

# Health and Adult Social Care Scrutiny Sub-Committee

Wednesday 6 October 2010  
6.30 pm  
Town Hall, Peckham Road, London SE5 8UB

## Supplemental Agenda

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## TRIGGERS TEMPLATE\*

NHS Trust & lead officer contacts:	
<p><b>Patrick Gillespie</b> – Director, Lambeth and Southwark Adult Mental Health Services</p> <p><b>Jo Kent</b> – Deputy Director, Southwark Adult Mental Health Services</p> <p><b>Dan Charlton</b> – Head of Communications</p> <p><b>South London and Maudsley NHS Foundation Trust</b>  <b>Maudsley Hospital, Denmark Hill, SE5 8AZ</b></p>	<p><a href="mailto:Patrick.Gillespie@slam.nhs.uk">Patrick.Gillespie@slam.nhs.uk</a>  <u>0203 228 6590</u></p> <p><a href="mailto:Jo.Kent@slam.nhs.uk">Jo.Kent@slam.nhs.uk</a>  <u>0203 228 2961</u></p> <p><a href="mailto:Dan.Charlton@slam.nhs.uk">Dan.Charlton@slam.nhs.uk</a>  <u>0203 228 2830</u></p> <p><a href="mailto:Donna.Kinnair@southwarkpct.nhs.uk">Donna.Kinnair@southwarkpct.nhs.uk</a>  <u>020 7525 3792</u></p> <p><a href="mailto:Gwen.Kennedy@southwarkpct.nhs.uk">Gwen.Kennedy@southwarkpct.nhs.uk</a>  <u>0207 525 5000</u></p> <p><a href="mailto:Chris.Griffiths@southwarkpct.nhs.uk">Chris.Griffiths@southwarkpct.nhs.uk</a>  <u>0207 525 5000</u></p>

Trigger	Please comment as applicable
<b>Reasons for the change</b>	
<p>What change is being proposed?</p>	<p>In 2010 / 2011, South London and Maudsley NHS Foundation Trust (SLaM) plans to make the following changes to mental health services:</p> <p>Integrating assertive outreach within our community mental health services into the support and recovery teams. Assertive outreach involves seeing someone with serious mental illness more often than usual. This might be because they tend to go into hospital, get better, but then quickly become worse again after being discharged. We will continue to provide assertive outreach to those who need it, but will no longer have a stand alone team which only does this.</p> <p>We plan to introduce two new Assessment and Liaison Teams. These teams – comprising psychiatrists, nurses, occupational therapists and social workers – would provide hands on support to GPs within the Borough. This might involve advising GPs on how to support a patient with ongoing mental health problems or conducting a regular mental health clinic within the practice. The aim of this new service is to provide GPs with flexible, accessible and specialist mental health support according to the needs of the practice. The details of how this would work in practice will need further work within SLaM and with GPs themselves.</p> <p>We have already introduced a new Staying Well team, comprised of occupational therapists and other</p>

	<p>therapy staff, to provide people with ongoing practical support and advice for the six months after they have been discharged from one of our Community Mental Health Teams (CMHTs). The aim is to ensure that people continue to receive the level of support that they need to maintain their mental health and well-being so that, after six months, any continuing health needs can be met by their local GP.</p> <p>It is anticipated that the current whole-system review and redesign of psychological therapies, primary care and third sector counselling in the borough, commissioned by the PCT and funded by Guys and St Thomas' Charity, will impact upon Southwark Psychological Therapies Service (IAPT). The final report of this work will be delivered to the steering group on 1st October 2010. Any organisational change would then be implemented in 2011-12 led by GP commissioning leads. It is anticipated that there is significant potential for economies overall through streamlining, reducing duplication, improving inter-agency working and accountabilities.</p> <p>The reduction of the community estate.</p>
<p>Why is this being proposed?</p>	<p>NHS Southwark has advised SLaM of their commissioning intentions to reduce their contract by £3.7m over the next two years and have requested that we restructure our services such that:</p> <ul style="list-style-type: none"> <li>• Clinical evidence and national best-practice is adopted to develop and implement revised clinical care pathways</li> <li>• The philosophy of evidenced based outcomes is embedded into the local treatment system</li> <li>• The time that people stay within both 'community' and inpatient treatment is reduced</li> <li>• Treatment is provided as episodes of care that support GPs and other primary care services and that we move away from providing on-going, open ended support to individuals</li> <li>• Individuals are encouraged take a more active role in managing their own care</li> </ul>
<p>What stage is the proposal at and what is the planned timescale for the change(s)?</p>	<p>Consultation with services users, carers and staff was undertaken by SLaM in 2009. Further discussions have been held over the last year. Please see attached timetable of meetings and events.</p>

Are you planning to consult on this?	<p>Consultation with service users, carers and staff is being led by SLaM . Please see attached timetable of meetings and events.</p> <p>As indicated in its report to the Southwark PCT Board on 16th July 2010, the local strategic direction of the changes matches those of national mental health and substance misuse strategies. There has been considerable consultation and engagement about such changes to healthcare across London. The direction of the changes has also been the subject of wide consultation both by SLaM and Southwark Health and Social Care (SHSC). SHSC are planning further stakeholder/user/carer events to ensure there is ongoing dialogue to shape future services. As a consequence, SHSC do not intend to undertake further formal consultation on the proposals. It will remain closely involved with the consultation being undertaken by SLaM and respond to its outcomes. It will also work within the Secretary of State for Health's recently announced framework for strengthening health service reconfiguration, particularly, to ensure that:</p> <ul style="list-style-type: none"> <li>• engagement and discussion of the planned changes takes place within public and patient engagement systems and with the local authority;</li> <li>• the planned changes are supported by GP commissioners;</li> <li>• any changes are underpinned by clinical evidence;</li> <li>• the changes support patient choice</li> </ul>
<b>Are changes proposed to the accessibility to services? Briefly describe:</b>	
Changes in opening times for a service	No
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	We are merging a number of community mental health teams in the borough. Some service users will need to travel to a different site to receive services. It is the intention of moving out of 27 Camberwell Road into existing sites in 88 Camberwell Road, St Giles Road, 22 Lordship Lane and Ann Moss Way.
Changing methods of accessing a service such as the appointment system etc.	No
Impact on health inequalities - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory	27 Camberwell Road is the least fit for purpose accommodation we have in the community and as our contract with the PCT has been reduced we plan to

disabilities/mental health needs; black and ethnic minority communities; lone parents.	vacate this building as it is no longer needed
<b>What patients will be affected?</b>	<b>Briefly describe:</b>
Changes that affect a local or the whole population, or a particular area in the borough.	None
Changes that affect a group of patients accessing a specialised service	Service users will receive the service they have been assessed as needing in line with the Care Programme Approach and Fair Access to Care.
Changes that affect particular communities or groups	None
<b>Are changes proposed to the methods of service delivery?</b>	<b>Briefly describe:</b>
Moving a service into a community setting rather than being hospital based or vice versa	No
Delivering care using new technology	No
Reorganising services at a strategic level	As part of King's Health Partners Academic Health Sciences Centre (AHSC) we are in the process of introducing changes to our clinical services management structures. This involves establishing Clinical Academic Groups, to align clinical services, research and education much more closely for the benefit of patients.
<b>What impact is foreseeable on the wider community?</b>	<b>Briefly describe:</b>
Impact on other services (e.g. children's / adult social care)	The changes to service provision described here are due to the shortfall in health funding in the borough and as such we are part of the much bigger challenge of delivering services to those who need it in a time of financial downturn. That said, we will continue to ensure that anyone who needs care and treatment for a serious mental illness will continue to receive it.

\* Revised by Lambeth and Southwark scrutiny officers from the West Sussex Health Overview and Scrutiny original.

## Disinvestment Meetings and Focus Groups

Date	Meeting
29 <sup>th</sup> July 2010	NHS Southwark formally informed SLAM of the £3.7m disinvestment over two years
3 <sup>rd</sup> August 2010	Meeting with senior staff to inform them of the disinvestment
4 <sup>th</sup> August 2010	Meeting with assertive outreach staff to inform them of the disinvestment and how it will affect their jobs
11 <sup>th</sup> August 2010	Meeting with staff working at Chaucer CMHT to inform them of the disinvestment and how it will affect their jobs
11 <sup>th</sup> August 2010	Meeting with traumatic staff to inform them of the disinvestment and how it will affect their jobs
12 <sup>th</sup> August 2010	Meeting with Lynn Clayton from Southwark Mind to discuss the disinvestment plans and how best to discuss with other service user groups in the borough
13 <sup>th</sup> August 2010	Meeting with early intervention team staff to inform them of the disinvestment and how it will affect their jobs
16 <sup>th</sup> August 2010	Meeting with High Support team staff to inform them of the disinvestment and how it will affect their jobs
16 <sup>th</sup> August 2010	Meeting with Lordship Lane CMHT staff to inform them of the disinvestment and how it will affect their jobs
18 <sup>th</sup> August 2010	Meeting with Southwark Psychological Therapy Services staff to inform them of the disinvestment and how it will affect their jobs
18 <sup>th</sup> August 2010	Meeting with St Giles CMHT staff to inform them of the disinvestment and how it will affect their jobs
23 <sup>rd</sup> August 2010	Meeting with North West CMHT staff to inform them of the disinvestment and how it will affect their jobs
1 <sup>st</sup> September 2010	Attended Southwark Social Services Union meeting to discuss disinvestment and how it will affect Council employees
6 <sup>th</sup> September 2010	Meeting with service users at the Maudsley Hospital to discuss the disinvestment and how it will affect services in the borough
9 <sup>th</sup> September 2010	Provided a progress report at the Mental Health Partnership Board
10 <sup>th</sup> September 2010	Meeting with service users at St Giles CMHT to discuss the disinvestment and how it will affect services in the borough
14 <sup>th</sup> September 2010	Meeting with service users at the Lordship Lane CMHT to discuss the disinvestment and how it will affect services in the borough
29 <sup>th</sup> September 2010	Meeting with service users at the North West CMHT to discuss the disinvestment and how it will affect services in the borough
30 <sup>th</sup> September 2010	Meeting with service users at the Chaucer CMHT to discuss the disinvestment and how it will affect services in the borough
4 <sup>th</sup> October 2010	To provide a progress report to the Southwark Mind User Council
5 <sup>th</sup> October 2010	Meeting with staff at the Munro Centre to discuss the disinvestment and how it will affect services and posts in the borough
6 <sup>th</sup> October 2010	Attend overview and scrutiny meeting to present the proposals

8 <sup>th</sup> October 2010	Meeting with homeless service users to discuss the disinvestment and how it will affect services in the borough
14 <sup>th</sup> October 2010	To provided a progress report at the Mental Health Partnership Board
15 <sup>th</sup> October 2010	Meeting with BME service users to discuss the disinvestment and how it will affect services in the borough
19 <sup>th</sup> October 2010	Feedback to the PCT service users and carers day at Thurlow Lodge

Jk 15/9/10

**EQUALITY IMPACT ASSESSMENT  
PART 1 – INITIAL SCREENING**

1. Name of the policy / function / service development being assessed?

**Disinvestment of £2.7m in South London and Maudsley NHS Foundation Trust community services over the next two years as part of the overall disinvestment of £3.7m by NHS Southwark**

2. Name of person responsible for carrying out the assessment?

Jo Kent

3. Describe the main aim, objective and intended outcomes of the policy / function / service development?

**Aim:** To ensure mental health service users and carers receive the services they need

**Objective:** To reorganise community mental health services in line with the reduced contract sum and at the same time ensuring that a comprehensive high quality service continues to be delivered

**Intended Outcomes:** That people that need mental health services continue to receive commissioned high quality services from South London and Maudsley NHS Foundation Trust

4. Is there reason to believe that the policy / function / service development could have a negative impact on a group or groups?

YES

Which equality groups may be disadvantaged / experience negative impact?

Race	Possibly
Disability	Unlikely
Gender	No
Age	No
Sexual orientation	Unlikely
Religion / belief	No

5. What evidence do you have and how has this been collected?

There is some evidence.

There are currently 3,300 clients being seen by South London and Maudsley NHS Foundation Trust in Southwark. In order to achieve the required savings to meet the disinvestment target, between 500 and 800 of these clients will need to be discharged to primary care. It can therefore be seen that whilst the reduction in services is not aimed at any particular equality group, all may perceive they are being



disadvantaged or experience a negative impact as a result of being discharged to primary care or experiencing changes to the way their services continue to be delivered in secondary care.

There are long standing concerns concerning the over-representation of African and African-Caribbean service users, and other patients from the BME communities in the more restrictive areas of the service, i.e. medium secure care, psychiatric intensive care units, and acute in-patient provision where they represent over 60% of formal admissions. It is desirable that more of these clients are seen routinely within primary care systems. A significant reduction in community based resources may exacerbate the above trend. It will be important within the new Clinical Academic Group care pathways we continue to try and ensure that wherever possible service users from these communities are enabled to leave the secondary mental health system.

6. Have you explained your policy / function / service development to people who might be affected by it?

Yes

If 'yes' please give details of those involved

Service User and Carers

Regular attendance at the Southwark Mind Service User Council to keep them updated on development

Presentation on 3rd August 2010 at the Southwark MHPB Stakeholder Event

Presented at six user led focus groups based in the CMHTs across the borough

Presented at PCT Stakeholder event on 19<sup>th</sup> October 2010

Staff

Met with all staff teams earlier in 2010 to inform them of pending reductions in budgets

Carried out nine staff consultation events in August 2010.

Fed back results at an event in September 2010

Formal consultation with affected staff will take place over a 30 day period in October 2010

7. If the policy / function / service development positively promotes equality please explain how?

As part of the plans to discharge people to primary care, the Staying Well Team has been put in place to support individuals to become autonomous and in control of their own lives, reducing their social isolation and supporting them to remain in the community.

Peer support is also being developed in all community team settings to provide groups that are led by service users to promote their autonomy in their communities

8. From the screening process do you consider the policy / function / service development will have a positive or negative impact on equality groups? Please rate the level of impact and summarise the reason for your decision.

**Positive:** Medium

Reason for your decision:

In the long term the service changes should see less dependence on statutory services and support people with mental health problems to have more independence and control over their lives.

Date completed: .....

Signed ..... Print name  
.....

**If the screening process has shown potential for a negative impact you will need to carry out a full equality impact assessment**

## Frequently Asked Questions about the Equality Act 2010: The public sector Equality Duty's consultation paper

### What is the Equality Act 2010?

The Equality Act 2010 replaced the existing anti-discrimination laws with a single Act. The new Act also includes a new public sector Equality Duty, replacing the three separate duties on public bodies relating to race, disability and sex equality with a single duty that will also cover age, sexual orientation, religion or belief, pregnancy and maternity, and gender reassignment.

### What is the public sector Equality Duty's consultation paper all about?

The government's consultation is on the secondary legislation needed to fully implement the new Duty. It asks for views on proposals for the draft regulations containing the specific duties that help public bodies meet the general Equality Duty in the Act. It also sets out proposals on which public bodies will be subject to the general Equality Duty and the specific duties as well as key changes in how public bodies are expected to embed equality into all their functions and be held accountable by the local population. The consultation deadline is 10 November 2010

### When does the Equality Act 2010 come into force?

Over 90% of the provisions in the Act come into force from 1 October 2010. This includes:

- Simpler law - less complex and unwieldy law
- a new definition of "protected characteristics" that of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation
- provisions prohibiting discrimination in employment and service access/delivery
- the prohibition of discrimination arising from disability
- the duty to make reasonable adjustments where a provision, criterion, practice or physical feature puts a disabled person at a substantial disadvantage compared to non-disabled people.
- Clear and consistent protection for people discriminated against because they are perceived to have, or are associated with someone who has, a protected characteristic, inc. carers
- Clearer protection for breastfeeding mothers
- A new integrated Equality Duty on public bodies

- Protecting people from dual discrimination - direct discrimination because of a combination of two protected characteristics.
- Preventing employers asking job applicants questions about disability or health before making a job offer, except in specified circumstances;

### **When will the new Equality Duty come into force?**

Although the Equality Act will come into force on 1 April 2010, the new Equality Duty component of the Act will not come into force until 1 April 2011

### **To whom does the Equality Duty apply?**

The Equality Duty applies to most public bodies (such as the State, NHS, social services, police, courts, local authorities etc.) that have been specifically listed in Schedule 19 of the Equality Act. In addition, the Equality Duty will also apply to some private bodies that provide "public functions".

### **What is a general duty?**

The general duty means that those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimization
- advance equality of opportunity between different groups
- foster good relations between different groups

### **What are specific duties?**

Some public bodies will be legally be required to do more than just pay due regard to the general duty. The Government has put forward four principles that underpin the specific duties proposed in the Act. The specific duties are legal requirements designed to help public bodies meet the general duty as setout below.

### **What are the four principles that underpin the specific duties?**

The consultation document has a focus on locally driven outcomes rather than those dictated from the centre. The message is about ensuring transparency and the ability of public bodies to demonstrate to their local population how information about equality is gathered, analysed and used. The Government has put forward four principles which underpin the specific duties proposed in the Act:

- **Promoting transparency** – the proposals empower citizens and civil society groups to hold public bodies to account by requiring them to put their data relating to equality in the public domain using open, standardised formats and licences
- **Promoting choice** - enables citizens to exercise greater choice more freely available data will enable people to compare public bodies and, where possible, choose between providers. Where choice is not available, free and open information will give people the power to use democratic accountability to hold organisations to account and drive up standards
- **Devolving power** – the proposals empower public bodies to identify and work towards achieving their own priorities. They encourage innovation and ownership by limiting Whitehall interference and prescription
- **Focusing on measurable results** – the proposals ensure that public bodies focus on achieving improved results by requiring them to be transparent about the objectives they will work towards in order to fulfil the aims of the Equality Duty. The proposals also require them to publish robust data so the public can hold them to account for progress made in eliminating discrimination, advancing equality and fostering good relations.

#### **What is the change for the previous legislation?**

The general duty now applies to eight protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

#### **Do public bodies still have to publish an equality scheme and action plans?**

There will no longer be a requirement for a public sector organisation to maintain a detailed equality scheme, or produce lengthy action plans against each protected characteristics (strands). Emphasis in the new duty is more on equality objectives to be mainstreamed via an organisations business/corporate planning process. An organisation will not have an equality objective against each protected characteristic. The focus is very much on giving local areas flexibility to determine what is appropriate for them.

#### **How will public bodies be held accountable?**

Through this consultation the government has reiterated its concept of a 'right to data' (collecting and publishing relevant/accurate data). For equalities it is intended that communities will question public bodies on slow progress in eliminating discrimination, advancing equality and fostering good relations.

#### **What are the key changes in how equality is embedded within public bodies?**

There is a distinct move away from process, demonstrated through the removal of the requirement for public bodies to maintain an equality scheme; specific equalities duties in procurement processes; equalities reporting by the Secretary of State. This move is

balanced by increased transparency of reporting and data, and a move towards increased public accountability of public bodies. Public bodies will be judged on the outcomes that they achieve.

### **What is the expectation on public bodies between now and April 2011?**

Public bodies will be "required to comply with the general duty immediately upon repeal of the existing race, gender and disability duties - this will not be before April 2011. Public bodies will be expected to publish equality objectives and measures of success through their business planning process. However these will not have to be published until April 2012.

### **What provisions is the government still considering?**

The government is still considering a range of other provisions which are made within the Act. The main ones of which are:

- the Socio-economic Duty on public authorities
- positive action in recruitment and promotion
- prohibition on age discrimination in services and public functions

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## **HOW NHS SOUTHWARK AND SOCIAL CARE WILL RESPOND TO THE NEW EQUALITY DUTY**

In recent years Southwark health and social care has been one of the leading organisation in embedding equality and human rights into all its functions and services access/delivery. Southwark health and social care has also contributed to the department of health's pilot project on "human rights in healthcare – a framework for local action", which is now in its third phase. Southwark health and social care is working with the GP Out of Hours Service and GPs to raise awareness of the Act and we run regular training courses for staff.

The Equality Act 2010, and in particular the Equality Duty, presents new challenges for Southwark health and social care. Subject to any changes from the outcome of the government's consultation on the Equality Duty, Southwark health will continue to consolidate on embedding equality and human rights into its core functions (workforce and operational) and all organisational strategies and business objectives. We will do this by:

- Consulting widely on the equality duty and in particular on the four principles which underpin the specific duties to ensure that we meet local priorities and that our equality outcomes are transparent
- Building and publishing equality objectives and measures of success through our business planning process.
- Continuing to develop a human rights based approach to service access/delivery

- Continuing to develop service access/delivery on the basis of the human rights principles of fairness, respect, equality, dignity and respect (the so-called FREDA principles).
- Continuing to provide mandatory equality and human rights training for all our staff
- Embedding equality and human rights into Personalisation
- Refreshing Equality Impact Assessments across all services/teams and functions.
- Working with our commissioning partners and provider services to integrate equality and human rights into the commissioning cycle
  
- Auditing services in preparation for ending Age discrimination in the provision of services (due sometime in 2012)
- Developing and building equality and human rights capacity within the Third Sector, BME communities and GP practices
- Integrating equality and human rights outcomes into the performance management framework and the Knowledge and Skills Framework
- Maintaining an up-to-date intranet and public website with transparent and relevant information on equality and human rights

**Harjinder Bahra**  
**28 September**

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