> </ul>
w/c 17 June 2019	<ul style="list-style-type: none"> <li>• Preparation for Communications and Engagement Steering Group.</li> <li>• Developing the content for the staff/stakeholder pre-consultation workshops and meetings.</li> </ul>
w/c 24 June 2019	<ul style="list-style-type: none"> <li>• First meeting of Communications and Engagement Steering Group to discuss pre-consultation approach.</li> <li>• Sending out further information to staff and inviting them to attend workshops in July.</li> <li>• Organising workshops with other stakeholders including service users, their families and carers.</li> </ul>
w/c 1 July – w/c 15 July 2019	<ul style="list-style-type: none"> <li>• Service User and Carer Advisory Group (SUAG) stakeholder workshops.</li> <li>• Staff engagement workshops.</li> </ul>
w/c 22 July 2019	<ul style="list-style-type: none"> <li>• Governors workshop to consider proposals</li> <li>• Workshop with senior clinicians and operational leads to review key findings from staff/stakeholder workshop discussions and agree content for PCBC.</li> <li>• Second meeting of Communications and Engagement Steering Group.</li> </ul>
24 July 2019  25 July 2019  31 July 2019	<ul style="list-style-type: none"> <li>• Lambeth Service User Advisory Group engagement meeting</li> <li>• Further Lambeth ward team visits (Luther King and Nelson ward)</li> <li>• Discussion meeting held open to all Lambeth staff (not limited to clinical)</li> <li>• Second meeting of Communications and Engagement Steering Group</li> </ul>
29 August 2019	<ul style="list-style-type: none"> <li>• Third meeting of Communications and Engagement Steering Group</li> </ul>
12 September 2019 18 September 2019	<ul style="list-style-type: none"> <li>• Presentation on proposals at Lambeth Collaborative Breakfast</li> <li>• Meetings with Lambeth Councillors - Chair of Health and Wellbeing Board and Cabinet Member for Health.</li> <li>• Meeting with Paul Bates, Director of Communications, Lambeth Council</li> <li>• Primary care localities (SW, SE and North Lambeth) presentation and discussion (three meetings during September)</li> </ul>
26 September 2019	<ul style="list-style-type: none"> <li>• Fourth meeting of Communications and Engagement Steering Group.</li> </ul>
11 October 2019  16 October 2019	<ul style="list-style-type: none"> <li>• Lambeth OSC briefing and discussion with Chair and members</li> <li>• NHS Lambeth CCG board meeting</li> </ul>
11 November 2019 19 November 2019 20 November 2019	<ul style="list-style-type: none"> <li>• Further meetings with staff groups (Rosa Parks ward, Tony Hillis Unit)</li> <li>• Presentation to Clinical Senate</li> <li>• Engagement with Lambeth Leadership team meeting to discuss proposals</li> </ul>
27 November 2019	<ul style="list-style-type: none"> <li>• Lambeth Committees in Common meeting</li> </ul>

28 November 2019	<ul style="list-style-type: none"> <li>Lambeth Healthwatch-led discussion on about proposals with carers</li> </ul>
December 2019	<ul style="list-style-type: none"> <li>Lambeth Healthwatch begins engagement with service users and staff – tailored face to face engagement. Detailed report being prepared by Healthwatch to inform consultation.</li> </ul>
13 December 2019 16 December 2019 19 December 2019	<ul style="list-style-type: none"> <li>Meeting with Lead Governor to further discuss proposals</li> <li>Lambeth Executive Team engagement</li> <li>Further SUCAG engagement meeting</li> </ul>
14 January 2020	<ul style="list-style-type: none"> <li>David Bradley, Chief Executive SLaM review of proposals and discussion with David Quirke-Thornton, Strategic Director for Children and Adults Southwark Council</li> </ul>

## Appendix 2: Consultation Plan

### Consultation Implementation plan

This document summarises the plans for the consultation implementation to support the proposed Lambeth service change. It starts by setting out the overall strategy and objectives, then sets out the more detailed plans for the implementation of the consultation including public discussion meetings and roadshow events. It is supported by a Consultation Calendar which is a live document which is constantly being updated.

#### A. Context and objectives

Meetings and events will be a core part of the public engagement and of meeting the consultation principles set out in our consultation plan.

They will enable us to engage as widely and deeply as possible and provide people with opportunities to get more information to help them understand the proposals and give informed responses.

There will be a range of events and opportunities to be involved in both Lambeth and Southwark.

This is part of our overall approach to be as open and transparent as possible, and to maximise opportunities for people in Lambeth and Southwark to have their say about the proposals and get answers to any questions or concerns.

Some events will be aimed specifically at 'groups with protected characteristics' identified in the Equalities Impact Assessment (EIA).

#### B. Strategy

The strategy is to deliver a number of different ways in which people can find out about the proposals and get involved:

1. Wide promotion of the consultation using a variety of channels
2. Public meeting discussion style events with a presentation and facilitated discussion in a cabaret style format. All comments will be captured and attendees can also complete a questionnaire. The Trust intends to hold at least four public discussion meetings – three in Lambeth (spread throughout the borough with one in Oval, Brixton and West Norwood) and one event in Southwark.
3. Roadshow style events in which staff and/or members of the public can 'drop-in', look at information on pull-up banners, speak to someone from the programme team to find out more about the proposals and complete a questionnaire.
4. Engage/connect with existing fora and meetings which other organisations are holding to reach a range of audiences
5. Engagement which responds to the EIA – the EIA has identified a number of vulnerable or protected groups who may be affected by the proposals who we need to proactively consult to ensure they can find out about and understand the proposals and provide feedback to the consultation. Groups and channels which will enable us to reach these audiences have been identified and will form part of the consultation's direct engagement.

## Number and timing of events

Events will take place through-out the 12-week consultation period – this is due to begin w/c 17 February or w/c 24 February and end w/c 4 May or w/c 11 May, although enough notice will need to be given of dates and locations of events, so the public discussion meetings for example will probably not take place until at least week 4 of the consultation period.

## C. Media and social media handling

Local journalists may attend the consultation events. Speakers and facilitators and the front of house team will be briefed to direct any journalists who identify themselves to the communications team representative upon arrival. See risks section below for further handling recommendations.

A communications representative will be responsible for tweeting from each event in order to maximise public awareness and again demonstrate openness to hearing people's views.

## D. Implementation

### 1. Wide promotion of the consultation

The core product will be the consultation document – and the summary, translated and easy read versions which will be available – and the consultation questionnaire. These will be available on the Lambeth Together website and will be widely promoted as well as physically available/distributed via a variety of channels. This has been discussed with the communications leads at Lambeth CCG and the Trust and currently comprises:

- Adverts/stories/banners on the Lambeth CCG, Lambeth Together and Trust websites
- Adverts/stories/banners on Lambeth Council and Southwark Council websites
- Press release and media stories at launch and during the consultation period working with local media and the Evening Standard.
- Adverts in the local media
- Promotion on available social media channels
- Posters/summary documents available in GP surgeries, council contact centres, libraries, gyms, religious institutions, hospital and community sites in Lambeth and Southwark etc
- Direct engagement with promotion/distribution via community and hospital teams with staff and service users
- Promotion and distribution via community and voluntary organisations

### 2. Public discussion meetings

#### Purpose and rationale

As part of the consultation there will be a series of public discussion meetings in Lambeth – north, centre and south of the borough – as well as one public event in Southwark. These will be widely advertised following the launch of the consultation and will be in a cabaret style format consisting of a short presentation or film, facilitated table-top discussions and a Q&A session. The discussion based format will allow for open conversation to take place and avoid only a few voices being heard.

#### Management and admin

- To ensure we hear the views of as many people as possible, and give people an opportunity to come and hear about the proposals, discuss them and ask any questions. We may ask members of the public to pre-register their attendance if we expect them to be busy so that numbers can be managed.

- A small allocation of seats will be set aside for use on the day by people who will inevitably turn up without registering beforehand.
- Given that the format reduces the number of people able to attend any one session, we are setting up at least three public discussion events in Lambeth to mitigate this. There will be one event in Southwark. More will be organised if needed.
- They will be chaired to ensure that the event is managed in a transparent manner and reduce any perceptions of bias amongst members of the public.
- It will be very important to ensure that representatives from the Trust involved in developing the case for change are available to present at these events in order to provide further reassurance to members of the public.
- Facilitators and note takers will be on each table.

### Format and content

We are allowing 2 - 2.5 hours for each event. The table below sets out the proposed format for the public discussion meetings.

TIMINGS	ITEM	PRESENTER
5 mins	Welcome and introduction <ul style="list-style-type: none"> <li>• Setting out the structure of the event and expectations of those taking part;</li> <li>• Emphasising to attendees that we will be capturing all feedback</li> </ul>	Chair
15 mins	Presentation of the proposals <ul style="list-style-type: none"> <li>• Presentation or film explaining the proposals, showing the current Lambeth wards, the potential new high-quality facilities and key interviews with people talking clearly about the proposals, including service users.</li> </ul> This will: <ul style="list-style-type: none"> <li>• Explain the context and proposals.</li> <li>• What we've done so far</li> <li>• Set out consultation options and that we're seeking feedback</li> <li>• Describe what happens next</li> </ul>	Introduced by Chair delivered by Trust representative with an accompanying set of supporting slides or film
45 mins	<ul style="list-style-type: none"> <li>• Round table discussions: anticipating 8 - 15 tables of eight to 10 people on each</li> <li>• Suggested focus will be the questions within the consultation questionnaire.</li> <li>• Each table will feedback on their discussion and identify two or three questions which they want to put to the panel in the Q&amp;A session.</li> </ul>	Intro by Chair  Discussions to be facilitated on each table, with someone also taking notes.  Facilitators will feed back to the Chair on key comments / commentators from their tables prior to the Q&A session.
30-45 mins	Q&A – chair to facilitate and take questions	Panel respond

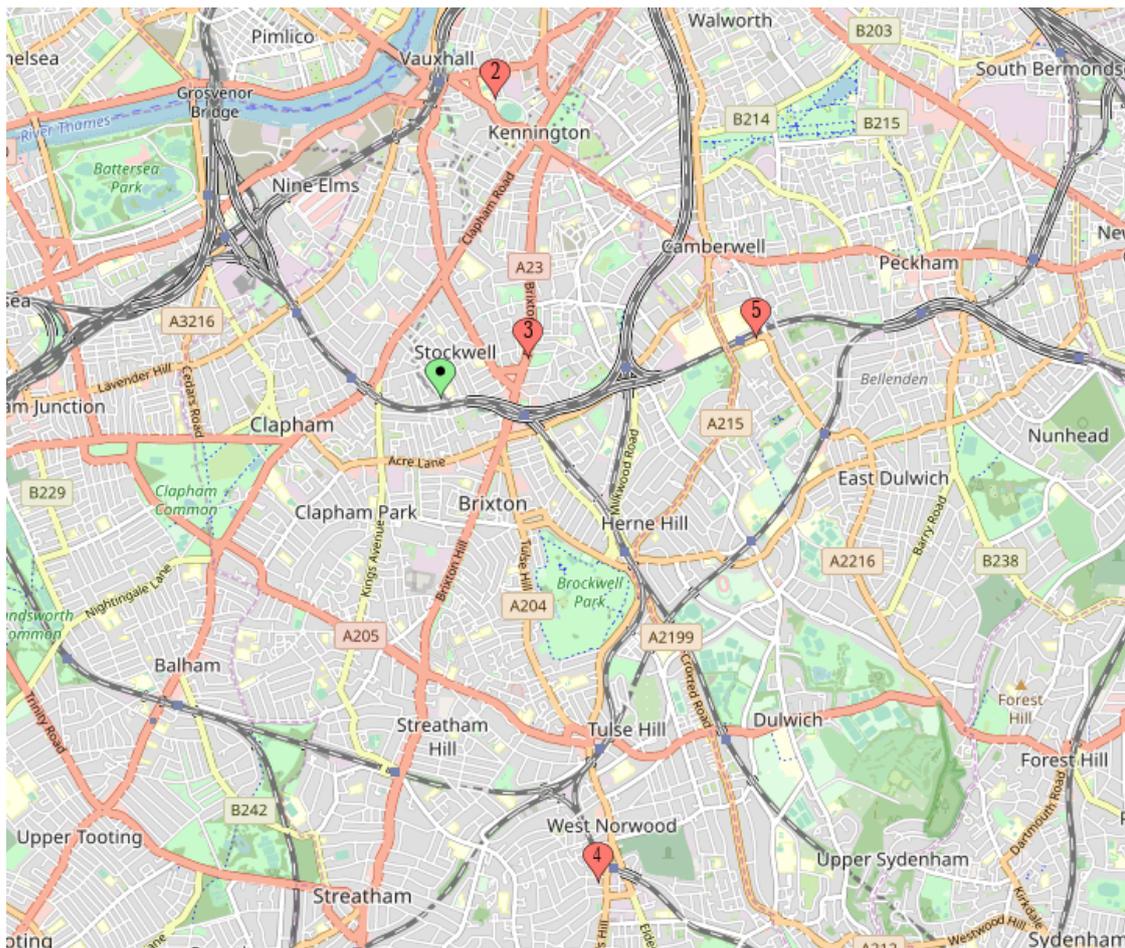
	from the floor for the panel to answer and respond to.	Session managed by Chair
5 mins	<p>Closing words</p> <ul style="list-style-type: none"> <li>• Thank people for their contributions</li> <li>• Summarise briefly some of the key points we will be taking away</li> <li>• Feedback from tables to be included as part of consultation</li> <li>• Please complete your own response form as well</li> </ul>	Trust representative

### Initial programme of public discussion events

The Steering Group has identified the potential locations of the proposed three events in Lambeth (in north, middle and south of the borough) and one event in Southwark. These will be added to if needed. The locations are shown below and their availability is currently being confirmed.

There is also a map which shows the location of each of the venues as well as the Lambeth Hospital site.

Lambeth service change public discussion event venue options and location in context of Lambeth Hospital site:



1. Lambeth Hospital (green point)
2. The Foundry - 17 Oval Way, Vauxhall, London SE11 5RR
3. 336 Brixton Road, London SW9 7AA

4. West Norwood Health and Leisure Centre - 25 Devane Way, West Norwood, London SE27 0DF
5. ORTUS Conferencing and Events Venue (Southwark venue), on Maudsley Hospital site.

### Risk Management

The table below notes headline risks within the public discussion meetings and the steps that are being taken to mitigate these.

No.	Risk	Mitigation
1.	Too many people try to register for the events	We recognise that the format reduces the number of people able to attend any one session and therefore we are setting up multiple events to mitigate this. The events are also being arranged on a pre-registered basis
2.	People are expecting to come to a 'typical' public meeting, theatre style.	We will make it clear in the advertising that these meetings will consist of round-table discussions and an opportunity to ask questions
3.	We hope that people who use our services will attend these meetings and there may be some with strong feelings about what is being proposed.	We are going to use an experienced chair to help manage these events and will have other experienced members of staff from the Trust available to support too.
4.	People complain about being unable to access the venue	We are selecting venues which have a good capacity They will have disabled access.
5.	Journalists or other members of the media attend the meeting	The event should continue as planned with presenters using the briefings and Q&As prepared in advance. Questions should be answered in the same way as from a member of the public.  Any requests for a statement should be referred to the communications team member attending the event and should follow the standard media protocol.

### 3. Roadshows

#### Purpose and rationale

The purpose of the roadshows is to make staff/public more familiar with the consultation proposals in a less formal environment. They will operate as a drop-in session, allowing for informal conversation between the public and key members of the programme team. The roadshow format will mean that anybody who wants to attend and speak to the team will have the opportunity to do so.

#### Management and Admin

- The roadshows will be widely promoted
- They will be staffed by members of the programme team, with support from the Trust communications team and members of the Communications Steering Group
- There will be sign in sheets for members of the public to sign in with, if they choose. Those staffing will keep a running count of the number of people who drop in.

## Format and content

The roadshows will have a series of pull-up banners exhibiting key material. These will be easy to transport from venue to venue.

When people arrive they will be able to start reading and looking at the banners straight away. They will then be proactively approached by members of the team who can walk them through the exhibition and explain the proposals and consultation or answer any questions they may have. Verbal feedback will be captured.

The venue will have a table and chairs and copies of the questionnaire to fill out and post anonymously into a collection box. People will be encouraged to fill out a questionnaire before they leave but will of course be allowed to take it home to complete, along with a copy of the (summary) consultation document.

The content on the banners will be developed based on the content in the consultation document.

### 4. Engage/connect with existing fora and meetings organised by other organisations

A database of local organisations, charities and voluntary and community sector groups in Lambeth and Southwark has been put together and shared with the Steering Group for review and input.

The Trust is in the process of writing directly to all of them and following up with many, to tell them about the consultation and asking how we can work together to raise awareness of the proposals and collect feedback from them and people they are in contact with. As part of this we will find out what existing meetings that may be holding during the consultation period which we could possibly attend, as an item on their agenda, to speak to people directly about the proposals and the consultation.

We also intend to organise a drop-in session specifically for organisations and groups so that they can come and talk to us and discuss how they might want to give feedback on the proposals and how to get others involved. We are considering holding this at 336 Brixton Road where many organisations are based or use. A detailed calendar of meetings and events is already being populated.

### 5. Engagement which responds to the EIA

The EIA has identified a number of vulnerable or protected groups who may be affected by the proposals who we need to proactively consult to ensure they can find out about and understand the proposals and provide feedback to the consultation. Groups and channels which will enable us to reach these audiences have been identified and will form part of the consultation's direct engagement.

These comprise:

Protected characteristic	Action - communications
Race	Engage with Black Thrive – Black Thrive has offered to organise an event and widely promote the consultation via their social media and other channels.
Gender reassignment	Engage with Project Dare and other relevant groups
Sexual orientation	Engage with Project Dare and other relevant groups
Sex (need to ensure men are represented in the consultation)	Promote the consultation via channels accessed by men. E.g. gyms, religious institutions, council centres, news and social media, GP surgeries etc

Protected characteristic	Action - communications
Religion/belief	Promote the consultation via religious institutions
Age	Engage with Age UK
Disability	Engage with local disability charities
Southwark residents/businesses/neighbours	Promote consultation locally (esp in Denmark Hill area), consider a flyer drop, including promoting Southwark public discussion meeting; roadshow events; etc

### **E. Analysis and informing the Decision-Making Business Case**

As part of the public consultation, the CCG and SLAM will speak to as many people in the local community as possible, ensuring feedback is received from a wide range of people including service users of all of the services proposed for relocation, staff, the local community in both Lambeth and Southwark, local voluntary and community organisations and local Healthwatch, as well as other key stakeholders such as local Councillors and MPs.

All responses to the consultation (from the questionnaire and feedback captured at events/meetings) will be independently analysed.

A consultation findings report will be produced and available on the consultation website and will inform the development of the Decision-Making Business Case.

## Appendix 3: Consultation calendar

This document sets out in a calendar the key meeting dates, documents, decisions and actions required to support the consultation launch and 12-week consultation period. This calendar is being populated with the meetings and events we are due to attend, as and when they are booked in. This calendar also highlights any risks. A supporting document details how the consultation is to be implemented.

The consultation is due to be launched in mid-February 2020, following an assurance process in January 2020 and early February 2020.

The aim is to have one calendar for the consultation that all parties on the Communications Steering Group can work to, to ensure we are coordinated.

This is a live document which is constantly being added to as the dates of meetings and events become known. This is particularly the case with community and voluntary organisation's meetings we are intending to engage and connect with and attend

Dates that are currently being confirmed:

- NHSEI (London) Regional Review Panel – awaiting date from NHSE (likely to be w/c February 10th)
- Lambeth CCG public meeting to launch consultation
- JHOSC dates for JHOSC 1, 2 and 3
- Consultation launch date – currently assuming w/c 24 Feb as first full week of consultation
- Confirmation of available community and voluntary organisation meetings we can engage and connect with and attend onto – to be confirmed early February.

STAGE	DATE	MEETINGS	STATUS	OTHER PUBLICITY
Pre Consultation Engagement	November 2019	<ul style="list-style-type: none"> <li>• 8 Nov – Service users reviewing EIA</li> <li>• 19 Nov – Clinical Senate</li> <li>• 25 Nov – SUCAG</li> <li>• Lambeth Healthwatch begin service user and staff engagement</li> </ul>	Complete	N/A
Pre Consultation Engagement	December 2019			N/A
Pre Consultation Engagement	w/c 6 January 2020	<ul style="list-style-type: none"> <li>• 10 Jan - Lambeth Collaborative Breakfast (Breakfast meeting 2nd Thursday of every month from 8-10am.)</li> </ul>	Complete	N/A
Pre Consultation Engagement	w/c 13 January 2020	<ul style="list-style-type: none"> <li>• 15 Jan - Lambeth CCG Board approval</li> </ul>	Complete	N/A
Pre Consultation Engagement	w/c 20 January 2020	<ul style="list-style-type: none"> <li>• 23 Jan – PSWG Governors working group</li> </ul>	Complete	N/A
Pre Consultation Engagement	w/c 27 January 2020	<ul style="list-style-type: none"> <li>• 27 Jan – Southwark OSC</li> <li>• 28 Jan – SLaM Trust Board</li> </ul>	Complete	N/A
Pre Consultation Engagement	w/c 3 February 2020	<ul style="list-style-type: none"> <li>• 5 Feb Lambeth CCG Governing Body Meeting</li> <li>• 6 Feb – JHOSC meeting 1</li> </ul>	Pending	N/A
Pre Consultation Engagement	w/c 10 February 2020	<ul style="list-style-type: none"> <li>• 13 Feb Lambeth Health and Wellbeing Board, 6pm</li> <li>• w/c 10 Feb - NHSEI Regional Review Panel (date tbc)</li> <li>• 11 Feb: Lambeth Council Corporate EIA Panel Meeting</li> </ul>	Pending	<ul style="list-style-type: none"> <li>• Embargoed media briefing ahead of consultation papers going into the public domain, and press release with key facts about upcoming consultation</li> <li>• Briefing MPs ahead of consultation papers going into the public</li> <li>• Staff briefing</li> </ul>
Pre Consultation Engagement	w/c 17 February 2020	<ul style="list-style-type: none"> <li>• Xx (date tbc) Lambeth CCG Public consultation launch meeting</li> </ul>	Pending	
Consultation: Week 1	<p>w/c 24 February 2020</p> <p>First full week of consultation following Lambeth</p>	2hr Lunch-time staff drop-in roadshow at Lambeth Hospital, 338 Brixton Road, 332 Brixton Road, Akerman Health Centre and Gracefield Gardens (lunch provided)	Pending	

STAGE	DATE	MEETINGS	STATUS	OTHER PUBLICITY
	CCG meeting in public to confirm consultation launch Week 1			
Consultation: Week 2	w/c 2 March 2020  To note: 5 March – SLaM Staff conference	<ul style="list-style-type: none"> <li>• Date tbc Morning Drop-in at 336 Brixton Road for organisations to find out about the consultation and discuss working with us</li> </ul>	Pending	<ul style="list-style-type: none"> <li>• Consultation events begin</li> <li>• Ongoing media work – proactive media briefings to communicate key messages</li> <li>• Working with partners to encourage people to respond to consultation document e.g. council news articles, etc.</li> <li>• Engage/connect with community and voluntary sector meetings</li> </ul>
Consultation: Week 3	w/c 9 March 2020	<ul style="list-style-type: none"> <li>• 12 March – Full Council of Governors meeting</li> <li>• First SLaM Public Event - Lambeth</li> </ul>	Pending	<ul style="list-style-type: none"> <li>• Ongoing media work – proactive media briefings to communicate key messages</li> <li>• Working with partners to encourage people to respond to consultation document e.g. council news articles, etc.</li> <li>• Engage/connect with community and voluntary sector meetings</li> </ul>
Consultation: Week 4	w/c 16 March 2020	<ul style="list-style-type: none"> <li>• Event with Black Thrive</li> </ul>	Pending	<ul style="list-style-type: none"> <li>• Ongoing media work – proactive media briefings to communicate key messages</li> <li>• Working with partners to encourage people to respond to consultation document e.g. council news articles, etc.</li> <li>• Engage/connect with community and voluntary sector meetings</li> </ul>
Consultation: Week 5	w/c 23 March 2020	<ul style="list-style-type: none"> <li>• Second SLaM Public Event – Lambeth</li> <li>• Third SLaM Public Event – Southwark</li> </ul>	Pending	<ul style="list-style-type: none"> <li>• Ongoing media work – proactive media briefings to communicate key messages</li> </ul>

STAGE	DATE	MEETINGS	STATUS	OTHER PUBLICITY
				<ul style="list-style-type: none"> <li>Working with partners to encourage people to respond to consultation document e.g. council news articles, etc.</li> <li>Engage/connect with community and voluntary sector meetings</li> </ul>
Consultation: Week 6	w/c 30 March 2020 Mid-way through consultation Easter holidays begin	<ul style="list-style-type: none"> <li>Further events/roadshows to be added to weeks 6 to 12 depending on the recommendations from the Consultation Analysis and feedback from stakeholders</li> </ul>	Pending	<ul style="list-style-type: none"> <li>Consultation Analysis update – to check if there are any gaps or reach needs to be extended/pick up any groups we're not hearing from</li> <li>Plan next stage events</li> </ul>
Consultation: Week 7	w/c 6 April 2020  Easter week	<ul style="list-style-type: none"> <li></li> </ul>	Pending	<ul style="list-style-type: none"> <li>Ongoing media work – proactive media briefings to communicate key messages</li> <li>Working with partners to encourage people to respond to consultation document e.g. council news articles, etc.</li> <li>Engage/connect with community and voluntary sector meetings</li> </ul>
Consultation: Week 8	w/c 13 April 2020 Easter holidays continue	<ul style="list-style-type: none"> <li></li> </ul>	Pending	<ul style="list-style-type: none"> <li>Ongoing media work – proactive media briefings to communicate key messages</li> <li>Working with partners to encourage people to respond to consultation document e.g. council news articles, etc.</li> <li>Engage/connect with community and voluntary sector meetings</li> </ul>
Consultation: Week 9	w/c 20 April 2020	<ul style="list-style-type: none"> <li>Public and Staff drop-in roadshow event for Southwark @ Maudsley Hospital</li> <li>Fourth SLaM Public Event – Lambeth</li> </ul>	Pending	<ul style="list-style-type: none"> <li>Ongoing media work – proactive media briefings to communicate key messages</li> <li>Working with partners to encourage people to respond to consultation document e.g. council news articles, etc.</li> </ul>

STAGE	DATE	MEETINGS	STATUS	OTHER PUBLICITY
				<ul style="list-style-type: none"> <li>Engage/connect with community and voluntary sector meetings</li> </ul>
Consultation: Week 10	w/c 27 April 2020	<ul style="list-style-type: none"> <li>30 April – Lambeth Health and Wellbeing Board</li> <li></li> </ul>	Pending	<ul style="list-style-type: none"> <li>Ongoing media work – proactive media briefings to communicate key messages</li> <li>Working with partners to encourage people to respond to consultation document e.g. council news articles, etc.</li> <li>Engage/connect with community and voluntary sector meetings</li> </ul>
Consultation: Week 11	w/c 4 May 2020  7 May Mayor and London Assembly election	<ul style="list-style-type: none"> <li></li> </ul>	Pending	<ul style="list-style-type: none"> <li>Ongoing media work – proactive media briefings to communicate key messages</li> <li>Working with partners to encourage people to respond to consultation document e.g. council news articles, etc.</li> <li>Engage/connect with community and voluntary sector meetings</li> </ul>
Consultation: Week12 Last week	w/c 11 May 2020 Last week of consultation	<ul style="list-style-type: none"> <li></li> </ul>	Pending	<ul style="list-style-type: none"> <li>Ongoing media work – proactive media briefings to communicate key messages</li> <li>Working with partners to encourage people to respond to consultation document e.g. council news articles, etc.</li> <li>Engage/connect with community and voluntary sector meetings</li> </ul>
Post consultation analysis	w/c 18 May 2020	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Pending</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Post consultation analysis	w/c 25 May 2020	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Pending</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Post consultation analysis	w/c 1 June 2020	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Pending</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Post consultation	w/c 8 June 2020	<ul style="list-style-type: none"> <li></li> </ul>	Pending	<ul style="list-style-type: none"> <li></li> </ul>

STAGE	DATE	MEETINGS	STATUS	OTHER PUBLICITY
analysis				
	w/c 15 June 2020	<ul style="list-style-type: none"> <li>• Lambeth CCG approval of DMBC: TBC</li> <li>• 18 June: SLaM Board approval of DMBC: TBC</li> <li>• ?JHOSC 3: DMBC review: TBC</li> </ul>	Pending	•