Open Agenda

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

Monday 24 March 2014
7.00 pm

Supplemental One Agenda

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Contact

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Date: 18 March 2014

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Agenda Item 5

Urgent and Emergency Care Performance

1. 2013/14 A&E Performance

All Types					Type 1				
Trust	Q1	Q2	Q3	Jan	Trust	Q1	Q2	Q3	Jan
GSTT	95.94%	95.69%	96.78%	96.92%	GSTT	94.79%	94.42%	95.91%	96.00%
KCH-DH	96.26%	95.03%	94.3%	93.31%	KCH- DH	95.51%	94.08%	93.12%	91.85%

a) Current position – performance

Both Trusts achieved the 4 hour standard for all type attendances in both Quarters 1 & 2. In the last quarter, GSTT met the 4 hour target for both type 1 and All Types, whilst performance at KCH (Denmark Hill site) was 94.3% This demonstrates the majority of people presenting at our local emergency departments have been seen within the required waiting time. The winter period is particularly challenging time for health and social services and we believe our the local urgent care system has performed and responded well to increased pressures. The graphs below shows achievement against the 4 hour standard over the past eight weeks.

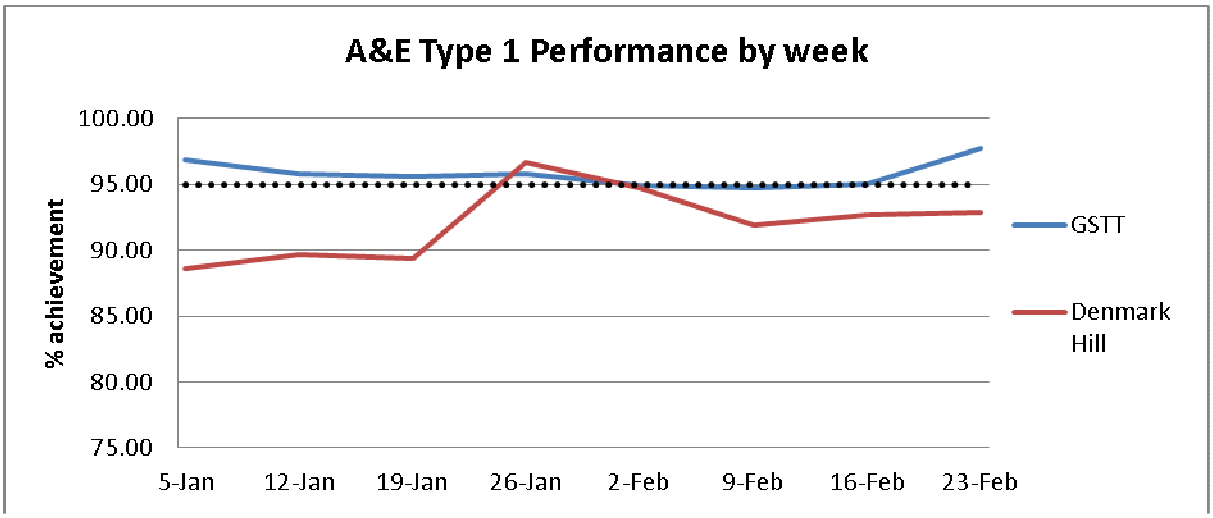


Chart 1

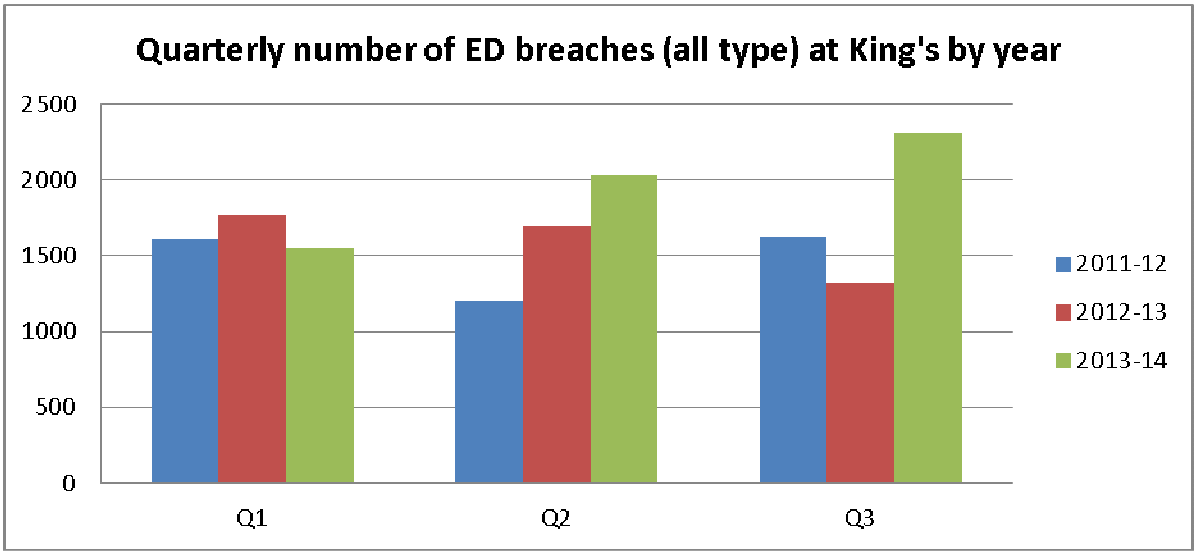


Chart 2

LAS Handover

The table below shows performance against LAS KPIs during December with no 60 minute handover waits at either Trust.

	KPI1: 100% within 15 mins	KPI2: 100% within 30 mins	30min handover waits	60 min handover waits	KPI4: 90% data completeness
GSTT	41.10%	97.50%	2	0	91.60%
Kings	37.00%	93.40%	39	0	91.60%

b) Activity

The majority of Southwark residents use local urgent and emergency care services. Analysis of Southwark CCG A&E activity has demonstrated a 5% decrease in attendances during Quarter 3, relative to the same period last year. However, this is in contrast to an increase in All Type A&E activity reported at King's during Quarter 3. This may suggest the activity growth seen at King's is due to out of area patients, however we need to gain a greater understanding of this.

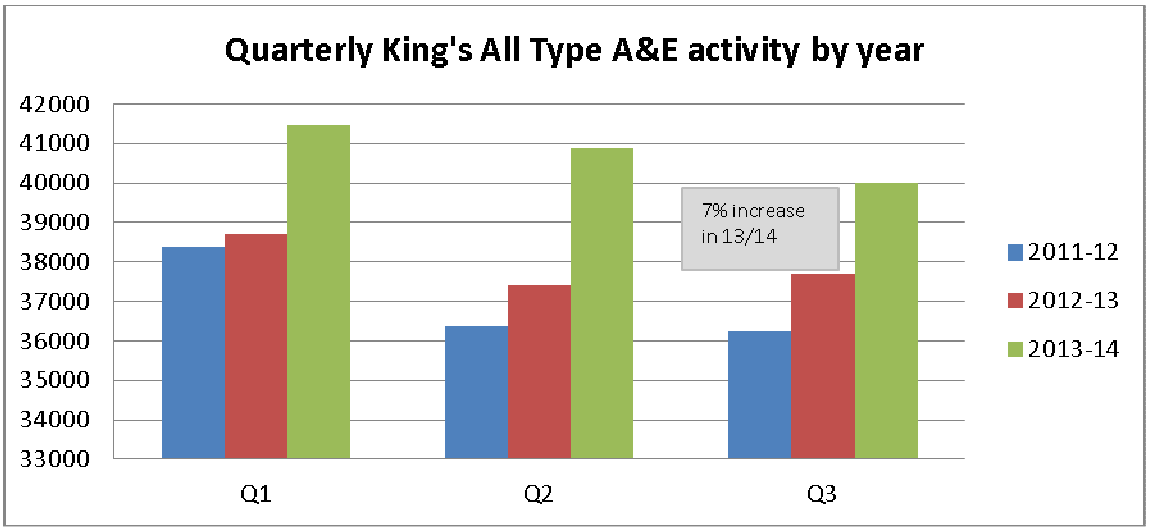


Chart 3: King's All Type A&E Activity

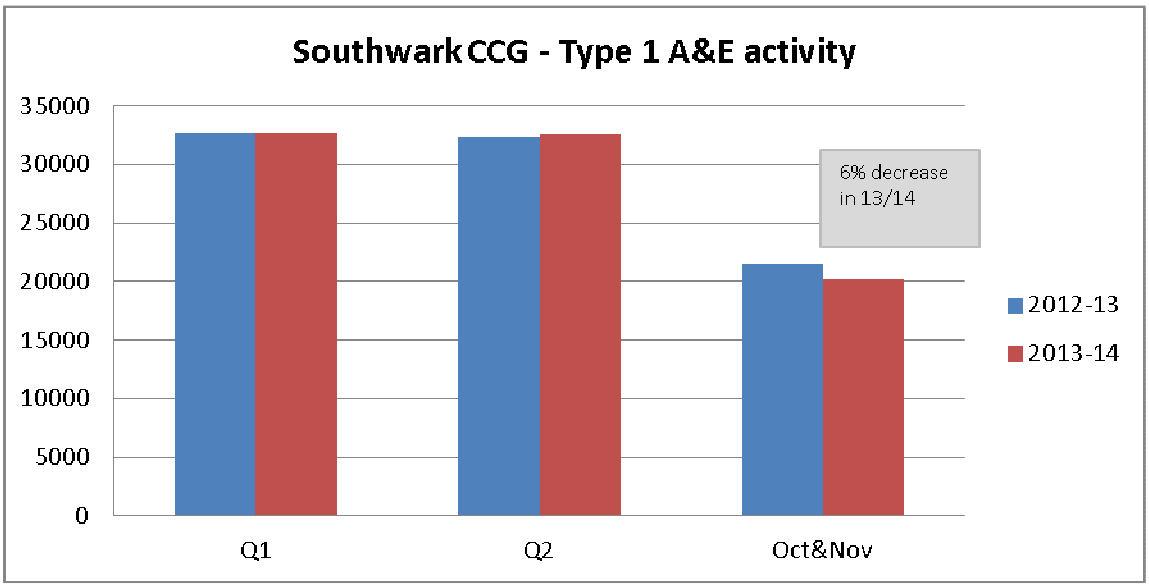


Chart 4: Southwark CCG Type 1 A&E Activity

Increased acuity of patients has been raised as a key pressure upon emergency departments. A winter demand review was undertaken earlier this year to gain a greater understanding of the reasons for deterioration in performance seen in 2012-13 – further information is provided in section 2. This highlighted the difficulties in assessing acuity in a uniform way. Therefore a number of measurses, including emrgency admission rates, LAS conveyance rates and length of stay were used as a proxy.

The number of Southwark CCG emergency admissions has decreased by 3% this year, relative to 2012-13. This is positive, suggesting that the programme of admissions avoidance schemes operating across the borough is having an impact. Chart 6 shows the proportion of patients attending A&E that are admitted as an emergency, and breaks this down by age group. The conversion rate from A&E attendance to admission for patients over 75 has increased during the July to November period, however this is broadly in line with 2012-13.

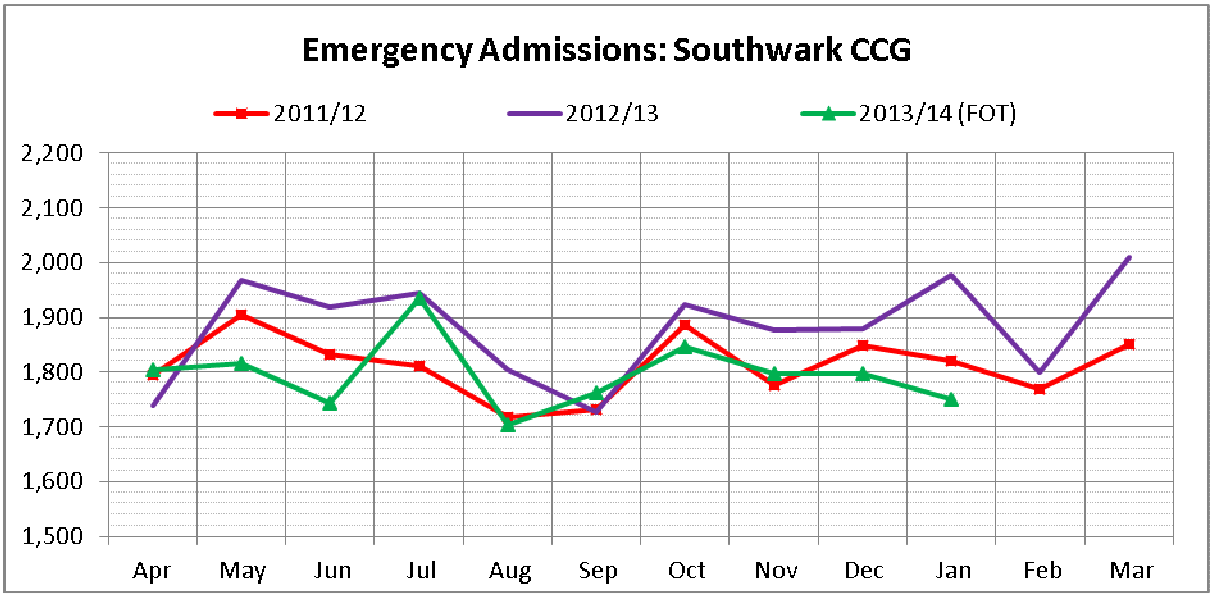


Chart 5

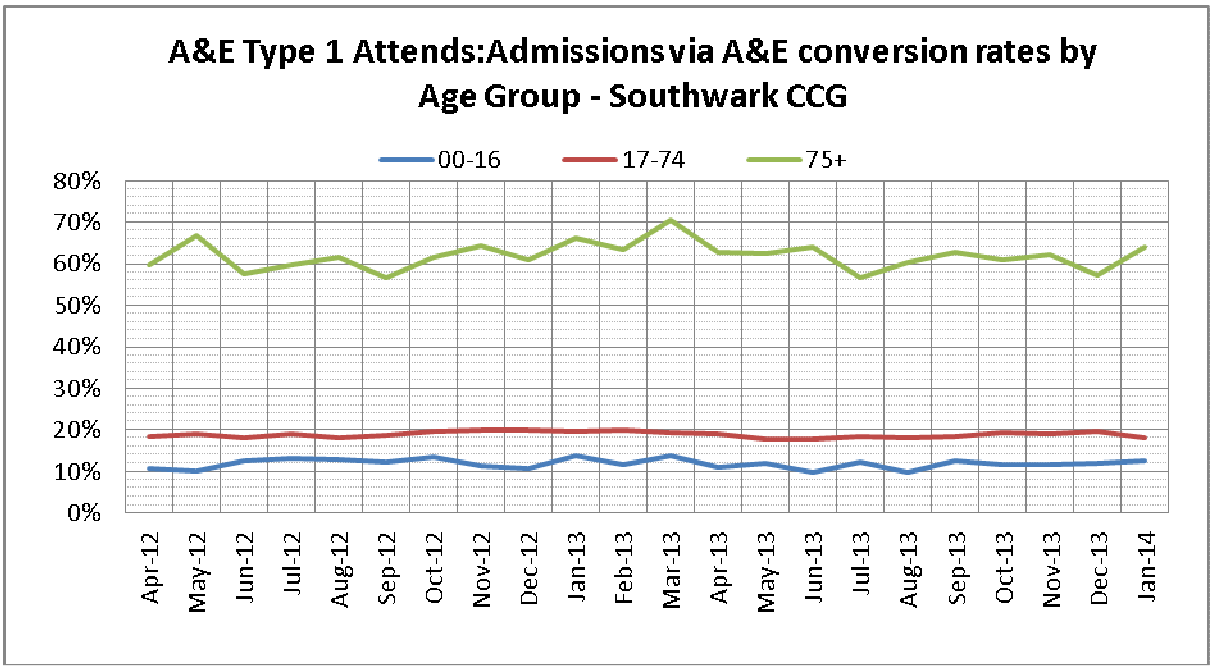


Chart 6

King's have reported an increase in emergency admissions at the Denmark Hill site in Quarter 3 relative to last year and advised they have seen an increase in length of stay in older patients. Further data has been requested from the Trust. However, this is also suggests that the growth in activity at King's may be due to out of borough patients. Other contributing factors could be introduction of additional capacity and new pathways e.g. Acute Admission Unit, resulting in changes in the way activity is coded.

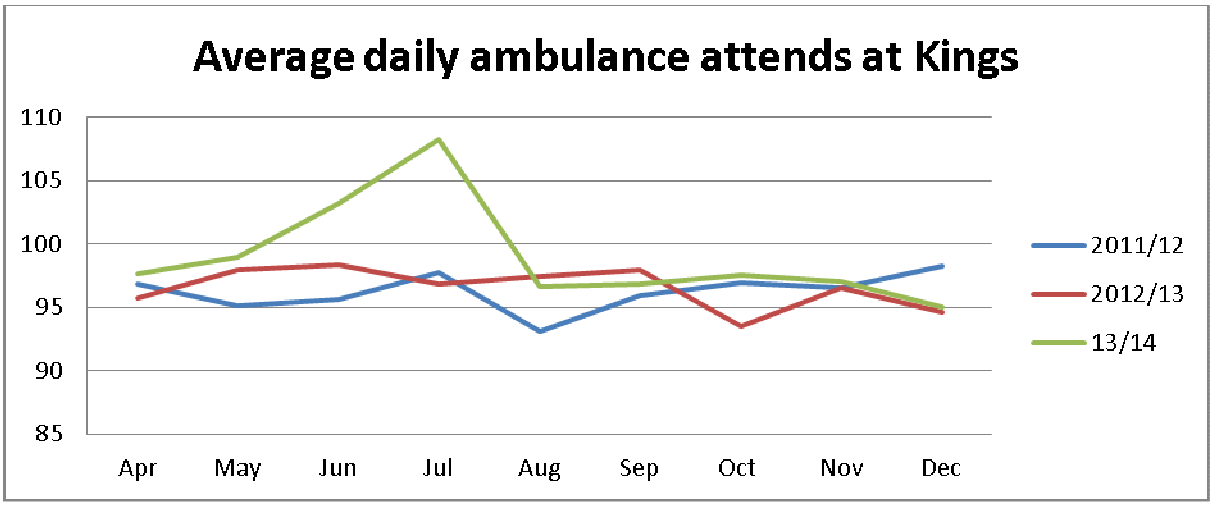


Chart 7

Trusts report that it is often surges in activity that lead to the increased pressures in the system, as opposed to absolute volumes, with high numbers of ambulances within short periods a particular issue. The above graphs compares daily average ambulance attendances at King's over the last four years. The most significant change is the peak during July of this year, which was due to the heatwave.

c) Pressure surge management arrangements

Winter is a particularly challenging time for healthcare services, and a system-wide surge management plan has been in place since 1st November. This involves

- daily monitoring of Trust Emergency Department performance
- daily reporting of capacity pressures via CMS
- weekly exception reports by Trusts not meeting 95% for a particular week
- twice weekly surge teleconferences with social care, community, secondary care, LAS and SlaM to review demand and resolve operational issues over the winter period

In addition, there are number of mechansims enabling oversight and monitoring of performance and quality. These include the

- Lambeth & Southwark Urgent Care Working Group, which review acute performance and ensure wider whole system actions to support admission avoidance and discharge processes are in place.
- Monthly Clinical Summit meeting, which provides the forum for senior leadership review and discussion as well as an escalation point
- Clinical Quality Review Group, tracks safety and quality indicators and provides a way to monitor Trusts performance against quality standards.

The key priority remains the delivery of high quality and safe patient care. The mechanisms described provide a rigourous and effective way of understanding the key issues for our local health system. This in turn means we are able to identify solutions to both address immediate issues in a timely way and facilitate resolution of more complex issues e.g. cross borough.

d) Factors affecting performance

A number of issues have been consistently highlighted by Trusts through both the weekly teleconferences and Urgent Care Working Group as contributing to A&E pressures.

- Both Trusts experienced norovirus outbreaks during December, impacting upon bed

capacity.
    - King's: outbreak across multiple departments, including both the Surgical and Medical Emergency Assessment Units, and across all three Medical Wards. At its peak, this resulted in the closure of over 70 beds
    - GSTT: outbreak in December leading to closure of 14 bed geriatric ward

- Acuity of patients
  Similar to last year, all providers are reporting increases in acuity and dependency of patients, although further work is required to quantify this. This impacts upon both ED capacity e.g. resus and majors, but also discharge, if a patient requires more complex social care or therapy input. Both Trusts will be implementing a tool to measure acuity of ED presentations in the coming months.

- Repatriations
  Both Trusts have reported difficulties in repatriating patients back to the appropriate hospital following completion of the episode of tertiary care at GSTT and King's - as such, these are very rarely local patients . This has been a particular issue for King's, as a Hyper-Acute Stroke Unit. Currently, all repatriations are being escalated daily through the South East London Urgent Care lead. In parallel there on-going discussions at sector level involving the Stroke Clinical Network lead, to identify medium and longer term actions

- Delayed Transfers of Care (DToC)
  There is anecdotal feedback that DToCs are contributing to pressures at King's. Initial analysis has shown a differential rate of DToCs at the two local authorities, with Southwark social services being one of the best performers against this indicator nationally. However, there is agreement across the health economy regarding the need to more clearly understand what the key issues are. It has been agreed that an audit of will be undertaken at both Trusts, which will inform the development of appropriate solutions. This is being facilitated by the SLiC simplified discharge workstream.

- Mental Health
    - During Quarters 2 & 3, bed capacity across the country was limited. During November/December, SLaM opened two overspill wards, representing a significant increase in beds. In addition, Southwark CCG funded additional senior psychiatric consultant and RMN cover at King's. Both of these interventions have had a positive impact on mental health breaches.
    - In addition, the Lambeth & Southwark Mental Health sub-group was reconvened in January and has developed an action plan. Key priorities include
        - agreeing a common data set across all providers to support a greater understanding of the current picture
        - undertaking a 3 month audit of mental health patients known to services presenting at A&E

- Bed capacity
  There have been delays in the opening of additional capacity at the Denmark Hill site, as a result of capital build issues, resulting in less capacity being available in Q3 than had been planned.

e) A&E Recovery Plan – key actions and progress

King's have developed an A&E Recovery Plan, outlining actions planned to support achievement of the 4 hour standard. There are two key overarching themes within this:

- The need to enhance existing capacity to support improved flow through the hospital and address current bottlenecks
- The need to redesign current emergency care pathways, processes and systems, to reflect best practice guidance, including 7 day working.

i) Additional capacity at Denmark Hill

King's have put in place a number of measures to increase capacity which includes additional clinical decision unit, critical care and emergency medicine beds. In addition, King's will be opening a short stay paediatric unit to support improved patient flow for paediatrics.

ii) Staffing and seven day working

Measures that have been put in place over the past year include

- Increased nursing levels on acute medicine, sickle cell and neurosurgery wards to support increased acuity of patients and secure optimal staffing levels, underpinned by an acute medical nursing shift review.
- Increased medical and nursing support for paediatric A&E
- Enhanced medical and ENP staffing for twilight shifts
- Additional nursing and administrative support to facilitate LAS handover and performance

During Quarter 4, King's is implementing a number of measures to support seven day working on a phased basis. This will involve increased staffing resource, including consultant, nursing, therapy and social work staffing plus diagnostic and other support services

f) Commissioning actions

- Rollout of Homeward to cover the whole of Lambeth and Southwark (an increase of 25 beds)
- Additional social care support on acute wards
- Simplified discharge workstream – weekend pilot
- Communication campaign to educate and re-direct patients to appropriate services
- Quality visit to A&E planned
- Funding of KHP wide admission avoidance scheme for homeless people
- Enhanced support for nursing homes to avoid admission to hospital
- Enhanced mental health support in A&E

g) Lambeth & Southwark Urgent Care Dashboard

Through the Urgent Care Working Group, we have developed a dashboard which provides a whole system view, encompassing community, urgent care and LAS services in addition to acute metrics. This effectiveness of supporting us to understand system demands and monitor performance is reviewed on an ongoing basis - the next phase of

development will involve identification of appropriate primary care and social care indicators.

Agenda Item 6

South London and Maudsley NHS
NHS Foundation Trust

LB Southwark Health Overview and Scrutiny Committee

24th March 2014

Report from South London and Maudsley NHS Foundation Trust

1. Draft Quality accounts,

The first draft of the SLaM quality account for 2013/14 will be circulated to partner agencies from 10th April. Our quality priorities will be agreed at the Trust Board on 25th March. The short list is below.

Quality Priorities – shortlist for 2014-15

The quality priorities for 2014/15 have been identified through a number of sources and a lengthy process of consultation with stakeholders and staff. They are:

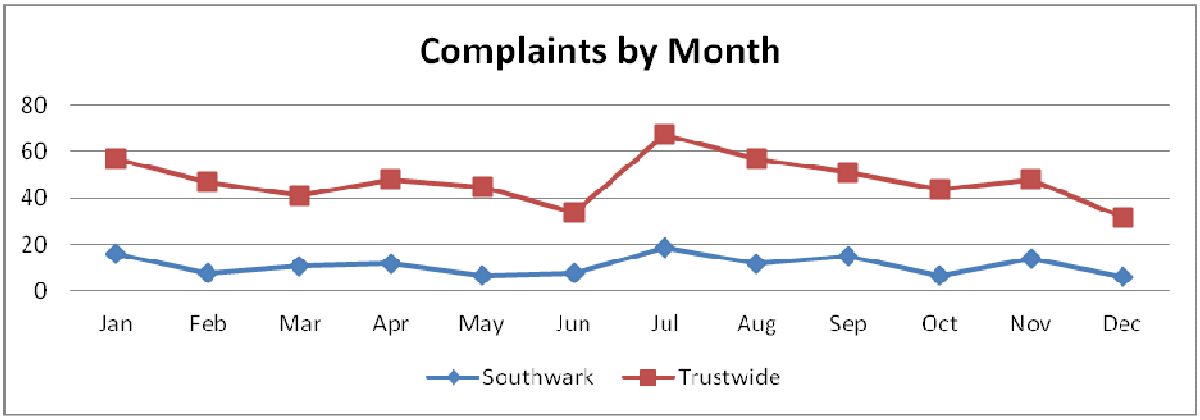
	What we will commit to	Target	How we will do it	Source
1	We will reduce the fear and threat of violence and aggression in our in-patient units	Increase the number of people who feel safe in our services. Reduce the number of times that patients are physically restrained.	We will implement our violence reduction strategy and adopt the care delivery system (CDS) in all in-patient areas to reduce violence and aggression on in-patient units (all wards over two years). We will also review are current staffing levels and skill mix on all wards to ensure that a safe and therapeutic service can be provided	Top Clinical Risk National Strategy NICE guideline MIND report
2	We will improve the quality of the environments within our in-patient wards	Improvement in PLACE environmental audit scores by 3%	Implementation of Estates strategy. Ward condition review to prioritise resource allocation.	CQC inspection reports theme
3	We will ensure that all patients receive individual service at medication and mealtimes when in hospital	No patient will queue for medication or meals when in hospital	Review and design of ward practice and processes. Using Quality Improvement techniques.	Patient surveys Privacy and dignity strategy

4	We will continue to improve our screening of patients for cardio-vascular and metabolic disease	Improve the physical health of all our patients	Audit, and feedback to clinicians. Continue to publicise the rationale for this work and use audit results in supervision and performance management	CQUIN 13/14 NICE guideline
5	We will help patients to quit smoking and move to no smoking in all clinical environments	Increase the number of smokers offered Nicotine Replacement Therapy or counselling	Improve take up of NRT, and psychological interventions. Plan to go no smoking across all Trust sites by November 2014	Value Based Health Care CQUIN 13/14 13/14 Quality priority
6	We will improve GP access to SLaM assessments, so that more patients are seen quicker for first assessment at home and in the GP surgery	See more patients at home and in primary care settings for first contact	GPs will be able to discuss and make referrals during surgery hours. This will improve access between 5-7 p.m. each week-day evening and Saturday mornings	Patient feedback Easy-In Easy-Out Strategy
7	We will stop the transfer of acute patients to private sector hospital beds outside the Trust	To stop the transfer of acute patients to private sector hospital beds outside the Trust	In-house overspill provision. Live bed management control. Active management of admissions. Adult Mental Health transformation project	Clinical risk Patient feedback Complaint
8	We will make it easier for patients to access help in a crisis	Improve – no one should experience being turned away when in a crisis	Adult Mental Health plan and review of Home Treatment Team function	Patient survey PALS
9	We will improve the way we involve patients in their care planning and make sure patients understand their care plans.	Improve survey scores, in this area.	Through training and positive publicity. Audit of health records and feedback to services throughout the year.	Patient survey finding

2. Complaints report

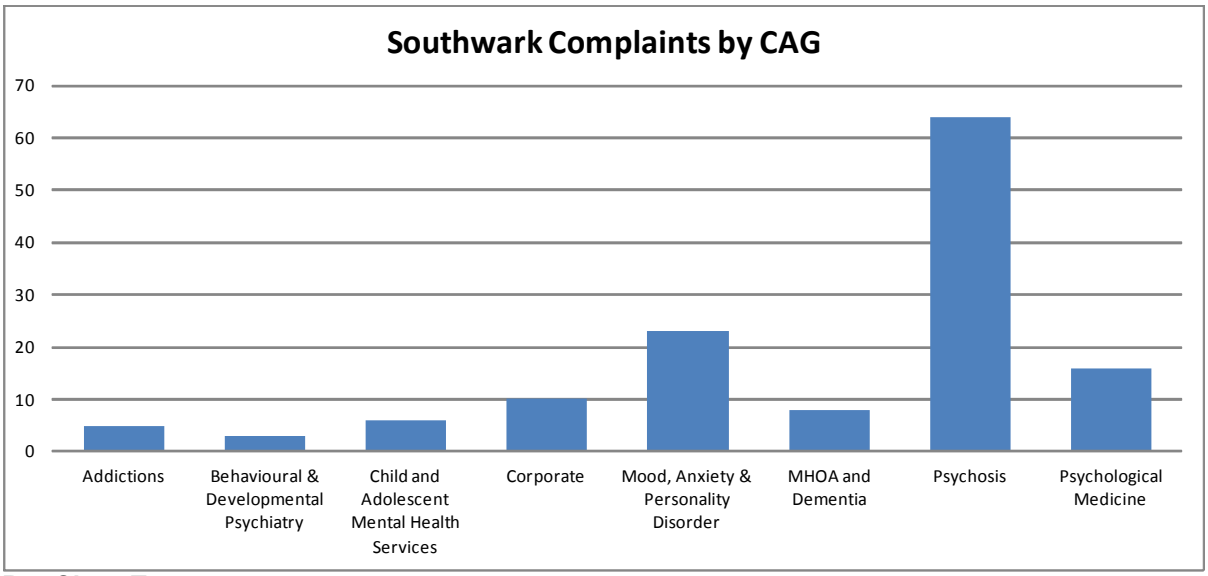
All formal complaints are responded to by letter which is signed by our Director of Nursing or CEO. A Trust wide complaints committee meets to scrutinise the process of response and service improvements made as a result of complaints. The Trust Board receive an annual report on complaints and the complaints process.

Complaints from users of our Southwark services



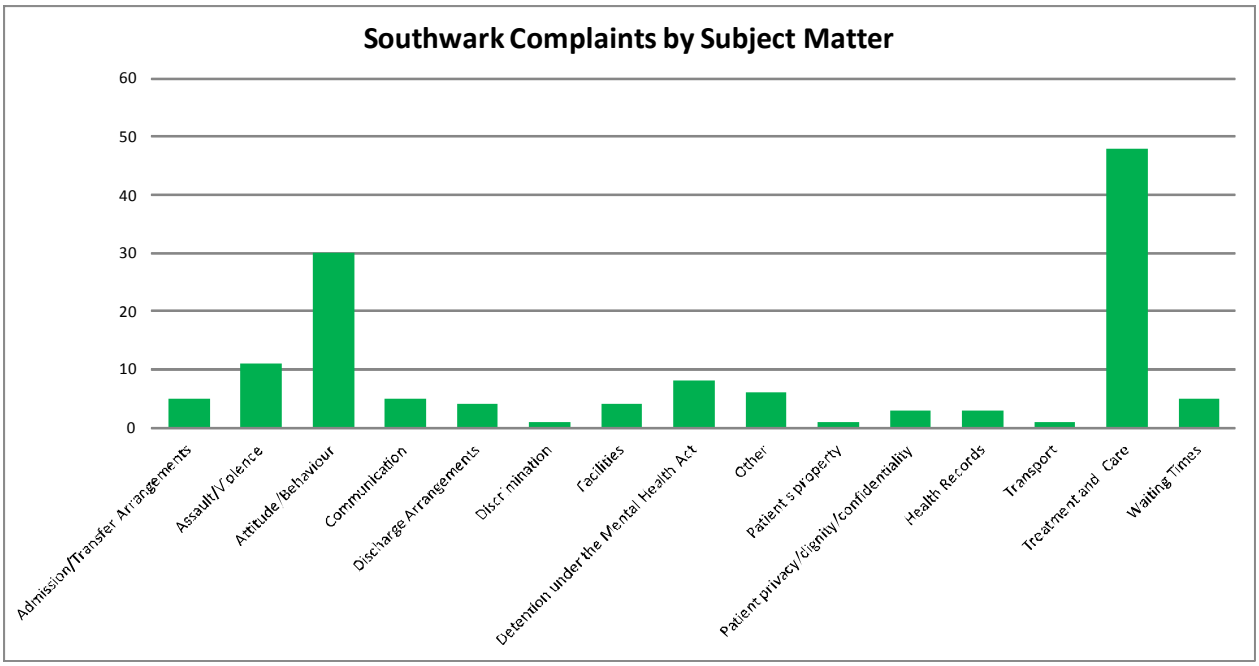
Line Chart One

The Trust received a total of 571 complaints from 1st Jan 2013 to 31st Dec 2013, of which complaints from Southwark services accounted for 135 of them (24%).



Bar Chart Two

Southwark complaints, by Clinical Academic Group (CAG). Complaints from users of services managed by the Psychosis Clinical Academic Group accounted for 47% of the complaints received for Southwark, which is slightly higher that the percentage for the Trust over the same period (43%).



Graph Three

Complaints about treatment and care accounted for 36% of complaints received, whilst complaints about staff attitude and behaviour were 22%.

All Clinical Academic Groups are continuing with programmes of work to try to reduce the number of complaints received regarding staff attitude. Examples of work ongoing are as outlined below:

The Trust is developing a nursing care pathway to guide the nursing care and practice in all of its services. The nursing care pathway incorporates the SLaM five commitments, the Nursing and Midwifery Council (NMC) Guidance for the Care of Older People, and the NMC Code of conduct. The care pathway is based on the principles of relationship centred care and clearly states the expectations of how service users and those closest to them should be treated and cared for. The care pathway supports nursing staff to deliver person centred individualised care that means that all service users are treated with privacy, dignity and respect.

The Mental Health of Older Adults and Dementia services have a Service User and Carer Advisory Group that works with staff in a variety of ways, including visiting services, enabling conversations between staff, service users, carers and their peers.

There is a more visible presence on the wards daily of Senior nurses, Clinical Nurse Specialists, the Head of Nursing and Clinical Service Manager.

The Psychosis CAG is in the process of implementing professional conduct competencies for all the staff groups that will cover staff attitude and behaviour. Dates have been set in March to train and assess assessors of competencies. There is also work being carried out at team level on, SLAM core values and what these would look like on each of the wards. This is intended to address staff understanding of what is expected and how attitude and behaviours can be consistent.

The SLaM five commitments are: We will;

- ★ *be caring, kind and polite*
- ★ *be prompt and value your time*
- ★ *take time to listen to you*
- ★ *be honest and direct with you*
- ★ *do what I say I am going to do*

3. Staffing Levels and Reporting of Staffing levels

Ensuring that the right people with the right skills, are in the right place at the right time.

There are established and evidenced links between patient outcomes and whether organisations have the right staffing levels and skill mix. Recent publication and reviews from the NHS have emphasised the importance of getting this right, these have included the Francis report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, the Keogh report into 14 trusts with elevated mortality rates, the Berwick review into patient safety, and the Cavendish review into the role of healthcare assistants and support workers.

The NHS Quality Board have published "Ensuring that the right people with the right skills are in the right place at the right time". This document sets out expectations of commissioners and providers in relation to getting nursing, midwifery and care staffing right, so that they can deliver high quality care and the best possible outcomes for their patients.

It is acknowledged that there is there is no single ratio or formula that can calculate the correct numbers and skill mix of staff for any given service. The right answer will differ across and within organisations, and reaching it requires the use of evidence based tools, the exercise of professional judgement and a multi-professional approach. It also requires openness and transparency, within organisations and with patients and the public.

Guidance for NHS Trusts and Foundation Trusts includes the following:

- Each ward shall have a notice Board outside ward with staff on duty and their designation.
- Staffing levels within the Trust should be publicised on a daily basis on the Trust website.
- There will be clear escalation procedures in place to escalate any staffing concerns from ward to Board quickly.
- The Director of Nursing will submit reports to Board on staffing level and rationale for changes every six months.

What is SLaM doing about this?

- A paper setting out objectives and a project plan is going to the Board in May.
- There will be an initial focus on in-patient services (with a second phase focussing on community services)
- Clinical Academic Group nursing teams and Heads of nursing have been meeting to compare and establish correct current levels of nursing. This work has used comparisons to review historical anomalies and high usage of bank and agency staff and the reasons for these anomalies. There has also been working on how future service plans may change nursing establishments.
- All staffing levels for each ward have to be based on evidence of need staff capacity and capability and a tool is being developed in conjunction with colleagues in other mental health Trusts to ensure a consistency of approach. The tool will be tested to establish reliability, and when refined will be rolled out across the Trust and used to set establishment numbers.

- A new module of the Trust's staffing database will be used to be used to provide live reports on staffing levels from all clinical teams. The intention is to publish these on-line.
- Notice Board outside wards will give the names of staff on duty and their designation.
- Trust Board members will receive monthly updates on workforce information, staffing capacity and capability. These will be presented at the public Board meeting at least every six months.

Southwark Council

Southwark Health and Wellbeing Board and the Safer Southwark Partnership

Southwark's Alcohol strategy 2013 to 2016

Working together to reduce the harm caused by alcohol

Southwark Council, the police and partners in the community are working hard to keep you safe.

www.southwark.gov.uk/keepingyousafe

ssp safersouthwark partnership

PINT CIDER: ABV 5.3%
3 UNITS

RED WINE (125ML): ABV 12.5%
1.6 UNITS

SAMBUCA SHOT: ABV 42%
1 UNIT

BOTTLE LAGER: ABV 5.2%
1.7 UNITS

ALCOPOP: ABV 5%
1.4 UNITS

HALF PINT CIDER: ABV 5.3%
1.5 UNITS

SINGLE GIN & TONIC: ABV 40%
1 UNIT

DOUBLE COGNAC: ABV 40%
2 UNITS

CHAMPAGNE (175ml): ABV 11.5%
2 UNITS

DOUBLE WHISKY & COKE: ABV 40%
2 UNITS

HALF PINT LAGER: ABV 5.2%
1.5 UNITS

COSMOPOLITAN COCKTAIL
2 UNITS

PINT BITTER: ABV 5%
2.8 UNITS

ALCOPOP: ABV 5%
1.4 UNITS

PIMMS: ABV 25%
1.3 UNITS

DOUBLE WHISKY: ABV 40%
2 UNITS

WHITE WINE (175ml): ABV 13%
2.3 UNITS

PINT LAGER: ABV 5.2%
3 UNITS

BOTTLE OF WINE: ABV 13.5%
10 UNITS

Are you drinking above the lower risk guidelines?

Risk	Men	Women	Negative Effects
Lower risk	**No more than three to four units per day on a regular basis and no more than 22 units per week**	**No more than two to three units per day on a regular basis and no more than 15 units per week**	
Increasing risk	**More than three to four units per day on a regular basis**	**More than two to three units per day on a regular basis**	**Progressively increasing risk of:** • Low energy • Memory loss and brain damage • Relationship problems • Depression • Insomnia • Impotence • Injury • Alcohol dependence • High blood pressure • Liver disease • Cancer
Higher risk	**More than eight units per day on a regular basis or more than 50 units per week**	**More than six units per day on a regular basis or more than 35 units per week**	

You might be surprised to know that drinking above these lower risk levels on a regular basis does increase the risk of damaging your health. Alcohol affects all parts and systems of the body and it can play a role in more than 60 different medical conditions. Here are some of the more serious ones.

If you are drinking just above the lower risk guidelines

Men are twice as likely to get cancer of the mouth, pharynx or larynx (part of the neck and throat), while women are 1.7 times as likely.
Women increase their risk of breast cancer by around 20%.
Men and women are both 1.7 times as likely to develop liver cirrhosis.
Men are 1.5 times as likely to develop high blood pressure, with women 1.3 times as likely.

If you are drinking quite a bit above the lower risk guidelines, your risks will be even higher than those outlined above and you might even already have experienced problems like **feeling tired or depressed, gaining extra weight,** having episodes of **memory loss when drinking, sleeping poorly** or developing **sexual difficulties**.

Overall, and whatever your age and sex, you're probably in **worse physical shape** than you would be otherwise and you could suffer from **high blood pressure** which could lead to a stroke. Some people get **argumentative** if they're drinking, which can have a negative effect on relationships with family and friends.

Alcohol and YOU

Alcohol reduces your awareness of danger and can make you vulnerable.

How many times have you woken up in the morning and can't remember the night before?

The majority of sexual assaults and rape happen when victims are under the influence of alcohol prior to the assault. This is the same whether you are male or female.

Alcohol is the most common date rape drug.

Top tips to help you stay in control

- Before going out, eat something to reduce the affects of alcohol
- Drink responsibly, pace yourself and take smaller sips
- Keep hydrated - drink water between alcoholic drinks

- Drinking in rounds can mean you drink more, so skip a round and have a soft drink
- DO NOT leave your drink unattended
- DO NOT accept drinks from people you don't know or have just met
- Avoid binge drinking
- DON'T mix alcohol and drugs, as this can lead to unpredictable results.

Plan your journey home before you go out

- Designate a sober driver
- Always use a licensed taxi
- Don't use taxi cab flyers left in pubs/ clubs as they could be bogus
- When walking always try to use well lit areas
- Avoid using mobiles/earphones as they can distract you from what is happening around you

Recommended use

MEN should not regularly drink more than 3-4 units of alcohol a day.

WOMEN should not regularly drink more than 2-3 units of alcohol a day.

Support services

FOUNDATION66 The Alcohol and Drug Service
Changing lives together.

A confidential support service for adults affected by substance misuse.

Tel: 020 7403 4077
www.foundation66.org.uk

A confidential support service for young people up to age 19, living with or affected by drug & alcohol issues.

INSIGHT Southwark

Tel: 020 3031 9386
www.insightsouthwark.co.uk

Did you know that...

- Alcohol abuse is a common factor in sexual assault
- 1 in 4 women and 1 in 10 men will experience a sexual assault during their lifetime.

If you think you have been a victim of sexual assault contact the Haven for:

- Medical help and advice
- Counselling
- Practical and emotional support
- Police support.

It is important that evidence of an assault is collected as soon as possible.

You can contact the Haven anytime, day or night, to book a forensic examination.

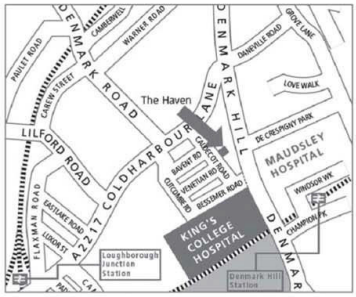
24 HOUR SERVICE

The Haven
CAMBERWELL

By appointment only

The Haven
13-14 Caldecot Road,
Camberwell
London
SE5 9RS

Phone: 020 3299 1599
Fax: 020 3299 1598
Website: www.thehavens.org.uk



KING'S HEALTH PARTNERS
An Academic Health Sciences Centre for London
Pioneering better health for all

King's College Hospital NHS
NHS Foundation Trust

Alcohol & Sexual Assault

The Haven Camberwell
Tel: 020 3299 1599

The Haven
CAMBERWELL

CONTENTS

1. Introduction

“Fifty years ago, the United Kingdom had one of the lowest drinking levels in Europe but it is now one of the few European countries whose consumption has increased over that period. Over the last decade we have seen a culture grow where it has become acceptable to be excessively drunk in public and cause nuisance and harm to ourselves and others.” [1]

In 2010 the council published its first alcohol strategy which has been delivered over the last few years. That strategy tackled the issues identified in the borough which were being caused by alcohol by encouraging organisations to work in partnership so that together they could address the harms be they in social, health, or crime related

The drug and alcohol action team (DAAT) has produced this alcohol strategy in partnership with Southwark’s public health team. Through a multi agency partnership approach it outlines how we will together tackle the problems of alcohol misuse over the next three years.

The strategy gives the reader the picture behind the issues that have been identified through the research, consultations and workshops that have taken place in developing this strategy. It reflects both the priorities identified in the government’s national alcohol strategy and the local picture of alcohol misuse and the negative impacts that flow from such misuse.

We have learnt that the issues prevalent in Southwark cannot be dealt with by one organisation alone. We will ensure that all partners share information, problem solve and work together with our communities, to ensure that concerns are addressed in a timely manner.

[1] The Government’s alcohol strategy 2012

2. Aim, objectives and principles

Aim

Working together to promote recovery and protect individuals, families and our communities from the harm caused by alcohol misuse in Southwark.

Objectives

The Southwark alcohol strategy has three main objectives which will be achieved through four distinct areas of work

Establish safe, sensible drinking as the norm

1. Promoting safe drinking and establishing effective identification and intervention
2. Reducing alcohol related crime and reducing the availability of alcohol

Protect families and the wider community from the adverse impact of alcohol

3. Identifying and tackling the social impacts of alcohol

Provide high quality treatment to reduce alcohol related harm

4. Increase the effectiveness and efficiency of our services

Principles

The Southwark alcohol strategy will be delivered within the following principles:

The strategy will

- Be coordinated by the Southwark drug and alcohol action team (DAAT) board to minimise replication, ensure consistency and maximise value added
- Be rooted in evidence of what works led by NICE guidance[2]
- Target areas of greatest need and greatest gain
- Place an emphasis on individuals' responsibility to address their own issues.
- Take a population level approach, lowering the whole population's risk of alcohol related harm, as well as benefiting those at high risk.
- Prevent alcohol related harm (though a range of measures including pricing, reducing availability, reducing child exposure to advertising, enforcing licensing breaches, making resources available for screening and brief interventions for adults and young people, and supporting children and young people identified as at risk)[3]

[2] NICE Guidance CG115. Alcohol dependence and harmful alcohol use. Alcohol-use disorder: diagnosis, assessment and management of harmful drinking and alcohol dependence.

[3] NICE Guidance PH24. Alcohol-use disorders – preventing harmful drinking.

3. Background

National strategy

The most recent government alcohol strategy was published in March 2012. The strategy, written by the Home Office, predominantly focuses on the importance on preventing and reducing the impact of alcohol on crime and disorder.

The government acknowledges that cheap alcohol is too readily available and that this has contributed to the increase in alcohol related harm.

"Over the past 40 years, alcohol consumption in the UK has doubled, with a significant increase in drinking at home. Sales from supermarkets and off licences now account for nearly half the amount of alcohol sold in the UK." [4]

The government's alcohol strategy stated an intention to introduce a minimum price per unit, so that alcohol would not be allowed to be sold below a defined price. A consultation on this has just finished and the government have yet to publish the results of the consultation and their response. The council supports the introduction of a minimum price per unit and would welcome introduction of legislation to achieve this

Recent NICE guidance highlighted some stark national figures relating to alcohol harm and the costs associated with that harm:

The costs of alcohol misuse to the NHS in England is £3.5bn per annum (2009 to 2010)

The cost of alcohol related crime in England is £11bn per annum (2010 to 2011)

The cost of lost productivity in the UK is £7.3bn per annum (2009 to 2010)[5]

The recently published NICE local government public health briefing on alcohol recommended that local authorities could, working in partnership, take the following actions:

- Influence where and when alcohol is consumed or sold
- Enforce laws on underage sales
- Have an important role in ensuring licensed premises operate responsibly and collaborate to reduce alcohol related harm
- Have a role in promoting and advising people about sensible drinking
- Have responsibility for commissioning alcohol prevention and specialist treatment
- Have responsibility for the NHS health check which from 2013 will include an assessment of how much someone drinks[6]

[4] Alcohol: Price, Policy and Public health www.shaap.org.uk
[5] Health select committee, DH submission Third report 2012-2013
[6] NICE Local government public health briefing : Alcohol October 2012

Local strategy

Increasingly, a broader range of organisations across Southwark and London are prioritising work to address alcohol misuse.

- The newly created Southwark (shadow) health and wellbeing board has confirmed that one of their four priority areas for action is prevention and reduction of alcohol related misuse[7]
- The Southwark clinical commissioning group have stated in their five year strategic commissioning plan that one of their priorities is a reduction in alcohol related A&E attendances and alcohol related liver disease[8]
- The Safer Southwark Partnership rolling plan has as one of its main priorities "supporting families and those with multiple disadvantages". This is led by the drug and alcohol action team (DAAT) which leads on tackling the harm caused by substance misuse. Substance misuse includes both drugs and alcohol
- The London health improvement board, chaired by the Mayor of London and which aims to add value to local initiatives by providing a pan-London approach, has addressed the impact of alcohol as one of their four proposed priority areas[9]
- Kings Health Partners are currently developing an alcohol strategy in response to the high proportion of patients with alcohol misuse
- Southwark Council has a statement of licensing policy 2011to2014

[7] http://www.southwark.gov.uk/info/100010/health_and_social_care/2663/shadow_health_and_wellbeing_board

[8] http://www.southwarkpct.nhs.uk/a/6572

[9] http://www.lhib.org.uk/alcohol

4. The local picture

Southwark is a densely populated, geographically small and narrow inner London borough that stretches from the banks of the River Thames to the beginning of suburban London south of Dulwich. The population is relatively young, ethnically diverse, with significant contrasts of poverty and wealth. There is a wide distribution in educational achievement, access to employment and housing quality. Major regeneration programmes have been underway for some time leading to significant changes in landscape and population structure and this continues to be the case. Major health indicators such as life expectancy have improved, but there are significant inequalities in health and wellbeing outcomes for people living in different parts of the borough.

Southwark's population is estimated at 288,700 (ONS mid-2011 population estimates). In terms of numbers this makes Southwark London's fourth largest inner London borough. Southwark's population has increased by 32,000 over the last ten years (ONS Mid-20011 population estimates) and is estimated to increase by 39,800 (14%) between 2010 and 2020 (GLA 2011 round demographic projections SHLAA). 80% of the population is under the age of fifty with a large proportion aged between 20 and 45.

In Southwark in 2009 there were an estimated 37,881 people (18 and over) drinking at increasing risk levels, 12,168 people (18 and over) drinking at higher risk and 6199 dependent drinkers (18 and over).

There were 4,818 alcohol related hospital admissions in Southwark in 2011to 2012, an increase of 54% since 2008 to 2009. Alcohol specific admission data from 2009 to 2010 suggests that rates of admission are particularly high amongst residents of Nunhead, Livesey, East Walworth and Cathedrals wards. Estimates suggest that the cost of alcohol related admissions to A&E alone is almost £5m a year.

Alcohol has a significant impact on a number of social and economic factors in Southwark with 9% of all crimes recorded in 2011 being alcohol related and the impact of alcohol being seen in an estimated 30% of child care proceedings. The economic cost of alcohol includes loss of work due to absence, loss of productivity and also the inability to work and Southwark has particularly high rates of incapacity benefit or severe disability living allowance due to alcoholism when compared to England and London.

Alongside this, there are significant developments that will have an impact on alcohol use and the night time economy including the Shard development in Borough which will bring additional workers to the area and result in additional licensed premises

In moderation, alcohol consumption can have a positive impact on adults' wellbeing, especially where this encourages sociability. Well run community pubs and other business form a key part of the fabric of neighbourhoods, providing employment and social venues in our local communities and a profitable alcohol industry which enhances the economy in Southwark.

Amongst individuals in treatment for alcohol use, 34% used a second substance, with cannabis being the most common, followed by cocaine. Mental health is also closely associated with alcohol misuse.

The diagram below shows estimates of numbers affected by alcohol misuse and interventions required.

Figure 1 [10]

Indicator	Definition	Southwark Measure	Estimated number	London Average	Difference from England rate
Lower Risk drinking (percentage of drinkers only) synthetic estimate aged 16+	< 22 units of alcohol per week for males, < 15 units of alcohol per week for females	72.5	170,303	73.4	Not significantly different
Increasing Risk drinking (percentage of drinkers only) synthetic estimate aged 16+	between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol	20.8	48,859	19.7	Not significantly different
Higher Risk drinking (percentage of drinkers only) synthetic estimate aged 16+	> 50 units of alcohol per week for males, > 35 units of alcohol per week for females	6.7	15,738	6.9	Not significantly different
Alcohol dependent	Psychological/physical reliance on alcohol	2.7	6342		Significantly lower
Binge drinking (synthetic estimate) aged 16+	Men /women who consume at least twice the daily recommended amount of alcohol in a single drinking session; >8 units for men, > 6 units for women	15.8	37,114	14.3	Significantly better Lower than England levels of binge drinking (15.8%) but higher than London levels (14.3% (LAPE)

[10] Local alcohol profiles 2012

Summary

- Southwark has higher levels of alcohol specific hospital admissions in men than the London and England levels. This is an increasing trend since 2003/4
- Southwark has higher levels of emergency admissions for liver disease than the London and England levels (PH Outcomes Framework).
- Southwark has higher levels of alcohol related crime and violent crime and sexual offences than the London and England levels (LAPE)
- Southwark has higher levels of dependency on social care for incapacity related alcoholism than the London and England levels (LAPE)
- Similar to London and England levels of those in alcohol treatment (LAPE)

If you drink at levels of increasing risk or higher, you significantly increase the risk from acquiring 12 major diseases, as demonstrated in the table below.

Percentage changes in risks for males and females of premature death from 12 alcohol related illnesses according to typical daily intake

Type of illness or disease	Proportion of all deaths 2002-2005	Percentage increase / decrease in risk Zero or decreased risk: 0% -1 to -24% -25 to -50% Increased risk: Up to +49% +50 – 99% +100 to 199% Over +200%				
	No of Drinks >	1	2	3-4	5-6	+6
Tuberculosis	1 in 2,500	0	0	+184	+194	+194
Oral cavity & pharynx cancer	1 in 200	+42	+96	+197	+368	+697
Oral esophagus cancer	1 in 150	+20	+43	+87	+164	+367
Colon cancer	1 in 40	+3	+5	+9	+15	+26
Rectum cancer	1 in 200	+5	+10	+18	+30	+53
Liver cancer	1 in 200	+10	+21	+38	+60	+99
Larynx cancer	1 in 500	+21	+47	+95	+181	+399
Ischemic heart cancer	1 in 13	-19	-19	-14	0	+31
Epilepsy	1 in 1,000	+19	+41	+81	+152	+353
Dysrythmias	1 in 250	+8	+17	+32	+54	+102
Pancreatitis	1 in 750	+3	+12	+41	+133	+851
Low birth weight	1 in 1,000	0	+29	+84	+207	+685

Figure 2[11]

[11] Communicating alcohol related health risks. www.ccse.ca 2012

5. The process

Over the last year Southwark DAAT and public health have carried out research on how alcohol impacts on the borough. The strategy has been informed by this research

- The Southwark alcohol health needs assessment (January 2011)
- The Safer Southwark Partnership alcohol profile Southwark 2011to 2012 (March 2012)
- Focus groups were organised to cover three areas: education and prevention, treatment and enforcement. These were attended by representatives from over 20 different organisations and council departments
- Service users were engaged through the service user coordinator and peer mentors.

These processes have enabled us to identify the three objectives for this strategy. A yearly delivery plan will be developed with key partners to ensure we implement the strategy appropriately.

Who will the strategy target?

This strategy will have a two pronged approach which has a range of interventions including prevention measures aimed at both the whole population and individuals. This will help to reduce consumption across the population which will result in reduced morbidity, mortality, health and social care costs.

Whole population approaches are important because they can help create an environment where lower risk drinking is the norm. This benefits society as a whole and reaches individuals who may not otherwise be reached through the usual contacts.

The strategy recognises that there are a number of particularly vulnerable and high risk groups and that through its action plans it must address inequalities where they have been identified.

The strategy also recognises that it must cater to both the health needs identified through the strategic needs assessment on alcohol and the social and crime and disorder issues that arise from excessive drinking.

The seven high impact changes

Nationally, seven high impact changes have been developed and tested to provide a list of the most effective interventions local partnerships can undertake to help reduce the harm caused by alcohol. Southwark's strategy and actions will incorporate these high impact changes to

1. Work in partnership
2. Develop activities to control the impact of alcohol misuse in the community
3. Influence change through advocacy
4. Improve the effectiveness and capacity of specialist treatment
5. Appoint an alcohol health worker
6. Identification and brief advice (IBA) to provide more help to encourage people to drink less
7. Amplify national social marketing priorities

6. Delivery

The diagram below shows how the strategy sits within the Southwark partnership landscape. Both the Health and Wellbeing Board and the Safer Southwark Partnership Board have senior councillor members, who provide the link between these boards and the cabinet

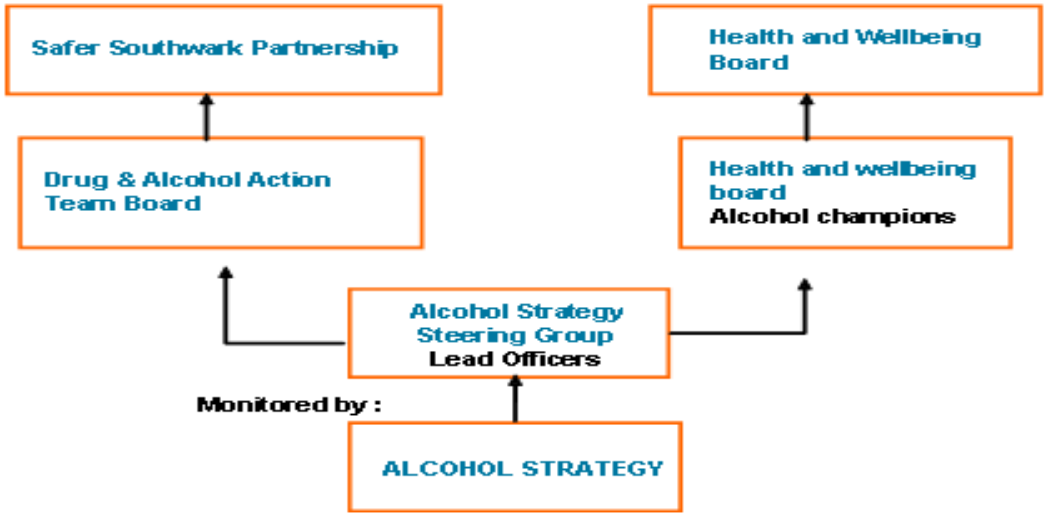


Figure 3

Responsibility for the implementation of the strategy will lie with the Alcohol Strategy Steering Group. The steering group will have responsibility for overseeing the completion of all actions set out within the annual delivery plans.

The operational delivery of the strategy will be carried out by the alcohol strategy lead. The lead will provide update reports on the success and challenges of implementation. The strategy lead will establish task and finish groups, as necessary, to support the delivery plan.

The steering group reports to the DAAT board who has overall responsibility for delivering the strategy.

The Shadow Health and Wellbeing Board has chosen four priorities, one of which is
"The prevention and reduction alcohol related misuse".

The steering group will work closely with the board and the alcohol champions on that board.

They will ensure that actions contained in the delivery plan are aligned where appropriate to existing external strategies, and funding streams and resources to increase likelihood of success.

Membership of the boards

Safer Southwark Partnership Board	Health and wellbeing board
CEO LBS **(co chair)**	Leader of the council **(chair)**
Cabinet member for community safety	Cabinet member of children's services
Assistant chief officer probation	Cabinet member for health and adult social care
Police borough commander **(co chair)**	Police borough commander
CEO Community Action Southwark	CEO Community Action Southwark
Director of public health	Director of public health
Strategic director for environment and leisure	Strategic director for children and adult services
Area commander, London Fire Brigade	Clinical commissioning group board member
Representative of Crown Prosecution Service	Managing director clinical commissioning group
Representative of Transport for London	Representative of Kings Health partners (alcohol champion)
Representative of Southwark Police consultative group	Representative of HealthWatch
Representative of UK Border Agency	Clinical commissioning group chair
Governor Brixton prison	
Representative of London Ambulance service	
Representative of Mayor's Office for policing and crime	

Figure 4

The relationship between the Safer Southwark Partnership and the Health and Wellbeing Board will present opportunities to jointly tackle the issues identified with alcohol through cross cutting multi agency working.

The Alcohol Strategy Steering Group acts as the delivery group for the strategy and comprises key operational leads from across the partnership, who are responsible for ensuring the successful implementation of the stagey through its annual delivery plan.

This strategy will draw together the following agency and partner priorities, targets and actions to ensure coherence, consistency, impact and value for money:

- Southwark (shadow) joint health and wellbeing strategy
- Southwark Clinical Commissioning Group five year strategic commissioning plan
- Southwark violent crime strategy
- Safer Southwark Partnership rolling plan 2012/13
- The government's alcohol strategy
- Licensing Act 2003 (including the Southwark statement of licensing policy 2011 to 2014 and the recent inclusion of health as a responsible body)
- Crime and Disorder Act 1998 (amended by the Police Reform Act 2002)
- National Institute of Health and Clinical Excellence (NICE) guidance

7. Themes

For each theme the strategy examines three questions; what is the problem, what are we doing and what we will do. The final part will list examples of work to be undertaken but it is not exhaustive. There will be annual delivery plans for each of the three years of the strategy.

Theme one:

Promoting safe drinking and establishing effective identification and intervention

What is the problem?

People are still unsure about safe drinking and how alcohol can affect their health and lifestyle despite many government campaigns and information available on drinks packaging. Some health care and other professionals still find it difficult to ask questions about alcohol. This may be partly due to their own experiences and the fact that alcohol has always been a part of the culture in both positive and negative ways.

The National Alcohol Directed Enhanced Service (DES) is for all new registrations at GP practices to be screened for alcohol using an accredited tool. A wealth of evidence supports identification and brief advice (IBA) in specialist and non specialist settings.[12] This supports the initiative 'make every contact count' [13] and offers universal screening to a wide range of people.

There are national problems with the implementation of the alcohol DES including the fact that payment is related to screening only and is not targeted at specific groups. As a result it is not providing the necessary interventions that bring about change. Other problems are related to time and resources, lack of alcohol leads in practices and data collection issues. These national problems are reflected in the implementation in Southwark.

Many of the prevention messages are either not being delivered or are not getting through. These include education in schools, parental awareness, and general safe drinking messages which struggle against the background of a culture where drinking is at the heart of most social events.

What are we doing?

Lower risk

- Prevention – The NHS check is offered to all 40 to 70 year olds registered at GP practices and includes the FAST alcohol screen. A referral and treatment pathway has been developed with primary care
- All Southwark GP practices are offered support with the alcohol DES
- The AUDIT FAST screen (and full AUDIT if indicated) is included in the Common assessment form (CAF) for all Southwark substance misuse services
- We have taken part in alcohol awareness week campaigns for the last three years

[12] The SIPS alcohol screening and brief intervention (ASBI) research programme Institute of Psychiatry

[13] NHS Future forum second report 2012

Increasing Risk

- IBA - a primary care alcohol worker is employed to support primary care in all aspects of implementing the alcohol DES (both clinical and administrative). He is taking forward the recommendations from the DES Review which include
- Developing an IBA information pack for all GP practices
- Encouraging all practices to have an alcohol 'champion'
- Improving data collection and monitoring
- Providing extended interventions on site

Higher risk work is covered in theme four (see page 24)

What will we do?

In year one

- The primary care alcohol worker will develop the recommendations from the DES review and develop an extended intervention service at GP practices and targeted screening for identified patient groups
- We will roll out the IBA information pack across non alcohol specialist health services
- We will work with the Clinical Commissioning Group to introduce IBA into contracts using outcomes incentives
- We will run a campaign during Alcohol Awareness Week 2013 as part of our new communication plan to increase prevention through safe drinking messages.

Over the life of the strategy:

- We will develop the use of IBA in non health settings including social care, education, criminal justice and community settings
- We will work with employers (see theme three)
- We will work with other priority strands of the Health and Wellbeing Board to promote responsible attitudes to personal health matters, in areas such as healthy weight and physical activity.

Theme two:

Reducing alcohol related crime and reducing the availability of alcohol

What is the problem?

Southwark has significantly higher rates of alcohol related recorded crimes, alcohol related violent crimes and alcohol related sexual offences compared with the London and England averages (Local alcohol profile for England, Southwark).

The figures for crimes below relate to the period April to December 2011.

- Across the borough alcohol was a factor in 9% (1822 crimes) of all crime, most notably for sexual offences and violent crimes
- Alcohol was a factor in 52% of all violent crime that took place in the evening. While alcohol related violent crime has shown slight decrease in recent years, it is not reducing at the same rate as overall violent crime and thereby the proportion of violent crime that is alcohol related is increasing.
- Alcohol was a factor in 15% of all domestic violence crime (258 crimes) with the predominant crime type being violence. Victims of alcohol related violence (DV) are most typically female, and aged either from 20 to 24 or 30 to 39
- Street drinking is commonly cited as an issue of concern in anti social behaviour complaints to both the police and the council
- Alcohol misuse can also perpetuate offending behaviour and it is recognised that tackling these problems is often the first step in helping an offender to reform.
- Alcohol related road traffic accidents nationally are high and it remains a factor in one in five road deaths. (Department of Transport 2007)
- The emergency departments at Kings and St Thomas' hospitals have stated that there is an increasing problem with pressures on weekend evenings from patients who are considerably worse for wear from drink
- Around one in three fires are caused by people under the influence of alcohol (Department for Communities and Local Government 2009)
- One in seven of all sexual assault cases dealt with at the Haven are from Southwark and of those 41% were alcohol related (the highest in London).
- From 2008 to 2012 the rate of alcohol related sexual assaults has consistently risen in Southwark, considerably worse than the national average

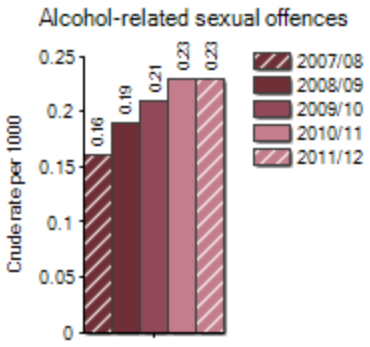


Figure 3: LAPE profiles

What are we doing?

We are working as a partnership to protect communities through robust enforcement to tackle alcohol related crime and antisocial behaviour. Local deterrents, penalties and initiatives are in place to ensure that partners work in a coordinated approach to minimise the misuse and impact of alcohol.

We have created and funded a multi agency night time economy team where the police and council officers work to support responsible licensed operators to provide well managed, safe, secure venues and outlets and provide advice and support to willing operators to improve systems and practices wherever possible.

Working in the north of the borough, the team

- Makes sure late night pubs, clubs and food outlets comply with licensing, public safety and other requirements
- Provides a rapid response to tackle anti social and violent behaviour
- Reduces crime and fear of crime
- Improves Southwark's night time economy for the benefit of residents, visitors and businesses
- Liaises with premises to ensure current licence conditions are relevant
- Carries out partnership patrols identifying street drinkers/beggars, offering support and advice.

Trading Standards carry out underage sales and age verification test purchasing exercises at targeted retail outlets based on incoming intelligence. Compliance rates over the last five years average 70%. A range of enforcement and other options are available to deal with non compliance.

To promote compliance regarding age verification Trading Standards administer the Southwark proof of age card scheme (SPA card) in partnership with external contractors. Accredited retailer training has also been introduced to help non compliant businesses improve. Free age check point of sale materials are also provided to retailers. In conducting this work we have regard to the age restricted products and services framework and relevant codes of practice.

The fire service carry out home checks fitting smoke detectors, providing advice and guidance on safety in the home including advice on drinking and cooking.

The Haven works with victims of sexual assault across the capital and with Southwark has developed the information leaflet at the front of this strategy on alcohol and sexual assault (see page four). We have developed and delivered a training programme for licensed premises staff in conjunction with The Haven to raise awareness around sexual assault and alcohol.

What will we do?

In year one:

- We will continue to work with the Metropolitan Police to crack down on licensing issues affecting Southwark to combat those who flout licensing rules including shops, pubs, clubs, unlicensed mini cabs and others. We will ensure that licensed premises maintain a safe, secure and relaxing environment for customers.

- Through our trading standards team we will work with partners and business to promote effective age verification and help prevent illegal underage sales. The work will include
    - Raising awareness of legislation and mandatory licence conditions on age verification
    - Maintaining and promoting the Southwark proof of age card scheme
    - Offering accredited retailer training through the fair trading award scheme
    - Promote the flow of intelligence from the community and partners concerning businesses who sell to underage persons
    - Conducting targeted compliance checks, including underage and age verification test purchasing operations
    - Taking appropriate and proportionate enforcement action to deal with non compliance in accordance with relevant published policies.

- We will combat the sale of counterfeit and illicit products. This work will include
    - Raising awareness of the potential dangers posed by counterfeit and illicit products
    - Targeting inspections at premises most likely to be dealing in such products
    - Taking appropriate and proportionate enforcement action to deal with anyone caught dealing in such products

- We will continue to work closely with health partners in developing a coordinated response to the problems with the night time economy. We will develop a safe space project which will divert individuals away from hospital and alleviate pressure on both emergency departments and the ambulance service.

Over the life of the strategy:

- We will consider the potential of the new licensing provisions to be introduced in October 2012 under the Police Reform and Social Responsibility Act 2011, for a late night levy and early morning restriction orders to contribute to the management of a safe night time economy.

- We will continue to work with the Haven and others to address the high rate of alcohol related sexual assaults in the borough through continued training and awareness raising programmes.

- We will continue to work closely with police, community safety and other partners to support the ongoing work to reduce alcohol related crime and violence in Southwark. This will include advocating for and individual level support to reduce alcohol related reoffending (through DIP and other means) alongside work on saturation areas and feedback to trade.

- We will work with our health partners to help them make full use of the new health objectives in licensing regulations.

Theme three:

Identifying and tackling the social impacts of alcohol

What is the problem?

There are many social impacts of alcohol both positive and negative. The research work undertaken in formulating the strategy has identified key areas for action.
The groups who are mainly at risk in Southwark are those living in the north Southwark wards (excluding the Thames side housing developments). These groups include

- Young parents who are often single parents/divorced and unemployed/unskilled with high hospital admissions. They drink vodka and canned lager (26%).
- Students and unemployed young people in multiple occupancy accommodation who binge drink (18%).
- Blue collar workers mainly living in social rented housing with high hospital admissions (16%).
- People suffering from mental health problems are at increased risk.

Relationships

- In Southwark, in April to December 2011, there were 258 domestic violence crimes were reported in Southwark in which alcohol played a part. This will greatly underestimate the true incidence as it is estimated that only a third of domestic violence incidents are reported.
- Alcohol is commonly reported as a contributing factor in sex without a condom, regretted sexual activity and sex with someone who would not normally be found attractive. Unsafe sex can lead to sexually transmitted infections and unwanted pregnancy.

Children at risk

- Alcohol misuse has a significant impact on families, children and young people. Nationally it has been estimated that between 780,000 and 1.3m children are affected by parental alcohol problems. Southwark Council's children's services estimate that 30% of care proceedings involve alcohol.
- Children living with alcohol misuse come to the attention of services later than children with parental drug misuse.
- Young peoples drinking behaviour can be strongly influenced by parental drinking and children with parents who are problem drinkers are more likely to develop alcohol problems (chief medical officer guidance on the consumption of alcohol by children and young people).
- The chief medical officer recommends that an alcohol free childhood is the healthiest and best option.

Alcohol and the workplace

- There is a relationship between societal and individual level alcohol consumption and sickness absence, with alcohol being a significant risk factor for absenteeism. Although there are inherent difficulties in estimating productivity losses in social cost studies, in general, about half of the overall social costs of alcohol are due to lost productivity.

- Alcohol policies can, to a considerable extent, reduce lost productivity costs due to alcohol. Tax and price polices are, if anything, likely to lead to an overall increase in jobs, rather than job losses and increase profits for the alcohol industry. Structural factors at the workplace, high demand but low reward, increase the risk of alcohol use disorders.

- It is estimated that up to 14 million working days are lost annually through absences caused by drinking. (Don't mix it up, a guide for employers on alcohol at work).

- Alcohol and inability to work. In Southwark the rate of claiming incapacity benefit or severe disability allowance due to alcoholism was much higher than the London and England averages. In August 2009, 400 individuals were registered as claiming incapacity benefit or severe disability allowance due to alcoholism.

Other needs

- Alcohol is strongly associated with a range of mental health problems, in particular depression, anxiety and mental health risks, especially self harm and suicide, with up to 41% of suicides being partly attributable to alcohol.
- Information on alcohol use in specific populations shows that rates of drinking are high amongst those with diagnosed mental health problems.

- Alcohol related mortality for men aged 75 and over in Southwark is two and a half times the national rate.
- 39% of clients in homeless projects are suggested to have an alcohol need, rising to 56% in day centres.
- Amongst rough sleepers, it is suggested that at least 25% are dependant on alcohol, with 63% reporting drug or alcohol use to be one of the reasons they first became homeless.

What are we doing?

It is known that interventions required to address this problem include more flexible services, better partnership working between agencies, working in more creative ways, being empathetic and patient, using a sensitive approach, caring and encouraging, motivational interviewing, and cognitive behavioural therapy. For example, barriers exist that prevent children from accessing services. These include lack of confidence, lack of personal direction, parents finding out, being worried about their brother or sister, isolation and loneliness, and fears of it going further (police, school, social services).

- Working with our domestic violence service to ensure good links between SASS and treatment providers and to provide training in routine enquiry and referral procedures for front line staff
- Insight Southwark works in partnership with the key agencies to ensure that young people who are at risk of engaging in alcohol misuse are identified and offered the appropriate treatment
- Strengthen protective parenting, resilience in children and young people and relationships between parents and children
- Established the Family Drug and Alcohol Court to provide specialist intensive support for troubled families
- All young offenders are screened at the youth offending service for substance misuse problems and referred as required to specialist support
- Employers offer confidential counselling support to staff
- We commission St Mungos to ensure that rough sleeper and street drinkers receive appropriate support.
- We have established joint working arrangements established with housing and job centre plus to address needs of individuals highlighted

What will we do?

In year one:

- Provide training in IBA for the independent domestic violence advisers
- Develop our programme of peer education across the borough
- Early identification of young people at risk, ensure all key agencies have procedures and policies and the training in place to ensure that young people can be quickly and readily identified if at risk and referred on appropriately
- Work with providers to improve detection, treatment and provision for older people with alcohol problems
- Ensure safeguarding policies and procedures reference alcohol misuse and that training is provided to staff to be able to identify and act appropriately
- Work with the other priority streams of the health and wellbeing board to establish a programme for employers to address health needs including alcohol
- Complete the housing review for substance misusing clients to identify the housing needs of this group
- Work with our hostel providers to reduce the negative impacts of alcohol in these settings.

Over the life of the strategy:

- Work with GUM clinics and pharmacists to provide advice on alcohol at the point of contact
- Work closely with social services to develop a service which meets the needs of children of substance misusers
- Establish a universal awareness raising programme with young people in Southwark through a schools programme which delivers a consistent message about alcohol. We will work with the secondary heads forum meetings to gain access to PSHE curriculum across Southwark schools
- We will build on our work at South Bank University fresher week in 2012 to establish a presence at university and college fresher weeks across the borough.

Theme four:

Increase the effectiveness and efficiency of our services

What is the problem?
Southwark is spending considerable amounts of money managing the impact of alcohol use on acute and longer term alcohol related conditions. Nationally the cost to health services was estimated at £2.7bn [14] . In 2008 to 2009 the estimated cost of alcohol related hospital admissions in Southwark was almost eight and a half million and altogether 20,836 bed days were used for alcohol related illness.[15]

Alcohol is:

- Causally related to a range of acute and chronic medical conditions, including cancers, cardiovascular disease, and obesity
- A significant cause of morbidity and premature death
- Associated (through heavy drinking by pregnant women) with a range of preventable mental and physical birth defects (collectively know as fetal alcohol spectrum disorders)
- Implicated in many areas of mental ill health, including depression, anxiety and suicide, linked to unintentional injuries and trauma due to violence

Key problem areas identified include

- Our main alcohol treatment service has a need to increase capacity which could be made more acute through a potential increase in referrals caused by improved IBA and treatment pathways.

- Systems to monitor quality and outcomes consistently across services are not well developed.

- Mortality from chronic liver disease is particularly high for men in Southwark compared to both London and England. Women in Southwark have much lower mortality from liver disease than men and experience similar rates to both London and England.

- The most common source of referrals into alcohol treatment is health and mental health services (43%), followed by other substance misuse services (19%).

- It is suggested that 10 to 20% of dependent drinkers should be treated in a given year. The Department of Health has suggested that 10% is used in England and Wales which suggests that for Southwark (with an estimated 6,199 dependent drinkers) 620 dependent drinkers required treatment in 2009.

Service user consultation suggests that barriers to accessing services may exist for:

- Women with children (due to fear and lack of understanding of care proceedings)
- Homelessness (due to delays waiting to secure housing before accessing treatment)
- Lack of services at weekends

[14] Signs for Improvement DH 2009
[15] Closing time: counting the cost of alcohol attributable hospital admissions in lLondon, LHO 2012.

What are we doing?

- Southwark has implemented the recovery model and ethos across services. All workers have attended recovery training and mutual aid awareness sessions.
- Working with partners to ensure that individuals leave treatment equipped to maintain their recovery.
- Providing all professionals that work with young people with substance misuse (including alcohol) awareness and referral training to empower them to recognise misuse and deliver appropriate support.
- Improving hospital liaison by employing an additional nurse to work with the existing one at Kings College Hospital. This nurse will work with high volume service users to improve the health outcomes and reduce A&E visits/re-admission to hospital.
- Operating alcohol hubs across Southwark GP practices to meet the needs of clients with complex needs led by specialist alcohol nurse. The nurse also supports clients having community alcohol detoxes at the local voluntary sector alcohol service.
- Ensuring that in-patient or residential detox and treatment is offered as part of a planned recovery care package to improve outcomes and make best use of resources.
- Looking at innovation and good practice through the development of a clinical expert group.
- Working with Kings Health partners as they develop their alcohol strategy and so ensure together we will address wider issues across health economy and integrate complex pathways.
- Actively promoting the work of the 12 step fellowships across the borough.
- Working with the clinical commissioning group to commission alcohol services in primary and secondary care.
- Commissioned a report on the issues related to the street drinking population from central and eastern Europe.
- Through the work of the DIP (drug intervention programme) offenders with alcohol problems are identified at an early stage in the criminal justice process.
- We have increased capacity to deal with the rising number of alcohol treatment requirements (ATRs) being issued by the courts..

What will we do?

In year one:

- We will increase the proportion of dependent drinkers in treatment by improving knowledge of existing alcohol treatment services to increase appropriate referral to treatment services
- We will ensure that services recognise that one approach will not suit everyone and the right expertise should be available in the right setting at the right time to meet these diverse needs
- We will ensure our services are led by NICE guidance
- We will achieve better outcomes for our alcohol treatment requirement (ATR) clients and ensure there is capacity to deal with the rising numbers

Over the life of the strategy:

- We will implement a solution to counter the language barrier to services for some members of the population and respond proactively to our local central and eastern European report on street drinkers
- We will ensure that community services have the capacity to meet any additional referrals generated by extended screening and brief interventions in other agencies
- We will work with treatment services to ensure that family support is available both to improve effectiveness and to minimise barriers to women accessing services
- We will develop our knowledge and response to alcohol related brain damage and long term alcohol related conditions

8. Training

The research, group work and experience has shown that a well trained workforce is crucial to the successful delivery of the strategy.

A number of key training areas have been identified that will need to be addressed in order to ensure that there are the skills and knowledge in the workforce to be able to do what is being asked of them.

What will we do?

Identification and brief advice

To improve the confidence and competence of all staff in IBA delivery in order to "make every 'contact count" we will

- Roll out IBA training across the sector to include specialist and non specialist staff in both health and non health areas
- Offer accessible training to meet the needs of services and a wider audience, such as ad hoc training on site, bespoke courses for groups of professionals and training events open to all
- Monitor the quality and uptake of IBA training and encourage its inclusion in inductions for staff across organisations
- Provide training in IBA for the independent domestic violence advisers

Crime

- With The Haven continue to offer training to door and licences premises staff on alcohol and sexual assaults

Treatment

- Make use of the workforce development programme offered by Public Health England to partnerships through the DAAT
- Work with Kings Health partners as they develop an integrated alcohol pathway across all community, in-patient and academic services

9. Performance monitoring

Annual delivery plans will be developed for the implementation of the strategy. The Alcohol Strategy Steering Group will:

- Oversee the completion of all actions within the delivery plans
- Ensure the aims and objectives are being met
- Ensure those aims and objectives are reviewed annually and are in line with any changes in local need and national strategy

The impact of the actions implemented through the strategy will be measured through a performance management framework which will be developed alongside the delivery plans.

There are already a number of measures in place which can be used as key performance indicators. These include:

- Alcohol specific hospital admission rate per 100,000 population in men and women separately
- Emergency admissions for alcohol related liver disease
- Number of referrals from children and family services increased
- Increase in numbers given IBA in primary care /total practice population
- Increase in numbers accessing alcohol treatment services/100,000 population
- Increased treatment completion rates in tier 3/2 services
- Reduction in alcohol related crime
- Reductions in alcohol related ambulance callouts
- Reductions in the number of child care cases where parental alcohol misuse is a factor

The targets will be reviewed and refreshed annually.

The public health outcomes framework was published by the Department of Health in January 2012.

The new public health outcomes framework, sets out the desired outcomes for public health and how these will be measured.
The framework concentrates on two high level outcomes to be achieved across the public health system. These are:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

The outcomes reflect a focus not only on how long people live but on how well they live at all stages of life. The second outcome focuses attention on reducing health inequalities between people, communities and areas. A set of supporting public health indicators will help focus understanding of progress year by year, nationally and locally on those things that matter most to public health. The indicators, which cover the full spectrum of public health and what can be currently realistically measured, are grouped into four 'domains'. The four domains are listed below together with their component indicators if they are relevant directly or indirectly to alcohol.

Indicators which can be linked to alcohol misuse[16]

1. Improving the wider determinants of health

First time entrants into youth justice system
Sickness absence rate
Killed/seriously injured on the road (data may be collected on alcohol related accidents)
Domestic abuse
Violent crime (data collected on alcohol related crime)
Re-offending
Statutory homelessness
Older people's perception of community safety

2. Health improvement

Under 18 conceptions
Hospital admissions caused by intentional/deliberate injuries in under 18s
Alcohol related admissions to hospital
Falls and injuries in over 65s

3. Health protection

No relevant indicators

4. Healthcare public health and preventing premature mortality

Mortality from cardiovascular disease (including heart disease and stroke)
Mortality from cancer
Mortality from liver disease
Hip fractures in over 65s
Dementia and its impacts

Key elements of the above will be worked into a new performance management framework for the strategy.

10. Acknowledgements

Writing group:
Dionne Cameron, alcohol strategy lead
Tony Lawlor, senior commissioning manager
Melvin Hartley, DAAT strategy manager
Anna Richards, consultant in public health

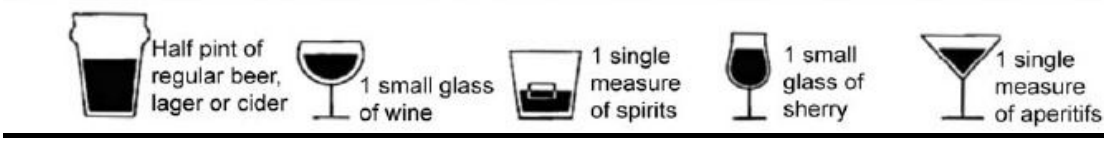
Consultees:
NHS Southwark
Metropolitan Police
London Probation Trust
London Fire Brigade
South London and Maudsley NHS Trust
Foundation 66
Blenheim CDP
Age Concern Lewisham and Southwark
Southwark Service User Council
Southwark GP with special interest
Southwark Council
- Corporate management team
- Youth offending service
- Community safety
- Housing services
- Children and adult services
- Trading standards
- Licensing
- Community wardens
- Education

[16] Links are indirect/partial/contributory unless otherwise indicated

11. Glossary

ATR	Alcohol treatment requirements
AUDIT	Alcohol use disorders identification test
CAF	Common assessment framework
DAAT	Drug and alcohol action team
DES	Direct enhanced service
DIP	Drug intervention programme
FASD	Fetal alcohol spectrum disorders
FAST	Fast alcohol screening test
FDAC	Family drug and alcohol court
GUM	Genito urinary medicine
IBA	Identification and brief advice
LAPE	Local alcohol profiles England
NICE	National institute for health and clinical excellence
PSHE	Personal social and health education
SPA	Southwark proof of age card

This is one unit of alcohol…



…and each of these is more than one unit

FAST	Scoring system					Your score
	0	1	2	3	4	
How often have you had six or more units if female, or eight or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4).						
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:
If score is 0, 1 or 2 on the first question continue with the next three questions

If score is 3 or 4 on the first question – stop here.
An overall total score of 3 or more is FAST positive.

What to do next?

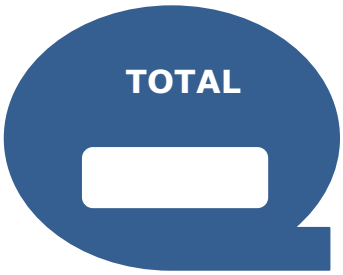
If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.

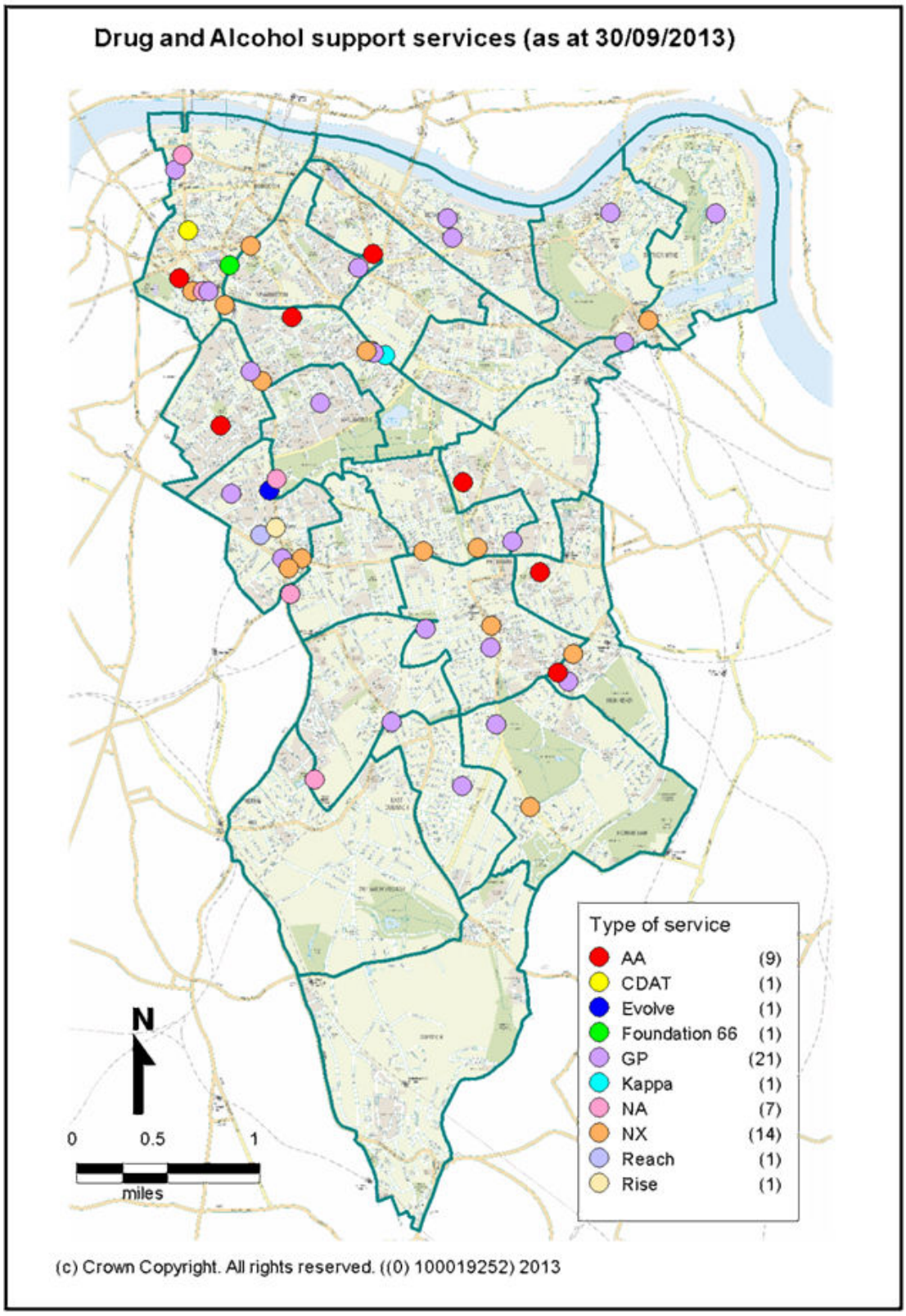
Score from FAST (other side)

Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 8	10+	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	

TOTAL AUDIT Score (all 10 questions completed):
0 – 7 lower risk
8 – 15 increasing risk
16 – 19 higher risk
20+ possible dependence.




Drug and Alcohol support services (as at 30/09/2013)
Type of service
AA (9)
CDAT (1)
Evolve (1)
Foundation 66 (1)
GP (21)
Kappa (1)
NA (7)
NX (14)
Reach (1)
Rise (1)
N
0
0.5
1
miles
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Services Explained

AA – Alcoholics Anonymous are a fully self supporting 12 step fellowship. AA believe that alcoholism is a disease and suggest abstinence for members. AA is fully independent and are not aligned to any treatment system or provider.

CDAT – Community Drug Action Team are DAAT funded to provide recovery, health and substitute prescribing services. CDAT work with complex clients i.e. homeless, dual diagnosis, poly drug users.

Evolve – Are part of Blenheim providers and are a DAAT funded services. Evolve is a low threshold drop in working with stimulant users and more recently party drug/ club drug users.

Foundation 66 – Are a DAAT funded service providing a community based direct access service for alcohol users.

GP – The GP surgeries highlighted here are GP surgeries in Southwark that work under the shared care model in Partnership with KAPPA. Clients will receive substitute prescribing with key-worker support provided by Kappa staff. The enhanced service is DAAT funded.

Kappa – Are part of Blenheim providers and are a DAAT funded service. Kappa is a low threshold drop in working primarily with opiate users. Kappa work in partnership with GP's as per above providing shared care.

NA – Narcotics Anonymous are a fully self supporting 12 step fellowship. NA operates in the same way as AA but is designed to support drug users into abstinence.

NX – represents pharmacists in the borough where needle exchange facilities are available.

Reach – Is the site where the Drug Intervention Programme (DIP) and Reach day programme runs from. DIP is the criminal justice related service designed to engage offending substance users into treatment. Reach is a recovery oriented day programme offering a range of workshops to all substance users.

Rise – Is a structured day programme offering intensive support to help all substance users achieve recovery.

South London and Maudsley NHS
NHS FOUNDATION Trust
ADDICTIONS CLINICAL ACADEMIC GROUP
MARINA HOUSE
63-65DENMARK HILL
SE5 8RS

Report for Southwark Overview and Scrutiny 24th March 2014

Re: MARINA HOUSE, 63-65 DENMARK HILL, LONDON SE5 8RS

Marina House continues to host many of our Addictions specialist Clinical, Research and Management staff as discussed at OSC on 15TH July 2013.

Current plans for the building include:

- Older persons services

We plan to temporally relocate part of SLAM's Southwark Older People's Services into the building.

This service runs a specialist addictions clinic for older adults in Southwark with substance and alcohol issues, alongside ancillary offices for community based mental health teams. This is regarded as an interim accommodation arrangement for around 18 months until we can relocate the service with other teams in the borough.

This will consist of around 22 clinical staff and some researchers and expect to move in by end March 2014

- **Art Group service for Addictions patients.**

The project will lead Arts groups and provide a platform for community engagement and arts initiatives (whilst maintaining a therapeutic space for service users.)
some of the work to date includes displaying service users work at;

  - Camberwell Arts Festival since 2008
  - Brixton village 2010
  - Tate Modern world mental health event 2012 & Grand Bazaart 2013

The expansion of this project will add to the successful reputation for arts practice and service-user involvement inside and outside the service. It is an out of hours service.

- **An Alcohol Care Team (ACT).**

This service which will consist of approximately 5 staff who will provide in reach liaison to KCH and SLAM. We are awaiting the outcome of a bid (jointly with KCH) to acute commissioners to provide this. If it is funded the service will commence by October 14 . The service will operate 7 days a week.

Finally over the next year we will also be developing a service proposal that seeks to promote Marina House to be a greater and further asset to the local community by assisting and sustaining people in their recovery from problems associated with drug, nicotine and alcohol use across all ages.

Emily Finch and Mark Allen

March 2014

Agenda Item 8

NHS
Southwark
Clinical Commissioning Group

Talking Therapies in Southwark

Overview & Scrutiny

Meeting Date: 24.03.14

Talking Therapies in Southwark

1. Background

In December 2013 Southwark Clinical Commissioning Group (CCG) took the decision to de-commission existing talking therapy services and re-commission services based on equity of provision and access. This decision was based on a review of existing services which identified gaps in service provision and variability in service access across the stepped care pathway. The development of the Primary & Community Care Strategy includes the formation of primary care localities / neighbourhoods and this brings with it the opportunity of increasing access to talking therapy services aligned to the developing model of delivery.

Currently, talking therapy services in Southwark are delivered by a combination of four organisations:

Value of the Services

Service	Funding
Southwark Psychological Therapies Service (SPTS) provided by South London & Maudsley NHS Foundation Trust (SLaM)	£2.4m
Practice Based Counselling (PBC)	£600k
Waterloo Community Counselling (WCC)	£63k
Southwark Carers (SC)	£15k
Total	£3.1m

Talking therapy services must meet the needs of the Southwark population for interventions to treat common mental illness, namely anxiety and depression in primary care. There are also national outcome and quality requirements that the CCG must fulfil as outlined in the CCG NHS Operating framework targets. The current commissioned services, when taken together do not consistently achieve these requirements across the borough. The IAPT Indicators included in the NHS Operating framework to measure quarter on quarter improvement are:

- The proportion of people that enter treatment against the level of need in the general population
- The proportion of people who complete treatment who are moving to recovery

This paper describes the engagement approach that mental health commissioners are taking in order to introduce the required service changes to deliver an enhanced talking therapy service for Southwark residents.

Proposals will result in the commissioning of an enhanced service and delivery model for Southwark rather than a substantial change to the services residents access and receive. The resultant service model will be aligned to the locality delivery model outlined by the

CCG's Primary and Community Care strategy that was reviewed and approved by the CCG's Governing Body and membership and endorsed by Southwark's Health and Wellbeing Board earlier in 2013/14.

2. Southwark CCG

Commissioners are seeking views and comment from users and other stakeholders about talking therapy services from as wide a base as possible. Southwark CCG has engaged with a number of stakeholders to seek information about patient experience in order to help shape future talking therapy services. This includes Primary Care Patient Participation Groups, Mind Service User Council, and Kindred Minds through Healthwatch.

Views have also been gathered directly from providers (SLaM, WCC, SC) GPs, Counsellors, Local Medical Council (LMC) and also during a number of engagement events such as a Mental Health Stakeholder Event (July 2013) Call to Action (October 2013) / Patient Experience Questionnaires from existing services (SLaM & PBC).

The Oversight and Scrutiny Committee (OSC) is asked to consider the proposal and programme of engagement and comment on the approach being taken by the CCG to improve access to talking therapy services for Southwark residents.

3. Proposed Service Model

The proposed future talking therapy service in Southwark will aim to optimise the health and wellbeing of Southwark's population by providing an enhanced service of psychological interventions that address anxiety, depression and trauma issues (PTSD) as well as interventions for people experiencing emotional distress in the context of medically unexplained symptoms and long term physical health conditions, in line with NICE guidance and the IAPT model of service delivery. The model also considers offering support for bereavement, mild eating disorders, and adjustment and relationship issues to ensure wide coverage of identified mental health needs.

The service will follow the Stepped Care Model for mental health. Stepped care is a system of delivering and monitoring treatments, so that the most effective, yet least resource intensive treatment or intervention is delivered to the service user first. This model is recommended in the National Institute for Clinical Excellence (NICE) guidelines for depression, particularly NICE CG123 Common Mental Health Disorders (2011). (See Appendix A).

Feedback from Southwark patients and other stakeholders has highlighted some variation in service provision, difficulties accessing talking therapies and problems in navigating the current system of services.

Our work with local residents has helped us to define what the proposed service model needs to deliver including:

- Provide equitable access to talking therapy advice and treatment
- Provide for self-referral into the service
- Provision at a local level, as close to home as possible
- Providing more flexible hours and locations for therapy
- Increasing capacity to shorten waiting lists or reach more people
- Providing access to a wider variety of therapies

Southwark patients during various engagement events during the year (2013-14) have said that communication and equity is important and that services should be joined up. Examples of feedback received include:

Communications

- Appointment reminders for patients – use of technology e.g. text
- Better information sharing between teams and organisations, including patient records
- Patients know their rights and range of services available

Equity of Service

- No postcode lottery of service provision
- Consistently high standards of customer services, politeness and human contact

Joined up services

- For GP practices to share common services across sites
- Joint responsibility for patients care (across teams)
- Mental and physical health treated together
- Range of services on single sites for Long Term Conditions patients available at the same time

Access, education and the use of modern technology is also seen as important to patients who have said the CCG should

- Make sure there are a range of options available, GP, Pharmacist for people to use
- Suitable times of appointments available

That there should be

- Peer support groups especially for Long Term Conditions
- Wellbeing and psychological support available (counselling) more accessible
- Knowledge of signs of ill health for people to manage own health better

Use of modern technology

- To help make services flexible and convenient

Based on the feedback received to date, the proposal is to commission one integrated primary care psychological therapy service on a stepped care model (See Appendix A) with a single point of access. The proposal will result in the CCG holding one contract with a provider or group of providers, based on an enhanced service specification (in development), rather than the multiple contracts managed now.

The service changes aim to achieve:

- Improved access, choice and movement across the stepped - care pathway for users via a single point of entry to services

- New ways of working and innovative practice in the approach to treatment of common mental illnesses and to improve mental well-being

- A strong focus on the common mental illnesses associated with having long term physical health conditions by early identification, self-management and treatment

- Better outcomes for users of services in terms of prevention of mental illness, early identification and least intensive intervention and good recovery rates

- Built in support employment and vocational support for all users of services

- Delivery of equitable services across the borough of Southwark reflected by:

  - Increased numbers entering services given the level of need
  - Increased take up of services by the diverse groups of people represented in the borough as highlighted by the nine (9) protected characteristics of Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex and Sexual Orientation
  - Market tested services that are delivered to an enhanced service specification

4. Impact assessment

The CCG conducted an Equality Impact Assessment (EIA) on the redesign of the Primary Care Counselling Service and the Primary and Community Care Strategy. The learning from the EIAs will inform the proposed Talking Therapy service across Southwark. In addition, at this present time, the CCG is conducting its annual CCG-wide equality, human rights and health inequalities review. Going forward, the impact of the proposed Talking Therapy service will be considered as part of this comprehensive review.

An equality, human rights and health inequalities impact assessment (EIA) was carried out on Southwark's Primary and Community Care Strategy 2013/2014 – 2017/2018. This assessed each of the work streams, including access. The assessment was positive about the use of a locality based approach to service delivery. It also felt that the development of neighbourhood working providing integrated services across a geographical area would provide quicker and easier access to relevant services, particularly for those people with mobility problems, mental health issues and/or little disposable income, which can act as a major barrier to accessing dispersed services across the borough, leading to health inequalities. We will build on this work moving forward.

In respect of talking therapy services, it should be noted that the proposed service model represents an increase in service provision, delivered through the investment in additional talking therapy capacity and more effective integration of existing services across the talking therapy pathway. We will ensure that robust contractual levers are in place and activity levels are closely monitored.

5. Financial impact of the proposal including an assessment of the financial impact on providers

Currently there are a number of routes through which patients access talking therapy services in Southwark. The range of services available across Southwark are funded and commissioned in different ways. The proposed model seeks to use existing resources in a more effective way by commissioning one integrated primary care psychological therapy service based on a stepped care model with a single point of access.

The financial envelopes of the following existing services will be used to fund this new integrated service:

1. Southwark Psychological Therapies Service (SPTS) – provided by SLaM
2. Practice Based Counselling Services – provided by GP practices
3. General Counselling and Multi-Ethnic Counselling Services – provided by WCC
4. Bereavement Counselling – provided by SC

The plan is to enter into a procurement process to secure an enhanced and equitable talking therapy service for Southwark residents based on a stepped care model with a single point of access. The existing providers (SLaM, PBC, WCC and CS) have been advised of the planned changes to the model of delivery and we are working closely with them during this transition phase.

6. Proposed process for further engagement with patients and stakeholders to support the development of the service

A programme of engagement with the public and key stakeholders is in progress. Stakeholder's comments on all aspects of the proposals are sought, especially on:

- the vision and scope of a talking therapy service for Southwark, and whether the proposals meet need
- access: how people will enter the service
- equity of access and intervention: making sure the service is fair in terms of accessibility and the opportunities for people to benefit from it;
- the proposed outcomes, and what the service should aim to achieve
- opportunities for working collaboratively and transparently with other organisations, especially primary care / GPs, community health services (e.g. public health, Southwark & Lambeth Integrated Care (SLIC)), the voluntary sector, social care and mental health services

There are several ways to contribute to the engagement on the proposed service changes. Further comments and views are welcome via the online survey on the Southwark CCG website www.southwarkccg.nhs.uk/get-involved/our-projects-and-events/talking-about-talking-therapies.

Building on existing patient feedback, a public engagement event is being held on 8th April at Cambridge House, where commissioners will seek patient views on talking therapy and present the key principles of the proposed service model; discuss how this could be delivered and what this would mean for users of the service. We recognise the importance of using clear and consistent language with both the public and across healthcare settings. A key focus for discussion will be how to effectively manage the communication with users and providers around the service change to ensure a seamless transition.

Southwark CCG has a deadline for feedback of 30 May in whatever format stakeholders prefer, either via the survey on the CCG website, the April event or feedback via carol-ann.murray@nhs.net Tel: 0207 525 1316.

In parallel with this we will continue to work with Locality Patient Participation Groups to help develop the service and plans for implementation.

The Southwark Engagement and Patient Experience Committee (EPEC) will consider the current plans at the March 2014 meeting and will be asked to provide views on engagement and the proposed service model going forward.

Other stakeholders

The CCG will continue to further engage with primary care through attendance at locality meetings and with other providers through monitoring and evaluation meetings. The development of an enhanced service specification is underway with views from patients, CCG Clinical Leads, GPs, and other key stakeholders are central to helping to shape services.

7. Timetable for Implementation of the Changes

Southwark CCG is working towards the engagement period ending on 30 May 2014 that will inform the final service model. From there a competitive dialogue period will be considered and there will be a 'Bidders day' on 7 July with expressions of Interests invited on 22 July. The deadline for tender submissions will be end October. The plan is for the new contract to be awarded in early January 2015, with a predicted service commencement date of 1 April 2015.

Appendix A

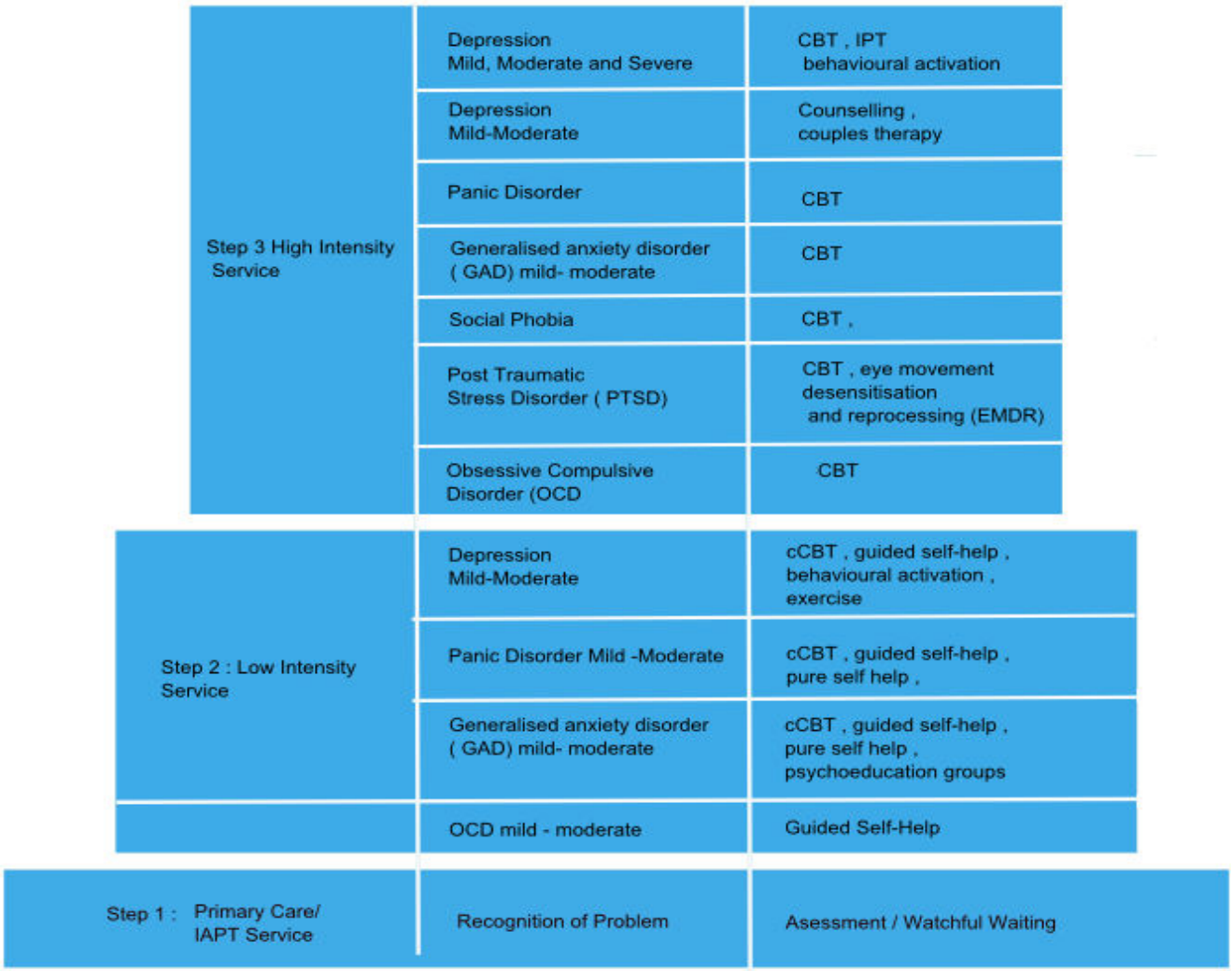
STEPPED CARE MODEL

National Institute for Health and Clinical Excellence (NICE) recommends a range of psychological therapies to treat people with depression and anxiety disorders to bring them to recovery. It also recommends these therapies are used to provide a system of stepped care, shown in the diagram A below. Stepped care has two principles:

1. Treatment should always have the best chance of delivering positive outcomes while burdening the patient as little as possible.

2. Scheduled reviews, to detect and act on non-improvement, must be in place to enable stepping up to more intensive treatments, stepping down where a less intensive treatment becomes appropriate and stepping out when an alternative treatment or no treatment become appropriate.

Diagram A



Prevalence of Psychosis and access to mental health services for the BME Community in Southwark

Introduction

Psychotic disorders (sometimes called severe mental illness - SMI) include schizophrenia and extreme disorders of mood (mainly bipolar disorder). The disorders are characterised by severe disturbances in thinking and perception such that perception of reality is distorted. This may result in different types of delusions about the self, others and the environment including hearing voices.

The Health, Adult Social Care, Communities and Citizenship Committee undertook an investigation into psychosis particularly in the BME community.

At this time, the Committee has carried out some initial evidence and we strongly recommend that the next iteration of the Health Scrutiny Sub-Committee carries out a more in-depth look at access to mental health services by all service users, with a specific focus within the report on BME community access.

In particular we investigated:

1. The prevalence of Psychosis in the BME community in Southwark
2. The reasons behind the prevalence of Psychosis amongst the BME community
3. The current ways in which mental health services are accessed by the BME community, and associated problems and/ or best practice
4. The ways in which mental health services currently interact with each other throughout Southwark.

Evidence Base

We received evidence from:

- The Clinical Commissioning Group
- Healthwatch
- Southwark Adult Social Care Team
- Guys and St Thomas' Hospital
- Kings College Hospital
- Black Majority Churches Pilot
- South London and Maudsley (SLaM)

Contents

Recommendations

1. At this time, the Committee has carried out some initial evidence and we strongly recommend that the next iteration of the Health Scrutiny Sub-Committee carries out a more in-depth look at access to mental health services by all service users, with a specific focus within the report on BME community access.
2. The Committee notes with concern that there are a large range of factors given for the increase prevalence of mental health conditions in the BME community. We recommend that Public Health carry out further work to understand the key drivers behind this increased prevalence, using Southwark specific data where possible to look at the Borough's BME communities in more detail.
3. The Committee recommends that Healthwatch Southwark should collect more information of real life cases through a number of means including Kindred Minds - A Southwark Black and minority ethnic (BME) user-led mental health project and other relevant sources and organisations in Southwark.
4. The Committee notes that there is minimal understanding of the ways in which members of the BME community present with mental health conditions, other than from research. We recommend that Public Health undertake further work to understand the pathways which Southwark residents take to access mental health services. Where relevant, this should be undertaken jointly with SLaM and the Hospital Trusts.
5. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.
6. We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.
7. We recommend that the Mental Health sub-group of the Lambeth and Southwark Emergency Care Network presents its final Action Plan to the Committee for further comment. We recommend that the final draft of the Joint Mental Health Strategy is presented to the Committee ahead of publication for further scrutiny.
8. The Committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark.
9. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.
10. Given the success of the Black Majority Churches Pilot, the Committee recommends that Southwark CCG and Southwark Council jointly consider commissioning a bespoke Pastoral

mental health awareness training programme across established BMCs in Southwark adapting SLaM's faith and mental health model.

11. The Committee further suggests that Southwark CCG and Southwark Council jointly consider commissioning further Mental Health First Aid training specifically aimed at established BMCs across Southwark

1. Prevalence of psychosis in the BME community

In both the 2001 and 2011 censuses, Southwark had the highest percentage and number of African residents for all London Boroughs. Southwark also has the highest percentage and number of African residents of any local authority in Britain (Office for National Statistics, 2013; Southwark Council, 2011).

Around three fifths of the African population of the Borough were born in Africa in 2001 (Southwark Analytical Hub), and this proportion was approximately the same in 2011 (Office for National Statistics, 2013). African residents are predominantly from Nigeria and other parts of West Africa (Southwark Council, 2011). The proportion of Black Caribbean residents in Southwark is somewhat different, decreasing from 8.0% in 2001 to 6.2% in 2011 (Southwark Analytical Hub).

There is substantial research that shows that in the UK rates of mental illness including psychosis in some ethnic minority populations are higher than rates in white British populations although the levels are not consistent and are different for men and women.

The main source of information about the numbers of people in the population with mental ill health nationally is taken from a large household survey conducted in England in 2007, and its predecessors which covered England, Scotland and Wales in 1993 (16-64 year olds) and 2000 (16-74 year olds) by the Office for National Statistics (ONS)

Table 1 Expected number of adults with psychosis or probable psychosis by borough

	Population Aged 16+ years	Estimated prevalence	Estimated expected number with psychotic disorder in the past year
Lambeth	255,000	0.4%	1,020
		0.5% (probable psychosis)	1,275
Southwark	242,000	0.4%	968
		0.5% (probable psychosis)	1,120

Source: Greater London Authority Interim Round Population Projections (2012) and Psychiatric Morbidity Survey (2007)

Figure 1: Expected number of adults with psychosis or probably psychosis by borough (Public Health Southwark & Lambeth)

Nationally the APMS survey (ONS, 2007) found that about 65% of people with psychosis and 85% of people with probable psychosis living in private households were on treatment. The difference may be because some of the people with probable psychosis have a history of psychotic symptoms but had not experienced them in the previous year whereas some of the people with psychosis were new and had not yet accessed services.

One third of people with psychoses had contact with their GP in the past 2 weeks, and two thirds had had contact in the past year.

2. Reasons for prevalence of psychosis in the BME community

The Committee heard evidence from South London and Maudsley (SLaM) in May 2013, which detailed their thoughts on the reasons for the prevalence of psychosis.

They believe that there is clear evidence of increasing incidence from 1965 onwards in South London. This is likely to be the result of:

- Increasing population size
- Increased proportion of young people at age at risk (20-35)
- Increased rates Black ethnic minorities
- Increased rates with cannabis use
- Increased rates with unemployment

As we can see from their projections, the number of Southwark residents with schizophrenia per 100,000 is predicted to substantially increase between 2004 and 2022.

Figure 2: Projections of schizophrenia per 100,000, Southwark Population 2004-2022 (SLaM)

SLaM went on in their evidence to try and explain more of the reasoning behind the increased numbers of members of the BME community with psychosis.

They stated that there have been various hypotheses attempting to explain the raised incidence in African and Caribbean groups, including:

- Selective migration
- Misdiagnosis based on racist assumptions

The differences are believed to be related to:

- Traumatic experiences (including racism/perceived racism), -family breakdown and social support

They also drew on a number of external pieces of research which attempted to explain the risk factors that mean that psychosis in the BME community is more prevalent than in the non-BME community.

This includes:

- **Unemployment** - Members of the Black Caribbean community who are unemployed are 60 times more likely than white employed people to develop mental health problems. (Boydell at al 2012 – Study in Southwark)
- **Crime** - There is a 26% increase in rates of schizophrenia with a 10% increase in crime (Bhavsar submitted 2012)
- **Psychosis increases with increasing population density** (Mortensen et al 1999)

- **Cannabis use** - There was a recent finding that cannabis use has a greater effect in inducing psychosis in urban environments - probable synergy (Kuepper et al 2011)
- **Poor education**

However, whilst these factors are seen to increase the occurrence of psychosis, a recent study in Lambeth indicated that the increased incidence of psychosis in black people disappeared once they formed >25% of the population at neighbourhood level (1500 people) (Schofield et al 2011).

Public Health Southwark & Lambeth explained to the committee that the reasons for increased occurrences included biological, psychological, and environmental (social, family, economic etc) factors.

They told the committee that opinions have swung to and fro between the relative contribution of biomedical (such as genes and brain chemistry) and environmental factors (such as parenting, school, work and life events) and between different interpretations and understanding of the brain and the mind. More recently there has been increasing recognition of the impact of nurturing on brain development in infancy and early childhood and specifically on the impact of negative infant and childhood experiences on future mental illness.

Studies now suggest that early childhood neglect and certainly more overt emotional or physical abuse can affect brain development adversely and increase risk of various issues including mental illness especially if other circumstances occur. There is also recognition that some forms of mental illness seem to run in families especially bipolar disorder although in nearly two thirds of people with schizophrenia there is no other family member with the disorder.

Psychological factors that may contribute to mental illness include:

- Severe psychological trauma suffered as a child, such as emotional, physical, or sexual abuse
- An important early loss, such as the loss of a parent
- Neglect (emotional and, or physical)
- Poor ability to relate to others

Environmental factors or stressors that may trigger mental illness (although not specifically psychosis) in a person who is susceptible (especially having been exposed to some of the factors above) include:

- A dysfunctional family life including domestic violence
- Death or divorce
- Unemployment
- Bullying or harassment (in the workplace, school etc)
- Substance misuse by the person or the person's parents

There also highlighted that there is a strong relationship between mental health problems and substance and, or alcohol misuse. This includes common mental illness, severe mental illness, problems with self harm and suicidal behaviour. Misuse of drugs and, or alcohol is also associated with increased risk of suicide. The Department of Health reports that about 30% of people seeking help for a mental health problem are likely to be misusing drugs.

The evidence around the influence of cannabis is controversial but may have a role in psychosis in genetically susceptible people (less than 20% of those developing a psychotic illness) when used in early teenage years. Cannabis can also exacerbate symptoms and sign in established psychotic illness eg paranoia and hallucinations.

The Committee notes with concern that there are a large range of factors given for the increase prevalence of mental health conditions in the BME community. We recommend that Public Health carry out further work to understand the key drivers behind this increased prevalence, using Southwark specific data where possible to look at the Borough's BME communities in more detail.

3. Ways in which psychosis services are accessed

In evidence from Healthwatch Southwark, it is apparent that BME communities are not being offered the services that they require. From a group of 10 people who were part of a BME service user group commenting on psychological therapy services, the comments received back included that:

- "It has not been offered"
- "Because you have CPN it is not offered"
- "No Black psychologist"
- "Need to know more about it/unable to make decision"

The Committee recommends that Healthwatch Southwark should collect more information of real life cases through a number of means including Kindred Minds - A Southwark Black and minority ethnic (BME) user-led mental health project and other relevant sources and organisations in Southwark.

In terms of the way in which services are directly accessed, analysis by major ethnic groupings indicates that black patients are referred more by “emergency” type services, such as A and E or the justice system than by GPs.

Public Health in their research, explained to the committee that nationally there is evidence of differential access to services for ethnic minority populations although some of this information is relatively historic.

- Admission rates to psychiatric hospitals for African-Caribbean populations are higher than for the general population (Coker 1994, Cochrane & Bal 1989)
- Diagnoses of schizophrenia among persons admitted to psychiatric hospitals are 3 to 6 times higher among African-Caribbean groups than among the white population (Coker 1994, Cochrane & Bal 1989)
- Diagnoses of depression and anxiety are less likely among African-Caribbean groups than among the general population (Lloyd 1993)
- African-Caribbean groups are more likely to be subjected to harsh and invasive types of treatment including intramuscular injections and electro-convulsive therapy, more likely to be placed in secure units, to be described as aggressive and to be hospitalized compulsorily under the Mental Health Act (Dunn and Fahy 1990, Davies 1996, Bhat 1996)
- Diagnoses of schizophrenia among persons admitted to psychiatric hospitals are 3 times higher among Asian males than among the white population (Coker 1994, Bhat 1996)
- Suicide rates among women from the Indian sub-continent and men and women from East Africa are higher than those for the general population (Soni Raleigh 1992, 1990) – this is very difficult to look at locally as suicide numbers are low and suicides in women are very low. Suicide rates among Asian women 15-24 years are more than twice the national rate and 60% higher in Asian women aged 25-34 years (Soni Raleigh 1992, 1990)
- Psychiatric patients from B&EM groups make less use of psychiatric services (Donovan 1992, Kareem 1989)

- The ethnicity of a patient influences the clinical predictions and attitudes of practising psychiatrists (Lewis 1990) [1]

The Committee notes that there is minimal understanding of the ways in which members of the BME community present with mental health conditions, other than from research. We recommend that Public Health undertake further work to understand the pathways which Southwark residents take to access mental health services. Where relevant, this should be undertaken jointly with SLaM and the Hospital Trusts.

[1] Source: Lee, B., Syed, Q., Bellis, M. (2001). Improving the Health of Black and Ethnic Minority Communities: A North West England Perspective. North West Public Health Observatory.

4. Ways in which Southwark is tackling BME psychosis

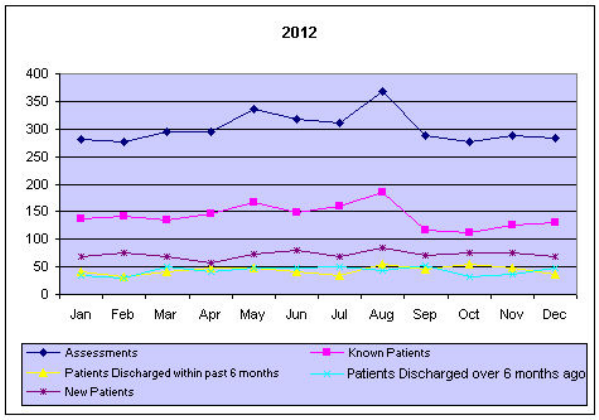
As we noted above, many of those presenting with psychosis first interact with healthcare services at A&E departments.

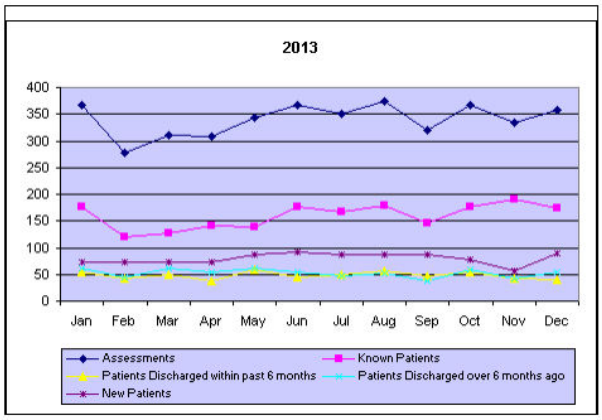
SLaM in their evidence to the Committee explained some of the background of these presenting at Emergency Departments. Those presenting at Kings and St Thomas' Emergency Departments, who are referred to the mental health liaison teams, typically fall into the following categories:

- Actual deliberate self-harm
- Intoxicated and suicidal
- Psychotic
- Hypomanic
- Depressed
- Depressed & Suicidal
- Anxious
- Requesting to see a Mental Health Professional
- Strange behaviour - often due to drug intoxicated

Self harm accounts for approximately 1/3rd of all presentations.

Of those presenting to the department, some are 'first presentation' patients (not known to SLaM) but from the local area, some are patients already under the care of SLaM and some are out of area patients. The latter group is particularly represented in those presenting at St Thomas' ED due to its proximity to major transport hubs and London's West End.





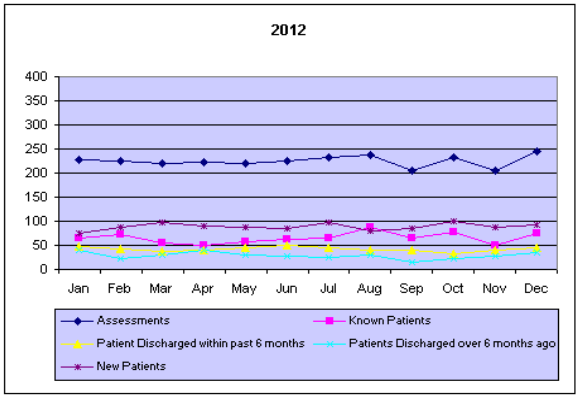
2012

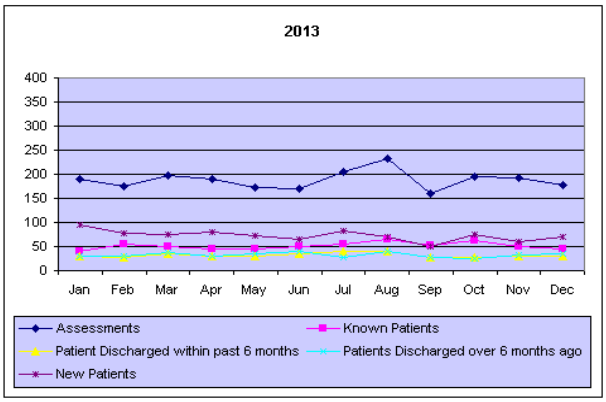
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessments	282	277	295	294	336	318	312	369	287	276	287	284
Known Patients	138	141	136	147	168	149	159	185	117	113	126	131
Patients Discharged within past 6 months	42	31	41	47	47	41	34	55	46	55	49	37
Patients Discharged over 6 months ago	34	30	50	42	47	48	50	44	52	33	37	48
New Patients	68	75	68	58	74	80	69	85	72	75	75	68

2013

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessments	366	277	311	308	344	367	351	374	319	368	333	357
Known Patients	176	119	127	142	138	176	168	180	147	177	190	175
Patients Discharged within past 6 months	55	42	50	37	58	44	49	56	48	55	43	39
Patients Discharged over 6 months ago	62	44	62	55	62	55	46	52	38	59	43	54
New Patients	73	72	72	74	86	92	88	86	86	77	57	89

Figure 3: Kings College Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014





2012

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assessments	227	225	220	222	220	225	232	238	205	232	205	245
Known Patients	66	72	55	51	57	63	65	88	64	77	49	74
Patient Discharged within past 6 months	48	43	37	40	44	50	44	40	39	32	41	44
Patients Discharged over 6 months ago	39	22	31	40	31	27	26	31	16	23	27	34
New Patients	74	88	97	91	88	85	97	79	86	100	88	93

2013

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
189	174	198	189	172	170	205	232	161	195	192	178
39	55	50	45	45	50	54	64	53	63	50	44
30	28	34	31	31	35	41	39	27	27	30	31
29	31	38	31	35	40	27	39	27	26	32	34
94	77	75	80	73	64	83	69	50	76	60	69

Figure 4: Guys and St Thomas' Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014

The Hospital Trusts and SLam told the Committee that there was an increase especially amongst local people who are unknown to the service. SLaM also told the Committee that they do not have detailed records of the numbers of different classifications of presentations to Emergency Departments, but are now in the process of collating this information.

We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.

Guys and St Thomas' Hospital

In their evidence to the Committee, Guys and St Thomas' explained how they are making changes to benefit the facilitation of psychosis services.

They explained to the committee that the emergency department is a very stressful environment for any patient, but moreso if someone is presenting with paranoia, psychosis, in distress or with suicidal thoughts.

The hospital currently has two cubicles within the main department which can be separated from some of the noise and the lights can be dimmed but this is not an ideal solution. Where clinically appropriate, patients will be moved to their emergency medical unit which is a quieter area that provides a more relaxing atmosphere for patients awaiting placement to other hospitals or need a further period of observation. Long delays especially when an in patient bed is needed results in a patient needing to spend a long time in what is not a therapeutic environment.

They highlighted to the Committee that the main challenge facing mental health patients throughout London is access to mental health beds. Patients can wait for >24 hours to gain access to an appropriate bed in their local area, during this time they are in a suboptimal environment for their condition leading to poor quality of care.

- An example this month showed a patient awaiting placement and the nearest bed was in Manchester. This is not uncommon.
- The result of this is patients being kept in an inappropriate environment for a prolonged period of time that is not good quality care for the patient
- This bed is then not available for a medically appropriate patient and contributes to significant bed pressure within Trusts.

The Hospital explained that the financial implications of the management of these patients are material and they recognised the need to create a safe and calm environment for patients requiring mental health assessments.

As a result the new Emergency Flood will contain 2 dedicated in-patient beds. Each contains its own en-suite facilities and, similar to the cubicles in the Major Treatment area, both are furnished in such a way that the potential for these patients to cause harm to themselves is minimised. These treatment rooms have been located so that they are slightly away from the busy clinical areas but have been provided with facilities to ensure that they can be fully observed at all times.

Kings College Hospital

Kings College Hospital told a similar story to the Committee. They believe that the Emergency Department at King's College Hospital treats the largest number of mental health patients in the UK.

They have an agreed service aim for all patients to be seen by the specialist psychiatric team within 30 mins from referral and this is monitored as a key performance indicator alongside other pathway measures such as time to first clinician. They also have clear clinical and operational pathways in place that support the rapid assessment and referral of patients at the point of initial assessment.

All ED staff undertake specialist training, delivered as a rolling programme of events throughout the year, from the Psychiatric Liaison team to ensure they are able to identify signs of mental illness and distress, how to risk assess and are aware of how best to manage patients presenting in crisis.

They have a dedicated assessment room for patients with mental health needs to meet with members of the psychiatric team that is separate from the main clinical area and provides a quiet space to minimise any additional stressors the busy ED environment can place on an individual.

However, they see a number of challenges facing the Trust:

- Increasing volumes and acuity of attendances to KCH ED
- Capacity – staffing (inpatients and ED), assessment space
- Social services, response times specifically out of hours
- MH bed provision/access
- Child and adolescent pathways
- Drugs and alcohol and the impact on the assessment process
- 136 suite provision
- Physical health support to the Mental Health inpatient environment to support collocated management
- Metropolitan Police and LAS relationships, training and pathways specifically for metal capacity assessments,
- documentation and the section 136 process

Whilst these cannot be immediately resolved, they do have plans to help in the immediate term with the increasing number of presentations:

- Development and recruitment of a hospital wide team of specialist nurses and healthcare support workers to provide greater consistency of 1:1 supervision and support to patients with mental health and behavioural problems
- Organisational reconfiguration of KCH out patients to support the final phase of the mental health assessment suite and new main entrance opening

We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.

The Clinical Commissioning Group

The Clinical Commissioning Group (CCG) told the Committee that they had commissioned a review of the partnership arrangements in place for delivering mental health services in the Borough.

The review made a number of recommendations to strengthen partnership working in the area of mental health and endorsed the lead commissioner role of the CCG. The review recommended the development of a new Mental Health Strategy for Southwark to set out clearly the vision, outcomes and key actions to be taken across partners to deliver better mental health for the population of Southwark

Significant reforms to the strategy and policy landscape for the public services have strengthened a number of themes to set a clear strategic framework for mental health services in Southwark. These include:

- Focus on increasing independence and moving people on from dependency through personalisation, normalisation and reforms to welfare benefits
- Renewed emphasis on making local government, the NHS and other sectors work together with greater impetus for integration
- Increased significance of prevention and early intervention
- Importance attached to person-centred care, with attention given to co-designing services and achieving outcomes in partnership with patients and users to give them more choice and control
- Prioritisation of responses to mental health to put it on a par with physical health
- Drive for efficiency and budget savings in the context of pressures on the public purse from the economic climate and demographic growth

The CCG also told the Committee that they had convened a Mental Health Working Group which will be putting together a Joint Mental Health Strategy.

This will operate on a cross-sectoral approach with the CCG, Council, Public Health and Healthwatch along with the Hospital Trusts.

We recommend that the Mental Health sub-group of the Lambeth and Southwark Emergency Care Network presents its final Action Plan to the Committee for further comment. We recommend that the final draft of the Joint Mental Health Strategy is presented to the Committee ahead of publication for further scrutiny.

South London and Maudsley

SLaM told the Committee about the services that currently exist, allowing BME community members to access mental health services.

The OASIS Team

The OASIS team offers help to people who are at high risk of developing psychosis but who are not yet psychotic [Broome et al 2005].

This is the first service of this type in the country and without treatment about a third of people with symptoms will develop a first episode of psychosis within 12 months [Yung et al, 2003]

Clients are seen in non-psychiatric community settings to maximise accessibility and minimise stigma OASIS has been very successful at engaging clients from ethnic minorities, who comprise 2/3rds of the client group.

Among those engaged by OASIS there are no significant differences between ethnic groups in the rates of psychosis, hospital admission and use of the Mental Health Act.

The STEP Team

Is a community based multi-disciplinary team which provides a holistic and comprehensive early intervention service to individuals aged 14-35 who are experiencing their first episode of psychosis.

The team uses well-researched Early Intervention strategies and works intensively with service users and carers to promote engagement with the team and with treatment and to facilitate social inclusion and recovery.

There is an Adolescent Mental Health worker who is part of the STEP team and who works across both the Child and Adolescent Mental Health Service and STEP team, care co-ordinating the under 18's with psychosis and ensuring a smooth transition to adult services where this is necessary.

Service users are encouraged to make informed treatment choices and are offered the following interventions.

SLaM however took the time to explain to the Committee the types of intervention that exist to facilitate psychosis treatment.

- **Engagement** – flexible; can be seen at GP surgery, home or a community setting
- **Immediate contact** – service users are seen within one week of referral. Supportive and empathic relationship in which service users' aspirations, strengths, priority need are central
- **Psychological interventions** – including Cognitive Behavioural Therapy and individual and group work
- **Working with families** – involvement in treatment plans, carers assessments and groups, family interventions
- **Social inclusion interventions** – vocational and educational assessment and support, facilitating access to other agencies both mental health an mainstream
- **Medication** – this involves use of low dose medication in the first instance with regular review and side effect monitoring
- **Relapse prevention** – working to understand and recognise their early warning signs and make plans to prevent relapse where possible

- **Physical health** – promotion of healthy lifestyle, physical wellbeing, good communication with primary care

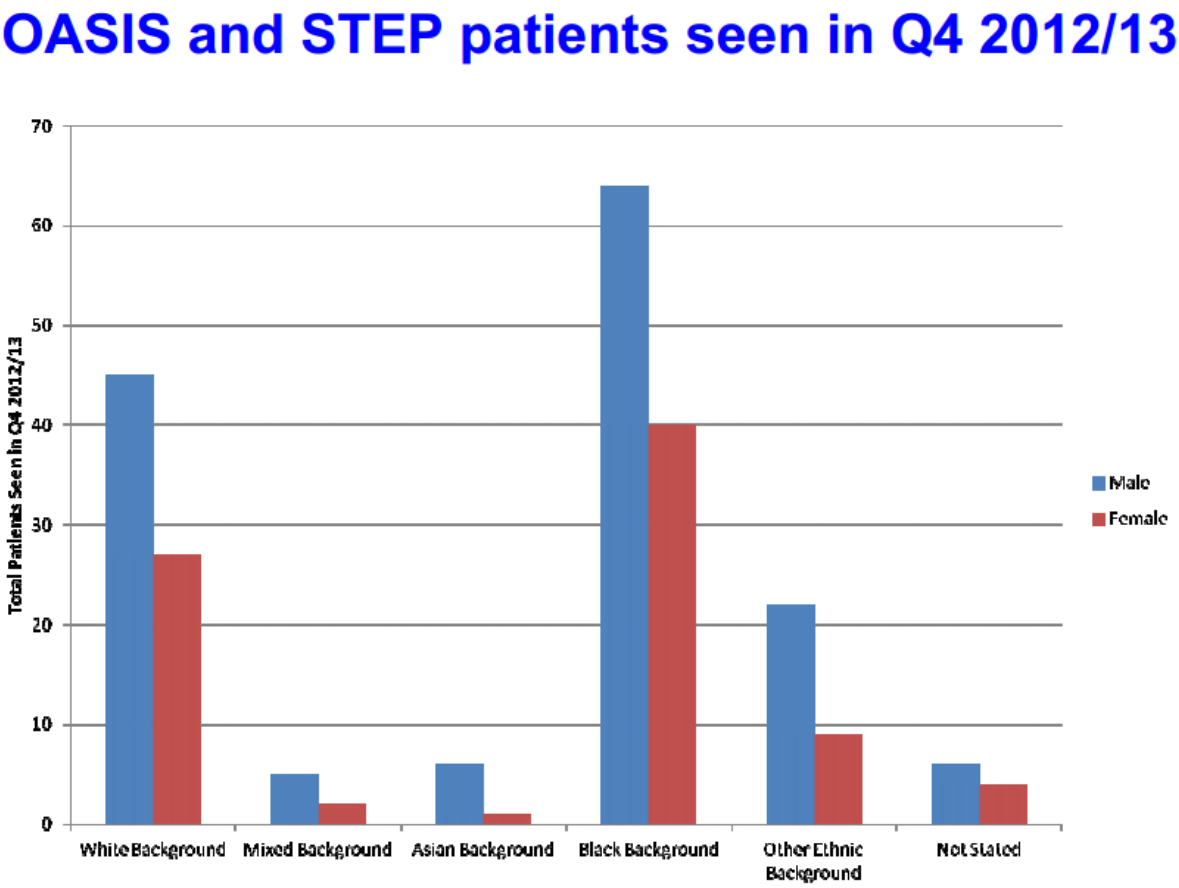


Figure 5: OASIS and STEP patients seen in Q4 2012/13

The Committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.

Black Majority Churches Pilot

SLaM, through its Charitable Trust, piloted a "Faith and Mental Health Training" project ('the project") with a number of Black and Minority Ethnic (BME) Churches in 4 London Boroughs including Southwark. The project has made links with both local and faith communities and increased mental health literacy as well as improved communication and understanding between mental health services and BME communities.

The project has now trained a hundred people from a variety of faith groups predominantly from across SLAM Boroughs, Southwark, Lambeth , Lewisham and Croydon. The project has concretely demonstrated the impact of taking a dual approach (spirituality and medicinal practice) to addressing mental illness within the BME community. The mental health courses on the pilot for local faith groups were oversubscribed, and the conference held to celebrate the completion of the courses and discuss the issue of spirituality and mental health attracted over 130 local people from BME communities and highlighted the need for more training in mental health issues within faith groups.

Pastors have spoken eloquently about how they have "seen the light" following the mental health awareness training. Armed with a better understanding of the causes and cures of mental illness, they have been able to provide a far better and pragmatic pastoral care for those in their congregation. The biggest change that these trained Pastors have initiated is that they no longer take the approach to mental illness as a form of demonic possession, but that members of the congregation must see a health professional, take their medication and that the church will also continue to support them spiritually. Some of the participants of the pilot have said:

"I no longer see mental illness as incurable"

" I feel better to be around people who may have mental health issues"

"My response to suffering has changed. Prayer does not always make a difference"

"I will now not treat every individual regarded to have mental health issues with suspicion".

Given the success of the Black Majority Churches Pilot, the Committee recommends that Southwark CCG and Southwark Council jointly consider commissioning a bespoke Pastoral mental health awareness training programme across established BMCs in Southwark adapting SLaM's faith and mental health model.

The Committee further suggests that Southwark CCG and Southwark Council jointly consider commissioning further Mental Health First Aid training specifically aimed at established BMCs across Southwark

Adult Social Care Team

The Council's Adult Social Care team has a number of initiatives to support people with mental health conditions in the community, which aim to help keep them safe in the community.

The Council's Adult Social Care team currently has a number of initiatives to support people with mental health conditions in the community, which aim to help keep them safe in the community and away from A&E wards.

The mental health services in Southwark are provided by integrated health and social care teams, under the auspices of SLaM. They use a holistic approach which enables teams to support all health and social care needs under one service. These teams also 'in-reach' onto wards to enable earlier discharges.

The Adult Social Care team in their evidence, told the Committee about the services that are provided, including

- Home Treatment Teams (HTT) who provide 24/7 care to service users in a crisis in their own homes, accept out of hours referrals from GPs, provide peer support for people in leaving HTT.
- Psychiatric Liaison Nurses (PLN) who are based in A&E and provide 24/7 mental health triage, as well as assessing for HTT.
- 13 weeks support through reablement with a Recovery and Support Plan aimed at avoiding future mental ill-health episodes leading to a crisis situation.
- Maudsley's 'place of safety' which is open 24/7 and where those with mental illness who are picked up by the police can be taken to instead of A&E
- AMHP team who can undertake assessments under the Mental Health Act without a need for referral to A&E
- Emergency Duty Workers (EDT) who provide rapid assessment under the Mental Health Act as well as care planning.

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HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP SCRUTINY SUB-COMMITTEE **MUNICIPAL YEAR 2013-14**

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Gus Heafield, CEO, SLaM NHS Trust	1
Patrick Gillespie, Service Director, SLaM	1
Jo Kent, SLAM, Locality Manager, SLaM	1
Zoe Reed, Executive Director, SLaM	1
Marian Ridley, Guy's & St Thomas' NHS FT	1
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1
Jacob West, Strategy Director KCH	1
Julie Gifford, Prog. Manager External Partnerships, GSTT	1
Geraldine Malone, Guy's & St Thomas's	1

Name	No of copies
Council Officers	
Romi Bowen, Strategic Director of Children's and Adults Services	1
Andrew Bland, MD, Southwark Business Support Unit	1
Malcolm Hines, Southwark Business Support Unit	1
Sarah McClinton, Director, Adult Social Care	1
Adrian Ward, Head of Performance, Adult Social Care	1
Shelley Burke, Head of Overview & Scrutiny	1
Sarah Feasey, Head of Safeguarding & Community Services	1
Aine Gallagher, Political Assistant to Labour Group	1
William Summers, Political Assistant to the Liberal Democrat Group	1
Julie Timbrell, Scrutiny Team SPARES	10
External	
Rick Henderson, Independent Advocacy Service	1
Tom White, Southwark Pensioners' Action Group	1
Fiona Subotsky, Healthwatch Southwark	1
Alvin Kinch, Healthwatch Southwark	1
Kenneth Hoole, East Dulwich Society	1
Elizabeth Rylance-Watson	1
Total:	50

Dated: December 2013