

Health and Adult Social Care Scrutiny Sub-Committee

Wednesday 1 February 2012

6.30 pm

Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

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Date: 27 January 2012



HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 7 December 2011 at 7.00 pm at Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

PRESENT:	Councillor Mark Williams (Chair) Councillor David Noakes (Vice-Chair) Councillor Patrick Diamond Councillor Norma Gibbes Councillor Eliza Mann Councillor the Right Revd Emmanuel Oyewole
OTHER MEMBERS PRESENT:	Councillor Dora Dixon – Fyle , cabinet member for health and adult social care.
OFFICER SUPPORT:	Susanna White: Strategic Director of Health and Community Services Jess Peck, HIV & Sexual Health Commissioner Ali Young Lambeth PCT

1. APOLOGIES

1.1 Apologies for absence were received from Councillors Denise Capstick. Apologies for lateness were received from Councillor Patrick Diamond.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

- 3.1 A number of members disclosed that they used health services. There were no other disclosures of interests or dispensations.

4. MINUTES

- 4.1 The Minutes of the open section of the meeting held on 5 October 2011 were approved as a correct record.

5. CABINET MEMBER INTERVIEW

- 5.1 The chair introduced the item by explaining that members of the committee have selected 6 themes to structure the interview around:

- Clinical Commissioning (a committee review)
- Southern Cross (a committee review)
- Ageing of Adults with Complex Needs (a committee review)
- Public Health Duties (which will come over to the council as part of the Health & Social Care Bill)
- Southwark Health & Wellbeing Board.
- Older People and Personalisation

- 5.2 The cabinet member for health and adult social care, Cllr Dora Dixon – Fyle, was invited to give an opening statement. She briefly outlined some of the main challenges which included significant budget savings and the demise of Southern Cross. The Cabinet member stated that the establishment of the Health and Wellbeing Board is an important task for the council and its partners.

- 5.3 The chair introduced the first theme; 'Clinical Commissioning', and invited members to contribute. The first question posed asked if Clinical Commissioning is a new thing in Southwark. The cabinet member responded that no, it is not a new thing, local G.Ps have been contributing to commissioning in a smaller way for a number of years. A member then asked if GP commissioning is popular. The cabinet member said that she thought there were some concerns, particularly with the potential conflicts of interests. A member asked how the council can help the GPs gain the trust of the wider public. The cabinet member responded that GPs are on the planning group of the Health and Wellbeing Board. She went on to say that people are worried as they want GPs to be seen as doctors rather than businesses, however if the processes are used by GPs to ensure that they are open, honest and transparent then she considered that GPs will gain the public's trust.

- 5.4 A member asked why Southwark had chosen to become a pathfinder. The cabinet member answered that this was to enable Southwark to put down a marker indicating we want to work constructively on Clinical Commissioning. Southwark also has experience that the council decided to build on. The cabinet member was then asked about the challenges of implementing Clinical Commissioning and she said that the upheaval and associated costs in times of recession are not that welcome. She went to say that she has been working with G.Ps and other stakeholders to ensure Clinical Commissioning functions as best it can.
- 5.5 A Member commented that there had been some controversy about Clinical Commissioning; however it looks as though it will pass through parliament. He then went on to ask the cabinet member about 'Cinderella' services, such as Mental Health, Sexual Health and homelessness. He asked how the council can ensure these are not neglected. The Cabinet member responded that the council can only influence; and one of the ways this can be done is via the Health and Wellbeing Board. Homelessness is an issue that the council has more direct control over and good housing is an important component of achieving good health.
- 5.6 There was a question from a member about clinical decisions on the prescribing of drugs. The member gave the example of statins, and asked if GP will have more freedom to prescribe better drugs, if they are needed. The Strategic Director of Health & Community Services responded on the cabinet members behalf. She said that her understanding is that Doctors are free to prescribe as they see fit, but generic drugs are often cheaper and in times of limited resources cost will be an issue. She went on to explain that if a patients had a reaction to a generic drug, for example, doctors can use their
- 5.7 The chair then asked the committee to move on to the next theme; Southwark Health & Wellbeing Board. The first question asked was about the composition of the Board and the cabinet member was asked what she would like to see. She responded that this has not been passed by parliament yet. We have been in discussions with partners about this but the council is not dogmatic. A member said that the legislation allows a majority of members; he asked if the cabinet member wanted this. The cabinet member stated that the council is listening to stakeholder in order to consider this and she has no firm view. The member recalled that in discussion over the Maudsely there was a local democratic mandate; however the NHS implemented something else. He went on the comment that a democratic majority could prevent that democratic deficit. The cabinet member said she acknowledged his point.
- 5.8 A member commented that earlier the cabinet member had spoken about the importance of housing. The member asked how the

health and Wellbeing Board can bring together Housing, Health and Adult Social Care. The cabinet member responded that they have representation from Environment on the Board. The cabinet member said that she agreed that bad housing can affect people's health and wellbeing.

- 5.9 The chair asked what role the cabinet member thought the Clinical Advisory Group (CAGs) and Acute services would have in the Health and wellbeing Board; particularly how they can have a role on Public health and use their expertise. The cabinet member said that she is determined that they will feed in, however it is early days.
- 5.10 A member asked for progress on the implementation of the Board and an update on future plans. The cabinet members responded that the council is planning a shadow board, in anticipation of a full budget by 2013.
- 5.11 The chair moved the committee on to the next theme; Ageing of Adults with Complex Needs and explained that this is one of the committees reviews. The review is looking at the ageing of adults with complex needs, both entry into Adult Social Care and later life. The review will be considering how the council, community and disabled residents can best cope with demographic pressures, rising expectations and a contraction in resources.
- 5.12 A member commented that adults who are more disabled may be more vulnerable, and therefore at great risk of abuse. The cabinet member agreed and said that the council takes safeguarding very seriously; there is an independent chair of the safeguarding board. The council has had an increase in safeguarding alerts. She reported that the council believe that this is because people are making more alerts, which is a good thing. She went on to explain that the council want to make sure that when abuse is raised that it is dealt with. She commented that the councils department is very good and has won awards so she has some confidence.
- 5.13 A member asked what the department is doing to reduce the amount of residential placements. The cabinet member invited the Strategic Director to respond on her behalf, and she explained that we have a 14 – 25 teen team in recognition of both the need for earlier planning and the acknowledgment that people with learning disabilities may mature later. The team is also working on developing personal budgets so that this process starts from childhood. The Strategic Director went on to explain that they are working on residential care; many are in those institutions now and may not move out. We have a working group looking at supported care so that young people can remain in their own homes, and not move in to residential care which is both expensive and can lead to institutionalisation. This is a long term project.

- 5.14 The chair then introduced the next theme; Southern Cross. The first question posed was what communication did the council have with Southern Cross when the financial collapse became a reality. The cabinet member explained that she met with the regional director; letters were sent to residents and senior managers met with Southern Cross managers. The cabinet member reported that she was very hands on.
- 5.15 A member asked what the lessons were learned. The Cabinet member commented that keeping in close contact with care homes was important. She went on to explain that it was an unusual situation, given the scale of the impact, and unlikely to be repeated. She reflected that her learning was to be in close contact with organisations.
- 5.16 A member said that given Southern Cross relates to a particular type of private sector providers does she have concerns that there is a wider move to privatise more provision? The cabinet member said yes, that this is a concern and people are worried. The member commented that it did seem very risky. The cabinet member was then asked about workers who may be in a precarious position and asked if she had spoken to unions. She said that she had, and she reported that members are concerned about their own position.
- 5.17 A member asked if the council has any plans to monitor the financial viability of care home and other providers. The cabinet member responded that a meeting had been held with lawyers about market failure and how to deal with that and gather better intelligence. This was a national provider working across the country and I don't think that we could have predicted that.
- 5.18 The chair commented that HC-One is again ultimately financed by Private Equity. He commented that there could be a role for the nation body Monitor to have an economic regulatory role for the private sector as well as the public sector and that this could be an issue to raise with central government. The Strategic Director commented that there is still time to make that recommendation.
- 5.19 The chair moved to the next theme; Public Health. A member commented that South Peckham has great health inequalities and asked the cabinet member to comment on this. The cabinet member commented that the data shows that there is a huge health inequality; populations living in either the North or the South of the borough have much better health outcomes. However, the cabinet member went on to say, Southwark has much better outcomes for women; it is not all a gloomy picture.
- 5.20 A member commented that not all wards in the North of the Borough are in the top tier of health inequalities. She went on to talk about the riverside Ward, which is perceived as a wealthy area

but also has a lot of social housing and suffers from extreme deprivation. The member pointed out that Riverside ward has some of the largest Council Estates; Four Squares, Dickens Estate, Arnold Estate and Lewis and St Olav's Estate. The member requested more information on the Community Voluntary Champions and it was agreed that an update would be provided.

- 5.21 A member asked the cabinet member on her views about Public Health's moving to the Local Authority and asked if she welcomed it. The cabinet members commented that she does and she thought it would be a complimentary role for the council.
- 5.22 The cabinet members was asked what did she think should be Southwark's top three issues to focus on and she responded that these are Smoking, which were are doing well on; Obesity; and HIV/Aids which is quite prevalent in Southwark. She commented that these are three big issues. A member voiced concern with the level of alcohol consumption and the cabinet member agreed that alcohol consumption is another area that the council should concentrate on preventative work. The cabinet member went on to explain they the whole agenda is about prevention, better integration and better re-enablement.
- 5.23 A member raised the issue of sufficient resources for Public Health given the council expected increased duties. The cabinet member said that the council is quite concerned that these may not be sufficient. She explained that there is a shadow budget that the council expect to find out about this December.
- 5.24 A member asked the cabinet member how she thought that the free school meals programme might impact on Public health. The cabinet member said she anticipated a good impact. The work will also be contributing to preventative work and promoting healthy eating.
- 5.25 The chair introduced the finale theme; Older People and Personalisation. A member reminded the cabinet member of labours election pledges and asked if the council is making it easier for older people to access social care. The cabinet member responded that one of Labour commitments was to provide a dedicated telephone service so that people were not pinged around. She reported that they have integrated the 'North' and 'South' teams for older people and the same is now being done for disability services.
- 5.26 A member asked if the cabinet member thought that the council would reach the governments 'Personalisation' target. She responded that the council is relatively confident that it will reach the 60% target by March; it is step by step progress. The cabinet member explained that many people will not be directly managing their funds, as many people do not want to manage their own

money. The member responded by commenting that it looks as though the council is identifying the budget rather than the older person spending the money. . The cabinet member explained that the council had taken quite a journey to let people know about this; and now people can exercise choice. The member commnet6ed that he thought the vision of all political parties was wider than this.

- 5.27 A member commented that some Day Centres are now in a very difficult position in managing their budgets, now that the grants have ended. She went on to ask when the funds that are now given to individuals will be transferred to the Day Centres. There was a discussion about reserves that some centres may have. Members spoke about delays that recipients and centres have faced in getting funds. The Strategic Director explained that recipients do need to fill out the appropriate forms, and support is being given.
- 5.28 A member said she was particularly concerned that a number of older people need assistance and some nave literacy problems; this can be particularly problematic as there is an emphasis on online participation. The Cabinet member said that the council is launching a new website at the John Harvard library and many older people can access this. She also commented that Southwark Carers can also help with forms. In addition the new Canada Water library will have facilities that will help older people.
- 5.29 A member commented that personal budgets do not include overheads. The Strategic Director explained that people and groups know the indicative budget that people have allocated. She went on to explain that individuals now have a choice about what and when they spent their money, the council cannot tell people what to spend their funds on and this means things are more unpredictable.
- 5.30 The next question posed was about young carers and a member referred to a fabulous event. The cabinet member said that funding had been committed to support young carers and it was agreed that more information would be given.

ACTION

A full update was requested on Riverside and social deprivation, and in particular the work of 'community voluntary champions'.

More information was requested on 'young carers' and the services provided for them.

6. HIV

- 6.1 Jess Peck, HIV & Sexual Health Commissioner presented the paper on the Lambeth, Southwark & Lewisham HIV Care & Support Review. The commissioning manager explained this is now open to public consultation and that they wanted the committee to feed in.
- 6.2 The commissioning manager went through the presentation. She started by explaining that all three boroughs have some of the highest rates of HIV, Sexually Transmitted Infections (STIs) and teenage pregnancy in the UK. Such exceptionally high prevalence of sexual ill health reflects the level of deprivation and inequalities experienced by our communities. She went on to outline the prevalence locally and nationally.
- 6.3 The commissioning manager highlighted the need for early testing as late diagnosis is related to high levels of mortality. She explained that the Lambeth, Southwark & Lewisham have achieved an increase of HIV testing.
- 6.4 HIV has been transformed from a fatal illness to a chronic illness that can be managed, albeit with some health complications - but only when diagnosed early.
- 6.5 She explained that this project has a number a phases. We are now how having a three month consultation process.
- 6.6 There are funding pressures; it is estimated that there will be 25 % reduction of budget. There is also a need to make efficiencies to invest more in early diagnosis.
- 6.7 Engagement has been central throughout the project by ensuring that a wide range of stakeholders have been identified to oversee the project via the steering group. Service user representation at the stakeholder events was significant, although this has been further strengthened with the development of a Service User Reference Group (SURG) to shadow the steering group. She explained that we consider this to be a process of co production with service users.
- 6.8 There are two event events at Roben's Suite, Guys Hospital Tower specifically for Southwark residents and other events in Lambeth and Lewisham.
- 6.9 We have found a lack of clear pathways and a tendency to rely on specialised services. We need to improve mainstream services. There will be a phased shift from

specialist to mainstream care. The long-term direction is to mainstream but some specialist services will still be needed.

- 6.10 Specialist services that are needed include: advocacy because of prejudice; support to pregnant women and families; support for cognitive impairment; specialist HIV treatment services responsible for prescribing of anti-retroviral treatment and other medical interventions and expert patient programmes.
- 6.11 The chair invited committee members to ask questions and a member commented that this consultation does not talk about preventative work and asked if this is a separate process? The commissioning manager confirmed that it was.
- 6.12 There was a question about same day testing. The member commented that this has proved effective because some people take the test but do not return. The commissioning manager explained that they are training staff and health care assistants to resource this. We do want to provide this service and it will happen.
- 6.13 A member noted that there is huge evidence base that early testing has a big impact on your health. He asked why testing was not promoted more and people invited to be tested. The commissioners noted that in GUM clinics there is a universal offer for HIV testing. Our testing strategies have moved to opt out rather than opt in. We have been doing pilot mouth testing for African communities who use Sexual Health services less.
- 6.14 A member asked if there had been a worrying rise in under 18 infection rates. The commissioning manager said she had seen some statistics showing a small rise in fewer than 25. However most infection takes place over 35. There was a follow on question about small clusters and asked if there was any evidence of this. The commissioning manager said that they can look at Ward level data..
- 6.15 A member asked about young women and their rates of infection and also the high levels of terminations. The member asked if this was indicative of people not using contraceptives. The commissioning manager advised that we do have a diagnosis service for women terminating
- 6.16 A member asked if this was about efficiency savings or cuts and the commissioning manager explained that we need a more sustainable strategy so it is about reinvestment as there is increased demographic pressures.

- 6.17 A member asked about mental health services and if people living with HIV will still get support. He commented that Mental Health services are under threat nationally. The commissioning manager responded that the changes to this are later. Some of our lower threshold users do not have mental health needs.
- 6.18 A member asked about prevalence and it was explained that the cohorts with the highest infection rates are gay man and black African heterosexual communities. This is national trend but deprivation exacerbates these trends. There was a follow on question about how these communities would be consulted with and the commissioning Manager explained there would be specific events and open events.
- 6.19 A member asked if there is a CAG for HIV as Kings Health Partners spoke about the benefits of bringing together clinical good practice. It was confirmed there was and this service sits under "infection and dermatology".
- 6.20 A member asked about HIV testing and live births and commented that he heard there are none. The commissioning manger confirmed that is correct.
- 6.21 A member asked what does mainstreaming mean. The commissioning manager explained that this is about de-stigmatising and a recognition that there a large number of people with HIV are being managed as a chronic condition in primary care. It is about normalising. There will still be specialist services and a transitioning support for services such as Mental Health. A member noted that some GPs still harbour prejudices and this can hamper care given and recommended that work be done to overcome this .

ACTION

A joint letter will be written by the vice chair and chair in response to this consultation and on behalf of the committee

7. SOUTHWARK CLINICAL COMMISSIONING REVIEW

- 7.1 The chair introduced the item by noting that the committee have all seen the report emailed around with amendments from liberal democrats. He went on to say that he and the vice chair have had further negotiations and there are now three sticking points to bring

to the committee.

- 7.2 The chair noted this is an interim report and once agreement has been reached it will go to the Overview and Scrutiny Committee (OSC). This will then be further refined ; ready for a final edition in March.
- 7.3 The vice chair spoke about the three amendments. One sticking point was whether the report should say the committee had 'serious' or 'some' reservations about the new bill. He reported that the use of the word controversial , in reference to the bill, is now acceptable ,however there remain reservations about call centre and housing repair service being referenced as examples of problematic contracts .
- 7.4 There was a brief discussion and it was agreed that 'some' will be used instead of 'serious' and the report would leave the examples in .The report was agreed unanimously. This report will go on to the Overview and Scrutiny Committee
- 7.5 Officer Tamsin Hooton, from the Business Support Unit (BSU) which support the Clinical Commissioning Committee, said that the BSU would like to correct minor inaccuracies and also had some comment and further clarification requested on recommendations related to minor commissioning outside the NHS and contracting.
- 7.6 The chair responded that he looks forward to receiving the comments; this is an interim report that will be refined.

ACTION

The agreed interim report will go to the next appropriate OSC.

8. SOUTHERN CROSS

- 8.1 The chair decided to take the agenda items on Southern Cross and the review on Ageing Adults with Complex Needs together.
- 8.2 There was a discussion about the value of visiting residents in their homes and hearing from families. One member reported that his father had said three words when he became conscious; get me out of here! Another member registered concern about the over prescribing of drugs and suggested this may be a big problem and that there is a danger that some people are managed by chemical cosh.
- 8.3 The work of the lay inspectors was noted by a member and it was decided to invite them to a meeting or attend one of their meetings

- 8.4 A member noted that another issue is that carers are under huge amount of pressure and many are not coping.

ACTION

The next committee meeting will have a dedicated slot to take evidence from residents and families affected by the demise of Southern Cross.

Southwark's 'Lay Inspectors' will be invited to give evidence or a special meeting will be set up.

Residents and their families will be written to using client records Southwark hold. This will include an invitation to give evidence in person or in writing and will enclose a simple questionnaire.

Meetings will be arranged in all three of the care homes to speak with residents and their families.

An advert will be placed in the local newspaper inviting evidence from the public.

9. ADULTS WITH COMPLEX NEEDS

- 9.1 This review was discussed under the previous item .

10. WORK PROGRAMME

- 10.1 It was agreed that three dates to will be chosen to visit SLaM.

Health and Adult Social Care Scrutiny Work programme 2011/12

DRAFT February 2012

Meeting 1 Wednesday 29 June 2011

Introductory presentations on:

- Adult Social Care – Susanna White
- Public Health – Dr Ann Marie Connolly
- Commissioning – Andrew Bland & Dr Amr Zeineldine

Particular issues of concern: Safeguarding & Southern Cross
Impact on services of recent NHS savings – a short report will be requested on impact on patient care

Work programme

Identify and confirm work programme and reviews

Potential reviews are:

- Review A :Commissioning (impact of savings on patient care, transition arrangements, conflicts of interest & contract management)
- Review B : Ageing of Adults with Complex Needs (Entry into Adult Social Care and Later Life)

Interim work

Agree and scope reviews

Visit Southwark three acute trusts during August and the first week of September:

- King's College Hospital NHS Foundation Trust (KCH)
- Guy's and St Thomas' NHS Foundation Trust (GSTT)
- South London and Maudsley NHS Foundation Trust (SLaM)

Meeting 2 Wednesday 5 October 2011

Presentation by Acute Trusts (x3)

Review A: Clinical commissioning

Review scoping documents

Commissioning – presentation by Andrew Bland & Dr Amr Zeineldine and possibly portfolio holder transition lead. Issues to be explored are:

- Impact of saving on services (reflecting on report requested)
- Transition to full delegation
- Conflicts of interest
- Contract Management

Review B : Ageing of Adults with complex needs

Review scoping of adults with complex needs – initial identification of demographic issues and preliminary consideration given to impact on health & social care services. Decide what evidence is needed to further review

Receive information on Southern Cross and related issues – decide if the further information is needed to make recommendations

Receive information on Public Health prevention investment

Receive information on contracts

Meeting 3 Wednesday 7 December 2011

Cabinet member interview – consideration given to expanding interview panel

HIV consultation

Review A: Clinical commissioning - receive interim report

Review B : Ageing of Adults with complex needs –Finalise scoping document and decide on evidence to be pursued

Review of Southern cross and related issues – receive further evidence

Meeting 4 Wednesday 1 February 2012

Review B: Ageing of Adults with complex needs – Review evidence and pursue further lines of enquiry

Review A: Clinical commissioning – work on finalising report

Review of Southern cross and related issues –.Review evidence gathered

Safeguarding – review and receive Annual report from Safeguarding Board and Chair

Health and Wellbeing Board draft strategy

Meeting 5 Wednesday 14 March 2012

Review of Southern cross and related issues – Invite evidence from residents and families. Review evidence gathered from written evidence supplied and gathered at visits.

Review B: Ageing of Adults with complex needs – Finalise report

Health and Wellbeing Board draft strategy

Meeting 6 Wednesday 2 May 2012

Review of Southern cross and related issues – Finalise report

Quality Accounts

Consider broader evidence base – e.g Healthwatch, GP patient practice groups, service users advocacy groups (Older people, disabled people, mental health etc)



South East London

Communications and Engagement Plan for Dulwich

Name of project / Initiative:	Development of Dulwich Health & Care Services	Project lead:	Malcolm Hines, Chief Financial Officer Rebecca Scott, Programme Director
How will this plan be monitored?	By the Engagement and Patient Experience Sub group of the Southwark Clinical Commissioning Committee, and the EPEG and LINK reps as part the Dulwich Project Board		
Person responsible for monitoring:	Rosemary Watts, Head of Communications and Engagement		

1. Project Summary

Provide a brief summary of the project and the project deliverables. This will help to identify what the communications and engagement work will need to support/deliver.

This paper sets out the process for engaging and communicating with patients, the public and wider stakeholders in developing the clinical model for a Health and Care Facility in the Dulwich locality. The engagement phase of the project on the clinical model will take place February – April 2012 and builds on the results of the Transforming Southwark’s NHS consultation which took place in 2009. There will be a formal consultation on services and buildings later in 2012 once we have developed some tangible and more detailed options, which will include the future of the Dulwich site. A separate consultation action plan will be developed to outline communications and engagement activity for the consultation.

There has been an extensive previous programme of community engagement in the development of proposals about the future of a health facility in Dulwich.

The Community Involvement Planning Group (CIPG) was set up in 2000 as part of the project structure for the development of a proposed health facility for Dulwich. It was originally chaired by the Community Health Council. However, when this was abolished in 2002, the PCT took over the chair and organisation of the meetings. The role of the CIPG was to ensure that local people were able to play an active role in determining the services to be provided in the new community hospital and influencing its development. Community Development workers were employed by the CHC culminating in an Ideas Fair in 2001. A series of mini-forums were held in 2003 to raise awareness of the work around the community hospital. In 2004 the CIPG became the Community Involvement and Communications Group (CICG) in recognition of the increasing importance of informing local people of the developments at Dulwich. The last meeting of the CICG took place in September 2009.

The PCT submitted the stage 1 business case to NHS London in March 2007, following approval of the PCT Board. However, this was not

A partnership of primary care trusts in Bromley, Greenwich, Lambeth, Lewisham Southwark and Bexley Care Trust

approved by NHS London. The PCT understood that the reasons for non approval were that there was considered to be insufficient fit with the emerging Healthcare for London strategy and then impending plans for polyclinics across London, along with concerns regarding high revenue cost of a large scale new building. The last joint meeting of the Project Board and the CIGG took place in April 2008 in order to share the NHS London feedback with members of CIGG. The last joint meeting between the Dulwich Project Board and CIGG held in public was on 19 March 2007.

Southwark PCT, therefore, decided to review key services areas on a borough wide basis to ensure that area specific developments fitted within a borough-wide vision for primary and community health care. The service review resulted in the proposals set out in Transforming Southwark's NHS consultation which took place 19 January 2009 to 17 April 2009. The consultation was on the vision for primary and community health services across Southwark over the next ten years and also included specific proposals about services for Dulwich.

Southwark PCT commissioned an independent organisation Vision Twentyone to conduct the consultation with a particular focus on reaching a wide range of people including those who are traditionally under represented.

In total 1,687 people responded to the consultation, of which 569 responded to the Dulwich specific questions.

Respondents who completed the Dulwich element of the surveys	Sample
Public & patients (telephone survey)	254
Public & patients (web based / papers surveys)	228
Staff	41
Hard to reach participants	46
TOTAL	569

A large proportion of the 228 public and patients who completed surveys (83%) and 65% of staff were supportive of a centre in Dulwich.

It should be noted that Southwark Council will be asking for peoples views on their new draft Strategic Planning Document (SPD) for the Dulwich area in January and February 2012. This topic has been raised as part of the Health and Wellbeing Board developments in the borough. The Council SPD will talk about mixed use development on the existing Dulwich Hospital site, including health facilities, office and ancillary facilities, and housing development.

NHS Southwark led the previous processes around health services in the Dulwich area. GPs, in their role as clinical leads, are increasingly leading the commissioning of health services and they have identified the development of health services in the Dulwich area as a clinical priority. They are now leading the process, including this engagement process.

2. Objectives

- To ensure there is a planned and monitored Communication & Engagement activity to support delivery of the project
- To demonstrate that any development of a health and care centre in Dulwich will be delivered in a fair and transparent manner
- To ensure that communication to all stakeholders is timely, accessible and clear
- To ensure that stakeholders are aware of the opportunities to give their views as part of the engagement process
- To ensure that a wide range of stakeholders, including local residents, patients, community and voluntary groups, clinicians, providers and local councillors have the opportunity to give their views on services to be included in a centre and all stakeholders are involved in a timely and appropriate manner as the project develops
- To communicate the outcomes of the engagement to all those involved
- To enable NHS Southwark to evaluate the impact of our engagement on decision-making

2.1. Scope and Aims

We want to build on the results of the Transforming Southwark's NHS consultation which took place in 2009 and which was a consultation on our vision of health and care services across Southwark with a particular section on the Dulwich area.

The process will comply with Section 242 of the NHS Act 2006 which places a duty on PCTs and other specified NHS organisations to make arrangements in respect of the health services for which they are responsible, to involve users (whether by being consulted or provided with information, or in other ways) in:

- a) the planning of the provision of those services;
- b) the development and consideration of proposals for changes in the way those services are provided, and
- c) decisions to be made by the organisation that affect the operation of services.

This duty applies if the implementation of the proposal or decision would have an impact on –

- the manner in which the services are delivered to users of those services, or
- the range of health services available to those users

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any changes to NHS services. These tests were to measure:

- the support for change by local GPs commissioners;
- that plans were based on sound clinical evidence to improve outcomes for patients;
- that there was strengthened public and clinical engagement on any proposals;
- that patients' choices of where to be treated were considered when deciding how local NHS services should be arranged.

Our engagement and future consultation activity will need to demonstrate that these four tests are met.

Future consultation including buildings and the specific Dulwich site will need to meet the Building Research Establishment Environmental Assessment Methodology (BREEAM) requirements, which are that the general consultation and questions posed will, as a *minimum*, cover the following areas:

- Functionality, building quality and local impact (including aesthetics)
- Building user satisfaction/productivity
- Local traffic/transport impact.
- Opportunities for shared use of facilities and infrastructure with the community

In the Summer of 2012 the clinical leads applied the Lansley four tests as part of a prioritisation process and this helped to identify developing health services in the Dulwich locality as an important area to take forward.

Any new services to be provided will build on service level patient experience and engagement incorporating a co-design approach.

3. Message and purpose

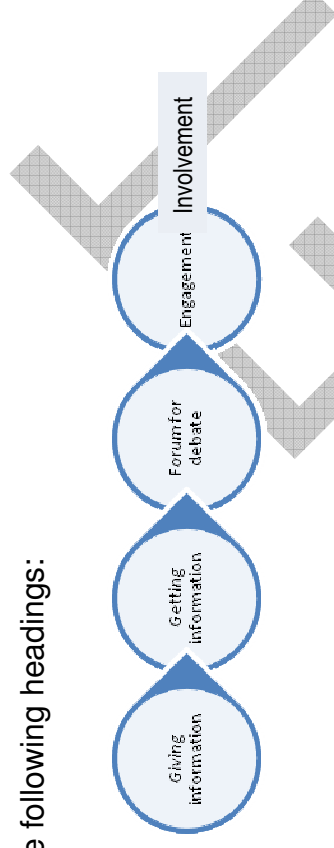
The focus of the initial communication and engagement process is to find out and agree what health services are required for the Dulwich area. Once we have developed the service / clinical model there will be a consultation on facilities:

<p>Communication message What information do you want to get across?</p>	<p>NHS Southwark is exploring developing health services in the Dulwich area.</p> <p>We want to hear your views about what health services should be provided in the Dulwich area.</p> <p>Developing health services in the Dulwich area will have implications for the current Dulwich Hospital site. The initial engagement phase of this project will focus on services and this will be followed by a consultation which will focus on facilities which will include the Dulwich Hospital site.</p>
<p>Purpose of engagement What do you want to know / better understand / explore in more detail?</p>	<p>We want to finalise the service model for Dulwich, revisiting and exploring in more detail the findings from the Transforming Southwark's NHS consultation that was carried out in 2009, prior to developing our plans for better facilities in Dulwich, within the current context of public sector financial constraints and current clinical policy changes. We want to refresh this across a range of local stakeholders.</p> <p>Findings from the 2009 consultation on Transforming Southwark's NHS specific to Dulwich include the following:</p> <p>Over 80% of the 254 people interviewed over the phone and of the 46 hard to reach participants of the Transforming Southwark's NHS agreed with the proposed services for Dulwich.</p> <p>In terms of service provision at Dulwich, the 228 survey respondents were asked to indicate their top 5 priorities:</p> <ol style="list-style-type: none"> 1. Diagnostics, incl. x-rays, scans and blood tests 82%

	<p>2. Community & social care services incl. MH 70%</p> <p>3. Services for people with urgent needs 63%</p> <p>4. Management of long term conditions 62%</p> <p>5. GP services 51%</p> <p>People also said they thought that the following points were important to them:</p> <ul style="list-style-type: none"> • Prevention and early intervention • Clinical Quality and Safety • Easy appointment systems and long hours • Accessible- less travelling around for services • Better communication with patients <p>We want to know whether the areas identified in the 2009 consultation are still applicable in the Dulwich area given that the economic and policy context has changed over the last 3 years. We need to ensure services are</p> <ul style="list-style-type: none"> • ‘Affordable’, looking at the relative costs of services and where they are provided; • Meeting the needs of the local population, both in terms of capacity/quantity, and the kind of services required. • Identifying ways of improving the efficiency of services and the patient experience. <p>We specifically want to use this engagement to talk about what services local people need to be able to access at their or at a neighbouring- general practice or at a local centre or ‘hub’, and we want to show how the priorities they have identified are reflected in this.</p>
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4. Tools

A range of tools will be used under the following headings:



Giving Information

- NHS Southwark website
- NHS Southwark's Patient and Public Involvement Database
- Exhibition space at Dulwich Hospital
- Press release and use of local media e.g. SE22 magazine, Southwark News Dulwich edition
- Partner organisations newsletters e.g. GSTT community services, King's College Hospital, Dulwich Helpline newsletter, TRA newsletters, church newsletters
- Flyers in book bags for Dulwich parents
- Links on East Dulwich Forum and Herne Hill Forum e-discussion forums
- Cluster staff bulletin
- Southwark BSU staff e--bulletin

Getting Information

- Web based surveys
- Paper based surveys
- Comments cards
- Tours of current facility

Forums for Debate

Presentations and discussions at:

- Local Patient Participation Groups

- South Southwark Locality Patient Participation Group
- Dulwich Community Council
- Public meetings / roadshows
- Health and Wellbeing Board
- Local community groups e.g Dulwich Helpline and TRA meetings
- Local faith groups s.e.g. St Barnabus Church, St John the Evangelist at Goose Green, St Thomas Moore Catholic Church, Mosque & Islamic Centre on Northcross Road
- Local PTA meetings
- Other existing stakeholder meeting, including NHS Partners

Engagement

- LINK and EPEG representatives on the Dulwich Project Board
- Public meetings
- Focus groups

5. Stakeholders

There are a range of stakeholders that need to be engaged in the project and who are extremely important to the successful delivery of the development of a health and care facility in Dulwich. Some of these will not only receive information and partake in engagement but will also be the communicators, delivering messages outlined in this plan and leading engagement work to inform and involve local people and interested parties.

5.1 Stakeholders who need to be kept informed

1. Local residents
2. Local businesses
3. Campaign groups
4. Tenants and Residents Associations
5. Parent and Teacher Associations
6. Community Groups
7. Voluntary sector and Community Action Southwark

8. Church and Faith Groups
9. Current patients
10. Carers
11. Wider public
12. Local GPs, pharmacists and other providers
13. GSST community services staff
14. King's College Hospital
15. Local Authority - social care teams, planning department
16. NHS South East London - leadership team
17. Lambeth and Lewisham LCCCs
18. NHS London
19. Staff
20. Media

5.2 Stakeholders that need to be actively involved

1. Current patients
2. Local GPs & SELDOC and practice staff
3. LMC
4. Local Councillors incl. ward, Exec member for Health, DCC chair,
5. Local MPs,
6. Campaign groups
7. Clinical commissioners
8. LINKs
9. OSC
10. NHS South East London – estates dept
11. Clinicians and providers delivering services in currently in Dulwich

5.3 Stakeholders that can help by communicating messages and engaging local people

1. Clinical commissioners, GPs and practice staff
2. Local Councillors
3. LINKs
4. OSC

5. Local media
6. Voluntary and community groups
7. Faith groups

6. Engagement planning

Purpose of the engagement activity

	Answer	Additional comments
What is it that I want to know? - See section 3	NHS Southwark is exploring developing health services in the Dulwich area.	Once a service / clinical model as been developed there will be a consultation on facilities
Which stage of the commissioning cycle am I aiming to influence?	We want to hear your views about what services should be provided in the Dulwich area. <ul style="list-style-type: none"> • to identify health needs and planning • to set priorities and strategies • service design and improvement • patient centred procurement and contracting 	
We aim to:	Get information and engage fully on the service model prior to consultation on buildings and facilities	
What is the timescale for the engagement activity?	February - April 2012 Feedback – May – June 2012 Finalise service model Summer 2012 Consultation Summer / Autumn 2012	
What support will the engagement and communications work need?	Clear information to inform the development of material during the engagement period including	

<p>e.g., information, skills, practical help</p>	<p>presentation, surveys etc. Members of the DPB to go out to a series of stakeholder meetings to present the work and opportunities for engagement. Additional communication and engagement capacity may be required. Support with analysis of engagement</p>
<p>What do I already know?</p>	<p>We know the top 5 priorities identified in the 2009 consultation on the vision for primary and community services;</p> <ol style="list-style-type: none"> 1. Diagnostics, incl. x-rays, scans and blood tests 82% 2. Community & social care services incl. MH 70% 3. Services for people with urgent needs 63% 4. Management of long term conditions 62% 5. GP services 51% <p>People also said they thought that the following points were important to them:</p> <ul style="list-style-type: none"> • Prevention and early intervention • Clinical Quality and Safety • Easy appointment systems and long hours • Accessible- less travelling around for services • Better communication with patients

	<p>However, we want to know whether the areas identified in the 2009 consultation are still applicable in the Dulwich area given that the economic and policy context has changed over the last 3 years.</p>	
What type of work will it compliment?	<p>The engagement will feed into the development of the service model. Once the service model is agreed, a consultation process will take place on services and buildings including the Dulwich site</p>	
What scope is there to influence decisions and make changes – be realistic	<p>The engagement will identify services that a range of stakeholders would want provided in a health and care facility in Dulwich. This will inform the development of the clinical service model.</p>	
What resources do I have (money, time, skills, people etc)	<p>The Communications and Engagement team, the Project Manager, members of the DPB</p>	
Are you aware of potential risks? Is this a sensitive issue? Is it likely to be unpopular? Will there be media interest?	<p>This is a sensitive issue which will attract media attention. A Keep Dulwich Hospital Campaign was started in the 1990's and there has been previous engagement in an earlier Business Case which was not approved by NHS London.</p>	
What document/process will the information feed into? Is there a committee or board you need to report to? Deadline for decision-making? Or is this about setting up channels and protocols for ongoing communication?	<p>The process will feed into the Dulwich Project Board which is a sub group of the Southwark Clinical Commissioning Committee and is chaired by a local Non Executive Director.</p>	
How will we know that the engagement been successful?	<p>The development of a health and care facility in Dulwich which has the local support of local stakeholders and provides a range of services that local stakeholders want.</p>	

How will I do this?

	Answer	Additional comments
<p>Who is my target audience?</p> <p>How wide / detailed a response do I need? How representative a view do I need to get? What has worked well elsewhere or previously? What will work best for the hardest to reach? Clinically, do they have particular communication needs?</p>	<p>We need to engage a range of local stakeholders as set out in section 5.</p> <p>There is a large younger family population in the East Dulwich area and previous engagement and consultation has not necessarily harnessed their views.</p> <p>See section 4.</p>	
<p>What method will I use to involve them?</p>	<p>It is proposed to distribute flyers outlining the project and with links to electronic surveys via book bags to parents in the area, to link with PTAs and to post links on local e-forums</p>	
<p>How will I reach them?</p> <ul style="list-style-type: none"> - Existing groups / advertising / through current services 	<p>In addition to the above, we will contact stakeholders via existing groups (community, faith, TRAs), use of press and existing meetings and mailing lists</p>	
<p>How will I support, reward and recognise their contribution?</p>	<p>An incentive policy is in place which incentivises participants attending NHS meetings or public meetings organised by the NHS. It does not incentivise people when we go to their meetings.</p>	
<p>How will I make sure I have a range of views?</p>	<p>Through using a range of different methods of communication and engagement as outlined in section 4 and the plan attached at appendix 1.</p>	
<p>How will I feedback to participants?</p>	<p>Website, use of local newsletters, write / email participants for whom we have contact details, attendance at meetings, use of exhibition space at Dulwich and we will need to consider hosting</p>	

	a local public meeting to feedback and introduce next steps.
How will I evaluate the engagement activity?	Via the Engagement and Patient Experience Sub group of the Southwark Clinical Commissioning Committee.

Once the initial engagement activity has taken place, the project will:

1. Have a complimentary questionnaire online
2. Ask participants to complete an engagement feedback form (appendix five)
3. Complete a Demonstrating Outcomes form (appendix six)
4. Send a letter to all those invited to take part explaining in detail how their feedback has been used and why some things may not be changed

8. Resources

This is a significant engagement project which will take up a lot of the existing engagement and communication resource of NHS Southwark. A Programme Director has been appointed to oversee and steer the project, reporting to the project board. Members of the project board, including GPs, NED and Senior Directors will all be briefed to present the project and the engagement at a range of stakeholder meetings. Productions of paper based flyers to distribute widely to parents via book bags and also to other stakeholders such as isolated older people via Dulwich Helpline volunteers will incur a cost, as will the production of any new exhibition material to be used in the space at Dulwich. Payment of incentives will come out of the existing engagement budget.

9. Action Plan

Attached at Appendix 1 is the communications and engagement action plan. The plan outlines initial engagement activity.

The action plan should be monitored on a regular basis. Attached to this is a log to record actions that have been taken.

10. Evaluation

Progress on the communications and engagement plan should be reviewed by the Programme Director and Head of Communications and Engagement on a regular basis and be reported to EPEG and the Dulwich Project Board.

The communications and engagement activity will need to be evaluated. The Communication and Engagement team can advise on appropriate evaluation methods. For the engagement activity, the project lead should complete the Demonstrating Outcomes template (appendix six) and ask participants to complete an evaluation form (appendix five). This will help the organisation to record, evaluate and demonstrate to the public and funding bodies how we engage and what we achieve.

11. Equality Delivery System

The Equality Delivery System (EDS) is the new health inequalities reporting framework for NHS organisations that supports commissioners and providers to deliver better outcomes for patients and communities that are personal, fair and diverse. The EDS has a set of 18 outcomes grouped into four goals, which include complying with the Equality Act 2010 to ensure that no one is unlawfully discriminated against on the basis of the nine “protected characteristics” (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, sex, religion or belief and sexual orientation).

We are currently developing our EDS implementation action plan, which will include conducting an equality analysis (formally known as equality impact assessment) on the Dulwich Project to ensure that any identified equality and human right gaps are addressed as part of the commissioning process.

Appendix 1

Communications and Engagement Action Plan for the Development of a health and care services in Dulwich

Engagement phase February - April 2012

Consultation – Summer/Autumn 2012

This plans highlights activity as part of the engagement exercise and will be continually updated throughout the engagement process. A separate consultation action plan will be developed.

Action / Event	Output	By Whom	By When	Status & Notes
2011 Communications and Engagement Activity				
Establish Project Board	Terms of reference	MH	23 Sept 2011	Complete, subsequent meetings 21 Oct and monthly
Invite LINK to Project Board	Invitation letter	RW / KL	16 September 2011	Complete, looking for additional EPEG reps at EPEG meeting 27 January 2012
Monthly Project Board meetings		MH	23 Sept, 21 Oct, 25 Nov, 19 November	
Meeting with to OSC chair, Cllr Mark Williams prior to OSC meeting 7 Dec to brief and update on the project		AB	28 November 2011	Complete
Meeting with Cllr Lewis Robinson, chair of Dulwich Community Council to brief and update on the project		MH	29 November 2011	Complete
Brief Tessa Jowell MP		AB / RG	23 November	Complete
Verbal Briefing to South Southwark Locality PPG		MH / RD	6 December	Complete
Meet with Cllr Dora Dixon-Fyle, Cabinet Member for Health and Social Care and Susanna White, Executive Director, Adult Social		AB	9 December	Complete Cllr DDF sated she would brief Labour group on project

Care to brief and update on project			MH			
Meeting with Lib Cllrs to brief and update on project: James Barber, Jonathan Mitchell, Rosie Simmell (East Dulwich ward), Robin Crookshank-Hilton (Village ward) and David Noakes (Opposition lead for Health & Vice Chair Health OSC)					12 December	Complete
2012 Communications and Engagement Activity						
Paper to SCCC held in public at 12 January 2012 meeting	Briefing paper		MH		Meeting 12 January. Papers dispatched 5 Jan	Complete
Meet with and brief Eleanor Kelly, Interim Chief Executive, Southwark Council (from 1 Feb)	Verbal update		MH & RS		16 January 2012	Complete
Design & print flyers and leaflets advertising 8 Feb drop-in event and link to front page of website	Flyers		KL		18 – 20 Jan 2012	In progress
Drop in event advertised on East Dulwich Forum			KL		18 January 2012	Complete
Article in Dulwich edition of Southwark News			RW		19 January 2011	Complete
Produce an accessible and engaging document describing what we are engaging on with clear questions	Engagement document Survey questions		RS Programme Director RW & KL		End of January 2012	In progress
Disseminate flyers via: <ul style="list-style-type: none"> Fundraiser for Community Garden 22 Jan Exhibition space at Dulwich Dulwich Helpline & other VCS 	Flyers		RW / KL		20 January onwards	In progress
						February 2012 newsletter? Advert sent

<ul style="list-style-type: none"> • Copleston centre • Community Action Southwark mailing and e-bulletin • EPEG members • PPI Database • LINK mailing list and website • Faith Groups • East Dulwich Community Forum • East Dulwich Society • Keep Dulwich Hospital campaign • Local TRAs ○ Dulwich schools for book bags ○ PTAs ○ Heber School Jumble Sale ○ Libraries (Grove Vale, Dulwich, Kingswood & Nunhead) ○ Dulwich Leisure Centre ○ Dulwich Community Council mailing list ○ South Southwark GPs ○ South Southwark pharmacies ○ Councillor portal ○ MPs 				<p>CAS ebulletin last Monday (30 Jan, 27 Feb) of each month. Copy preceding Friday (27 Jan, 24 Feb) communications@casouthwark.org.uk</p> <p>LINK weekly e bulletins link@ch1889.org</p> <p>List of TRAs from resident.involvement@southwark.gov.uk 020 7525 3326</p> <p>List of TMOs from tenantmanagement@southwark.gov.uk 020 7525 1251</p> <p>Southwark Group of Tenants Organisations samuel@sgto.co.uk 020 7639 6718 28 January</p> <p>PTAs emailed 18 January</p> <p>Letter to MPs and local councillors week beg 23 Jan 12</p>
<p>Provide briefing for OSC for meeting 1 February 2012</p>	<p>Briefing paper</p>	<p>MH / RS paper AB & RS attend meeting</p>	<p>Papers dispatched 24 Feb 1 Feb 2012</p>	<p>Presentation from Dulwich Community Council and copy of this plan</p>
<p>Presentation to Dulwich</p>	<p>Verbal briefing /</p>	<p>MH / RS / RW</p>	<p>24 January 2012</p>	<p>Lewis Robinson (Chair)</p>

Community Council 24 January 2012	presentation			beverley.olamiulo@southwark.gov.uk (meeting planner) Complete
Brief Cllr Dora Dixon Fyle	Verbal update	RS & RP	25 January 2012	Complete
Verbal briefing South Southwark Locality Commissioning group meeting	Verbal Update	RD JC RS	26 January 2012	
Presentation to EPEG 27 January 2012	Comms & Engagement Plan	RW & AB	27 January meeting 19 January 2012 papers dispatched	
Issue press release - SLP, Southwark News	Press release	RW / MH / AB	Deadline 30 January	Southwark News Dulwich pages 2 Feb
Establish survey and post on front page of website Announce on Twitter page	Electronic survey	KL	Beg of Feb 2012	In progress
Launch of engagement exercise drop-in event in exhibition space at Dulwich	Engagement document & surveys	RS, MH, RW, RD	8 Feb 2012	RD available, FO & JC 6 -7
Provide engagement plans & survey on request to above groups		Admin team		
Link survey to East and West Dulwich, Herne Hill Forums	Electronic survey	KL	Beg of Feb 2012	8 Feb drop in on East Dulwich forum 18 Jan
Brief clinical leads to provide interview for press	Briefing document	RS & RW	Beg of Feb 2012	
Explore information stalls outside Co-op and Dog Kennel Hill Sainsbury's	Engagement document & Surveys	KL & RW DPB members	Throughout March and April	
Advert in SE22 and SE21 magazine (free and distributed to all households in area)	Advert engagement starting in Feb and signposting to website Follow up article	RW	Deadline 15 January for Feb issue Deadline 15 Feb for March issue	Advert complete and dispatched

	March magazine			
Discussion with members of South Southwark Locality PPG	Engagement document & Surveys	RD JC RS	28 February	
Present and discuss plans with South Southwark GPs at South Southwark Locality management meeting (GPs as commissioners)	Engagement document & Surveys	RD	23 Feb or 29 March?	
Meeting to discuss plans with pharmacists, dentists, opticians as well as GPs (GPs as providers)(Attend other stakeholder meetings, including local PPGs, TRAs, VCS	Engagement document & Surveys	RS RW KL		May need separate meeting: day time for GPs, eve for other groups
Organise tours of existing facility for interested parties, followed by focus groups	Presentations & surveys	Members of DPB, esp clinical leads & directors	Feb - April 2012	
Organise a public meeting	Briefing notes Surveys	RW & KL Members of DPB	April 2012	
Meeting with Tessa Jowell, MP	Presentations Surveys	RW & KL Members of DPB	April – after Easter not in School holidays Week beginning 16 or 23 April or 1 May	Identifying community centre for meeting
Write to all stakeholders who were engaged with outcome and invite to a public meeting for feedback	Letter Outcome document	AB RW & KL	23 March 2012 May	Goldsmith Room Dulwich Hospital
Organise a public meeting for feedback and final clinical model and highlighting next steps including consultation	Presentations Outcome document	RW & KL Members of DPB	May / June	

AB (Andrew Bland, Managing Director, SBSU), MH (Malcolm Hines, Chief Finance Officer, SBSU), RS (Rebecca Scott, Programme Director Dulwich), RP (Robert Park, NED & chair Dulwich Project Board), RD (Roger Durston, clinical lead & member DPB), JC (Jane Cliffe, clinical lead South Southwark), FO (Femi Osunuga, Associate Clinical Lead & member DPH), RW (Rosemary Watts, Comms & Engagement, SBSU), KL (Keri Lewis, Comms & Engagement, SBSU)

Appendix 2

Tool	Communication		Engagement		
	Giving information	Getting information	Forums for debate	Involvement	
Existing newsletters and bulletins	•				
Existing stakeholder meetings	•		•		
NHS Southwark and partner websites	•				
Local media	•				
Direct mail	•				
Press releases and media briefings	•				
Displays and exhibitions	•				
PPI Database	•	•	•	•	
Patient participation groups	•	•	•	•	
Comments cards		•			
Questionnaires		•			
Focus groups		•	•		
Talking to existing community groups	•				
Public meetings	•		•		
Round-table workshops			•		
Storytelling		•		•	
Social networking	•				

Adapted from Scottish Health Council: The Participation Toolkit

Appendix 3

Six tests for Stakeholder Identification

The six tests for Stakeholder Identification - Think about:

1. Who is directly impacted by this initiative?	<ul style="list-style-type: none"> • Existing patients of services at Dulwich • Patients of local GP practices • Local residents / potential patients • Service providers including independent contractors • Clinical commissioners • Families and carers • Service providers
2. Who is indirectly impacted by this initiative?	<ul style="list-style-type: none"> • Local residents • Service providers
3. Who is potentially impacted by this initiative?	<ul style="list-style-type: none"> • Local groups including campaigning groups • Local councillors • Local people
4. Whose help is needed to make the initiative work?	<ul style="list-style-type: none"> • Local councillors • Local campaign groups
5. Who knows about the subject?	<ul style="list-style-type: none"> • Keep Dulwich Hospital Campaign • East Dulwich Society • Southwark Pensioners Action Group • South London Press • Local Councillors

Adapted from Consultation Institute: Making Consultation meaningful 2011

Appendix 4

COMMUNICATION AND ENGAGEMENT LOG

This log is a record of all the communication and engagement activity undertaken. To be filled in by all member of The Dulwich Project Board who attend a meeting or undertake a communication or engagement activity regarding this project.

Date	Activity undertaken	Completed by	Notes

Appendix 5: Patient and Public Engagement PE Feedback form

Please return your completed questionnaire, or address any queries to the Southwark Communication and Engagement team:
 Email: PPI@southwarkpct.nhs.uk, tel: 020 7525 7888 or write: Communications and Engagement, Southwark Business Support Unit, NHS South East London, 1st Floor, Hub 5, PO Box 64529, London SE1P 5LX

This will help us to improve how we engage with patients and the public in the future.

Questionnaire for feedback on engagement

How well were you prepared for the role you were given? <i>Please circle the response that most closely reflects your answer.</i>	Extremely badly	Quite badly	Neither good nor bad	Quite well	Extremely well
What could have been done differently?					
How well was the outcome of the exercise explained to you? <i>Please circle the response that most closely reflects your answer</i>	Extremely badly	Quite badly	Neither good nor bad	Quite well	Extremely well
What could have been done differently?					
Did you feel valued and respected?	Yes			No	
Did you feel listened to?	Yes			No	

<p>Please tell us anything that will help us improve the way we work with members of the public in the future</p>	
---	--

<p>Are you willing to be contacted again? (please tick the box that best represents your answer)</p>	<p>No</p>			
<p>If you have answered yes to any of the above please provide your contact details</p>	<p>Name: Address: Tel. Number: E-mail address:</p>			
<p>Thank you for your time, it is very much appreciated.</p>				

Appendix 6: Demonstrating Outcomes

Project / initiative title:

Completed by:

Documents referenced and location:

Concern / theme	Existing Guidelines	Guideline	Extra	Inclusion (Y/N)	Comment

Existing Guidelines

Additional requests from PPE

If Y, ref. To location
If No, reasoning

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Jo Kent, SLAM, Locality Manager, SLaM	1	
Marian Ridley, Guy's & St Thomas' NHS FT	1	<u>EXTERNAL</u>
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