

Health, Adult Social Care, Communities and Citizenship Scrutiny Sub- Committee

Thursday 31 January 2013

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

List of Contents

Item No.	Title	Page No.
5.	Review - Maternal Health & Early Years: Gypsies and Travellers Southwark Travellers Action Group (STAG) made two submissions to scrutiny, which are attached.	1 - 4
7.	Health Services in the Dulwich area – Consultation Plan	5 - 35

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Date: 25 January 2013

Southwark Travellers Action Group (STAG) first submission to scrutiny - issues brought up by Travellers as part of consultation and based on experience

- One-Stop-Shop workers don't seem to have much understanding of Travellers in Southwark. When Traveller-site residents have housing issues they have to explain basics to One-Stop-Shop workers (such as that the Council owns the sites and they rent land from the council- but the mobile homes are privately rented- therefore people on Housing Benefit have 2 payments to make- one to council and one to mobile home company). There is one member of staff (Moses) who seems more knowledgeable.
- Back-to-work schemes are often not accessible to Travellers as men rarely sign on for JSA. Traveller economy is still over reliant on informal self-employment but there is a cultural shift towards accepting waged employment. The stability offered by waged employment is increasingly desirable. There is a stigma around signing on for JSA and it is also made difficult by demands for documentation and records of previous employment. Back to work schemes such as the Network Rail scheme run by Pecan would have been taken up by Travellers but many are ineligible.
- Grants could be made available for Travellers wanting to get into work (to help pay for HGV licences)- or loans could be made available on a 'student loan' basis- i.e. low-interest- pay back when earning over x-amount per year. Jobs which are generally desirable in the Traveller community for men are labour, construction, driving jobs etc. The value of giving grants for training courses (towards becoming qualified construction workers, lorry drivers, driving instructors) would be in making waged employment seem- for the first time- desirable and achievable- a complete cultural shift. Consequences would be wide-reaching- not only locally but potentially nationally. Knock-on benefits come with greater community cohesion (dispel the wide-spread belief that Travellers don't contribute to society through taxes), improving health especially mental health (Travellers to fulfil their cultural expectations to earn a good living- reliance on informal economic activity leads to accidents and unhealthy practices at work), reduction in crimes which are the result of economic exclusion and reduction in domestic violence.
- Spring Tide Close residents want a new site. Spring Tide Close was originally a temporary site- residents were promised a larger site by the council. Site is overcrowded now that families have grown and children are having their own children.
- Ilderton Road site- wall which separates site from railway tracks is still crumbling. This issue has been unresolved for 8 years- health and safety risk. National Rail or Southwark Council need to take responsibility for repair. Paul Jeffery (Traveller Housing Officer) is aware of this, so is Councillor Bowman (who remembered this issue from 8 years ago).

- Women fleeing domestic violence need a police reference number to stay in the Irish women's refuge run by Camden Women's Aid. STAG is in a very difficult position here as the project is jeopardised if we are seen to be encouraging women to report abusive partners to the police. STAG can offer help and support to women that come to us, but the perpetrators of the DV are our clients also.

Archie Utley
Southwark Travellers Action Group

Southwark Travellers Action Group (STAG) second submission regarding an Engagement Framework for Travellers

Main Recommendation- named workers in public services who are understanding of Travellers. Travellers to form relationships with these individuals and be given direct lines so that they can talk to somebody they know.

As with all public services, the degree to which Travellers access and benefit from health care services will largely depend on individual experiences. There was a very mixed response to questions about Travellers attitudes towards health care services which can generally put down to the fact that some receptionists/G.P.s/midwives are more understanding of Travellers than others. When asked, Travellers who spoke positively about their GPs were far more likely to be accessing other healthcare service, and far less likely to use A&E for non-emergencies. Those who had bad experiences with their primary healthcare providers were less likely to use other services and more likely admit to going straight to A&E or ignoring problems. The importance of positive individual relationships should be stressed.

Just as some schools managed to retain Traveller pupils and deliver good results for Traveller pupils while others struggle to maintain sustained attainment; some Travellers are receiving what they regard as good health care and others feel let down. The Traveller community, due to historical marginalisation and discrimination by statutory services and the commonly-held prejudices against Travellers, has reservations about engaging with any statutory body. When individual experiences are poor, this will inform Travellers' attitudes towards larger institutions (one bad experience with a receptionist can inform the opinion that 'the NHS doesn't treat Travellers well'). Travellers often only ever see healthcare professionals (and for that matter social service workers, education welfare officers etc.) at times of crisis- often the worst time for relationships to be formed.

One answer to this problem is to have named individuals in all statutory services who have a specific remit to work with Travellers. These individuals would obviously require the skills and understanding needed to work with Travellers. There are examples of success in this area- Paul Jeffery- the Traveller Housing Officer is well known and trusted resulting in better housing provision for Travellers in Southwark. Paul Jeffery recently introduced Traveller site residents to the new contractors for repair works in order to build good relationships. STAG meets with the police liaison officer for Traveller sites which has resulted in better relations between the police and Travellers. Dave Cannon of Southwark Traveller Education Support Service was known by all Travellers through working with the community for 30 years, and all issues around education were brought to him. STAG employed a health worker in the past who was referred to for all health problems. The health worker was at STAG for 3 years- by the time she left all Travellers in the borough were registered with G.P.s and better informed of other health services available. She ensured that all children received all necessary injections and supported older members of the community by accompanying them to appointments with G.P.s for the first time. Finding named, trusted professionals can happen naturally; many Travellers who use the One-Stop-

Shop will specifically ask for one individual who is knowledgeable on Traveller housing issues without having an official Traveller 'role'.

This wouldn't have to have a major cost implication, entire new positions would not have to be created. However, it would be beneficial to have a named worker at PALS who Travellers had met with Travellers and could form good working-relationships with the community. This arrangement would also be welcomed for education and social services- at the moment Travellers would be unsure of who to turn to. This would be useful in ensuring that myths about statutory services do not proliferate, and enable a better understanding of Travellers from professionals. In short, relationships need to be built. Named individuals is preferred to training for all workers on Traveller issues as Travellers like to deal with people they have already formed relationships with.

STAG will be holding regular service user meetings restarting on 4th February which could provide a forum for professionals to meet with Travellers. However, it cannot be taken for granted that STAG will be operating beyond 2013 as we are reliant on 1 core funder at the moment, the Irish Government, which this year has reduced its emigrant support fund. STAG is developing its governance at the moment in order to provide a better platform for the community to engage with other organisations. STAG can play a big role in improving access to services but at the moment it has no security.

Archie Utley
Southwark Travellers Action Group

London Borough of Southwark

Health, Adult Care, Communities and Citizenship, Overview and Scrutiny Committee

31 January 2013

Consultation on Health Services in the Dulwich area.

1 Introduction and background

Over the last 12 months NHS Southwark CCG has worked with its members, stakeholders and residents to develop a vision and strategy for the delivery of a sustainable healthcare system for the borough delivering high quality outcomes. In doing so the CCG has prioritised the transformation of primary and community care recognising that the enhanced delivery of care outside of acute hospital settings will be critical to achieving the ambitions of the CCG's first Integrated Plan and for the longer term development of services.

In 2011/12 the emerging CCG agreed to develop plans for the realisation of our ambition for community based services in the Dulwich locality. This work has been led by a dedicated project board over the last 12 months, supported by a Programme Director. The project has sought to understand the health needs of the locality, the current model of service delivery and the outcomes it achieves. We have specifically sought to identify the commissioning action required to improve local people's health and experience of health services within a sustainable model of care. Alongside this work the CCG undertook a three month engagement exercise with local people and stakeholders to gain their views and understand their aspirations for the future delivery of care.

Taking the outputs of this work, the Project Board has engaged with professionals across the local health and social care system to develop a proposed model of care. Having identified proposals the Project Board has considered the most effective and importantly feasible ways in which these proposals might be implemented. This has taken account of wider system change and alignment to strategic developments, the affordability of any potential implementation options and the current infrastructure within this part of the borough and the opportunities it affords.

The CCG is now in a position to describe clinical model proposals alongside potential options for their delivery. The pre-consultation business case articulates this work and PCT Board approval is being sought for a consultation process that will seek views on the model and its potential implementation in Dulwich. This document is available at www.southwarkpct.nhs.uk/documents/7945.pdf.

2 The consultation process

The attached document is a consultation plan which sets out in detail the process we intend to follow to ensure that we reach a wide cross-section of those likely to be affected by these plans, including the local population in south Southwark and people who are currently treated by existing services locally.

The CCG is seeking the committee's support for the consultation process for plans to enhance provision of health services in the Dulwich area, which serve a wider catchment, including Nunhead, and the southern parts of Camberwell and Peckham.

We intend this to be a full thirteen week consultation, and the plan sets out the wide range of methods we intend to use, the communities we want to reach and how we intend to put external assurances into the process to ensure it is thorough, open and honest.

3 *What are we consulting on?*

3.1 Service model

Following the engagement process in 2012 we have developed a service model – a description of the services we want available to patients in community settings. This is set out in a diagram at the end of this paper. It builds on existing services, seeking to strengthen them, integrate them more fully and shape them so that they better fit the needs of the local population.

These community services will cover a broader range of services than at present, expanding to include more diagnostic tests, enhanced management of long term conditions; one stop outpatient clinics and integrated health and social care provision. They will increase patient choice and ensure they are seen by the most appropriate clinician for their care.

We have focussed on four broad groups, which link into the health needs of that area:

- healthcare for everyone- if you are unwell but likely to only need health care for a short period of time;
- older people and those with long term conditions;
- the very young – women who are pregnant and families with very young children;
- health promotion and prevention

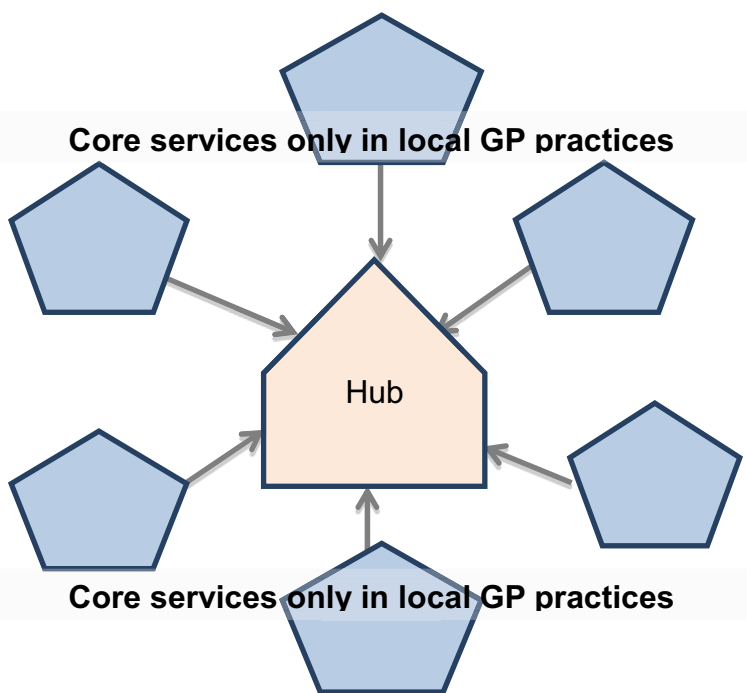
3.2 Options for delivery

The CCG is clear that it will only consult on options which are feasible: and are therefore affordable, clinically high quality and safe and deliver the service model. They have identified two feasible options, and these are set out in a diagram overleaf.

The **Centralised** service delivery option seeks to locate as wide a range of community based services in one location in the Dulwich area. The facility would provide a base for co-ordinated, 'Under one roof' services where patients, either registered with the general practice at that facility or anywhere in the borough could be referred for the community based care services outlined in the proposed service

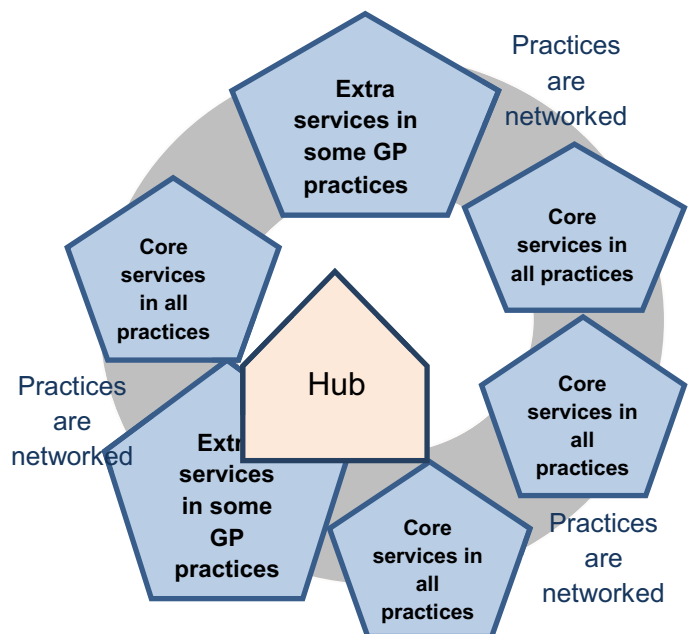
model. Local general practices would provide core general medical services to their registered population and would increasingly work as part of an integrated primary and community care team for the locality.

The **Networked** service delivery option would still seek to locate a significant number of services such as minor diagnostics and community based outpatients within a Dulwich 'Hub' whilst also seeking to deliver a number of those services at a small number of general practice sites across the local area. In this option all general practices would provide a 'core' set of general medical services and where patients needed to access other community based services they would do so at the community 'hub' or for a range of services they could do so at their, or a nearby, general practice. This would provide more services in some local general practices.



Option 1
 Centralised Services
 Practices providing core services only.
 All additional services are provided from a single health centre 'hub' providing additional and support services

Option 2
 Networked Services
 All practices providing core services.
 Some larger practices providing additional services for all patients
 Health Centre 'hub' providing additional and support services



The differences between these delivery options are found in the organisation of services between that 'Hub' facility and local general practice and as a result the scale of community based services that would be found in those sites.

4 *The Health Centre 'hub'*

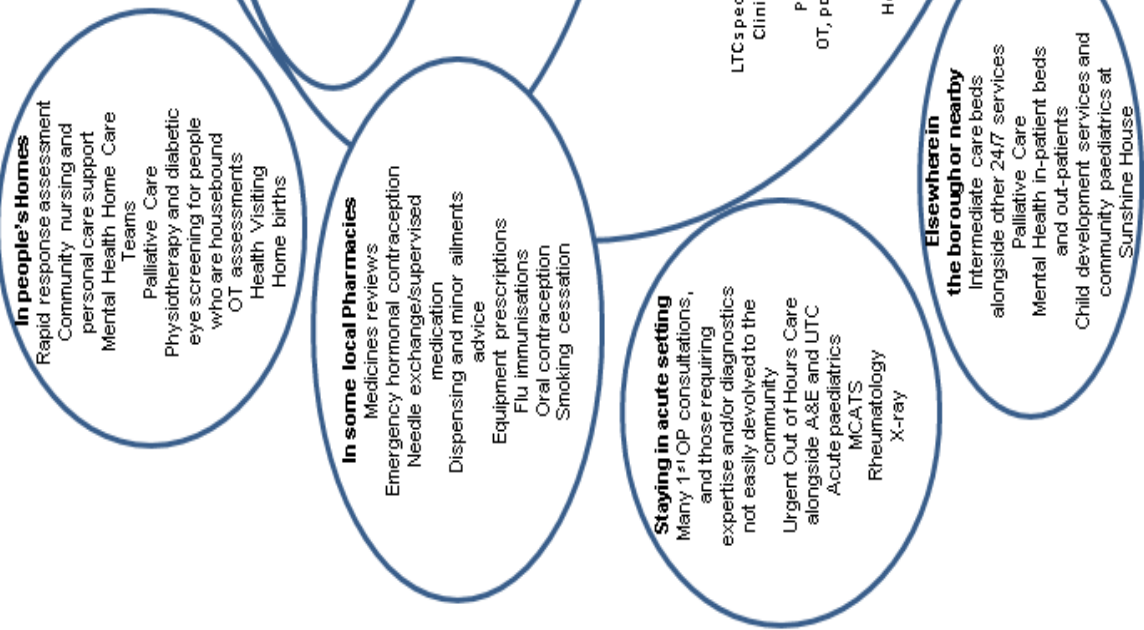
Both the options assume that there will need to be a health centre 'hub' in the area, and that the centre would be somewhere where patients could see GPs, a range of therapists (eg physiotherapy and occupational therapy), have some more standard tests done (eg blood tests and ECGs) and see more specialist clinicians for particular conditions. There would also be room for group work and classes.

Given that the proposals describe a central 'hub' facility in the Dulwich area a site search was commissioned by the CCG in 2012. This indicates that the only viable site for this facility at the current time is the Dulwich Community Hospital site. This is recorded by the Pre-consultation business case and the consultation document would make this, and the fact that the site search will be repeated in 2013 to ensure it is up to date, clear.

5 *Recommendations*

The Committee is asked to approve the consultation process outlined in the attached document.

SERVICE MODEL - HEALTH SERVICES FOR THE DULWICH AREA – ALL SERVICES



In people's Homes
 Rapid response assessment
 Community nursing and personal care support
 Mental Health Home Care Teams
 Palliative Care
 Physiotherapy and diabetic eye screening for people who are housebound
 OT assessments
 Health Visiting
 Home births

In some local Pharmacies
 Medicines reviews
 Emergency hormonal contraception
 Needle exchange/supervised medication
 Dispensing and minor ailments advice
 Equipment prescriptions
 Flu immunisations
 Oral contraception
 Smoking cessation

Staying in acute setting
 Many 1st OP consultations, and those requiring expertise and/or diagnostics not easily devolved to the community
 Urgent Out of Hours Care alongside A&E and LTC
 Acute paediatrics
 MCATS
 Rheumatology
 X-ray

Elsewhere in the borough or nearby
 Intermediate care beds
 alongside other 24/7 services
 Palliative Care
 Mental Health in-patient beds and out-patients
 Child development services and community paediatrics at Sunshine House

In all General Practices
 Traditional GMS/PMS services including responding to patients who are or believe themselves to be ill, general care of people with LTCs, acute and mental health care needs.
 Extended hours access
 ICP Case Management

**At a nearby general practice or in a hub - as above and...
 Maternity care
 Child Health Clinics
 Childhood immunisation
 Chlamydia screening
 Reproductive Health
 Cervical cytology**

**At a locality hub - all the above and...
 Minor surgery
 Pain management
 MSK Physiotherapy
 Alcohol reduction
 Substance misuse**

Other possible services in the hub
 Midwife led birthing unit
 Café with information and IT points for patients
 Renal Dialysis
 Chest X-ray

MHS Health checks
 Smoking cessation
 Flu immunisation
 Bowel screening
 Dressings/posts surgical wound care
 Caums ellling

Enhanced gynaecology
 Enhanced dermatology
 Enhanced headache care
 Other enhanced services in the future

Smoking Cessation's specialists services
 Mental Health-IAPTS, support group-work, memory clinics.
 MSK physio
 Weight management
 Mobile units- Breast Screening, and possibly Audiology and Diabetic Eye Screening
 Ultrasound

Memory clinics
 Phlebotomy
 Diabetics
 IAPTS

Developing Health Services in the Dulwich area

Consultation plan – Spring 2013

Context for this consultation plan	2
Scope of project	2
Aims & objectives of consultation	2
The role of consultation in the review process	3
Engagement phase	3
Stakeholder analysis	6
Consultation catchment area and focus of distribution	10
Equalities considerations	11
Consultation methodologies	14
Presenting the proposals	17
Capturing consultation responses	17
Consultation timetable	17
Consultation core materials	19
Proposed consultation activities	20
Assurance process for consultation plan and consultation document	22
Impact of consultation on outcomes	23
Appendix 1 - Consultation guidance from 'NHS London Reconfiguration Programme Guidance – A Guide for PCTs v3'	24

VERSION 7

Context for this consultation plan

This consultation plan outlines the steps we intend to take to ensure that we run an adequate consultation exercise on proposals laid out in the 'Developing Health Services in the Dulwich area' consultation. It does not address the subject of our consultation, as this will be outlined in the consultation document.

This consultation will take place during a period of change in the NHS and within its life-span, governance and management arrangements for the commissioning of health services in Southwark will undergo a significant change. We acknowledge this change as part of our consultation planning.

Since April 2011, NHS Southwark has operated as part of the South East London Cluster of PCTs, alongside one Care Trust. This arrangement continues until 31 March 2013, at which point NHS Southwark Clinical Commissioning Group (CCG) will become the accountable body. The CCG has been operating in shadow form since 1 April 2012.

The consultation will be launched by Southwark PCT, however from April 2013, NHS Southwark CCG will have statutory responsibility. The consultation document and proposals contained within it will be signed off by NHS South East London PCT / Care Trust Boards and Southwark Clinical Commissioning Committee prior to consultation.

In response to feedback received to date, further consideration needs to be given to the title of the consultation, to ensure that those who don't live in Dulwich itself see the exercise as being relevant to them.

Scope of project

NHS London has stated what the key tests of adequacy and appropriateness of any consultation process¹ are. These tests determine the scope of our consultation process, ensuring that timescales, methodologies and levels of engagement with the right stakeholders are central to our consultation exercise. *These have been provided in appendix 1 of this document.*

Aims & objectives of consultation

The aim of our consultation exercise is:

- To understand stakeholder responses to our proposals for future model of health care in the Dulwich area and the buildings needed to provide it.

Our objectives are:

¹ NHS London reconfiguration programme guide, A guide for PCTs v3.

- To inform stakeholders about how proposals have been developed.
- Ask their views on the range of services we propose to deliver in community settings, in the future.
- Seek feedback on proposals for the locations where services may be delivered
- Ensure that a diverse range of voices are heard
- To run a process which maximises community support and minimises the risk of legal challenge

The role of consultation in the review process

Public consultations on service reconfigurations make a valuable contribution to the development of a service model. The evaluation of consultation responses is one of a number of inputs into decision-making, which sits alongside a number of others during the process and outcome.

One function of the consultation process and any documents and communications produced is to help stakeholders understand the function of the consultation exercise and its impact on the final outcome.

An understanding of the importance of consultation in the process is central to ensuring stakeholder buy-in and project credibility. However, it is also crucial that stakeholders understand that the outputs from the consultation process are not the only factor at play. In addition to the consultation, information such as the clinical case for change, the health needs assessment and considerations of value for money are also factors in any final decision.

We acknowledge the current changing landscape of NHS governance structures and will ensure that the most appropriate bodies are involved in decision-making during and after the consultation period. The views of the board of NHS Southwark / NHS Southwark CCG (which includes local GPs), the local overview and scrutiny committee and NHS SE London Joint PCT Board will be taken into account as is applicable during this process.



Engagement phase

The Developing Health Services in the Dulwich area project has already undertaken a comprehensive pre-consultation phase in the lead up to the formal consultation period. A three month engagement process took place from 8 February to 12 May 2012 in the Dulwich area of South Southwark. A number of tools to enable discussion were developed.

These were:

- A document outlining a number of possibilities for future models
- A presentation outlining these possibilities
- A paper and electronic survey to facilitate the capturing of responses

The design of the project aimed to allow space for deliberation amongst a range of stakeholders and secure an understanding of the key themes of concern. This engagement phase was designed to promote genuine dialogue around service models and design and enable a range of relevant stakeholders to contribute to emerging thinking.

Public and patient engagement

The engagement tools were used and shared at a number of public & patient engagement opportunities through semi-structured discussions which included:

- Three attendances at Community Council Meetings
- Two drop-in sessions
- Thirty smaller group discussions with community and patient groups
 - (Children's centres, church groups, luncheon groups etc)

This resulted in over 1000 comments generated from survey responses and over 300 face to face discussions with individual people in small groups.

The results of this engagement process were collated using a rigorous process and presented back at a public meeting on 24th July 2012 and at Dulwich Community Council on 18 Sept 2012.

The analysis of this data has all contributed towards the service model outlined in the proposals contained in the consultation document. Public and patient engagement was further enhanced through the composition of the Dulwich Project Board, which includes public and patient representatives.

Clinical engagement

Health services in the Dulwich area are provided by a broad range of clinical stakeholders, due to both the specific location of the services and the clinical landscape within which these services are delivered. Through the engagement phase of this process the project actively engaged with:

- Primary care / general practice, serving patients within the Dulwich catchment area
- Clinicians at King's College Hospital, with a specific interest in / service development that might impact on plans for health services in the Dulwich area or who are providing services in the current Dulwich Hospital
- Community nursing and allied health professionals from Guy's & St Thomas' NHS Trust, delivering services from Dulwich Hospital

Engagement with key stakeholders

Prior to the engagement process briefings were conducted with local councillors and MPs, Southwark Health and Adult Social Care Overview & Scrutiny Committee (OSC) and the Dulwich Community Council.

The outcome of this engagement is captured in the document 'Engagement Report Final July 2012' which can be found on the NHS Southwark website: http://www.southwarkpct.nhs.uk/about_us/developing_services_in_dulwich

This website also hosts a number of other documents including the engagement action plan and minutes of Dulwich Project Board meetings.

Stakeholder analysis

In order to ensure that our consultation captures the views and feedback of a range of people, we have mapped stakeholders who have an interest in being the outcomes of the project:

Stakeholders who need to be made aware of the consultation and invited to participate

- Local residents
- Local businesses
- Campaign groups
- Tenants and Residents Associations
- Parent and Teacher Associations & local schools
- Community Groups
- Voluntary sector and Community Action Southwark
- Church and Faith Groups
- Current patients
- Carers
- Wider public
- Local GPs, pharmacists and other providers in Southwark
- Local GPs, pharmacists and other providers in neighbouring boroughs
- Guy's and St Thomas' community services staff
- King's College Hospital
- Local Authority - social care teams, planning department
- NHS South East London - leadership team
- Lambeth and Lewisham Clinical Commissioning Committees
- NHS London
- Staff
- Media

Stakeholders that need to be actively engaged in the consultation

- Current and recent patients
- Other patients who may be affected by the proposals
- Patient & user-groups and voluntary & community sector organisations (health related)
- Local GPs & SELDOC (out of hours GP service) and practice staff
- Local medical Committee (LMC)
- Local Councillors incl. ward, Exec member for Health, Dulwich Community Council chair,
- Local MPs,
- Campaign groups
- Clinical commissioners
- LINKs
- Overview and Scrutiny Committee
- NHS South East London – estates dept
- Clinicians and providers delivering services in Dulwich Hospital
 - King's College Hospital NHS FT

- Guy's and St Thomas'
- SLAM NHS FT
- Clinician and providers delivering services in Consort Rd, Townley Rd sites

Stakeholders that can help by communicating messages and engaging local people

- Clinical commissioners, GPs and practice staff
- Local Councillors
- LINKs
- OSC
- Local media
- Voluntary and community sector groups
- Faith groups

DRAFT

Staff groups currently providing services in the area

There are a number of health services provided in the Dulwich area and we will actively consult with staff providing these services.

Services delivered at Dulwich Hospital

(A) – indicates admin base, (C) – indicates delivery of clinical service

Guy's & St Thomas'	King's College Hospital
<ul style="list-style-type: none"> • Adult therapy rehabilitation (A) • Bladder and bowel specialist nursing service (A & C) • Care home support team (A) • Child nutrition and dietetics (A) • Dulwich district nurses (A) • Dulwich health visitors (A) • Heart failure team • Health Visiting team • Multiple sclerosis specialist nursing service (A & C) • Occupational Therapy & Social Care for physical disabilities • Southwark diabetes team (C) • Southwark neuro-rehabilitation team (A) • Tissue viability specialist nurses (A) • Young persons' disability team (A) • Rapid response team (A) 	<ul style="list-style-type: none"> • Renal dialysis (A & C) • MSK Physiotherapy (A & C) • Pulmonary rehabilitation (A & C) • Phlebotomy (C) • Parent craft classes (C)
Primary care & other services	
<ul style="list-style-type: none"> • Seldoc (A & C) • Dr Sarma GP Practice (A & C) • Social Services Out of hours team (A) • Dulwich Helpline 	

- Initial Healthcare & other facilities management teams
- League of Friends
- Infection control team
- Rehabilitation research

Staff providing services at other Community Health bases in the area

Consort Road Clinic	Townley Road Clinic
<ul style="list-style-type: none"> • Health Visiting – Development Checks, Health Reviews, BCG Clinics/Imms (C) • Base for Health Visitor Team (A) • School Nursing – Imms, Health Reviews (C) • Base for School Nurse Team (A) • Speech & Language Therapy (C) • Podiatry (A & C) 	<ul style="list-style-type: none"> • District Nursing - Leg Ulcer Clinics, Continence Clinics (C) • Base for District Nursing Teams (A) • Health Visiting – Development Checks, Health Reviews, BCG Clinics/Imms, New Parent Group (C) • Base for Health Visitor Team (A) • Speech & Language Therapy (A & C) • Orthoptist (A & C) • Foot Health Service - Podiatry (A & C) • Department for Adults With Learning Disabilities (A & C)

User / Patients of Current Health Services in the Dulwich area

The analysis shows that a large number of people may have an interest in our proposals. In order to rationalise and focus our consultation, we will prioritise reaching those who could potentially experience the highest impact or benefit from any proposed changes or developments.

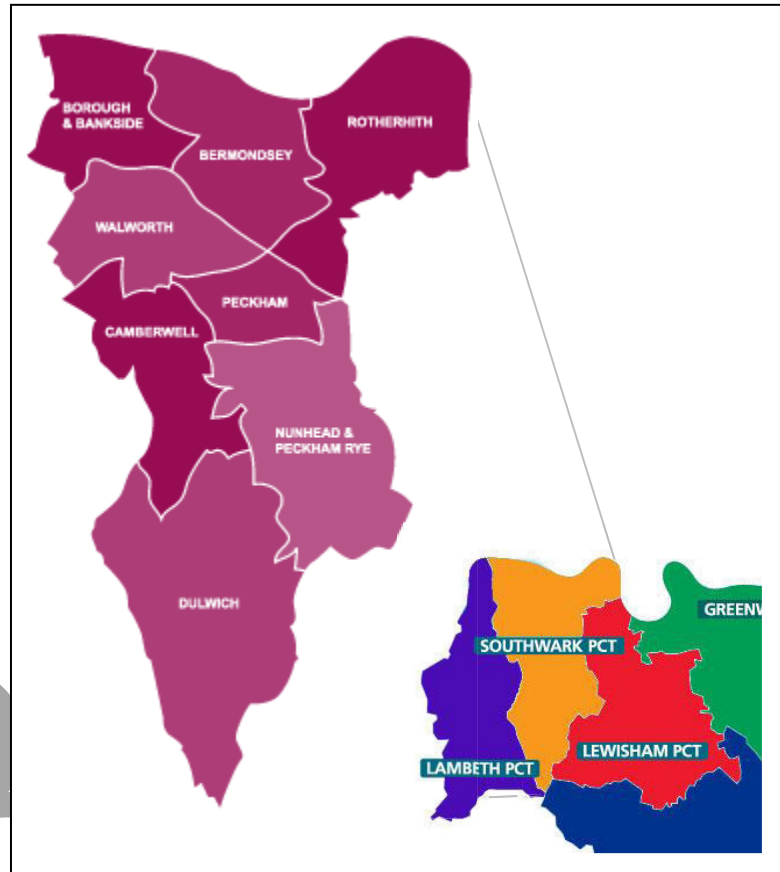
In addition, in order to further focus effort and resources, we will use data from previous attendance at Dulwich hospital in the past year to ensure that we have a clear focus on those who may have a more specific interest in our proposals

Consultation catchment area and focus of distribution

Analysis of local patient data will be used to focus the consultation on geographic areas where current usage of local health services is highest. This will give us areas of higher and lower density usage. This will focus on the resident population, people registered with GP practices in the Dulwich area over the past 12 months, previous attendance at Dulwich Hospital and surrounding health care providers including Townley Rd Clinic and Consort Road Clinic.

This will be supplemented with activities to reach the wider community – as described in other parts of this document.

For the purposes of the consultation, focus will be given to high density usage and potential usage areas, however, extended distribution will be undertaken to ensure adequate coverage in the lower density areas, including those using the hospital in the neighbouring boroughs of Lewisham and Lambeth.



Equalities considerations

We are keen to engage the widest-possible community in our consultation and are undertaking an equalities impact assessment to ensure that consultation methodologies do not exclude groups from participating.

The following actions outline how we intend to ensure that the consultation is open to as many people as possible:

- Advocacy service

We have engaged the services of an advocacy service to advocate on behalf of those unable to complete the consultation questionnaire themselves;

- Information in a range of formats

Consultation information will be made available in a range of accessible formats. The following will be available as standard:

- Clear print version (standard)
- Electronic version (PDF online)
- Large print version
- Simplified 'Easy-Read' version with images produced by a specialist provider and tested with local Learning Disability groups
- Summary version

Partnership working with voluntary and community sector organisations

We will work closely with voluntary and community sector organisations to ensure that our consultation reaches those who may not traditionally engage in consultation exercises. This will include:

- Raise awareness of the consultation by distributing information regarding consultation events via voluntary and community sector networks
- Targeted meetings with representatives from specific groups to seek feedback
- Focus groups with those most affected by any proposed changes to services

We acknowledge that individuals who fall within the definitions of the 2010 Equality Act's 'Protected Characteristics' groups use a wide range of health services that may be accessed with no specific relation to their membership of that particular group.

We intend to engage specifically with the following groups:

Equalities protected characteristic	Voluntary & community sector / provider organisation as intermediary	Rationale
Age	Pensioners Forum & Southwark Pensions Action Group Dulwich Helpline	Local groups who engage with these communities
Disability	Disability Forum	Local group who engages with these communities
Mental Health	MIND User Council & Groups identified by SLAM NHS Trust	
Learning Disability	Speaking Up	
Gender reassignment	LGBT forum	Local group who engages with these communities
Marriage & civil partnership	No specific groups	This group will be covered by wider consultation activities
Race	Forum for Equality and Human Rights in Southwark Nigerian Community groups & churches	High density population in the wider area. Focus on Peckham.
Maternity	Via Health Visitors & relevant clinics Local parent groups	Proposals address local need
Religion or belief	Southwark Multi-Faith Forum Churches in South Southwark	Local groups who engage with these communities
Gender/sex		This group will be covered by wider consultation activities
Sexual orientation	Southwark LGBT	Local group who

	network	engages with these communities
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In order engage appropriately with these groups we will write to each group and ask for their guidance and input on the most appropriate modes of consultation for this group.

In addition to protected characteristics groups, contact will also be made with local carers groups to encourage their participation in the consultation, acknowledging their important role in helping to facilitate home-based care.

Partnership working with service providers and other stakeholder groups

There is a good history of partnership working in Southwark and we will work closely with service providers and other organisations who work with those likely to be affected by proposals. This includes:

- Briefing meetings with staff and providers in Dulwich Hospital and the surrounding area
- Meetings with politicians, community leaders and representative groups

We will also actively engage with local stakeholder groups, many of which are already outlined in our stakeholder list. These include:

- Relevant partnership groups via Southwark Council
- Health & Wellbeing Board
- LINK / Healthwatch body

Consultation methodologies

A good consultation exercise should employ a range of techniques to ensure that stakeholders have the ability to fully participate in the exercise. This range of techniques recognises the different ways in which various stakeholder groups might choose to participate allowing for differing levels of engagement or interest reflected in the stakeholder analysis to facilitate a range of depth in feedback.

Consultation methodology generally falls into four main groupings – all of which will be used in our consultation: Giving information, getting information, forums for debate and participation².

The following methodologies have been selected for our consultation:

Giving information

All groups

Consultation document

At the core of our consultation will be a consultation document which clearly lays out the basis on which we are consulting, the background to the consultation, the data upon which options have been developed and what the proposals / options are. This document will also seek feedback and promote the various other methods by which people can engage in the consultation.

In line with guidance³ offered by NHS London the consultation document will meet the following criteria:

- The consultation document will be concise and widely available.
- The language of the consultation document will be accessible, clear, concise and written in plain English. It will be available in other languages and formats on request.
- The objectives of the consultation document will be clearly stated.
- Proposals will be set out clearly and transparently.
- Consultation documents will contain specific, relevant, clear information.
- Consultation documents will explain why service improvement is required, setting out what the results of change will look like in terms of benefits to patients (whether in terms of clinical outcomes, experience or safety) as well as any financial benefits, presenting a balanced view.
- Consultation documents will provide details of all options for change with well balanced pros and cons for each option, including the implications of no change.
- Implementation plans (even in outline) will be provided for each option.
- A set of key questions will be included.

² Real Involvement – working with people to improve health services, 2008

³ NHS London Reconfiguration Programme Guidance – A Guide for PCTs v2

- The consultation document will inform the public of how they can contribute to the consultation and state clearly how respondents will respond.
- An email as well as a postal address will be given for responses.
- The consultation document will include a list of stakeholders.
- The document will include details of how patients and the public have been involved in its drafting.
- The consultation document will include contact details of someone who will respond to questions and someone independent to the consultation process, who will pursue complaints or comments about the consultation process.
- The consultation criteria in the new consultation guidance will be reproduced in the consultation document.
- The document will be available in paper format, free of charge and on a website from the start of the consultation.
- The document will state the date. [of the consultation]

We intend to test our document on selected people within our target group to ensure that it is clear and well-understood.

In addition, we will expect our independent evaluation company to undertake cognitive testing on the consultation questionnaire to ensure that our target audiences find it easy to understand and respond to.

Consultation briefings

In addition to the consultation document, a number consultation briefings will be produced during the consultation period. These will be used to provide answers to frequently asked questions, share emerging information and respond to issues arising from public meetings.

Displaying and distributing information

The objective is to convey information in an easy to understand form and encourage participation in other more engaging methodologies. For physical distribution, audiences will be specifically targeted based on their area of interest or postcode as previously described on pg 11 of this document:

Physical distribution

- Distribution of promotional material (shops, cafes, community centres & other gathering places, health settings etc)
- Display boards/exhibitions

Virtual distribution

- Website
- Email bulletins
- Online video
- Social media (Facebook / Twitter etc)

Media

Information will be conveyed either as an advertisement that we pay for and control, or as editorial that is free, but is not within our control.

- Local newspapers
- Community magazines
- Newsletters produced by community & voluntary sector groups, churches, residents assoc's etc.

Display

Displays in key locations will promote the opportunity to respond to the consultation. This should include:

- Onsite, at the hospital using the exhibition space
- Large outdoor hoarding at the hospital site

Public meetings

Meetings for which there will be an open invitation. This will focus on explaining the options for consideration and inviting feedback.

Getting information

Discussion groups

Discussion groups are guided conversations with smaller groups of people. We intend to use these groups primarily to seek feedback on proposals with small targeted groups and specific user groups – especially those who may find it difficult to engage in other consultation methods such as people with learning difficulties or communications impairments. (We may use interpreters or advocates at these sessions)

Online consultation

Online consultation will be used to ask people their opinion on options. An unlimited number of participants can be sent our consultation document or download it online and respond via email or comment on a website.

Drop – in sessions

Drop-in sessions are informal methods which invite people to take part in discussions on a one to one or very small group basis. This will allow for more detailed conversations about specific topics of interest.

Patient and carer groups

We will engage with specific user groups that currently use services in the Dulwich area to ensure that their views and feedback is captured on the proposals.

Presenting the proposals

It is important to have clear lines of communication and clarity on who is putting the proposals to the public. For the purposes of this consultation, the proposals are being put forward by NHS Southwark / Clinical Commissioners.

Capturing consultation responses

Formal consultation is different to engagement, in that we are asking for responses to a specific set of proposals, rather than exploring desires and issues. As such, the consultation document and questionnaire will be promoted as the primary means for responding to the consultation. Those presenting at meetings should make people aware that this is the case – and the reason for it.

However, discussions and questions from meetings and forums also provide valuable information and should also be recorded.

It is suggested that this is done in a number of ways:

- Large forums & public meetings will be captured by the organisation appointed to undertake the independent evaluation of responses;
- Smaller meetings should be captured by a note taker (ideally, not the person presenting) and if it is a meeting that is minuted by the organisation receiving the presentation, then meeting minutes can also be used.
- An audio recording could also be used in some cases as an additional aid to checking back after a meeting. (Best practice suggests that people should be made aware of the use of recording equipment and the reason why it is being used, ensuring some element of consent is sought).

Consultation timetable

It is proposed that the consultation runs from the end of February 2013, giving the recommended 12 week consultation period and allowing an additional week because the period covers Easter and the early May Bank Holiday. (*Easter Holidays – Thu 23 Mar – Mon 15 Apr // Half term Mon 18 Feb - Fri 22 Feb 2013*). This will give ample time for stakeholders to engage in the process.

The consultation will comprise four key phases, which help to give it shape and ensure focus for the project team.

Phase 1: Pre-launch

Awareness raising for the consultation launch will prepare the local community to respond to the consultation:

- Pre-launch advertising
- Promotion for consultation events scheduled for early in the consultation period

Phase 2: Launch

Weeks 1 & 2

The consultation will have a higher profile during the launch phase and broadcast methods will be used to raise awareness of the consultation amongst the wider public. This will include:

- Newspaper advertising
- Print distribution in zones of interest
- Email distribution to targeted lists
- Launch to staff and stakeholder groups

Phase 3: Core consultation period

Weeks 3 – 10

This phase will ensure that the more focused consultation work is given attention and will feature methods which facilitate more detailed discussion with chosen groups. This will include:

- Focus groups
- Online consultation
- Drop ins
- Public meetings
- Patient, user and carer forums

Phase 4: Final phase

Weeks 10-12 / 14

This phase will offer an opportunity for a final push. Through the ongoing consultation period we may also identify groups who were not engaged through earlier work, or discover emerging themes that we wish to explore with specific groups. This period gives scope for this work.

Consultation core materials

To ensure wide access and to help people to engage with the consultation, a number of channels will be made available and a number of materials will be produced. These include:

- A full consultation document containing a questionnaire about the proposals presented on pull-out response sheets
- A consultation summary document including freepost card to request a full consultation document
- Easy-read information booklet and easy read questionnaire
- Consultation materials in accessible formats, on request⁴
 - Documents in languages other than English
 - Braille documents
 - Spoken word recordings
- Advertising materials for wider distribution
- Website
- A short film outlining the key elements of the proposals
- An online questionnaire which allows users to respond to the consultation questions

Consultation channels by which consultees can feed back:

- Online, via website & email address
- Telephone facilitated feedback, offering help to capture information
- Written feedback via the post
- In person at events

We are not currently planning to use feedback posted informally using social media sites such as Facebook and Twitter within the formal consultation feedback, however this will be informally monitored and those using these channels to express views will be encouraged to feedback more formally using the channels outlined above.

⁴ *'On request' documents can normally be produced in 7 working days. Practice and experience suggests that not all of these are required, so production on request is a better use of resources.*

Proposed consultation activities

All events will be scheduled and diarised as part of a 12 week consultation diary, once agreed. Some meetings / briefings may form part of pre-existing meetings rather than being stand-alone events.

Public & patients – general:

- Production & distribution of consultation document
- Website including online survey
- Distribute consultation summary to target postcode areas, using shops/cafes/public buildings etc
- Public meetings
- Drop in sessions
- Community Council meetings (Dulwich, Camberwell and those in bordering boroughs such as West Norwood & Sydenham/Forest Hill)

Patients & public – groups & voluntary sector organisations

- Mailing of consultation document with letter to all groups in stakeholder list, including open invitation for a speaker to attend a meeting
- Meetings with targeted voluntary sector groups
- Meetings with targeted groups from 2012 Equality Act Protected Characteristics Groups
- GP patient participation groups in south Southwark and in neighbouring boroughs
- Groups identified in partnership with SLAM NHS Trust.
- Targeted groups in the Dulwich area
- Meetings with targeted existing service users
- Meetings with relevant community groups

See the consultation timetable for full details.

Statutory meetings

- Health, adult social care, communities and citizenship OSC
- Health & Wellbeing board (or shadow equiv)
- LINK / Healthwatch⁵

Voluntary sector

- Community Action Southwark: Adult Independence and Wellbeing Forum
- LSL stakeholder reference group
- Dulwich Helpline

⁵ We acknowledge the changing nature of current LINK arrangements and will consult with the most appropriate group at the time of consultation

- Other targeted community & voluntary sector groups identified through stakeholder mapping

Staff & other healthcare professionals – meetings & events

- Events/briefings for staff pre-launch
- SELDoc staff
- Provider staff onsite at Dulwich Hospital
- GPs / Pharmacists & Dentists

Partner organisations & other stakeholders

- Briefing for local MPs
- Briefings for councillors
- Briefings for senior managers at provider organisations

DRAFT

Independent evaluation of consultation feedback

NHS guidance on public consultations recommends that an independent third party is appointed to receive and analyse responses to consultation exercises. This additional independence gives reassurance that any responses are being impartially gathered and reported on. The usual process for the appointment of an evaluation partner would be:

- Issue invitation to tender & specification to suitably qualified third parties
- Receipt of written submissions
- Shortlist by agreed panel to include:
 - Programme Director
 - Comms & Engagement manager
 - LINK or other partner representative
 - Representative of partner/stakeholder organisation (such as Local Authority)
 - CCG representative

Assurance process for consultation plan and consultation document

In order to ensure that both the consultation document and consultation plan are fit for purpose, external assurance of both documents will be sought throughout the pre-consultation period, and at various stages of development.

It is suggested that the document, summary document and plan are scrutinised by:

- South Southwark Locality PPG
- Dulwich Project Board
- Engagement and Patient Experience Group
- Southwark CCC
- OSC Chair
- Appointed legal advisors for the process
- Appointed external analysis organisation

Impact of consultation on outcomes

It is important following the consultation that the project team develops timely feedback mechanisms to ensure that those who participated in the consultation exercise are informed about the feedback received, its likely impact and the decisions that may be made as a result. It is also important that any ongoing process, further decision-making and further gateways are understood by stakeholders.

Following the closure of the consultation exercise, the project team will publish a 'response to consultation' which aggregates the major themes emerging from the process and illustrates the likely outcome of consultation. A framework for the response to public consultation document is shown below, based on the guidance⁶ issued by NHS London :

- Introduction
- Review of case for change
- Review of proposed changes
- Catalogue of responses to consultation
- Number of responses and how many were deemed suitable/usable
- Respondent background, e.g. voluntary organisations, clinical, public
- Responses to specific consultation questions
- Summary of responses for individual questions
- Summary of themes in responses
- Information on themes that came out of consultation not covered by the questions
- How the PCT will address concerns
- Link to website where responses can be viewed
- Recap of final decision making process and next steps
- Schedule of activity

⁶ NHS London Reconfiguration Programme Guidance – A Guide for PCTs v2

Appendix 1

Consultation guidance from 'NHS London Reconfiguration Programme Guidance – A Guide for PCTs v3'

- Consultation should take place at a time when NHS Commissioners⁷ minds are still open as to the outcome. Do not consult on a fait accompli.
- NHS organisations should consult widely.
- Formal public consultations should last for a minimum of 12 weeks.
- Proposals should be clear.
- Enough information should be provided to enable those responding to make meaningful comment.
- There should be a clear timescale for responses.
- Responses should be analysed and NHS Commissioners should give feedback and show how the consultation influenced final decisions.
- A consultation should have clear consultation objectives.
- A consultation should identify key stakeholders at the planning stage.
- Those undertaking consultation should conduct pre-consultation engagement and discussion.
- An engagement and consultation exercise should involve written (formal) and non-written (informal) activities.
- Those undertaking consultation should manage the expectations of stakeholders.
- In so far as is possible those undertaking consultation should ensure that they receive views from a representative range of stakeholders.
- Efforts should be made to consult hard to reach groups.
- Consultations should be well publicised.
- Consultation responses should be independently checked and validated.
- NHS Commissioners should normally lead the preparation and consultation on service improvement proposals.
- A senior clinical lead should be identified at the outset, and should be supported to help ensure that other clinicians are involved in the development of proposals for change.
- Chairs, Chief Executives and Boards should actively champion proposals at every stage: development, consultation and delivery. Their role must be pro-active, not passive.
- Before embarking on the process, it is important to have a clear evidence-based communications and stakeholder engagement plan, which is managed and effectively delivered throughout, and makes best use of clinical evidence.
- Every service improvement scheme should have a clear stakeholder engagement plan involving the most senior officers and clinicians in the

organisation, which includes involving stakeholders routinely and regularly throughout the lifecycle of the scheme.

- It is essential that the local NHS has effective communication processes in place to respond to and, where necessary, correct any misleading information which enters the public domain, and to promote an effective understanding of the proposals for change.

DRAFT

From: Williams, Mark
Sent: 24 January 2013 13:07
To: 'rebecca.scott4@nhs.net'; Malcolm Hines
Cc: 'andrewbland@nhs.net'; Noakes, David; Burke, Shelley
Subject: Dulwich Consultation

Dear Rebecca and Malcolm,

Following deliberation and inspection of your plans for health services in Dulwich, and in partnership with my vice-chair, I am content that this does not amount to a Substantial Variation. Given the extensive consultation to date plus the extensive consultation plans for the next few months (that were presented at Wednesday's LSL SRG) I'm confident that there will be ample opportunities for us on OSC and the local community in Dulwich and other affected areas to comment and influence the development of the plans.

I am pleased that you will not launch the consultation until several weeks after the Secretary of State has decided on the TSA's proposals. We strongly urge you to continue with your current open approach to the future of service provision in Dulwich and to continue working closely with Southwark Council and NHS partners in the development and delivery of your proposals.

I feel it is important to stress that on Health Scrutiny we will closely monitor both the consultation and delivery of the plans. If we feel genuine concerns of the communities affected are not treated seriously or taken into account then we will review our position.

I look forward to your attendance at the next meeting of Health Scrutiny.

Yours,

Mark

Councillor Mark Williams
Labour Member for Brunswick Park Ward
Chair, Health, Adult Social Care, Communities & Citizenship
Scrutiny sub-Committee

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**HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP
SCRUTINY SUB-COMMITTEE**

MUNICIPAL YEAR 2012-13

AGENDA DISTRIBUTION LIST (OPEN)

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

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Councillor David Noakes (Vice-Chair)	1	Andrew Bland, MD, Southwark Business Support Unit	1
Councillor Denise Capstick	1	Malcolm Hines Southwark Business Support Unit	1
Councillor Patrick Diamond	1	Anne Marie Connolly, Director of Public Health	1
Councillor Norma Gibbes	1	Rosemary Watts, Head of Communication & Public Experience	1
Councillor Eliza Mann	1	Sarah McClinton, Deputy Director, Adult Social Care	1
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Reserves		Southwark Health & Community Services secretariat	
	1	Hilary Payne	1
Councillor Sunil Chopra	1	Other Council Officers	
Councillor Neil Coyle	1	Shelley Burke, Head of Overview & Scrutiny	1
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Councillor Paul Kyriacou	1	Alex Doel, Labour Political Assistant	1
Councillor Jonathan Mitchell	1	William Summers, Liberal Democrat Political Assistant	1
Other Members		Sarah Feasey – Legal	1
	1	Julie Timbrell, Scrutiny Team SPARES	10
Councillor Peter John [Leader of the Council]	1	External	
Councillor Ian Wingfield [Deputy Leader]	1	Rick Henderson, Independent Advocacy Service	1
Councillor Catherine McDonald [Health & Adult Social Care]	1	Tom White, Southwark Pensioners' Action Group	1
Councillor Catherine Bowman [Chair, OSC]	1	Southwark LINK	1
Health Partners		Total:	52
	1	Dated: January 2013	
Stuart Bell, CE, SLaM NHS Trust	1		
Patrick Gillespie, Service Director, SLaM	1		
Jo Kent, SLAM, Locality Manager, SLaM	1		
Marian Ridley, Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1		
Phil Boorman, Stakeholder Relations Manager, KCH	1		
Jacob West, Strategy Director KCH	1		
Julie Gifford, Prog. Manager External Partnerships, GSTT	11		
Geraldine Malone, Guy's & St Thomas's			