

# Health and Adult Social Care Scrutiny Sub-Committee

Tuesday 10 April 2012

7.00 pm

Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

## Membership

Councillor Mark Williams (Chair)  
Councillor David Noakes (Vice-Chair)  
Councillor Denise Capstick  
Councillor Patrick Diamond  
Councillor Norma Gibbes  
Councillor Eliza Mann  
Councillor the Right Revd Emmanuel  
Oyewole

## Reserves

Councillor Poddy Clark  
Councillor Neil Coyle  
Councillor Mark Glover  
Councillor Jonathan Mitchell  
Councillor Helen Morrissey

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## INFORMATION FOR MEMBERS OF THE PUBLIC

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**Contact** Julie Timbrell on 020 7525 0514 or email: [julie.timbrell@southwark.gov.uk](mailto:julie.timbrell@southwark.gov.uk)

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Members of the committee are summoned to attend this meeting  
Acting Chief Executive Eleanor Kelly  
Date: 2 April 2012



# Health and Adult Social Care Scrutiny Sub-Committee

Tuesday 10 April 2012  
7.00 pm

Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

## Order of Business

Item No.	Title	Page No.
	<b>PART A - OPEN BUSINESS</b>	
1.	<b>APOLOGIES</b>	
2.	<b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
	Members to declare any personal interests and dispensation in respect of any item of business to be considered at this meeting.	
4.	<b>MINUTES</b>	
	To approve as a correct record the Minutes of the open section of the meeting held on	
5.	<b>REVIEW OF SOUTHERN CROSS CARE HOMES</b>	
6.	<b>SLAM CONSULTATIONS</b>	1 - 25
	Report back on proposed reorganisation of Mental Health of Older Adults .	
	Report back on proposed reorganisation of Psychological Therapy Service.	
7.	<b>REVIEW OF SOUTHWARK CLINICAL COMMISSIONING COMMITTEE - CONFLICTS OF INTEREST</b>	

<b>Item No.</b>	<b>Title</b>	<b>Page No.</b>
	Finalise report	
<b>8.</b>	<b>REVIEW OF AGEING ADULTS WITH COMPLEX NEEDS</b>	
<b>9.</b>	<b>WORK PROGRAMME</b>	26

**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.**

**PART B - CLOSED BUSINESS**

**DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.**

Date: 2 April 2012

# Agenda Item 6

1

Clr Mark Williams  
Chair, Health & Adult Social  
Care Scrutiny sub-Committee  
160 Tooley Street  
London  
SE1 2TZ



**Scrutiny Team**  
**Direct dial: 020 7525 0514**

Date: 21 March 2012

Dear Stuart Bell

SLaM: consultation on reorganisation of Mental Health of Older Adults Service (MHOA)

Southwark Council's Health and Adult Social Care scrutiny committee met on Wednesday 14 March and considered your early proposals to reorganise your services to increase crisis support in community settings for older adults with mental health needs, and the consequent loss of inpatient beds to fund this change and in anticipation of reduced demand.

Members of the committee considered the trigger template, produced at our request, and evidence from your senior managers concerned with planning the proposed reorganisation. The committee also heard evidence from a spokesperson from Southwark Pensioners Action Group (SPAG).

SPAG raised concerns with the cumulative effect of cuts to inpatient hospital beds and the reduction in high support care home placements for older people experiencing mental distress and / or cognitive impairment. The spokesperson cited the closure of Felix Post two years ago, Holmhurst's closure last year and the more recent closure of the Beckett Unit in Greenhive care home. Anecdotal evidence was received concerning two deaths of older people who were users of MHOA services. Concerns were raised by SPAG about the heightened risk to service users when services close and the perception that community care can be more risky than inpatient care.

The committee understands that you consider that the extension of community care will better meet service users' needs and that maintaining older people's independence in the community through increased support during the weekend and in the evening, and this in turn will decrease the need for inpatient beds. Your verbal evidence outlined that the proposal represents an anticipated loss of 19 beds out of a total of 81 beds. You also assured the committee that these proposals are still being developed and have not been implemented.

Your evidence indicated that you are in the early stages of planning the reorganisation and consultation to date has been principally with relevant health and social care commissioners, but with some early engagement work with service users.

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**Chief executive:** Annie Shepperd



The committee indicated that they consider this change to be a significant variation and as such welcome your commitment to carrying out a full 12 week consultation with services users and other stakeholders affected by the proposed changes.

The committee requested that you come back to a following meeting outlining:

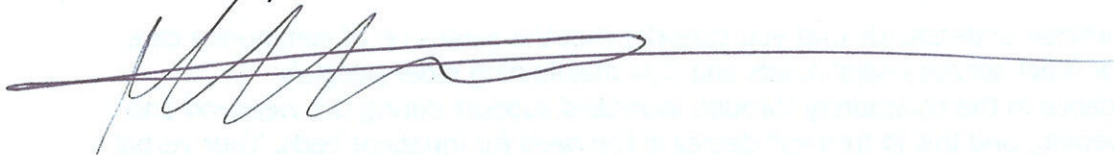
- more details on the budget including details of any overall disinvestment to this service and the exact numbers of beds that could be lost and the scale of the investment in the new community crisis team
- details of your consultation plan to engage and consult with service users and stakeholders about the proposal
- how you might use capacity across SLAM if there is an unexpected need for acute inpatient care for older adults with mental health needs.

Please can you provide details on the above by the 5 April, so these can be circulated to the committee, and attend the next committee meeting on 10 April 2012.

If you have any queries please contact Julie Timbrell, scrutiny project manager, in the first instance via email: [julie.timbrell@southwark.gov.uk](mailto:julie.timbrell@southwark.gov.uk) or by telephone on 02075250514.

I look forward to hearing from you

Yours faithfully

A handwritten signature in black ink, appearing to be "Mark Williams", written over a horizontal line.

Cllr Mark Williams

Chair, Southwark Health and Adult Social Care Scrutiny sub-committee

Cc Zoë Reed, Executive Director Strategy and Business Development.  
David Norman, Service Director, MHOA  
Susanna White, Strategic Director of Health and Community Services  
Councillor Dora Dixon-Fyle, Southwark Cabinet member for Health and Adult Social Care  
Tom White, SPAG

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**Chief executive:** Annie Shepperd

South London and Maudsley   
NHS Foundation Trust

**Mental Health of Older Adults  
Clinical Academic Group**

Maudsley Hospital  
115 Denmark Hill  
London SE5 8AZ

Tel: 020 3228 1624

SLaM Switchboard: 020 3228 6000

Cllr Mark Williams  
Chair, Southwark Health and Adult Social Care  
Scrutiny sub-committee  
160 Tooley Street  
London SE1 2TZ

26<sup>th</sup> March 2012

Dear Cllr Williams,

**Re: SLaM: Consultation on the reorganisation of Mental Health of  
Older Adults Service (MHOA)**

Thank you for your letter of 21<sup>st</sup> March 2012 addressed to Stuart Bell, Chief Executive. As I attended the meeting of the Southwark Council's Health and Adult Social Care Scrutiny Sub-Committee on 14<sup>th</sup> March 2012 to which your letter refers, Stuart has asked me to reply on his behalf.

In respect of the proposal by the Mental Health of Older Adults service to create a home treatment service to be funded by a reduction in hospital beds, I can confirm that the service is currently discussing this option with commissioners and will engage with other stakeholders, including users of services, their carers and organisations advocating on their behalf as part of this process. I acknowledge that the committee believes that such a proposal, if implemented, would constitute a significant variation in service and will proceed on this basis. I confirm that I will provide information on the three specific points outlined in your letter by 5<sup>th</sup> April in order for this information to be discussed at the next committee meeting on 10<sup>th</sup> April 2012.

There were a number of points raised at the meeting by Mr Tom White on behalf of the Southwark Pensioners Action Group regarding SLaM services for older people and I feel it is important to respond to those. I can clarify that the Felix Post Day Service was closed in 2009 following a Public Consultation exercise carried out in both Lambeth and Southwark with the involvement of both scrutiny committees. This process concluded that the service was not well integrated with social care and voluntary services and agreed that this activity should take place in community settings supported by the mental health teams. Holmhurst Day Centre is not a SLaM service and the decision

to merge this facility with the Fred Francis Day Centre was made by Southwark Social Services and the Mental Health of Older Adults service was not involved in this change. Finally the Becket Unit in Greenhive Care Home has not been closed but has moved to the Woodlands Specialist Care Unit near the Elephant and Castle and therefore continues to provide a service to Southwark residents.

I hope this information is of reassurance but should members require any more information then I would be pleased to provide this.

Yours sincerely,

David Norman  
**Service Director**  
**Mental Health of Older Adults**  
**Clinical Academic Group**



Cllr Mark Williams  
 Chair, Health & Adult Social  
 Care Scrutiny sub-Committee  
 160 Tooley Street  
 London  
 SE1 2TZ



**Scrutiny Team**  
**Direct dial: 020 7525 0514**

Date: 16 March 2012

Dear Stuart Bell

SLaM: consultation on Changes to Psychological Therapy Services

Southwark Council's Health and Adult Social Care scrutiny committee met on Wednesday 14 March and considered the proposed changes to Psychological Therapy Services. Evidence was considered from:

- SLaM senior managers responsible for the service reorganisation
- SLaM senior consultants and an honorarium personally affected and concerned about the reorganisation outcome
- National psychotherapy and psychoanalytic professional organisations United Kingdom Council for Psychotherapy (UKCP) and the British Psychoanalytic Council (BPC).

Members of the committee considered documentary evidence from all the above three parties and questioned senior managers and clinical staff from SLaM in person.

The following concerns were raised:

**Limited initial consultation and engagement with service users had taken place, and in particular staff raised concerns that users of this service had not been uniformly consulted.** It was noted that early modelling had taken place with a small number of service users. In response to concerns raised by the Lambeth Lewisham and Southwark stakeholder reference group senior managers reported that recent steps had been taken to widen participation with the establishment of a wider service users reference group and regular meetings with LINKs. However the evidence received indicated that this was focused on monitoring the impact to take mitigating action if needed, rather than consulting on the current proposed reorganisation. It was also noted by the committee that the consultation to date had not put forward any alternative way of achieving the aims of the reorganisation.

**The adequacy of the Equality Impact Assessment.** Evidence from SLaM indicated sexual orientation and transgender information was not collected, as is required by law. Concerns were raised by staff that the changes would adversely affect patients with complex psychological and social needs who do not fall into 'standard' diagnostic groups. Committee members highlighted that both these shortfalls could potentially breach equalities legislation and would open the Trust to legal challenge (examples were given of recent cases involving the Secretary of State for Education and Building Schools for the Future, and Birmingham City Council's changes to Adult Social Services, which were both ruled against by the High Court).

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**Chief executive:** Annie Shepperd



Members reiterated concerns that the proposed changes could lead to the unintended consequence of disproportionately affecting individuals suffering from different types of conditions (duty to consider disability), and that this had not been considered by SLaM when drawing up their proposals, as required by law.

**The risk that cuts to consultants of around 10% could have a significant effect on service level and result in a service reduction of up to 45 %.** This would be a very significant reduction in service. Evidence received from senior managers and consultants was contradictory. The main concern centred on the possible impact on unpaid honorariums through a change in location, loss of hours and specialist clinical skills through the reorganisation and the members raised concerns that this significant risk had not been considered sufficiently and would benefit from more extensive and thorough staff consolation.

**The scale and speed of the change.** Concerns were raised by consultants that the front loading of the cutbacks could be destabilising and that a slower change would be less risky to service continuity.

The committee resolved that the potential scale and impact of the proposed changes made this a substantial variation and as such strongly recommended that the service reorganisation be immediately paused and a full 12 week consultation be held with all concerned parties, including service users and staff.

As you will be aware SLaM, being a Foundation Trust, is required to consult the committee on a substantial variation. These requirements are set out in regulation 4 of The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. Having consulted the committee the concerns are as set out above.

In addition there is Section 242 of the NHS Act 2006 (as amended) which places a legal duty on NHS trusts, Primary Care Trusts, Strategic Health Authorities and Foundation Trusts to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes. This is a statutory duty, which means consulting and involving: not just when a major change is proposed, but in ongoing service planning; not just in the consideration of a proposal, but in the development of that proposal; and in decisions about general service delivery, not just major changes.

The committee would be very concerned if the proposed changes went ahead without addressing the concerns above and would prefer to work with SLaM in a constructive manner to ensure that, in the interests of the residents of Southwark, the concerns of the committee are fully addressed.

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Should SLaM be unwilling to agree to undertake a 12 week consultation (without responding adequately to the concerns raised) then the committee will give urgent consideration to referring its concerns to the Secretary of State. This would be a last resort for the committee, however, one that we are not prepared to rule out.

Since the meeting I have been informally advised that you do intend to carry out a full consultation, which is welcome, but that interviews for positions as set out under the original proposals are continuing. I find this deeply concerning as it potentially shows you have not taken the committee's concerns seriously. I hope that the consultation is genuine and will not be prejudiced by your preparations. Again, if the consultation is not deemed to be meaningful the Trust is opening itself to potential legal challenge which could cost time, money and delay improvements which we all want to see.

The regulations require that the Trust responds to this letter within 28 days, however, given the late stage at which the committee has been consulted and the advanced stage of the reorganisation we consider that it is reasonable to require a response within seven days.

I would like to emphasise that the committee wishes to work in a constructive manner with all elements of the NHS in Southwark to achieve the goal of improved patient outcomes which we all want to see. We also understand the difficult financial settlement that the NHS (and all public bodies) find themselves in; however, this is not an excuse for poor consultation and ignoring the concerns of locally elected members. As I stated at the committee meeting this is the start of a process, not the end.

If you have any queries please contact Julie Timbrell, scrutiny project manager, in the first instance via email: [julie.timbrell@southwark.gov.uk](mailto:julie.timbrell@southwark.gov.uk) or by telephone on 02075250514.

Yours faithfully

A handwritten signature in blue ink, appearing to read "Mark Williams", with a long horizontal flourish extending to the right.

CLlr Mark Williams

Chair, Southwark Health and Adult Social Care Scrutiny sub-committee

Cc Steve Davidson; Service Director. Mood Anxiety and Personality CAG.  
 Dr Jonathan Bindman, SLaM  
 Zoë Reed Executive; Director Strategy and Business Development.  
 Councillor Dora Dixon-Fyle, Southwark Cabinet member for Health and Adult Social Care  
 Councillor Ed Davie, Chair Lambeth Health Scrutiny Committee

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**Chief executive:** Annie Shepperd





**Zoe Reed**

Executive Director  
Strategy and Business Development  
1<sup>st</sup> Floor, Maudsley Hospital  
Denmark Hill  
SE5 8AZ

Telephone: 020 322 82435  
SLaM Switchboard: 020 3228 6000

22<sup>nd</sup> March 2012

Cllr Mark Williams  
Chair, Southwark Health and Adult Social Care  
Scrutiny sub-committee  
160 Tooley Street  
London  
SE1 2TZ

Dear Cllr Williams

### **Proposed Changes to Psychological Therapies Services**

Thank you for your letter of 16<sup>th</sup> March 2012 addressed to Stuart Bell, Chief Executive. As I attended the meeting of the Southwark Council's Health and Adult Social Care Scrutiny Sub-Committee on 14<sup>th</sup> March 2012 to which your letter refers, Stuart has asked me to reply on his behalf.

I would like to begin by apologising that the Trust submitted an earlier draft of a high level Equalities Impact Assessment and then failed to supply you with the updated version reflecting the further work to localise and improve our equalities analysis. This meant your committee members did not have sight of the latest version of the document during our discussion on 14<sup>th</sup> March, and would therefore not have known that some of the concerns they raised had in fact already been addressed by the Trust. We also recognise that patient and public involvement under Section 242 of the NHS Act 2006 is an area where additional perspectives are valuable and are grateful for your suggestions for improvement in respect of the proposed changes to psychological therapies services.

We are pleased that you see your letter to us, following the meeting, as the start of a process not the end. This is because, as I said at the meeting, we are keen to meet soon with you and other significant stakeholders to discuss our service change and QIPP plans for 2012 – 2015. We fully subscribe to the spirit and letter of Section 242 of the NHS Act 2006, recognising the benefits of early engagement with those who use or potentially might use our services in the planning of the provision



of services and in the development and consideration of proposed changes. We also recognise the benefit of early involvement of key stakeholders such as yourselves in helping us think through how we might make the necessary service changes and implement QIPP plans in ways that minimise adverse impacts across all the population. In this respect we are grateful for the recognition in your letter of the difficult financial settlement which the NHS, and all public bodies, find themselves in and your assurance that the committee wishes to work in a constructive manner with all elements of the NHS in Southwark.

We feel this early engagement approach will enable us to work together to agree which areas of change your committee would wish to work with us on particularly closely over the coming period. As I said at the committee meeting we do not think it is helpful to determine the nature of our engagement based on local understanding of 'substantial development or variation' as provided for under the Local Authority [Overview and Scrutiny Committees Health Scrutiny Functions] Regulation 2002. This is because NHS Foundation Trusts are not subject to the same duty to consult with health overview and scrutiny committees in respect of substantial developments or variations in service provision as other NHS bodies. As set out in the Health and Social Care (Community Health Standards) Act 2003 (Supplementary and Consequential Provision)(NHS Foundation Trusts) Order 2004 the duty upon NHS Foundation Trusts to consult health overview and scrutiny committees does not arise over every proposal for a substantial development of the service provided, but only where

- a) the NHS Foundation Trust proposes to make an application to the Independent Regulator ["the regulator"] of NHS Foundation Trusts to vary the terms of its authorisation; and
- b) that application if successful would result in a substantial variation of the provision by the NHS Foundation Trust of protected goods or services in the area of the local authority.

We do not intend to make such application to the regulator for any of our proposed changes in our Forward Plan 2012-2015.

Turning to the substantive issue of proposed service redesign of the Psychological Therapies Services, we have noted the areas of concern in your letter and intend to proactively respond to them by prioritising time of the staff group to undertake further engagement, information gathering and analysis to enable us to deepen our understanding of:

- The current users of the service where staff have already been asked to consult with them using a standard set of information
- The impact of the proposed changes on all people with protected characteristics - so that we can be sure that the Trust and our Commissioners have paid due regard to and have mitigated against any identified adverse impact on all sections of the population as required under the Equality Act 2010. Our attached Southwark specific Equality Impact Assessment provides considerably more information than you had before your committee on 14<sup>th</sup> March.



However, in accordance with your letter, we plan to undertake further work in the areas of:

- sexual orientation and transgender
  - patients with complex psychological and social needs which do not fall into 'standard' diagnostic groups
  - any unintended consequences which might disproportionately affect individuals suffering from different types of conditions
- The possible impact on the availability of unpaid honorary therapists

We note your recommendation that a further full 12 week consultation be held with all parties concerned, including service users and staff and recognise that you have come to this view at least in part because of the limited information we have provided you with to date. We would suggest however that there is a need for a proportionate response to our responsibilities under Section 242 of the NHS Act 2006 and would draw to your attention the consultation and involvement which has already taken place around the proposed service redesign of the Psychological Therapies Services and the associated Care Pathways. The list below sets out the engagement work undertaken to date together with the improvements made to the proposals in the light of the helpful and informative feedback:

#### Engagement with staff and service users together

- Care pathway design workshops were held including staff from psychological therapy services and representatives from the service user advisory group. (February 2011, 28<sup>th</sup> March 2011 and 23<sup>rd</sup> May 2011) The work from these sessions formed the basis of the current proposals by identifying best clinical practice, as well as areas of service functioning that required improvement.
- The service model was developed via a steering group which met between September and November 2011. The group included staff representatives covering a broad range of experience and expertise. The work of the group was regularly discussed with the service user advisory group; 30<sup>th</sup> September 2011, 28<sup>th</sup> October 2011 and 25<sup>th</sup> November 2011.

#### Consultation and involvement with service users and public

- The outline model was discussed with service users from Lambeth, Southwark and Lewisham at a workshop entitled 'Find out / talk about changes to community psychological therapy services' 21<sup>st</sup> November 2011
- Following a meeting with the Lambeth, Southwark and Lewisham Stakeholders Reference Group 14<sup>th</sup> February 2012 we extended our user consultation through running a session with the Southwark LINK 8<sup>th</sup> March 2012. Members of the LINK have expressed an interest in providing ongoing input into our therapy changes and developments.



- In addition; a summary of proposed changes has been provided to all therapists for them, as appropriate, to give to people currently receiving therapy. People in therapy are invited if they wish, to contact members of the management team to ask questions or comment. A plain English version of the proposal is also available.

#### Consultation with staff

- An outline model was discussed with staff at a workshop 14<sup>th</sup> November 2011. This was attended by 70 members of staff.
- The statutory formal staff consultation was held 9<sup>th</sup> December 2011 – 16<sup>th</sup> January 2012. All staff had the opportunity to meet with a member of the management team and human resources during this time.

Consultation meetings were held with staff service teams as follows:

- Maudsley Psychotherapy service 14<sup>th</sup> December 2011
- CPTS (Coordinated Psychological Treatment Services at Guys Hospital) 13<sup>th</sup> December 2011
- TSS (Traumatic Stress Service) 14<sup>th</sup> December 2011
- Community Based Psychologists 21<sup>st</sup> December 2011

We received 77 responses to the formal consultation. The majority of these were from individual staff (62) with the remainder from teams and groups. A copy of the response to the consultation was sent to your office 3<sup>rd</sup> February 2012

Very few people expressed concern about the proposed IPTT service model. The majority of comments referred to the staffing model and issues of transition between the current and proposed model. As a result of the staff consultation a number of amendments have been made including the provision of psychotherapy posts involved in the provision of training and supervision of honorary therapists.

A revised proposal was sent to staff 21<sup>st</sup> February 2012. Since then the following team discussions have been held:

- Maudsley Psychotherapy service 15<sup>th</sup> March 2012
- CPTS (Coordinated Psychological Treatment Services at Guys Hospital) 6<sup>th</sup> March 2012
- TSS (Traumatic Stress Service) 22<sup>nd</sup> February 2012
- Community Based Psychologists 14<sup>th</sup> March 2012

Our assessment is that the staff consultation and engagement is satisfactory and has been carried out in accordance with requirements. All staff have been engaged and have been given and have responded to the opportunities to provide feedback and views both individually and collectively. The views have been useful in shaping the eventual model which, as the staff representative at your Committee observed, is agreed as the most appropriate model by both staff and management.



We estimate that the additional work outlined above to respond to your specific areas of concern will take us a further 4 weeks. We then intend pulling all the material together and presenting it to our Trust Executive for decision. We hope you will agree that this is a proportionate response and would find it helpful if you could appoint an officer of the Council to work with us in identifying Southwark specific population statistics to help us with the further work on our equalities analysis.

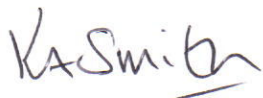
In the light of your concerns we have paused the interview process but would draw to your attention that the process had already commenced. Therefore in the interests of minimising the uncertainty for the staff already interviewed and those awaiting their interviews we would not wish to delay matters beyond what is required for us to undertake the additional engagement and analysis on the issues of concern you have raised in your letter. We are also concerned that further delays, as we outlined at the committee, will prolong the disruption to the service since it is not appropriate to allocate new referrals until we are clear on the disposition of staff across the new service.

We firmly believe that the changes we are proposing will enable us to improve the provision of psychological therapy services for patients. As things stand, a number of services operate in different locations, having developed independently over time. As a product of history, rather than clinical best practice, the current arrangement means that different services may be offered to people on the basis of where they live in the borough rather than for good clinical reasons.

The changes we are planning will lead to the creation of new single Integrated Psychological Therapy Teams (IPTT) which will bring together therapy provision previously delivered in the separate services. They will work alongside our existing community mental health teams (CMHTs) and will provide patients and GP referrers with a single point of access to a range of psychological therapies, according to assessed clinical need.

We look forward to working constructively with you over the coming months and years and are pleased to note that we now have an agreed date of 27<sup>th</sup> April 2012 when we are looking forward to welcoming you and the Southwark Health and Adult Social Care Scrutiny Sub-Committee to meet with us. We would like to share our Forward Plan proposals for 2012-2015 and discuss on going engagement arrangements as the service redesigns are developed.

Yours sincerely



PP- Zoe Reed  
Executive Director  
Strategy and Business Development

Cc Steve Davidson Service Director  
Dr Jonathan Bindman Clinical Director

## EQUALITY IMPACT ASSESSMENT PART 1 – INITIAL SCREENING

*SLaM wants to ensure that we provide accessible and equitable services that meet the needs of our diverse community and to meet the first principle of the NHS constitution – to provide comprehensive services available to all, paying particular attention to marginalised groups who are not keeping pace with the rest of society.*

*Under the Equality Act 2010 we are all protected from less favourable treatment or discrimination based on age; disability; pregnancy and maternity; gender reassignment; race; religion / belief; sex; sexual orientation; marriage and civil partnership [but only in regards to the first aim – eliminating discrimination and harassment]. As an organisation we are legally obliged to consciously think about equality as part of the decision making process in the design, delivery and evaluation of our services and policy development/review. This is why we ask you to begin / conduct the EIA at the planning stage and in a group, using the screening tool as a prompt to the necessary conversations about the impact of your work on equality. (See guidance for further information)*

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

**The re configuration of psychological therapies in Southwark**

2. Name of Lead person responsible for carrying out the assessment? (where there is a service change, this should be the individual with responsibility for implementing the change)

SLaM Staff:

Simon Rayner – Head of Pathways (lead person)

Steve Davidson – Service Director

Jonathan Bindman – Clinical Director

Alice Glover – Public and Patient Lead

Kay Harwood – Head of Planning and Equality

Others:

Gwen Kennedy – Deputy Director of Client Group Commissioning

Jo Holmes – Joint Mental Health Commissioner

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

**Aim:**

- To create borough based psychological therapy services that are well integrated with other borough mental health services and pathways. In particular with the Improving Access to Psychological Therapies [IAPT] services.

- To improve the efficiency of the service by moving delivery of treatment from several teams to one key team and through the creation of a single point of referral and assessment.



- Provision of a comprehensive assessment addressing the full range of client needs resulting in provision of client centred, support and recovery care plan - that addresses all service user needs – psychological, social and medical.
- To enable delivery of Trust cost efficiencies and commissioner Quality Innovation Productivity and Prevention targets.

**Objectives:**

The reconfiguration of psychological therapy provision in Southwark, [also in Lewisham and Lambeth] has been developed in collaboration with our commissioner and will allow improvements to be made to psychological therapy provision and provide a clearer care pathway and reduce inefficiency.

**Outcomes:**

We intend that people requiring psychological therapy will continue to receive high quality evidenced based services. Provision of a central point of access and assessment will reduce the need for additional or duplicate assessments. A single assessment will allow the patient to access the correct service rather than on occasions needing to be transferred between teams. The single assessment will provide the service user with a tailored care plan that will address all their needs; medical, psychological and social.

The outcomes of the reconfiguration will be closely monitored to ensure that these outcomes are met and that access to the service remains as intended. Service user experience will be closely monitored.

The service configuration and capacity will be regularly reviewed with commissioners and adjustments made as required.

**Proposed Service change**

***Review of the existing service and care pathway development***

Psychological therapy provision in Southwark is complex and fragmented and does not offer clear referral pathways to GPs or other referrers. A number of services operate from different locations, having developed independently over time, as a product of history, rather than clinical best practice. The current arrangements often result in services being offered to people on the basis of where they live in the borough rather than for good clinical reasons.

While the fragmentation of services may not be apparent to patients who are referred directly from primary care to psychotherapy, they often become aware of the difficulties when assessed by one service and not accepted but another service is suggested. We have received complaints from service users about having to move between services which has lengthened the time before starting therapy. Rather than having their needs meet within a clear care pathway within an integrated service/team of professionals.

Service users who work closely with the management team have highlighted the importance of reducing multiple or duplicate assessments as well as inconsistency in access to services.

The reconfiguration will lead to the creation of a single psychological therapy team within Southwark. The team will bring together therapy provision previously delivered in the separate services. They will work alongside our existing community mental health teams (CMHTs) and will provide patients and GP referrers with a single point of access to a range of psychological therapies, according to assessed clinical need.

High level care pathways for anxiety, depression and personality disorder have been developed by clinical experts, in their field, service users (details in section 5), and other staff within the Mood Anxiety and Personality [MAP] Clinical Academic Group [CAG]. Clinical protocols for diagnostic groups (Maps of

Medicine<sup>1</sup>) have also been developed by clinical experts in their field, service users and other staff in the MAP CAG. These have been signed off by the MAP CAG Executive. The next step in the process is to confirm how the interventions recommended by the pathways are accessed within each borough. Development of the integrated services will support this process.

The CAG commitment to clarity of pathway and outcomes is shared by commissioners who require clarity as to:

- which clients are served by each pathway
- what is provided
- what outcomes can be expected
- how it is accessed

The current arrangement has the potential for duplication of services, whether by condition (for example services for trauma being provided by Centre for Anxiety Disorders and Trauma - CADAT and Traumatic Stress Service - TSS or by modality (for example CBT for various conditions being provided by CMHT psychologists, at St. Thomas's Psychotherapy Service (SPS) and at Maudsley Psychotherapy Service (MPS). As a result, the pathways whereby people assessed as requiring particular treatments access those treatments is not transparent, to service users, carers, referrers or commissioners

### ***Proposed service model***

An integrated psychological therapies team (IPTT) will be developed in each Borough. (The use of the term team rather than service will minimise confusion with the existing Intensive Psychological Therapy Service (IPTs) at Guy's Hospital). As above, integrated in this context, means that all treatments for psychological therapies are provided by a single multi-modality team with a single point of access.

The borough IPTT will provide all specialist psychotherapies required by NICE<sup>2</sup> guidelines for people with anxiety, depression, personality disorder, and post-traumatic stress disorder (PTSD), as represented in the CAG condition specific pathways. These are listed in table 1. In addition, other modalities of therapy may be provided as part of clinical studies, on the basis of evidence other than that already included in NICE guidelines, or for other specific purposes, where agreed by the managers of the service and by commissioners.

The following therapies will be provided within the new service.

### Individual Treatments

Cognitive Analytic Therapy (CAT)  
 Psychodynamic therapy  
 Cognitive Behavioural Therapy (CBT)  
 Trauma specific CBT  
 Eye movement desensitisation and reprocessing (EMDR)

### Group Treatments

Group psychodynamic therapy  
 Family and couple therapy

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<sup>1</sup> The Maps of Medicine enables efficient and effective development of care pathways based on best practice and the needs of local communities.

<sup>2</sup> *National Institute for Health and Clinical Excellence (NICE) guidance sets the standards for high quality healthcare and encourages healthy living.*

### *Referral routes and criteria*

Referrals routes in the new service will be much clearer than in the current model. In future we propose that referrals to the IPTT may come from GPs, IAPT, and MAP Assessment and Treatment (A&T) Teams, and will go through a single point of access in each borough. The point of access will allow for allocation to an appropriate therapy where indicated, or (if referred by a source external to SLaM and not already assessed by A&T) will allow for diversion to the Engagement, Assessment and Stabilisation (EAS) pathway within A&T or to IAPT. The principles of stepped care, as set out in NICE Guidance for depression (and the principle extended to other conditions where feasible) will be followed, with service users allocated to short term primary care psychological treatment or other alternatives outside SLaM where possible, and to more intensive treatments as appropriate in a stepped fashion.

It is proposed that, as the model of service will be highly transparent to referrers and commissioners, and allocation to treatment will be by a clear process and on the basis of clear pathways linking need to interventions required, the current (interim) system of agreeing some psychotherapy referrals via the Southwark specialist outpatient panel will not longer be necessary.

The criteria for acceptance for psychological therapy will be that the person meets the diagnostic criteria set out in the MAP CAG condition specific pathways, and meets threshold criteria for severity which will be agreed by the allocation process.

Allocation to IPTT may be direct where sufficient evidence of the criteria for treatment is available. In other cases it may follow assessment by A&T or a joint assessment between A&T and IPTT. Wherever possible, patients should not receive numerous or duplicate assessments. MAP CMHT assessment services will work to a standardised assessment, and IPTT services will develop a generic assessment process which will support all staff within secondary care to assess sufficiently to allow efficient allocation to the correct pathway.

### *The integration of psychological therapies into mental health care in Southwark*

Consideration was given in the development process to the possibility that the provision of psychological therapies could be fully embedded within A&T teams. This was rejected on the grounds that this would provide insufficient critical mass for the necessary processes of leadership, supervision and support of honorary staff, and that it was not feasible given the current size and location of MAP A&T teams. The IPTT is therefore proposed as a separate team in each borough.

However, the new IPTTs will work more closely with the MAP A&T teams than in the current model. Closer working between A&T and the IPTT than is currently possible between A&T and existing psychotherapy services will be facilitated by the common allocation process, by the borough focus of the new IPTT, and by the smaller numbers of A&T teams than previously (in Lambeth and Southwark). Other methods of developing closer working will also be encouraged, such as the provision of case discussions, supervision and training to A&T staff by IPTT staff. Co-location would of course also facilitate communication and liaison but may not be feasible and will be the subject of a separate review of accommodation for the new IPTT services.

The psychologists who are currently working within the CMHTs will become part of the new IPTT. As such they will be able to provide support to front line practitioners in delivering psychological informed care as well as providing a clear link between the delivery of psychological therapy and the broader range of care that some people may require.



#### 4 (a). What evidence do you have and how has this been collected?

##### 4.1 Race

The following data, shows the ethnic breakdown of people currently using psychological therapies, CMHTs and the ONS projected population for Southwark for 2009. Although not directly comparable to the census data, indicates that people from BME groups are more likely to access community mental health teams than psychological therapy services.

Ethnicity	Service Users Psychological Therapies		Service Users Southwark CMHTs	Ethnic group cumulative	Psychological Therapies		Southwark CMHTs	ONS projected Pop - 2009
	CPTS	Cross borough services			CPTS	Cross borough services		
African	0.8%	4.9%	9.0%	Black or Black British	10.5%	11.9%	16.5%	17.4%
Caribbean	1.7%	2.2%	2.9%					
Any other black background	7.9%	4.8%	4.6%					
Bangladeshi	0.8%	0.0%	1.0%	Asian or Asian British	1.7%	2.6%	2.4%	8.4%
Indian	0.0%	0.4%	0.4%					
Pakistani	0.4%	0.1%	0.2%					
Any other Asian background	0.4%	2.2%	0.9%	Other ethnic groups	20.9%	22.2%	24.3%	4.5%
Chinese	0.8%	0.4%	0.5%					
Any other ethnic group	20.1%	21.8%	23.8%					
White and Asian	0.0%	0.5%	0.0%	Mixed	1.7%	4.3%	1.4%	3.8%
White and Black African	0.4%	0.8%	0.3%					
White and Black Caribbean	1.3%	2.4%	0.5%					
Any other mixed background	0.0%	0.6%	0.5%					
White British	44.4%	37.1%	37.2%	White	64.0%	57.9%	54.7%	65.9%
White Irish	4.6%	2.2%	3.9%					
Any other white background	15.1%	18.7%	13.6%					
Not known	1.3%	1.1%	0.6%	Not known or stated	1.3%	1.1%	0.6%	-
Information not yet obtained	-	-	-					

CPTS – refers to the Coordinated Psychological Therapy Service, a Southwark specific service.  
 Cross borough services – refers to Maudsley Psychotherapy Service and Traumatic Stress Service. These figures are indicative of the Southwark component (these services cover Lambeth, Southwark and Lewisham).  
 CMHT – Community Mental Health Team

##### *Improving access to psychological therapy for people from BME groups.*

The group of service users accessing community mental health teams is more representative of the local population than those accessing secondary psychological therapy.

Community mental health teams sit within community networks that support and target improved access to services for people from BME groups. All teams have developed excellent links with local organisations who support and advocate for people from BME communities.

The data shows that 'other ethnic groups' accessing psychological therapies are very over represented compared to the local population. We do not wish to make any assumptions about why this group is reporting as so much higher than would be expected, and we will monitor this closely over the next six months to establish the cause and then establish an action plan to address any issues that are identified.

We anticipate that the new model of care will enable our services to be more accessible and acceptable to people who have not traditionally been referred to psychological therapy. This is particularly relevant for people from BME groups.

In particular, the single point of access for psychological therapies being within the community mental health team setting will facilitate this improvement.

A peer support / group coordinator will be established in each team to develop a range of groups and peer support systems that may be accessed as an alternative to formal treatment or used whilst an individual is waiting to see a therapist. The peer support system will involve service users who have had experience of using psychological therapy services. Access to the new support services will be planned with our local commissioners, 3<sup>rd</sup> sector and services provided by the local authority/social services. The service will have a particular focus on improving accessibility to underrepresented groups. We intend to develop groups and peer work within community settings – linking in with established community groups, faith groups and BME groups.

#### 4.2 Gender

The following data, shows the gender breakdown of people currently using psychological therapies, CMHTs and the ONS projected population for Southwark for 2009 is shown below.

	Psychological Therapies		Southwark CMHTs	ONS projected pop - Southwark 2009
	CPTS	Cross borough services		
<b>Males</b>	33.1%	32.1%	39.0%	51.3%
<b>Females</b>	66.9%	67.9%	61.0%	48.7%

CPTS – refers to the Coordinated Psychological Therapy Service, a Southwark specific service.  
 Cross borough services – refers to Maudsley Psychotherapy Service and Traumatic Stress Service. These figures are indicative of the Southwark component (these services cover Lambeth, Southwark and Lewisham).  
 CMHT – Community Mental Health Team

The higher number of women than men using the services is consistent with the national picture of demand for these types of services. We do not believe that the proposed change will have any significant impact on the gender of people accessing psychological therapy. We will monitor service activity against this baseline.

#### 4.3 Age

The following data shows the age breakdown of people currently using psychological therapies, CMHTs and the ONS projected population for Southwark for 2009 is shown below.

	Psychological Therapies		Southwark CMHTs		Psychological Therapies		Southwark CMHTs	ONS projected pop - 2009
	CPTS	Cross borough services			CPTS	Cross borough services		
<b>0-15 years</b>	N/A	N/A	N/A	<b>0-15 years</b>	N/A	N/A	N/A	17%
<b>16-18</b>	0.8%	0.1%	1.4%	<b>16-64 years</b>	100%	98.3%	98.9%	74%
<b>19-35</b>	31.8%	34.7%	35.9%					
<b>36-65</b>	67.4%	63.5%	61.6%					
<b>65+</b>	0.0%	1.5%	1.1%	<b>65+</b>	0.0%	1.5%	1.1%	9%
<b>Not recorded</b>	0.0%	0.1%	0.0%	<b>Not recorded</b>	0.0%	0.1%	0.0%	N/A

CPTS – refers to the Coordinated Psychological Therapy Service, a Southwark specific service.  
 Cross borough services – refers to Maudsley Psychotherapy Service and Traumatic Stress Service. These figures are indicative of the Southwark component (these services cover Lambeth, Southwark and Lewisham).  
 CMHT – Community Mental Health Team

The service provides for people over the age of 18.

People under the age of 18 are usually seen within our Child and Adolescent mental health services, with a very small number who start in adult services at the age of 18.

We do not believe that the proposed change will have any significant impact on the age range of people accessing psychological therapy. We will monitor service activity against this baseline.

#### 4.4 Sexual orientation

We do not currently collect data concerning the sexual orientation of people using our services; however the new model will enable us to more easily link psychological therapy to LGBT organisations. We will also seek to develop links between these services and our service user LGBT group ‘four in ten’.

The Government is using the figure of 5-7% of the population which Stonewall feels is a reasonable estimate. However, there is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality. Various sociological/commercial surveys have produced a wide range of estimates, but there is no definitive figure available.

Southwark Council does not currently collect data on sexual orientation.

#### 4.5 Religion/Belief

We collect data on the religion/ beliefs of people using our services however in common with sexual orientation this is information that many service users are reluctant to share with us. The supervision of all therapists provides a focus for the delivery of therapy that is sensitive to religious beliefs. Clients are able to access the Trust multi-faith spiritual and pastoral care service.

We are aware that staff do record the details of religion and belief within clinical case records and we are developing plans to ensure this data is entered into our data set to enable monitoring.

The 2010 ONS annual population survey reports that 79% of the Southwark population identify themselves as belonging to a religious group. This compares to 82% nationally (2001 Census data).

#### 4.6 Disability

We are aware that most service users accessing our services have long term mental health conditions and therefore meet the definition of disabled. We believe that the number of service users with additional identified disabilities is higher than recorded, and that many people do not disclose or recognise that their other conditions are a disability.

However, in relation to mobility, all the buildings will have full physical disability access. Where disabilities are disclosed the service will work to put in place reasonable adjustments to enable it to be accessible.

The decision as to who receives therapy from the service is principally based on the severity and complexity of the mental health condition, which could be a depressive illness, an anxiety disorder, or a personality disorder, or indeed other mental disorder such as bi-polar affective disorder, but diagnosis per se is not a criterion for acceptance or exclusion from services.

#### 4.7 Gender re-assignment / transgender

We do not currently collect this data. Psychological therapy would be appropriate and available to this group of people should they require it. We do not believe there is any disproportionate impact.

In recognition that staff attitudes and organisational culture need to support transgender people, the Trust regularly runs a training day on 'gender concerns in mental health and anti-discriminatory practice'. This programme is co-presented by the Trust's Equality and Diversity trainer and a transgender member of staff.

#### 4.8 Pregnancy and maternity

The Trust delivers specific services for women pre and post-natal with mental health problems. We do not believe there is any disproportionate impact.

#### 4.9 Marriage and civil partnerships

Psychological therapies are available to all people irrespective of their marital or civil status. We do not believe there is any disproportionate impact.

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

NO

Which equality groups may be disadvantaged / experience negative impact? *[please base your answers on available evidence which can include for example key themes from the general feedback you receive via patient experience data ( such as patient surveys; PEDIC); carer experience; complaints; PALS; comments; audits; specialist information - your personal knowledge and experience]*

#### Age

There is no disproportionate impact anticipated as a result of someone's age

NO

#### Disability

There is a low disclosure of service users with disabilities.

NO

#### Gender

The higher number of women than men using the services is consistent with the national picture of demand for these types of services

NO



<b>Gender re-assignment / Transgender</b> We do not currently collect this data. There is no disproportionate impact anticipated for this group	NO
<b>Race</b> We believe the new structure will have a positive impact on the accessibility of the service for BME service users	NO
<b>Religion / Belief</b> There is no disproportionate impact anticipated	NO
<b>Sexual orientation</b> There is no disproportionate impact anticipated for this group	NO
<b>Marriage and Civil partnership</b> There is no disproportionate impact anticipated for this group	NO

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

**Yes**

Involvement Opportunities for Service users and carers from Southwark:

The Mood, Anxiety and Personality Clinical Academic Group (CAG) management team who have developed this proposal, work closely with service users who either have an experience of, or interest in the delivery of care to people with mood, anxiety or personality problems. The CAG have a service user advisory group who meet regularly with CAG management to advise and consult on the development of CAG services.

As preparation for these service changes, the CAG held several care pathway development events which were attended by service users. These workshops were held 28<sup>th</sup> February, 28<sup>th</sup> March and 23<sup>rd</sup> May 2011. Within these workshops service users fed back to staff about components of care that were important to them. Repeated assessments were identified as a concern which has been specifically addressed in the proposed model.

In April 2011 members of service user advisory group identified equal access to services and quality of services as two of their key priorities.

In preparation for the service re design, data was collated from PEDIC; the Trust patient experience collation system and from a service quality session run with service users in July 2011. Within this event service users were asked to identify priority areas of need to inform the psychological therapy review work. They requested that the focus of care be more holistic in approach and identified the need for support when not formally engaged in treatment. The proposed model will have very close working relationships with community mental health teams and primary mental health services in order to be able to provide a more holistic approach to people's needs.

The service user advisory group received updates on the development of reconfiguration plans on 30<sup>th</sup> September, 28<sup>th</sup> October and 25<sup>th</sup> November 2011. The advisory group discussed the final proposal in detail

at the November meeting which was also attended by the CAG Clinical Director, Deputy Service Director and Head of Pathway.

The draft proposal was presented to service users at an event entitled 'Service users and carers - Find out / talk about changes to community Psychological Therapy Services' 21<sup>st</sup> November 2011.

The aim of the session was for;

- Participants to be more informed about the proposed changes to community psychological therapies services across Lewisham, Lambeth & Southwark
- Participants to have an opportunity to ask questions and give their views about the proposed changes.

In addition to the stakeholders meeting people were invited to find out more individually through contacting the MAP CAG PPI lead. Publicity was sent to:

- Managers of all affected services, including St. Thomas', Maudsley Psychotherapy , Traumatic Stress Service
- Posters were circulated through the advisory group
- The service user blog: twigops - currently 80 subscribers
- All the trust Patient & Public Involvement Leads

Publicity about the stakeholders meeting was taken in person to the Southwark Mind User Council meeting in November.

### **Further planning involvement**

In partnership with Southwark LINKs we arranged a meeting for service users and members of the public on the 8<sup>th</sup> March 2012. In addition we have issued an information leaflet for service users which has been widely distributed through service user networks. Therapists in all affected services have been asked to give this to service users in treatment, where it is safe and appropriate to do so. A jargon free document explaining the changes has been distributed via the LINK. The leaflet also gives contact details for members of the management team and invites service users to make contact to express views and request further information. The dates of the public meetings are listed on this leaflet.

### **6. If the policy / function / service development positively promotes equality please explain how?**

The current fragmentation of services results in residents of different boroughs or areas with a borough receiving a different service with different waiting times (though it is not possible to say that one part has been consistently disadvantaged over time).

The proposed change will ensure that residents of each borough have clear access to the same therapy and assessment.

We believe that this proposal will improve the access of people from BME communities to psychological therapy. This improvement will be realised through the closer connection of psychological therapies to Community Mental Health Teams whose service users more closely reflect the local BME population.

Community mental health teams sit within community networks that support and target improved access to services for people from BME groups. All teams have developed excellent links with local organisations who support and advocate for people from BME communities.

In particular, the single point of access for psychological therapies being within the community mental health team setting will facilitate this improvement.

A peer support / group coordinator will be established to develop a range of groups and peer support systems that may be accessed as an alternative to formal treatment or used whilst an individual is waiting to see a therapist. The peer support system will involve service users who have had experience of using psychological therapy services. Access to the new support services will be planned with our local commissioners, 3<sup>rd</sup> sector and services provided by the local authority/social services. The service will have a particular focus on improving accessibility to underrepresented groups. We intend to develop groups and peer work within community settings – linking in with established community groups, faith groups and BME groups.

Developing a peer - support approach within psychological therapies teams will allow the involvement of service users in service provision and will enable promotion of their autonomy.

The network of peer led services, and related groups, will provide valuable support to people who require 'stabilisation' in mental health crises, or other short term interventions. These groups will help self management and enable service users to be less socially isolated. These groups can also be offered to service users waiting for other therapeutic treatments. This approach compliments existing partnership networks within boroughs.

We are aware of the potential impact on residents in each borough of the current economic down turn which may lead to a greater need for mental health support. We do not expect this to increase demand for the psychological therapies delivered by these teams to a significant degree as most people treated in these services have long standing difficulties with mood and relationships, commonly related to early traumatic experiences, rather than triggered by recent or short term social stressors. Demand for treatments related to short term anxiety and depression in response to stressors is provided largely by the Increased Access to Psychological Therapy teams (IAPT), which are well developed in Lambeth, Southwark and Lewisham.

The published Adult Psychiatric Morbidity Survey (APMS) 2009 makes the following comments about risk factors; 'Although poverty and unemployment tend to increase the duration of episodes of common mental disorders (CMD), it is not clear whether or not they cause the onset of an episode. Debt and financial strain are certainly associated with depression and anxiety, but the nature and direction of the association remains unclear. There are a wide range of other known associations, including: being female, work stress, social isolation, poor housing, negative life events, poor physical health, a family history of depression, poor interpersonal and family relationships, a partner in poor health, and problems with alcohol.'

The clear linkage between psychological therapy services and community mental health teams presents a framework where medical, psychological and social needs can be addressed in an integrated approach. This will enable us to respond flexibly to a broader range of issues should they be presented.

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

**Positive:** Medium

**Negative:** Low

**Neutral:** High (highly likely)

Reason for your decision:

The proposals will have a positive impact on access to psychological therapy services for people from black and minority ethnic groups.



The proposal will have a positive impact on service user empowerment and involvement through the implementation of peer support models.

We assess that the proposal will have a neutral impact on other equality groups.

The impact of the change will be subject to regular review. Activity data for referrals and treatment against ethnic group, age and gender will be carefully monitored against current baseline. User experience data will be scrutinised to elicit further impact of change. The service user advisory group will remain central to the ongoing management and monitoring of the psychological therapy services.

## 8. Risks and mitigations

### ***Clinical risks arising from transition***

Transition to new services may give rise to clinical risks. These relate to the need to contain staff distress and anxiety at the change in order that safe and effective therapy can be maintained, and also the risk of disruption to the therapeutic contract as a result of the change in staff roles.

We are committed to supporting staff throughout the process. All staff have received an individual meeting with management and HR and team discussions have been held at different stages through the process. These will continue.

Staff affected by the change will be subject to the Trust redeployment procedures. Within this we will provide support and coaching and will work closely to assist people where possible in identifying suitable alternatives.

Patients of the current services have been offered periods of treatment which extend beyond the period of the restructure, raising the question of how therapy can be continued at a time when therapists may be at risk of displacement, redeployment or redundancy. Given that the new services will be delivering approximately 90% of the activity levels of the current services, it is unnecessary to suspend allocation for the period of transition, particularly as this would give rise to additional clinical and financial risks. Where staff are moved to new service structures or redeployed within the organisation, it should be possible to release individuals from their new roles over a transitional period to maintain the commitment to individuals in therapy that their therapy will be completed as planned. In the event that staff do not remain within the organisation, the impact will need to be considered on a case-by-case basis, with options including continuation of therapy by the staff member retaining an honorary contract, shortening the period of therapy by agreement, or the offer of an alternative therapy or therapist. Allocation of a care co-ordinator from a CMHT may maintain continuity and mitigate risk for some individuals.

There will be no premature ending of any of the therapy that we currently offer. In addition we will have in place contingency plans to ensure that specialist supervision, group work and individual work will continue by having a group of staff who can continue this work.

Date completed: 7<sup>th</sup> March 2012

Signed .....

Print name ...Simon Rayner

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

**Provisional Joint Southwark and Lambeth Scrutiny 16 May 2012 (TBC)**

SLaM's Psychological Therapies Services reorganisation

Future plans of Kings Health Partners

HIV reorganisation

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