Open Agenda

Health and Adult Social Care Scrutiny Sub-Committee

to be held jointly with

Lambeth Council's Health and Adult Services Scrutiny Sub-Committee

Wednesday 16 May 2012
7.00 pm
Room 8 , Lambeth Town Hall, Brixton Hill, SW2 1RW

Membership	**Reserves**
Councillor Mark Williams (Chair)	Councillor Poddy Clark
Councillor David Noakes (Vice-Chair)	Councillor Neil Coyle
Councillor Denise Capstick	Councillor Mark Glover
Councillor Patrick Diamond	Councillor Jonathan Mitchell
Councillor Norma Gibbes	Councillor Helen Morrissey
Councillor Eliza Mann	
Councillor the Right Revd Emmanuel Oyewole	

Lambeth Council's sub committee members are listed below for information:

Membership	**Reserves**
Councillor Davie (Chair)	Councillor O'Malley
Councillor Marchant (Vice-Chair)	Councillor Patil
Councillor Kingsbury	Councillor Davies
Councillor Francis	Councillor Brown
Councillor Whelan	Councillor Brown
	Councillor Whelan

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Members of the committee are summoned to attend this meeting

Eleanor Kelly
Acting Chief Executive
Date: 8 May 2012

Health and Adult Social Care Scrutiny Sub-Committee

Wednesday 16 May 2012
7.00 pm
Room 8 , Lambeth Town Hall, Brixton Hill, SW2 1RW

Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	**ELECTION OF CHAIR OF JOINT MEETING**	
2.	**DISCLOSURE OF INTERESTS** Members to declare any personal interests and dispensation in respect of any item of business to be considered at this meeting.	
3.	**PROPOSED RE CONFIGURATION OF SECONDARY PSYCHOLOGY THERAPY SERVICES**	1 - 111
4.	**KINGS HEALTH PARTNERS - PRESENTATION : PROPOSAL ON CREATING A SINGLE HEALTHCARE ORGANISATION**	112 - 117
5.	**UPDATE ON LAMBETH, SOUTHWARK & LEWISHAM (LSL) HIV CARE AND SUPPORT REVIEW**	118 - 145

Date: 8 May 2012

Agenda Item 3

Health and Adult Services Scrutiny Sub-Committee (London Borough of Lambeth)
Health and Adult Social Care Scrutiny Sub-Committee (London Borough of Southwark)

16 May 2012

Proposed Re-Configuration of Lambeth Secondary Psychological Therapy Services

All Wards

Report authorised by: Executive Director of Finance and Resources: Mike Suarez

Executive summary

South London and Maudsley NHS Foundation Trust (SLaM) have been working with local NHS commissioners on plans to improve specialist psychological therapies. This is part of a comprehensive reconfiguration of the psychological therapy provision across Lambeth, Southwark and Lewisham. The matter has previously been considered by Lambeth's Health and Adult Services Scrutiny Sub Committee and by Southwark's Health and Adult Social Care Scrutiny Sub Committee. Both committees expressed concerns with aspects of the proposals including a need to expand public and service user engagement in the reconfiguration proposals. An update from SLaM including further information sought by the committee's is attached.

Summary of Financial Implications

None.

Recommendations

1. That the committee note the update on proposals for the reconfiguration of Lambeth Secondary Psychological Therapy Services including the further public and service user engagement undertaken.

2. The committee decide whether it wishes to make any further comments or recommendations on the proposals or whether the matter be subject to further scrutiny.

Consultation

Name of consultee	Department or Organisation	Date sent	Date response received	Comments appear in report para:
Internal				
None				
External				
None				

Report history

Date report drafted:	Report deadline:	Date report sent:	Report no.:
30.04.12	02.05.12	30.04.12	9/12-13
Report author and contact for queries:			
Elaine Carter, Scrutiny Lead Officer 020 7926 0027 ecarter@lambeth.gov.uk			

Background Documents

Health and Adult Services Scrutiny Sub Committee, London Borough of Lambeth – 20/3/12
Health and Adult Social Care Scrutiny Sub Committee, London Borough of Southwark – 14/3/12; 10/4/12

Proposed Re-Configuration of Lambeth Secondary Psychological Therapy Services

1. Context

1.1 South London and Maudsley NHS Foundation Trust (SLaM) and NHS Lambeth have been working on plans to improve specialist psychological therapies in Lambeth and Southwark. This is part of a comprehensive reconfiguration of the psychological therapy provision across Lambeth, Southwark and Lewisham. The new service has been planned in the context of wider changes to mental health services which aim to improve outcomes, service quality and effectiveness, with increased productivity and reduced cost.

1.2 The case for change and the proposed new model of secondary psychological service provision were considered by Lambeth's Health and Adult Services Scrutiny Sub Committee on 20th March 2012 (and at an informal briefing held on 1st February) and by Southwark's Health and Adult Social Care Scrutiny Sub Committee on 14th March and 10th April 2012. A number of concerns were highlighted by the respective committees, including requests by both committee for an expansion of the public and user involvement undertaken thus far, and clarity sought on a range of issues.

2. Proposals and reasons

2.1 A further update report on the proposed re-organisation of Psychological Therapy Services is attached. Consultation is still ongoing at the stage of SLaM submitting its report and a verbal update will be given at the committee meeting. This will include feedback from a consultation event taking place on 16th May.

2.2 In reporting back on the status of the proposals SLaM has also been asked to specifically address issues raised by members at previous committee meetings:

- Update on further consultation and engagement with service users, and with other stakeholders, and what changes have been made as a result of the consultations.
- Clarity on the financial issues: what is the actual financial reduction/ redirection that is being sought. Information on the year on year financial spend and changes in financial allocations within the service.
- Service changes: 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 %. Under the reconfiguration what level of services will be available to clients compared to what is available now? Clarity is sought on what number of and changes in appointment/patient hours are anticipated under the specialist psychological provision taking into account the proposed financial reduction and the possible/actual impacts arising from honorariums no longer giving their time. Members raised concerns that the latter significant risk had not been considered sufficiently and would benefit from more extensive and thorough staff consolation. Conversely are there areas where a growth in client appointments/hours are envisaged**.**

- 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 that the changes would adversely affect patients with complex psychological and social needs who do not fall into 'standard' diagnostic groups.
- What improved clinical outcomes are expected from the reconfiguration proposals, particularly for those with complex/severe mental health illness.
- Issues raised by clinical staff around inaccuracies in the consultation documentation - how have these been addressed, what are the perceived inaccuracies and have they been resolved.

2.3 The committee is asked to consider the status of the proposals for the reconfiguration of Lambeth Secondary Psychological Therapy Services and the update on consultation and decide whether this matter be subject to further scrutiny and/or propose make any recommendations the committee may wish to make.

3. Comments from Executive Director of Finance and Resources

3.1 Not sought.

4. Comments from Director of Governance and Democracy

4.1 Not sought.

5. Results of consultation

5.1 Not applicable.

6. Organisational implications

6.1 **Risk management:**
Not applicable.

6.2 **Equalities impact assessment:**
Not applicable.

6.3 **Community safety implications:**
Not applicable.

Environmental implications:

Not applicable.

6.4 **Staffing and accommodation implications:**
Not applicable.

6.5 **Any other implications:**
Not applicable.

7. Timetable for implementation

Not applicable.

South London and Maudsley NHS Foundation Trust

Lambeth and Southwark
Joint Over view and Scrutiny Committee 16th May 2012
Psychological therapy reconfiguration proposal

The proposal to reconfigure psychological therapy in Lambeth Southwark and Lewisham was considered by the relevant scrutiny committees: Lambeth 20th March 2012, Southwark 14th March 2012, and Lewisham 20th March 2012. Lewisham agreed the plans; Lambeth and Southwark requested the plans be paused, subject to further consultation.

This report will focus on the specific questions raised at the Southwark and Lambeth committees. A general overview of the proposed changes; which has recently been sent out widely to users of the service and stakeholders, is attached. (Appendix A)

1. **Further Consultation:**

We were asked to undertake further consultation on the proposals. This work is currently underway, led by staff and users of the service and will culminate in a partnership event on 16th May 2012, where we will have the opportunity to work with a large group of stakeholders on our proposals. We are currently engaging with a wide range of people including; current service users and those on the waiting list, GP's and other referrers, carer networks, LINKs and a wide range of groups, including those specifically representing people from black and minority ethnic communities and lesbian, gay and bisexual people.

Our consultation activities are currently addressing; improving access to the service, the process of initial assessment, the nature of the work carried out by the service, the setting of activity targets and the impact of the model on the use of unpaid therapists in training (honorary therapists) In addition, we are focusing on how we monitor patient experience, and how we can work more closely with non statutory/ third sector services.

A range of information leaflets describing the proposed changes as well as descriptions of the current services and therapies are available through the following link

http://www.slam.nhs.uk/media-and-publications/latest-news/changes-to-psychological-therapies.aspx

This work will build upon existing stakeholder engagement; described in Appendix B. This work informed the development of the initial proposal and formed the basis of the formal staff consultation which took place from 9th December 2012 to 16th January 2012, which in turn led to revisions being made to the proposal.

We were also asked to undertake further consultation with staff. This process started with a staff involvement workshop, 29th March 2012, which was attended by representatives from all psychological therapy services, including those not affected by this proposal, as well as other local mental health teams and a representative from our user advisory group.

The workshop supported the model of borough based Integrated Psychological Therapy Teams (IPTT). In particular staff identified the importance of prompt targeting of the skilled psychotherapy resource to those with greatest need; particularly those with personality disorder or those who have experienced trauma. This is not the case currently.

Staff clarified that if multiple psychological therapy assessments are to be avoided, there is a need for a more detailed description in the proposal of how the proposed 'single point of access' will work in practice. This work is underway and will be shared at the partnership event in May.

This group is currently working on detailing the proposal ready for implementation. The group includes representatives from all services as well as service users from our internal advisory group. The approaches under consideration are described in Section 3; Impact of service changes.

2. Financial Context:

We were asked for clarity concerning the financial implications of this proposal.

Cash releasing efficiency savings 4% per annum are required from all NHS providers over the next three years, in addition to NHS QIPP savings. Annual service re organisations are destabilising to service users and staff. Though we have been asked to consider the possibility of staging the changes, attempts to implement incremental changes in 10 /11 failed. Repeated changes to staffing are disruptive and impractical in services where individual staff members must make commitments to patients over long periods.

The financial savings realised from this reconfiguration are as follows;

Borough	**Current staffing cost (£)**	**Proposed IPTT staffing cost (£)**	**Saving (£)**	**% Difference**
Lambeth	1.496,334	1,190,919	- 305,415	- 20.41%
Southwark	1,272,646	994,603	- 278,043	- 21.85%
Totals	**2,768,980**	**2, 185,522**	- **583,458**	- **21.13%**

To put this into context; psychological therapy services are also commissioned for less complex patients in Increasing Access to Psychological Therapy (IAPT) and for the most complex patients in specialist personality disorder day treatment services.

Borough		Cost (£) p.a.	Totals (£) p.a.
Lambeth	IAPT	3.0 million	
	Specialist Personality Disorder day treatment	488,276	**3, 488, 276**
Southwark	IAPT	2.4 million	
	Practice based Counselling	600,000	
	Specialist personality disorder day treatment	458,871	**3,458,871**

3. Impact of service changes

Concern was expressed by staff during scrutiny meetings about the impact of this proposal on the amount of therapy that will be provided.

The activity delivered by the proposed team will vary from that of the current service. This is because we want to change the way in which the service operates to make it more accessible to people traditionally excluded from psychological therapy. As such, we will be providing approximately 30% less of formal long - term psychotherapy treatments whilst increasing the number of shorter term interventions and groups which can be delivered more flexibly to people with more severe problems.

We expect the number of patient contacts to approach or exceed 90% of the current level but this will be achieved in a very different way from at present. We wish to target our services more clearly to people who do not engage at present with traditional models of therapy and who experience significant barriers to receiving therapy in the current system.

We are working with commissioners, staff and service users on developing a new service specification. Key aims of this are that psychological therapy treatment should be accessible promptly and will provide appropriate evidenced based treatment for those with the highest level of need. <u>All therapies within the new service will be evidenced based.</u>

A recent example off a local person who was not served well by our current system is;

A man in his mid thirties who was referred to a Community Mental Health Team (CMHT) in a very distressed state by his GP.

His difficulties were linked to abuse he had experienced when younger; the memory of which was now causing him acute distress and difficulties in many areas of his life. He had given up his job.

Within our current system this man would receive some support from the CMHT. To receive psychotherapy, he would need to be referred to a separate team, wait for assessment before being placed on a waiting list for psychotherapy. He may then be offered a nine – twelve months of treatment in an outpatient clinic.

This is not an unusual scenario, as the first level of contact for patients in crisis or with significant social problems will often be the Community Mental Health Team (CMHT).

In the proposed model; all psychological therapy would be delivered from one team closely linked to the CMHT. This man would be offered a psychological assessment quickly and then access to psychologically informed support. This will be designed to help him cope with his current life problems and hopefully maintain his employment and relationships. He may need to go onto further formal treatment, or, the timely help he received may have met his needs adequately.

Psychodynamnic therapy will remain a significant and important part of the service however, in this model; psychotherapists will be more directly involved with training and supervising CMHT staff in working with complex patients thus extending psychological help to a broader group.

In addition, CMHT and IPTT staff will facilitate time limited, evidence based groups of 8-12 sessions duration which we envisage will be the first line of formal psychological treatment for most patients entering the service. The content of the groups will depend upon local needs and staff skills and will include the following;

- Dialectical Behaviour Therapy (DBT) for emotion regulation.
- Behavioural Activation for chronic depression.
- Problem Solving Skills groups.
- Mindfulness Based Cognitive Therapy.
- Psychoeducational groups in Mentalisation Based Therapy or Schema Therapy for people with personality disorders.

This change in emphasis will reduce the amount of medium- long term (6-18 months) individual and group therapy we offer however, the integration of the existing psychological therapy services will allow us to target patients who will benefit from this more effectively and to manage the throughput more efficiently.

Individual and group Cognitive Behaviour Therapy (CBT) and Cognitive Analytic Therapy (CAT), and psychodynamic work will still be available. Family and couples work, which has previously only been available in the Maudsley Psychotherapy Service, will now be distributed more evenly across the boroughs and linked more closely with the CMHTs. We are eager to engage with referrers in considering how and for whom this important but limited resource should be provided.

We will identify more clearly the needs of patients with personality disorder, particularly those with more severe emotionally unstable personality disorder who are not served well at the moment**.** In particular we wish to build on our success in Croydon in providing accessible co–produced peer support groups for people with severe personality disorder who need help over the longer term

For patient's who are self harming, we will offer Dialectical Behaviour Therapy (DBT) in group and individual format of up to a year in duration. For a small number of patients we will offer longer term treatments (18months - 3 years) that have been shown to reduce by up to a half the percentage of patients continuing to meet criteria for a diagnosis of personality distorted**.**

The new service will sit along side the borough based IAPT (Improving Access to Psychological Therapy) Teams, which provide evidenced based therapy to people with less complex needs.

The services in Lambeth and Southwark are among the highest functioning in London, in delivering good recovery rates and addressing large scale population needs.

In Lambeth, a total of 2,880 people enterred therapy during 2010 / 11 and the service is on track to meet an increased target of 3, 700 in 2011/ 12

In Southwark a total of 2,152 people enterred therapy and are planning, inconjunction with the practice based counsellors, to deliver an increased target of 4,192 in 2011/ 12.

The new specification will ensure that the available resources are used most effectively and will also ensure the implementation of clearer pathways to eliminate duplication and waste.

We plan to develop an advisory group as part of our ongoing service improvement activity, to monitor the impact of these changes on patient experience levels of activity and outcomes. Key members of this group will be users of the service, commissioners and colleagues working in different parts of the pathway; For Example; GP's and CMHT staff

4. Honorary psychotherapists:

Concern was expressed that the proposal would impact negatively on the availability of honorary therapists who provide therapy free of charge.

Our current services provide positions for approximately 25 whole time equivalent honorary psychotherapists across Lambeth and Southwark. Concerns have been raised that the proposed model will not be suitable training or attractive to honorary therapists, and that a reduction in numbers will lead to a loss of service to residents in Lambeth and Southwark

We think this is unlikely to be the case. We have already committed to providing our respected training in Cognitive Analytic Therapy in the new model which will retain 12 – 18 honorary places. We are continuing our successful partnerships with DlinPsy and Counselling Psychology Training courses. We have also been able to offer experience in a range of different therapies, and the new integrated services will help us build on this. We anticipate this will be a very desirable training experience for psychologists in

training. In summary we have a healthy demand from trainee therapists wishing to undertake such placements with us.

Given the importance of this resource to our local services, we intend to centralise our management of this staff group and to formalise the links we have with the various training organisations. Through this process, we can ensure that placements and the associated clinical activity is clearly built into our annual plans. In addition, we intend to involve the training institutions in our developments to ensure that the teaching program is relevant to the therapy we wish to deliver in the future.

There may be a small reduction in honorary therapists during the transition into the new service. This effect will be clear once the staff selection process is complete.

5. **Impact on staffing:**

Confirmation is sought on the impact of this proposal on staffing levels.

Psychological therapy services are made up of psychology and psychotherapy posts. The overall impact of the proposal on the combined groups is as follows;

Lambeth 18.5 whole time equivalent staff (WTE) to 15 WTE

Southwark 16 WTE to 13 WTE

The proposed staffing structure; which was revised following the formal staff consultation, is designed to ensure adequate levels of seniority for the purpose of assessment and supervision. A 0.6 WTE consultant psychiatrist post has been established in each team. This is a reduction on the current configuration, but is in line with usual practice and will not significantly impact activity.

6. **Equality Impact Assessments with reference to sexual orientation and transgender:**

Significant work has been carried out on the Equality Impact Assessment of this proposal. We would like to acknowledge the help we received from Lambeth and Southwark Councils in undertaking this work.

(Appendix C Lambeth, Appendix D Southwark)

Concern was raised at the Southwark committee concerning how SlaM collect information concerning sexual orientation and transgender

Concerning the legal status of collecting data on people in protected status; we refer to The Equality and Human Rights Commission guidance ‘Meeting the equality duty in policy and decision-making’ Revised (second) edition,

January 2012 (formerly published as Equality Analysis and the Equality Duty: a guide for public authorities) which states:

"If you do not have equality information about people with particular protected characteristics, consider whether you need to fill these information gaps. This could mean undertaking short studies or surveys, or some engagement work. If it is not possible to collect this in time to inform your assessment, consider how you can increase your understanding in the short term before undertaking more robust research at a later date. This could mean, for example, meeting with stakeholders. The information that you collect at a later date will be valuable for your monitoring and review work. The information you gain from engagement with stakeholders will help you to understand the potential impacts of your policy on different groups"

Within the Trust we routinely collect data concerning sexual orientation / transgender within our IAPT Services.

In addition; since January 2012, our Patient Experience Surveys have collected information on all 9 protected characteristics. Data from this survey in relation to sexual orientation and transgender is presented below:

Sexual Orientation	**Number**	**Percentage**
Heterosexual/ Straight	491	87
Lesbian/ Gay	13	2
Other	11	2
Prefer not to say	35	7
	(n=565)	
Sex		
Male	288	48
Female	310	52
Other	1	0
Prefer not to say	2	0
	(n=601)	

Our survey asks questions about service user's experience of being treated in SlaM. It covers 8 areas specified by our commissioners. Data shows that satisfaction levels are similar for each group outlined above. Continual analysis will be undertaken as the survey is introduced in more services across SlaM.

In line with the Equality Act 2010, additional information was sought from other sources.

The Gay and Bisexual Men's Health Survey (2011) undertaken by Stonewall found higher rates of depression, anxiety and self harm in gay and bisexual men, than men in general. It also found that a third of gay and bisexual men have had a negative experience related to their sexual orientation. They described a good service as one which acknowledges their sexual orientation, welcomes their partner to the consultation, gives information relevant to their sexual orientation and creates a welcoming environment for gay and bisexual

men. These recommendations will be fed into the current consultation process.

SLaM is also specifically consulting with Four in Ten (a group for gay/ lesbian and bisexual service users who suffer from or care for someone with mental health problems) on the proposed changes to Psychological Therapies.

It is not anticipated that the proposed changes to the provision of psychotherapy services will adversely affect people based on their sexual orientation or if they are transgender. The new system will reduce the number of assessments (and the number of times and individual is asked about their sexual orientation) and ensure people access the most appropriate treatment more quickly than the current model.

7. **Impact on patients with complex psychological and social needs, who do not fall into standards diagnostic groups.**

Concern was also raised in the Southwark Committee concerning the affect of this proposal on patients who do not fall into standard diagnostic groups.

There are a group of patients whose needs are very complex and where using a standardised pathway is not appropriate. These patients will continue to receive a comprehensive assessment and identification of a suitable treatment. This may on occasion involve working closely with GP's on psychological and risk management rather than directly treating the person within the service. We do not believe that this group will be negatively impacted by the proposed changes but will ensure that ongoing review gives clear attention to this group.

8. **Clinical Outcomes; particularly for those with complex and severe mental illness:**

We expect that our proposed service model will improve access to services in line with need; particularly for people with more complex mental health problems. In addition, we expect to see improvements in the clinical outcomes of people with ongoing need for psychological therapy through the introduction of long term group programme.

Clinical outcomes are measured in all services. Psychological therapy services use a measure called CORE which measures reduction in symptoms. CMHT, who work with people with severe and complex problems, also use HoNOS (Health of the Nation Outcome) which measures changes in a persons overall functioning.

CORE and HONOS are not always sensitive to changes in people with personality disorder; as such we intend to develop measures that are more able to gauge issues of interpersonal and social functioning in this group of people.

The experience of people using the service is very important and will be monitored through our patient experience questionnaires, as well as through the advisory group.

9. Inaccuracy in the Consultation:

Concern was raised at the Lambeth committee that the consultation document contained inaccuracies.

This concern has been discussed with staff representatives and inaccuracies have not been reported to date. However concerns have been expressed to us about the way in which the reduction on staffing levels have been described and in the differential impact on psychodynamic psychotherapy and on some existing departments. We believe, considering the changes we propose to make to the model it is most appropriate to describe changes to overall borough capacity rather than individual professions, grades and teams. We also considered when proposing the new staffing structure that reviews of CMHT in Lambeth and Southwark in previous years had resulted in a change in psychology provision.

Steve Davidson Service Director
Dr Jonathan Bindman Clinical Director

Appendix 1 Overview of proposed changes to psychological therapy services in Lambeth Southwark and Lewisham

Appendix 2 Involving stakeholders in the development of the proposed changes to psychological therapies services

Appendix 3 Equality Impact Assessment Lambeth

Appendix 4 Equality Impact Assessment Southwark

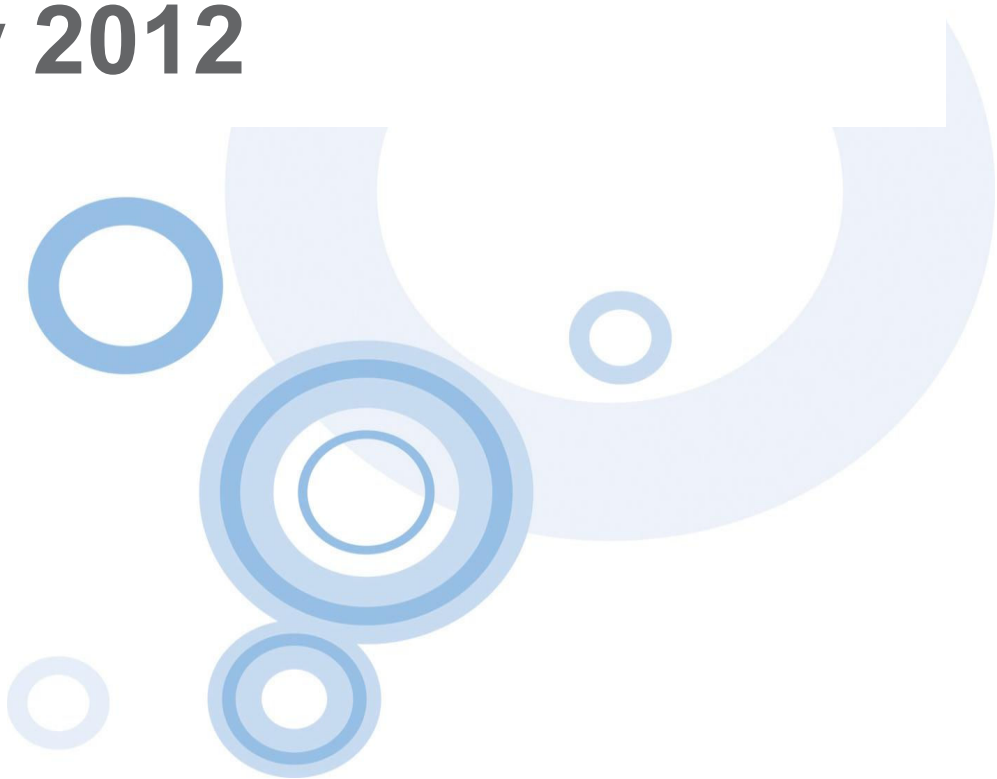
Document 1

South London and Maudsley NHS
NHS Foundation Trust

Psychological Therapies

Overview of the proposed changes to psychological therapy services in Lambeth, Southwark and Lewisham.

April/May 2012



Contents

Introduction

Over the past year staff and service users from South London and Maudsley NHS Foundation Trust (SLAM) have been working together to improve 'care pathways' or the way people are referred into and move through services. This work is to make sure that people receive the right treatment and support at the right time, and also helps us to make best use of the money available.

Recently, we have been doing specific work on the psychological therapy services in Lambeth, Southwark and Lewisham. By psychological therapies we mean talking therapies such as psychotherapy or clinical psychology provided one to one or in a group. We are not currently working on changes to talking therapies and self-help provided through GPs and by self referrals and sometimes known as Improving Access to Psychological Therapies (IAPT).

We have developed a plan to change the way psychological therapies are provided in these boroughs:

- **Currently, there are several different services providing psychological therapies for residents of Lambeth Southwark & Lewisham. We are proposing that each borough will have one integrated psychological therapy service.**

Over the last 6 months we have had some feedback from staff, service users/carers, local organisations and health professionals about the planned changes. This feedback has helped us to identify particular areas where we need to do some more detailed work. During April & May we will be asking people with an interest in these services to help us develop the more detailed plans which we can use as we implement the changes. There will be an event in May where we can all work together on this.

This document aims to let people know what we are proposing and why. There will be information about how you can get more detailed documents on various aspects of the work. This document also includes a feedback form with a few questions for you to consider prior to the event on the 16th May (contact details are enclosed at the end of this document).

Background

Where are we now – what we offer now in psychological therapies

Psychological therapies provided by SLAM are for people who have relatively severe and long term problems with their mood or relationships. You usually access these therapies either through your GP or a mental health worker. These therapies are for a limited period of time, which can be from a few months to a couple of years. Psychological therapies can be offered within a group setting or within a one to one setting. The psychological therapies (modalities) that we currently offer consist of:

- Psychodynamic/Psychoanalytic Therapy
- Cognitive Behavioural Therapy (CBT)

- Cognitive Analytic Therapy (CAT)
- Family/Couple/ Systemic Therapy
- Trauma Therapies – e.g. Eye Movement Desensitisation and Reprocessing (EMDR)
- Dialectical Behavioural Therapy (DBT)
- Mindfulness Based Cognitive Therapy (MBCT)

Full details of these therapies can be found at:
http://www.psychotherapy.slam.nhs.uk/Home/TypesofTherapy/tabid/510/Default.aspx

These therapies are generally delivered by psychologists and psychotherapists. Both are trained in carrying out assessments and offering psychological therapies to service users. Psychologists are generally based in Community Mental Health Teams (CMHTs) working alongside nurses, social workers and psychiatrists. Psychotherapists are generally based in stand alone teams on hospital sites.

Psychological therapies are currently provided in a range of settings across Lambeth, Southwark and Lewisham. Please see the map and table 1 below for where these are currently offered.

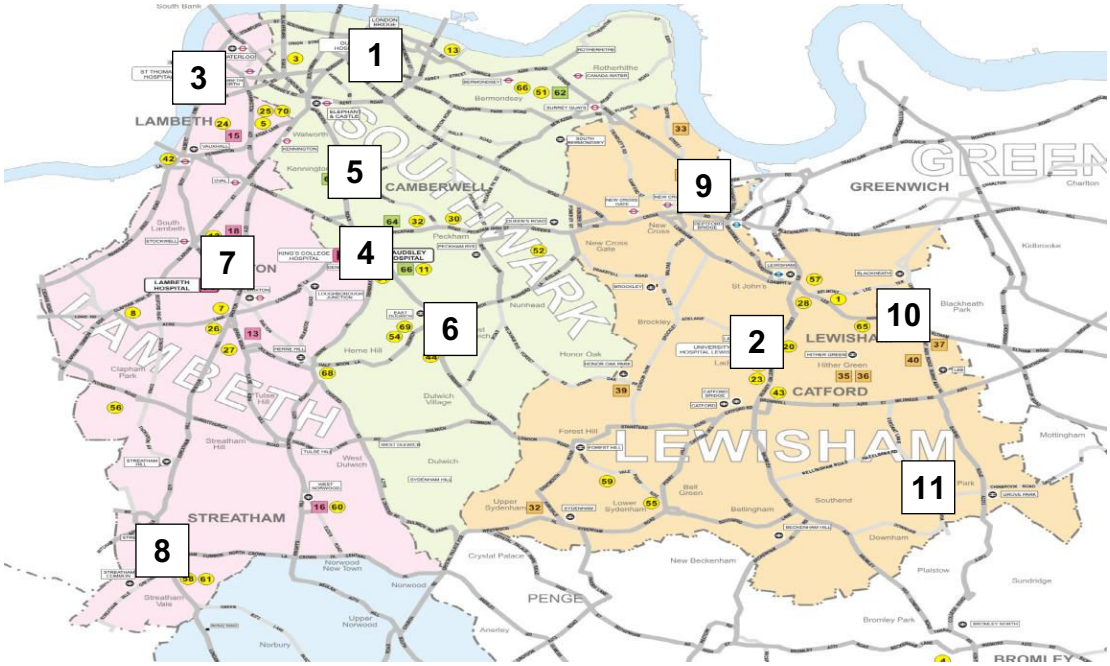


Table 1

Key – number relating to service	Service
1	Coordinated Psychological Therapies Service (CPTS) – Guys Hospital Southwark
2	Lewisham Integrated Psychological Therapy Service (LIPTS) – Ladywell unit Lewisham
3	St. Thomas' Psychotherapy Service – Lambeth
4	Maudsley Psychotherapy Service (MPS) and Traumatic Stress Service (TSS)
5	Community Mental Health Team (CMHT) North Southwark
6	CMHT South Southwark
7	CMHT North Lambeth
8	CMHT South Lambeth
9	CMHT North Lewisham
10	CMHT East Lewisham
11	CMHT South Lewisham

How the model was developed

In the spring of 2011 we held some workshops where staff, service users & carers were invited to help with the design of care pathways for people with problems related to mood, anxiety or personality disorder. The work from these sessions formed the basis of the current proposals by identifying best clinical practice and how we needed to improve the services.

A new psychological therapies service model was developed by a steering group which met between September and November 2011. The group included staff representatives covering a broad range of experience and expertise. During this period, a 'service user advisory group' was kept informed and discussed the proposals at their monthly meetings.

Why do we need to change?

Service users and commissioners have informed us that they want a better quality service and have identified some particular issues:

- There are several different services providing psychological therapies in Lambeth Southwark & Lewisham. At the moment the way people are referred to particular services can be confusing for service users and for staff who make the referrals, and some people do not get to the service they need for a long time. Commissioners think it is inefficient to have several services in each borough doing similar or overlapping things and wish to see therapy provision well integrated with other local pathways of care.
- Some services have not been good at demonstrating their effectiveness and commissioners want better evidence that we are providing the right treatments and that they are working.
- Commissioners also want services delivered in line with principals of co production which promotes equality and reciprocity between professionals and users of the service. Service users have given us feedback to say that they do not like having repeated assessments, and going through a lengthy process to get the therapy that they need.

Quality, Innovation, Productivity and Prevention (QIPP)[1]

The government expects all existing services in the NHS to operate at reduced cost to release money for investing in new services. Existing services need to be more creative and efficient in the way they deliver effective services so that they can make these savings. Therefore, we need to think about innovative ways of providing psychological therapies within the resources available to us. We need to meet the needs of our local population as well as complementing and enhancing the services that are provided by the Local Authority (LA) and the 'third sector' (non-profit making organisations).

[1] QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and will improve the quality of care the NHS delivers whilst making up to £20billion of efficiency savings by 2014-15, which will be reinvested in frontline care.

Currently the services we (MAP CAG) offer to the local residents cost more than we are being paid to provide them (cost pressures). Therefore we have to redesign our psychological therapy services, as well as other services, to ensure that they are as cost efficient, effective and innovative as possible.

How do we improve quality within the reduced resources we have?

The NHS commissioners have asked us to provide borough based psychological therapies in partnership with Local Authorities (LA) and the third sector. There has also been general agreement, from service users, about the proposed model for one integrated service in each borough, allowing more streamlined assessments and referrals. The proposed psychological therapy service, an Integrated Psychological Therapy Team (IPTT) will work closely with our CMHTs. In doing so there will be better integration of health and social care needs by having;

- A single point of access to services – a framework for medical, psychological and social needs to be addressed in an integrated approach. This will enable services to respond flexibly to a broader range of issues than have been addressed by psychological therapy services up to now.
- An integrated and holistic assessment and care/treatment plan – covering medical, psychological and social needs.

At the moment, some service users with high levels of need do not get psychological therapies that might help them because when distressed they present risks which need to be managed by CMHTs, which often have limited skills in delivering psychological treatments. We expect that CMHTs will be able to work much more closely with IPTTs in future than the current psychotherapy services can.

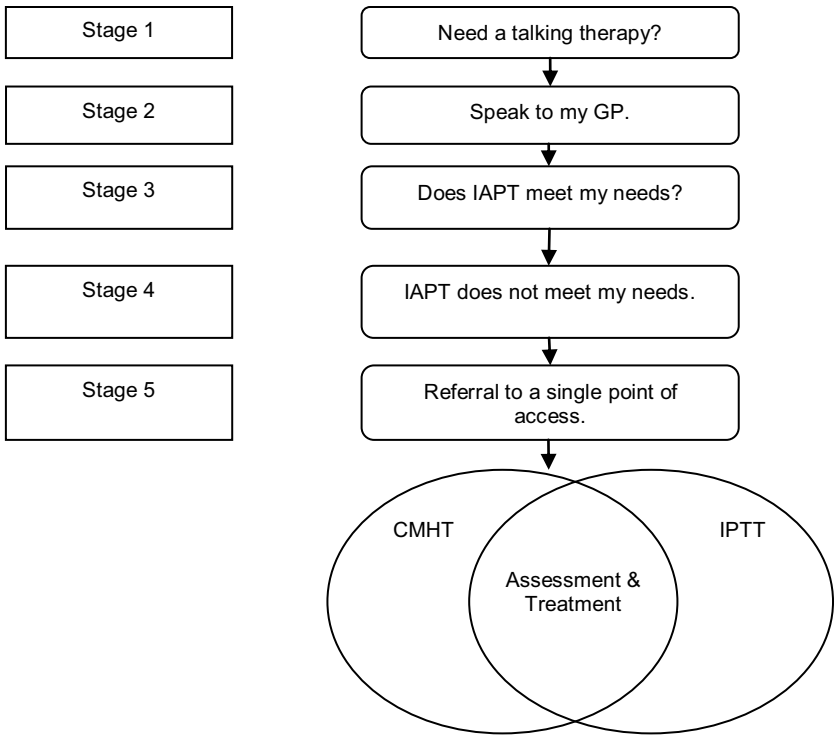
We also need to be creative with how we deliver therapies. At the moment, psychological therapies are delivered in a way (time limited individual and group sessions) that is not suitable for everyone in need. There are models for providing care in other boroughs and Trusts which we want to learn from and adapt for Lambeth Southwark and Lewisham. We will develop a peer support/group coordinator role which will be responsible for developing a range of groups and peer support systems. These systems will also support ‘signposting’ for service users to alternative services or help in navigating around internal systems. These services can be an alternative to a formal treatment or be used whilst a service user is waiting for a more formal psychological therapy.

The proposed new model

An integrated psychological therapies team (IPTT) will be developed in each Borough. Integrated means that all treatments for psychological therapies are provided by a single team with a single point of access, offering a range of treatments (modalities).

The borough IPTT will provide all specialist psychotherapies required by NICE[2] guidelines for people with anxiety, depression, personality disorder, and post-traumatic stress disorder (PTSD). 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.

Following the care pathway work and service user feedback the proposed care pathway for psychological therapies will look like this.



[2] National Institute of Health and Clinical Excellence

Staffing

We currently employ 76 staff in psychological therapies. Some of these staff are part time, therefore these 76 staff equate to 47.36 full/whole time equivalent (wte) staff. Following the staff consultation we plan to run our services with it is proposed that there will be a reduction of 8.02(wte) posts, a reduction from 47.36 wte staff to 39.34 wte staff. We have also developed a trust wide 0.8 wte systemic/family therapy post – totalling 40.14 staff.

Current staffing in psychological therapy services

Service	wte
CPTS	4.41
Southwark Psychology (CMHT)	4
LIPTS (Lewisham)	4.6
Lambeth Psychology (CMHT)	3.8
St Thomas' Psychotherapy (Lambeth	9.05
MPS	13.13
TSS	8.37
Total	**47.36**

For the location of the psychological therapy services see the map on page 4.

Proposed staffing in Psychological therapy services

Service	WTE
Lambeth Integrated Psychological Therapy Team (IPTT)	15.1
Southwark and Central IPTT	12.18
Lewisham IPTT	12.06
Total	**39.34**
Systemic Therapist + 0.8 WTE	40.14

Staffing costs

Borough	Current staffing cost (£)	Proposed IPTT staffing cost (£)	% Difference
Lambeth	1.496,334	1,190,919	- 20.41%
Southwark	1,272,646	994,603	- 21.85%
Lewisham	1,025,564	910,522	- 11.22%
Totals	**3,794,544**	**3,096,044**	- **18.41%**

Proposed Activity changes

At present our services provide 'activity data' to commissioners which describe the amount of work the services do. These data are based on counting the number of individual or group therapy sessions. With the development and restructuring of an 'overlapping' integrated psychological therapies team (IPTT) it has been agreed with commissioners that the 'psychological therapy' activity may reduce, for both

assessments and treatments in Lambeth and Southwark (but not in Lewisham) by up to 10%. However, we expect that in future 'activity' will not be measured solely as individual or group sessions in a psychological therapy service but will reflect the wider range of options we wish to deliver, including long term supportive groups, and treatments delivered by psychologists or by CMHT teams with the advice or supervision of psychotherapists. These forms of activity are either not taking place at present, and will increase, or are not counted in current activity data. Changes in activity in the services will be closely monitored.

Lewisham		Southwark		Lambeth	
0% reduction =		10% reduction =		10% reduction =	
Assessments (A)	Treatments (T)	A	T	A	T
389	**6,180**	**395**	**4,650**	**298**	**10,044**

The new IPTT and the MAP Assessment and Treatment (A&T) teams will have an integrated approach in carrying out many of the functions, which they currently do separately. These will include the following:

- 'Triaging' the referrals – to ensure the most appropriate assessment, signposting and treatment is offered.
- Making sure that the appropriate 'level' of assessment is carried out. The profession and grade of the assessor will depend on the complexity of the service users' presentation. Assessments may include joint assessors for more complex cases. All assessments will have a therapeutic element to them, providing a psychologically informed offer of treatment to everyone rather than for a few.
- A 'stabilisation and/or re-ablement pathway', within a therapeutic relationship will be offered to most service users initially – which will be tailored to individual needs (social, psychological and medication), which will be time limited, within a recovery and a self management approach. Service users presenting in crisis are not seen by psychotherapists in the current system and typically only access psychological treatments after lengthy delays. In future the IPTT will provide advice at a much earlier stage in people's presentation; ensuring treatment is directed more quickly to people in the greatest need.
- New approaches and joined-up ways of working with the 3rd sector, the local authority and other agencies will be developed to ensure the most appropriate level of treatment is offered to service users. These may include
    - Group work
    - Peer support – 1:1 and group peer support
    - Reablement and stabilisation work – recovery focused, self management, and to develop social inclusion and systems/support networks – supported by a Recovery and Support/Staying Well Plan.
- Entry to a specific treatment pathway and/or a personalisation pathway (for social care support) will only be offered to service users that have been assessed and have met the needs criteria to receive it.

- It is envisaged that the joint capacity of the service will be able to accommodate the current psychological therapy activity, less 10%, by having a systematic approach of working effectively and efficiently. The more skilled and experienced workers will assist others to run groups, to supervise and mentor other staff in being 'therapeutic' in their assessments and treatments. The service will continue to train honorary staff and other trainees.
- The service has a DBT specialist/trainer – so all staff will eventually be able to offer DBT appropriate therapy/treatments to service users. Further training and clinical specialists posts will be developed to enhance the calibre of the staff to ensure quality assessments and treatments are offered within the Maps of Medicine and NICE guidance.
- The CAG will develop IT systems so we can capture accurate data with regards to assessments, treatments, modalities and outcomes.

Feed back on the proposed new model

Consultation and involvement with service users and public

1. A service user advisory group was kept informed of developments and supported a stakeholder meeting in November 2011.

2. During November & December 2011, specific feedback was sought about the proposal from service users/carers. A meeting for service users and carers was held on 21st November 2011 and individual feedback was received via email, telephone or face to face conversation.

3. The proposal was discussed at Southwark MIND user Council, at the Lewisham Joint Consultative Board and at the Lambeth Living Well Collaborative

4. In February 2012, the proposal was revised in the light of feedback from the staff consultation and mindful of service user feedback to date

5. Following a meeting with the boroughs LINks (Local Involvement Networks) in February, we extended our consultation on the proposed changes. We collaborated with Southwark and Lambeth LINKs to run public meetings and give people access to a jargon light version of the revised proposal. Lewisham LINk promoted the consultation and made available the jargon light document. The document was also available on the SLaM website.

6. The proposal was discussed at the Trustwide Involvement Group meeting which aims to oversee involvement across Trust activities.

7. On March 29th 2012 staff representatives from the services met with managers and representatives from the service user advisory group to consider the process and feedback to date and to plan next steps.

8. Plans for continued involvement include a 'working together' event on May 16th 2012 for all stakeholders to contribute to the detailed plans, and an ongoing working group on May 16th 2012 to develop & measure quality indicators for the new services.

Consultation with staff

The psychological therapies proposed service model was also discussed with staff at a workshop on 14th November 2011. This was attended by 70 members of staff. A statutory formal consultation was held, with staff, from 9th December 2011 to the 16th January 2012. Within this period we held 5 team/group consultation meetings and 33 individual consultation meetings. We received 84 responses to the formal consultation, mainly from staff, but also from service users and other professional organisations. Following these responses a revised proposal for psychological therapies was sent to staff on 21st February 2012

Themes from the consultation with staff, service users & members of the public:

- General agreement about the proposed model for one integrated service in each borough, welcoming more streamlined assessment & referral.

- Need for more detailed work on aspects of the model: - specifically
    - Single point of access
    - Pathways through community and non statutory services
    - Activities targets
    - Management of risk

- Concern about the impact of the reduction in funding in Lambeth & Southwark: - & the need to continue to provide a range of types of therapy, including support to 'honoraries'.

- The need to develop a workable, balanced & appropriately skilled staffing structure with adequate supervision capacity.

- Equalities & Access Issues – the need to ensure that bme communities are reached by the new model and appropriate targeted group support is maintained.

- Noting the importance of developing good monitoring / feedback / outcome reporting systems, to oversee & track changes in quality/demand/outcome in the new service.

- A request from service users & wider stakeholders for more detailed information about the specific proposed configurations in each borough service and to be kept informed and involved in the future process of developing the services, using a variety of methods, involving wider stakeholders and borough by borough.

A more detailed document: **'Involving stakeholders in the development of the proposed changes to psychological therapies services'** is available on request. (Supplementary document no. 7)

Equalities Impact Assessment (EIA)

In restructuring our service and making changes to them we have a legal obligation to carry out an EIA. We have therefore carried out an EIA for the proposed changes to psychological therapies in all of the 3 boroughs. These have also been assessed by members of the MAP CAG service users' advisory group.

In summary; we have concluded that there will be a positive impact on access to psychological therapy services for people from a black and minority ethnic (BME) communities. BME communities have historically been under represented in their use of psychological therapy services, it is expected that by bringing the process of referral for all psychological therapies into a single pathway, the more representative levels of access currently achieved by CMHTs and by IAPT services will be delivered within psychological therapy services.

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

We have also assessed that the proposal will have a neutral impact on other equality groups. However, we have stated that the impact of the change will be subject to a regular review. Activity data for referrals and treatment against ethnic group, age, sexuality and gender will be carefully monitored against current baselines. User experience data will be scrutinised to elicit further impact change.

The service user advisory group will remain central to the ongoing management and monitoring of the psychological therapy services. Full EIA assessments will be available on the event day.

Ways to give feedback, get involved & stay involved:

For more information:
If you would like more information about the proposals there are a number of supplementary documents – see contents page - page 2.
These documents are available on the SLaM website:
http://www.slam.nhs.uk/media-and-publications/latest-news/changes-to-psychological-therapies.aspx

Alternatively, you can discuss your information needs by contacting:
Alice Glover – Patient & Public Involvement Lead:
Tel: 020 3228 0959 email: alice.glover@slam.nhs.uk

To give ideas & feedback about the proposals
By email: alice.glover@slam.nhs.uk
By phone: 020 3228 0959
By post:
Psychological Therapies113 Denmark Hill, The Maudsley Hospital, Denmark Hill, London, SE5 8AZ – SAE enclosed

Views & ideas received before the 16th May can be fed into the discussions at an event on the 16th May

To be involved in shaping the new services:
There is an event on the **16th May 2012** 1.30 – 4.30 (lunch from 12.30)
Cambridge House, Addington Square, Camberwell, SE5 OHF

'Working Together to Shape Psychological Therapies'
If you:

- Have experience of using psychological therapy services
- Support people who may use these services (as an individual or as an organisation)
- Work in psychological therapy services or make referrals to them

Then we would like to invite you to join us in shaping the new services. Booking essential.

At the event, we will work in small groups with some of the themes (page 11) that have been identified through the consultation to date (see above).

For more information about the event and/or to book a place, please contact:
Sandra Rutland: Tel: 020 3228 2466 Email: sandra.rutland@slam.nhs.uk

To keep updated & involved as the services are developed
If you would like to be kept informed about how the services develop, please contact Alice Glover – Patient & Public Involvement Lead:
Tel: 020 3228 0959 email: alice.glover@slam.nhs.uk

As the new service is developed a group of people with experience of using services will work alongside staff to oversee systems for quality and outcomes are developed. If you are interested in joining this group, please contact
Alice Glover – contact details above

Thank you

Simon Rayner
Head of Pathway – MAP CAG – April 2012

If you require this information in your language, or in other formats, such as audio or large print, please contact Damian Cassidy on 020 3228 3655.

Jargon buster

Care pathway
A standard way of giving care or treatment to someone with a particular diagnosis.

Clinical Academic Group (CAG)
A SLaM operational unit which brings together all the clinical services, research and teaching which takes place within a particular area (such as psychosis or addictions). Psychological therapies services come under the Mood Anxiety and Personality (MAP) CAG.

Commissioner
An organisation which determines what health and social care services should be provided for local people and which then commissions and allocates funding for other organisations to provide them. This could be a Primary Care Trust (PCT) or local authority.

Cost Pressures
A cost pressure is where the cost of providing a service is more than the amount received in payment.

Equality Impact Assessment
An equality impact assessment involves assessing the likely or actual effects of policies or services on people in respect of disability, gender and racial equality. It helps us to make sure the needs of people are taken into account when we develop and implement a new policy or service or when we make a change to a current policy or service.

IAPT
The Improving Access to Psychological Therapies (IAPT) programme aims to improve access to talking therapies in the NHS by providing more local services and psychological therapists. IAPT services have now been set up across the NHS.

The IAPT Services help people, aged 18 and over, cope with depression and/or anxiety. IAPT services provide a range of therapies including one to one, group, and home-based online support programmes.

Modalities
There are many different kinds of therapy; these different kinds of therapy are referred to as modalities.

NICE
The National Institute for Health and Clinical Excellence (NICE) was set up in 1999 to reduce variation in the availability and quality of NHS treatments and care - the so called ‘postcode lottery'.

NICE’s evidence-based guidance helps identify about which medicines, treatments, procedures and devices represent the best quality care and which offer the best value for money for the NHS.

Personalisation
Personalisation is a Government led national policy to ensure everyone who uses support should have the choice and control to shape their own lives and the services they receive.

The system puts the individual at the centre of the process and allows them to choose the service providers they use and the manner in which they receive support. The aim is to make services more personal and tailored to individuals needs.

Reablement
A period of support to regain independence by learning, or re-learning, skills for daily living. Reablement may involve the use of focused support and therapy to help people regain daily living skills and become able do things for themselves after an illness or accident. It can also include the provision of equipment and aids to help people live more independently.

Service User Advisory Group
This group of people have experience of using services for mood, anxiety and personality disorder. Several members of the group have direct experience of using psychological therapies.

Third Sector
The 'third sector' is the term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

Triaging
Triage is the process of determining the priority of patients' treatments based on the severity of their condition.

SLaM
Shorthand for South London and Maudsley NHS Foundation Trust, providing mental health services across Lambeth, Southwark, Lewisham & Croydon

Feedback form

Do you understand what is being proposed with the reconfiguration of the psychological therapies?

Do you need further information to understand what is being proposed in psychological therapies? If so what information would be helpful?

Do you believe the changes that we are making will improve psychological therapies? If so, what do you believe they are?

Are there any other things we need to consider to improve the service?

Do you have any other comments that you would like to make?
You may want to comment on the themes we will be discussing on the 16th May?
Themes: the need for more detailed work on aspects of the model: - specifically

- Single point of access
- Pathways through community and non statutory services
- Activities targets
- Management of risk

Please provide us with your contact details so we can send/speak to you about the information that you require.

Name: **Tel number:**

Address

To give ideas & feedback about the proposals
By email: alice.glover@slam.nhs.uk
By phone: 020 3228 0959
By post:
Psychological Therapies113 Denmark Hill, The Maudsley Hospital, Denmark Hill, London, SE5 8AZ – SAE enclosed

Document 7

South London and Maudsley NHS
NHS Foundation Trust

Involving stakeholders in the development of the proposed changes to psychological therapies services

Contents

Background – Proposed changes to psychological therapy services

In this context, the term psychological therapies refers to talking therapies provided by South London and Maudsley NHS Foundation Trust such as psychotherapy or clinical psychology provided one to one or in a group. We are not working on changes to talking therapies and self help provided through GPs or by self referrals and sometimes called Improving Access to Psychological Therapies (IAPT) services*.

A proposal has been developed to change how community psychological therapies are provided in the boroughs of Lewisham, Lambeth & Southwark:-

Why are changes being made?

- There are several different services providing psychological therapies in Lambeth Southwark & Lewisham. At the moment the way people are referred to particular services can be confusing for service users and for staff who make the referrals.
- Service users have given us feedback to say that they do not like having repeated assessments, and going through a lengthy process to get the therapy that they need.
- In Lambeth & Southwark a lot of money has gone into the development of new services providing psychological therapies which are available through GPs (the Improving Access to Psychological Therapies (IAPT) services). This means that there is less money available for the more specialised psychological treatments.
- In Lewisham the services have historically been less well developed so the amount of money available for

* See Jargon Buster (page 32).

specialised psychological treatments is being maintained. However, as with all NHS organisations, we need to provide services for less money by being more efficient.

What are the changes?

- We are proposing that each borough will have one Integrated Psychological Therapy Team (IPTT).
- In Lambeth & Southwark there will be 22% less money available. This will mean there will be some reduction in staff and in the number of sessions of therapy available. In Lewisham the amount of money available will reduce by 11.2% however, this will not result in a reduction in therapy sessions. We do not expect waiting lists to rise, but if they do we will ensure more therapy is provided.
- All referrals will go through the same system meaning that people should be referred to the right service more straightforwardly than they are now.
- A range of both individual and group therapies will still be available in all the boroughs.
- We plan to start changing the services from June 2012.

Further details – supplementary documents

For more details about the proposed changes please see document 1:
'Overview of the proposed changes to psychological therapy services in Lambeth, Southwark and Lewisham'

Also see the following supplementary documents;

2. Original proposal – November 2011
   'A proposal for the reconfiguration of psychological therapy services
   in Lambeth, Southwark and Lewisham'
3. Revised proposal – February 2012
   'Outcome document on the Consultation with staff on the restructure of Psychological Therapies in Lambeth, Southwark and Lewisham'
4. Equality Impact Assessment (EIA), Lambeth
5. EIA, Southwark
6. EIA, Lewisham
7. Description of SLaM Psychological Therapies

Summary of stakeholder involvement

1. Feedback from people with experience of using services was gathered during spring & summer 2011 and considered in the development of the proposed new service model.

2. Between November 2011 & March 2012 staff working in the psychological therapies services were involved in the development and design of the proposed service and formally consulted around implications on staffing.

3. The service user advisory group* was kept informed of developments and supported a stakeholder meeting in November 2011 (see page 10).

4. During November & December 2011, specific feedback was sought about the proposal from service users/carers. A meeting for service users and carers was held on 21st November 2011 and individual feedback was received via email, telephone or face to face conversation.

5. The proposal was discussed at Southwark MIND user Council, at the Lewisham Joint Consultative Board and at the Lambeth Living Well Collaborative

6. In February 2012, the proposal was revised in the light of feedback from the staff consultation and mindful of service user feedback to date

7. In March 2012, following calls for wider consultation on the proposed changes, SLaM collaborated with Southwark

* See Jargon Buster (page 32).

and Lambeth LINKs to run public meetings and give people access to a jargon light version of the revised proposal. Lewisham LINk promoted the consultation and made available the jargon light document. The document was also available on the SLaM website.

8. The proposal was discussed at the Trustwide Involvement Group meeting which aims to oversee involvement across Trust activities.

9. On March 29th 2012 staff representatives from the services met with managers and representatives from the service user advisory group to consider the process and feedback to date and to plan next steps

10. Plans for continued involvement include a 'working together' event on May 16th 2012 for all stakeholders to contribute to the detailed plans, and an ongoing working group on to develop & measure quality indicators for the new services.

Summary of themes from feedback:

Themes from the above feedback are detailed in the document, but in summary are:

- General agreement about the proposed model for one integrated service in each borough, welcoming more streamlined assessment & referral

- Need for more detailed work on aspects of the model: - specifically
  - Single point of access
  - Pathways through community and non statutory services
  - Activities targets
  - Management of risk

- Concern about the impact of the reduction in funding in Lambeth & Southwark: - & the need to continue to provide a range of types of therapy, including support to ‘honararies’.

- The need to develop a workable, balanced & appropriately skilled staffing structure with adequate supervision capacity.

- Equalities & Access Issues – the need to ensure that black and minority ethnic communities are reached by the new model and appropriate targeted group support is maintained.

- Noting the importance of developing good monitoring / feedback / outcome reporting systems to oversee & track changes in quality/demand/outcome in the new service.

- A request from service users & wider stakeholders for more detailed information about the specific proposed configurations in each borough service and to be kept informed and involved in the future process of developing the services, using a variety of methods, involving wider stakeholders and borough by borough.

How service user views, priorities & feedback informed the development of the proposal:

The Service User Advisory Group

Who are they?

This group of people have experience of using services for mood, anxiety & personality disorder. Several members of the group have direct experience of using psychological therapies. On average 5 members of the group attend the meetings and there is a circulation list of around 9 service user consultants. 2 members of the group have been supporting the Maudsley Psychotherapy Service to use their patient feedback data, 2 members are members of the Psychology Service Users Involvement Group, 2 members are members of the Trustwide Involvement Group and 3 members have been involved in the recent peer reviews of services and/or CQC* visits. Outside SLaM members of the advisory group are active in Southwark MIND, Southwark & Lambeth LINk, Vital Link, the Lewisham Linkworkers Scheme.

What is their role?

They meet monthly to support the managers of the CAG* to make sure that the views and experience of people who use services are at the heart of developments & improvements. Jo Kent (deputy director of the Mood, Anxiety and Personality Clinical Academic Group*) attends all the meetings and Simon Rayner has attended the meeting to give a presentation about the proposed changes.

How have they been involved?

- In April 2011 the group identified some priorities – one of which was:

* See Jargon Buster (page 32).

The need to address inconsistency in terms of access to services, level of services and quality of services across the CAGS and individual services.

- The proposed changes to psychological therapies services have been on the agenda of the monthly meetings since August.
- In September 2011, the advisory group supported the idea of running a stakeholder meeting in November and a member of the group assisted in planning the session and chaired it on the day.
- Recently, the group has identified 2 members with a particular interest in psychological therapies who will be working particularly on taking the proposals forward.

Feedback from questionnaires: The following services have asked people what they think of their services through using satisfaction questionnaires:
Lewisham Psychological Therapies Service, Maudsley Psychological Therapies Service, Traumatic Stress Service, Psychotherapy Service at St. Thomas' Hospital.

A total of 214 responses were looked at and themes identified:

Doing well	• High rates of satisfaction overall • People feel involved in decisions about their care • People feel treated with dignity & respect • Positive feedback about the attitude of clinical staff
Could do better	• Long waiting times for psychological therapies and the communication during that time • Need for better information and communication between SLaM & service user,

	but also about other services available in the community • Assessment or referral process eg: being assessed many times, the quality of assessment, no support after assessment, cumbersome referral processes, being pushed from pillar to post

Feedback from work on care pathways:
During March & April 2011, a group of around 10 service user consultants worked together to come up with some key points for staff to consider when developing care pathways*. These service user consultants worked alongside staff at 3 workshops and separately in meetings or via email.

Repeated assessments
We do not like unnecessary assessments. If we need to be assessed more than once, it is important that the clinician acknowledges that we may have already had an assessment & explains why a further assessment is necessary. It is essential that this process is dealt with in a sensitive manner and if we are to be subjected to repeated assessments we have control of our assessment and take it to each assessment, so that we don't find ourselves having to repeat the same things. We give a lot of ourselves in assessments and can feel violated by the process. We need to change the way the sessions are ended so that the therapist takes into consideration that we may also feel worse after an assessment; and incorporate some form of closure at the end.

Documentation for users at beginning of their care pathway
When someone develops a physical health condition, they are given the opportunity to have all relevant issues explained to

* See Jargon Buster (page 32).

them; they are given documentation and information at the point before treatment starts. We would like the same consideration at the beginning of the care pathway journey, so we know what to expect and what the treatment choices are.

Information for users about services available in the Trust – and maybe beyond

It would help to have information about what was open to users in the Trust – and beyond. It would also help if users were able to attend some of the same training that staff undertake, in order to form more effective partnerships; with a better understanding of staff issues; in order to improve practice

Feedback from a session in July, looking at quality improvement

12 participants with experience of using services identified what makes a good quality service…

Themes	Examples
Accessibility & timeliness,	*Speed of response, consistency, good follow up*
Quality of staff	*Good listening/engagement, honesty, supported & trained*
Quality of information	*Clarity, information giving choice, describing the process, what to expect*
Quality of treatment	*Needs to be holistic, diagnosing correctly,*

In September, the above feedback was collated and disseminated to staff leading on the development of the proposal.

Involving and consulting with staff

November/December 2011

Using the above feedback & priorities, the proposal for a new service model was initially developed by a working group of senior clinicians. This group presented their work and engaged staff to comment and feedback on the model at a workshop in November 2011. From this workshop a proposal was formed for formal staff consultation. The consultation provided a listening period and an opportunity for staff in teams, in groups and as individuals with their representatives to engage with the proposals and suggest alternatives and improvements.

The consultation document was circulated to all staff on the 16th December 2011 and the proposal discussed in the following team settings between 13th – 21st December 2011.

- St Thomas' Psychotherapy Service
- Coordinated Psychological Treatment Services at Guys Hospital
- Maudsley Psychotherapy Service
- Lewisham Psychological Treatment Service
- Traumatic Stress Service
- Community team based psychologists

Additionally, there were 33 consultation meetings with individual staff members, 52 email responses and 32 letters individuals and teams.

February/March 2012

Following the consultation outcome document was circulated on the 21st February 2012 and team meetings were arranged to discuss the new model and to answer any questions or queries that staff members had. Individual meetings were

offered to all staff affected by the reconfiguration of the psychological therapy services.

Themes from staff consultation:

About the model in general	• Comments and views were expressed that the new model would be beneficial in promoting joint and integrated working practices and providing a single point of access and clear pathways. • Views were expressed about the need to develop joint protocols and to preserve the good work that we currently do with other teams and services. • There have been suggestions and comments raised with regard to supervision and the need to have a more psychologically minded workforce in general. • There were concerns raised that we were not recognising and keeping good practices that have been developed in services over the years. • There were questions raised regarding the role of the centralised service and relating to cross CAG working relationships and structures. • Some points were made about the need to continue to work closely with primary care and IAPT
About the impact of less money	• Many questions related to reduced funding and how to allocate these resources within each of the boroughs and central services, & how to offer therapy to service users with reduced staff.

	• Concerns were raised that there was a disproportionate reduction in some higher grades and within psychotherapy as a whole. • There have been questions relating to the need to keep staff who are able to supervise other staff, trainees and honoraries.
About the team bases	• There were questions about where the new team bases will be for the new teams. • There were comments that there need to be good transport links for staff and service users and adequate interview rooms and facilities.
About the treatments available	• Many comments highlighted the excellent work of the services and the wide range of effective modalities. • There was a strong feeling about the need to keep these modalities and the need to ensure we have expertise within them. • There were questions about how to continue providing all these modalities if we do not retain the senior staff who provide the necessary supervision and training.
About staffing	• There were comments about the job descriptions and the skills of the staff, including how these will change within the new IPTTs. • Several specific questions were raised about the rationale around the proposed staffing structure. • Staff asked about voluntary redundancy and

	commented that some staff have been put at a particular disadvantage because others were 'slotted in' to roles in the new structures. • There were questions relating to the selection process and what this entails. • There were questions about the need to have some grades full time rather than part time and about the line management of staff. • There were suggestions and comments raised about supervision and the need to have a more psychologically minded workforce in general. • Questions were raised about medical psychotherapists and the need to ensure that medical psychotherapy remains within the psychological therapy structures, and the need to train and supervise junior doctors. • There were comments and questions relating to some specific roles in the new structure including the head of service and the peer support/group coordinator roles.
About referrals	• There were questions relating to referrals, waiting times and thresholds within these newly developed IPTTs.
About the process	• There were questions about the consultation process and queries around whether service users have been consulted and whether an equality impact assessment has been carried out.

Involving service users, carers & wider stakeholders November / December 2011 – gaining feedback about the proposal

During November, alongside the staff consultation, service users, carers & wider stakeholders were invited to give their feedback on the proposal.

Individual feedback :
8 service users fed back individually, 1 in person, 6 via email and 1 via telephone.

Stakeholder Meeting on 21st November 2011
Publicity was forwarded about the meeting to local voluntary organisations or user groups such as :

- Vital Link, Cooltan Arts, Southwark Mind, Four in Ten (LGBT user group),Lewisham Users Forum,Black Users Forum, Family Health Isis, Metro Centre,
- all patient & public involvement leads, email network of service user consultants, the trustwide service user blog, all psychological therapy service leads, the advisory group

10 people who use services and/or family or carers had booked to attend the session and were forwarded a document outlining the proposed changes prior to the meeting.
9 participants attended on the day of which 8 identified as service users and one was a volunteer at the Traumatic Stress Service. A report of the meeting was developed, approved by participants and circulated in December.

Lewisham Joint Consultative Partnership Board The proposal was discussed at the on December 8th. Members of this group include local voluntary organisations such as Family Health Isis, Vietnamese Mental Health Services, Lewisham Users Forum, Metro Centre and Lewisham LINk as well as SLaM managers.

February 2012

Southwark MIND User Council: The proposal was discussed at Southwark MIND User Council where service user representatives meet to hear about and comment proposed changes or developments to services.

March 2012

Following calls for wider consultation on the proposed changes, SLaM collaborated with Southwark and Lambeth LINKs to run public meetings, producing a jargon light version of the revised proposal which was made available on Lambeth, Southwark & Lewisham LINk's websites, the SLaM website and the Trustwide Involvement Blog.

Meeting at Cambridge House hosted by Southwark LINk – March 8th

11 participants: 3 identified as service users, 3 identified as members of the LINk, 1 identified as a carer,2 identified as Southwark Mind members/staff, 1 identified as Cooltan Arts member, 1 identified as an independent service provider

Meeting at Lambeth Accord hosted by Lambeth LINk

56 participants: Approximately 10 – 12 service users, representatives from: Lambeth MIND, Mosaic Club, Lambeth Mental Health & Disabled People's Action, Community Support Network, Vital Link, Southside Partnership, Carers Hub, Fegans Child and Family Care.

Lambeth Living Well Collaborative

The proposal was discussed at the Lambeth Living Well Collaborative meeting on March 22nd. The Lambeth Living Well Collaborative includes representatives from primary care, voluntary sector, service user groups and specialist mental health services.

Trustwide Involvement Group - 19th March. The proposal and the involvement and consultation process to date was discussed at this group which is jointly chaired by a service user consultant and the Strategic Lead for Patient & Public Involvement.

Feedback on the proposal - what did people say?

About the proposed model in general	• There was no identified concern about the proposal to develop one local service in each borough with a single point of access. (Southwark LINk meeting) • There was a general sense of approval for the proposed changes - The advantages were seen as the potential to reduce repeated assessments and to have clearer pathways rather than lots of different services providing similar services. (From Advisory group notes - about stakeholder meeting November 2011) • The argument is not about the model but the speed of implementation. We appreciate the budget settings. (Southwark LINk meeting)
About the impact of less money:	• Will services or activities be stopped as a result of the proposal? • Will the threshold for eligibility change, will waiting lists be longer? • Will SLaM be able to signpost to other available therapy? Suggestion: partnerships with voluntary or private sector organisations • Are PCT's monitoring the impact of disinvestments on service users? • Won't reducing staff increase the number on waiting lists leaving no space for access and treatment from

	these services? • Can we not put the 'waiting list' scenario to Commissioners? Would bringing service users to Commissioners help? • Could people not be trained to be volunteer counsellors? • Have you any cost analyses about the knock-off effects from cutting psychotherapy service to other SLaM services? • looking at all funding streams and not just from grant funding from the Local Authority. E.g. National Lottery, EU. Commissioners could be primarily responsible for the 'mapping of the different funding streams/services in the area'. It is up to them to create different stakeholders. • Suggestion - staff wages being frozen • There is no doubt that the levels of mental health need will continue to increase. And if the government is unable to provide an effective perspective on how to provide this -as seems very likely- it needs to come from elsewhere. • Against reduction in services at St.Thomas' psychotherapy x 6 • Very concerned about the reduction in services as CMHTs are already overwhelmed

About the referral process	• Currently, it can take a long time to get to see a psychological therapist, will this model help? • When people are not well they need a quick option • It seems that funding is now to be channelled towards a better referral and assessment process and that the therapies on offer will be only those detailed in the NICE guidelines which are applied nationally. My concern is that psychological and emotional health depends upon a holistic approach to the individual and their problem. The complete picture is often the only way to find out, treat and aid full recovery for an individual with psychological problems. • The average GP has so little training in Mental Health, do they know about specialised psychotherapy services? • Currently there are very 'uneven' referrals from GPs – people are bounced around • Can you self-refer to these services? • Support the idea of a single point of access • The inter-relationships & referral patterns are confused & unclear
About the assessment process	• Some people may not feel comfortable with the person doing the assessment, or with the outcome of the assessment. There would need to be processes in

	place for this eventuality. Sometimes people do not feel empowered at the point of assessment • The assessment report should be written in plain English and accessible to the service user. • Assessment is key to be pointed and directed to the right service • What is the prioritisation process? • What is the quality of the staff doing the assessments? Do they understand? Cultural awareness?
About available treatments	• Participants asked about the availability of the following types of therapy: Mindfulness Based Cognitive Therapy (MCBT), Dialectical Behaviour Therapy (DBT),Cognitive Analytic Therapy (CAT),Transpersonal / holistic/ eclectic • There should be "holding therapies" designed to keep people afloat until appropriate "professional services" become available. These could include befriending, peer support, mentoring and pastoral care & be provided volunteers and/or by voluntary organisations. • What about introducing new techniques and treatments? Suggestions: life coaching, group work such as anger management • Nurturing /rediscovering interests and talents and developing creative outlets

	for people who have things to express is highly beneficial to their psychological and long-term health. They would also be providing their own worthwhile support by engaging in these processes and types of activities they feel they would enjoy. The range of activities could be seen as very wide and extremely vibrant, considering the complex mix of culture and ethnicity across these boroughs • Key specialities can be 'borrowed' across the boroughs • Suggestion : to have a workshop on the different types of therapies so people understand them • Concern about the range of therapies, whether appropriate therapies will be available and whether some modality/approach might disappear.
About choice and equality of access	• Will there be more group work and less one to one therapy? • Importance of keeping group therapy eg: women's group at St. Thomas' – important part of recovery x3 • Will there be a choice of therapists and will we be able to change therapists if appropriate? • Concern about promising access to these services to Black, Minority & Ethnic (BME) groups and you are now just taking these services away from them.

	• The need to improve access to psychological therapies for people from BME communities • Suggestion: to increase accessibility for BME communities, therapists seeing clients in community rather than NHS settings • What equality impact assessment has been carried out? • What are the cultural competencies of the therapists? • The document mentioned BME users but contained no information on other strands. More data on the other strands need to be collected. • Some service users feel less comfortable with white assessors/psychiatrists • There is limited access to BME therapists • Suggestion: more publicity for BME service users
About staffing	• If there are redundancies, is the proposal an opportunity to make sure that those staff retained are of the highest quality? This would help towards consistency of quality in terms of staff. • Service user concerned about the employment of the therapist who is a valuable asset • Concern about losing specialist skilled staff, once gone, cannot be replaced.

	• Concern about the wellbeing of staff undergoing the process of change • If staff use services, will there continue to be provision for them to use services not connected with where they work • Concerns regarding the collapse of the honorary (Volunteers who undertake a rigorous training programme, overseen by a qualified practitioner) system. • What is the availability of BME therapists? • Big concern about making decisions on what type of services are available based on staff grading
About getting feedback about the service, therapist, outcomes	• Sometimes questionnaires are too long • Sometimes it is difficult to identify what is effective and good quality in a therapist. Existing outcome measures do not measure easily how people might value the input of one therapist over another • It would be useful to be able to track the changes in patient experience using 'before & after data', when reconfigurations like this are made. • We would want a description of the monitoring mechanism. • Good data is required for good monitoring. • It is so very difficult when making decisions about psychotherapy and its effectiveness, as it is not always

	possible to assess treatment and turn the assessment findings into meaningful statistics. • Monitoring of the new services need to happen on borough by borough basis.
About planning ahead & trying new treatments	• It is important to be able to plan ahead, to try new treatments and to respond to ideas/suggestions.
About the consultation process, Communication & staying involved	• Will this consultation event make a difference to the proposal? • Participants did not see service user input being meaningful. Suggestions that it could be more user friendly, and perhaps asking the Commissioners to attend as well. Continuous dialogue and conversation is needed rather then a one-off focus group like today. • Dissatisfied with the lack of consultation with service users • Could ask people on the waiting list for their input and expectations. • Suggestion: to develop a small working group of people with experience of using services to support staff to develop consistent patient experience questionnaires and relevant & useful outcome measures. • Suggestion: to reach out to different groups and borough by borough with consultations and get a cross section of views.

	• Use all kind of communication methods, such as emails, leaflets, workshops etc. • People felt there is still very little information available and there is a lack of clarity on what will be changed. • The SLaM members council should have been involved in the consultation.

Next Steps:

1) A steering group will examine & reflect on the feedback gained to date, both from wider stakeholders and through the staff consultation.
2) In response to requests for clearer information a further document will be produced which outlines the amended proposal (see page 4).
3) The document will be disseminated through local service user & community networks and people will be invited to:
4) A 'working together' event for all stakeholders on May 16th will be held to further develop the proposals
5) As suggested at the stakeholder meeting in November a small working group of service users and staff will work to develop quality standards for the new services.
6) SLaM have been invited back to Lambeth LINk in June to give an update on progress.

Jargon Buster

Care Pathways
A standard way of giving care or treatment to someone with a particular diagnosis.

Care Quality Commission (CQC)
National body overseeing registration & quality for social care & health providers.

Clinical Academic Group (CAG)
A SLaM operational unit which brings together all the clinical services, research and teaching which takes place within a particular area (such as psychosis or addictions).

IAPT
The Improving Access to Psychological Therapies (IAPT) programme aims to improve access to talking therapies in the NHS by providing more local services and psychological therapists. IAPT services have now been set up across the NHS.

The IAPT Services help people, aged 18 and over, cope with depression and/or anxiety. IAPT services provide a range of therapies including one to one, group, and home-based online support programmes.

Service User Advisory Group
This group of people have experience of using services for mood, anxiety and personality disorder. Several members of the group have direct experience of using psychological therapies.

Document 3

South London and Maudsley NHS
NHS Foundation Trust

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; gender [including pregnancy and maternity]; transgender [gender reassignment]; race; religion / belief; 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 section A and B for further information)

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

The re configuration of psychological therapies in Lambeth

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:
Denis O'Rourke – Assistant Director – Mental Health & Adult Services integrated Commissioning
Susan Field - 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 Lambeth, [also in Lewisham and Southwark] 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 correctly 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 Lambeth are complex and fragmented and do 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 Lambeth. 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[1]) 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

[1] The Maps of Medicine enables efficient and effective development of care pathways based on best practice and the needs of local communities.

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[2] 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

[2] *National Institute for Health and Clinical Excellence (NICE) guidance sets the standards for high quality healthcare and encourages healthy living.*

Family and couple therapy

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 Lambeth 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 Lambeth

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 Lambeth 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 Lambeth CMHTs	Ethnic group cumulative	Psychological Therapies		Lambeth CMHTs	ONS projected Pop - 2009
	St Thomas'	Cross borough services			St Thomas'	Cross borough services		
African	1.6%	4.9%	8.1%	Black or Black British	9.7%	11.9%	21.4%	17.4%
Caribbean	3.0%	2.2%	4.9%					
Any other black background	5.0%	4.8%	8.4%					
Bangladeshi	0.0%	0.0%	0.5%	Asian or Asian British	3.4%	2.6%	3.6%	7.6%
Indian	0.4%	0.4%	0.5%					
Pakistani	0.6%	0.1%	0.4%					
Any other Asian background	2.4%	2.2%	2.3%					
Chinese	0.6%	0.4%	0.5%	Other ethnic groups	11.7%	22.2%	21.9%	3.3%
Any other ethnic group	11.1%	21.8%	21.4%					
White and Asian	0.4%	0.5%	0.1%	Mixed	3.2%	4.3%	2.3%	4.2%
White and Black African	0.8%	0.8%	0.4%					
White and Black	1.2%	2.4%	1.2%					

Caribbean								
Any other mixed background	0.8%	0.6%	0.6%					
White British	43.5%	37.1%	31.5%	White	70.8%	57.9%	49.2%	67.5%
White Irish	2.0%	2.2%	1.9%					
Any other white background	25.4%	18.7%	15.7%					
Not known	1.2%	1.1%	1.7%	Not known or stated	1.2%	1.1%	1.7%	-
Information not yet obtained	-	-	-					

St Thomas' – refers to Psychotherapy Service at St Thomas', this is a Lambeth specific service.
Cross borough services – refers to Maudsley Psychotherapy Service and Traumatic Stress Service. These figures are indicative of the Lambeth 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.

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, 3rd 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. Within Lambeth these links will be made within the Lambeth Living Well Collaborative.

4.2 Gender

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

	Psychological Therapies		Lambeth CMHTs	ONS projected pop - Lambeth 2009
	St Thomas'	Cross borough services		
Males	33.1%	32.1%	45.0%	51.8%
Females	66.9%	67.9%	55.0%	48.2%

St Thomas' – refers to Psychotherapy Service at St Thomas', this is a Lambeth specific service.
Cross borough services – refers to Maudsley Psychotherapy Service and Traumatic Stress Service. These figures are indicative of the Lambeth 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 Lambeth for 2009 is shown below.

	Psychological Therapies		Lambeth CMHTs		Psychological Therapies		Lambeth CMHTs	ONS projected pop - 2009
	St Thomas'	Cross borough services			St Thomas'	Cross borough services		
0-15 years	N/A	N/A	N/A	**0-15 years**	N/A	N/A	N/A	18%
16-18	0.0%	0.1%	1.3%	**16-64 years**	99.0%	98.3%	99.4%	74%
19-35	34.1%	34.7%	37.3%					
36-65	64.9%	63.5%	60.6%					
65+	1.0%	1.5%	0.8%	**65+**	1.0%	1.5%	0.6%	8%
Not recorded	0.0%	0.1%	0.8%	**Not recorded**	0.0%	0.1%	0.0%	N/A

St Thomas' – refers to Psychotherapy Service at St Thomas', this is a Lambeth specific service.
Cross borough services – refers to Maudsley Psychotherapy Service and Traumatic Stress Service. These figures are indicative of the Lambeth component (these services cover Lambeth, Southwark and Lewisham).
CMHT – Community Mental Health Team

The service provides for people between the age of 18 and 65. However, a small number of people will continue their treatment beyond the age of 65 for clinical reasons.

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'.

We are aware that recent health estimates suggest that Lambeth has one of the largest populations of men who have sex with men (MSM) in the UK. MSM accounts for up to 15% of the male population, nearly three times the London average of 5.3%

In 2007 the Lambeth residents' survey asked a question about sexuality for the first time and found that 3% of respondents identified themselves as lesbian, gay or bi-sexual. This has slowly increased and in 2011, 5% identified themselves as lesbian, gay, bi-sexual or some other sexual orientation, although this is still likely to be an under representation. Similar, to religion and belief there is reticence to ask about sexual orientation; however, the resident's survey shows that only 3% have refused and this proportion has remained the same over the last 3 years of the survey.

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 and within clinical case records and we are developing plans to ensure this data is entered into our data set to enable monitoring.

Data on religion is rare, the main source being the 2001 Census. As this is over a decade old, it is difficult to assess how accurate it still is. Despite the higher than average proportions from ethnic minority communities, there are fewer residents in Lambeth who identify themselves as religious than nationally (71% compared with 82% nationally).

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.

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 NO

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

Disability NO

There is a low disclosure of service users with disabilities.

Gender NO
The higher number of women than men using the services is consistent with the national picture of demand for these types of services

Gender re-assignment / Transgender NO
We do not currently collect this data. There is no disproportionate impact anticipated for this group

Race NO
We believe the new structure will have a positive impact on the accessibility of the service for BME service users

Religion / Belief NO
There is no disproportionate impact anticipated

Sexual orientation NO
There is no disproportionate impact anticipated for this group

Marriage and Civil partnership NO
There is no disproportionate impact anticipated for this group

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 Lambeth:

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 28th February, 28th March and 23rd 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 30th September, 28th October and 25th 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' 21st 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
- Vital Link – who circulated the information to their members

Further planning involvement

In partnership with Lambeth LINks we have arranged a meeting for service users and members of the public on the 13th 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).

Within Lambeth residents in the South of the borough receive a psychotherapy service from the Maudsley whilst residents in the North receive a service from St Thomas's Hospital.

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, 3rd 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. Within Lambeth these links will be made within the Lambeth Living Well Collaborative.

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; particularly the Lambeth Living Well Collaborative partnerships.

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: 7th 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

Document 4

South London and Maudsley NHS
NHS Foundation Trust

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[1]) 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

[1] The Maps of Medicine enables efficient and effective development of care pathways based on best practice and the needs of local communities.

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[2] 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.

<u>Individual Treatments</u>

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

[2] *National Institute for Health and Clinical Excellence (NICE) guidance sets the standards for high quality healthcare and encourages healthy living.*

Group Treatments

Group psychodynamic therapy
Family and couple therapy

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%					
Chinese	0.8%	0.4%	0.5%	Other ethnic	20.9%	22.2%	24.3%	4.5%

Any other ethnic group	20.1%	21.8%	23.8%	groups				
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, 3rd 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		
Males	33.1%	32.1%	39.0%	51.3%

Females	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**		
0-15 years	N/A	N/A	N/A	**0-15 years**	N/A	N/A	N/A	17%
16-18	0.8%	0.1%	1.4%	**16-64 years**	100%	98.3%	98.9%	74%
19-35	31.8%	34.7%	35.9%					
36-65	67.4%	63.5%	61.6%					
65+	0.0%	1.5%	1.1%	**65+**	0.0%	1.5%	1.1%	9%
Not recorded	0.0%	0.1%	0.0%	**Not recorded**	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 NO
There is no disproportionate impact anticipated as a result of someone's age

Disability NO
There is a low disclosure of service users with disabilities.

Gender NO
The higher number of women than men using the services is consistent with the national picture of demand for these types of services

Gender re-assignment / Transgender
NO
We do not currently collect this data. There is no disproportionate impact anticipated for this group

Race NO
We believe the new structure will have a positive impact on the accessibility of the service for BME service users

Religion / Belief NO
There is no disproportionate impact anticipated

Sexual orientation NO

There is no disproportionate impact anticipated for this group

Marriage and Civil partnership

NO

There is no disproportionate impact anticipated for this group

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 28th February, 28th March and 23rd 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 30th September, 28th October and 25th 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' 21st 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 8th 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, 3rd 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: 7th 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

Agenda Item 4

Health and Adult Services Scrutiny Sub-Committee (London Borough of Lambeth)
Health and Adult Social Care Scrutiny Sub-Committee (London Borough of Southwark)

16 May 2012

Kings Health Partners – Presentation: Proposal on Creating a Single Healthcare Organisation

All Wards

Report authorised by: Executive Director of Finance and Resources: Mike Suarez

Executive summary

The four organisations that make up King's Health Partners (South London and the Maudsley, Guy's and St Thomas', King's College Hospital NHS Foundation Trusts and King's College London) have decided to look at the case for creating a single academic healthcare organisation. No decision on moving in this direction has yet been taken. The Executive Director KHP will be attending the meeting to give an overview on the proposal and how this might be developed and to discuss further with the committees. An outline briefing is attached.

Summary of Financial Implications

None.

Recommendations

1. That a presentation from King's Health Partners (KHP) on developing the case for creating a single academic healthcare organisation be received and the committees discuss this matter further with KHP representatives.

Consultation

Name of consultee	Department or Organisation	Date sent	Date response received	Comments appear in report para:
Internal				
None				
External				
None				

Report history

Date report drafted:	Report deadline:	Date report sent:	Report no.:
02.05.12	02.05.12	02.05.12	10/12-13
Report author and contact for queries:			
Elaine Carter, Scrutiny Lead Officer 020 7926 0027 ecarter@lambeth.gov.uk			

Background Documents

King's Health Partners Board – Briefing Note 17th February 20102

Kings Health Partners – Presentation: Proposal on Creating a Single Healthcare Organisation

1. Context

1.1 The four organisations that make up King's Health Partners (South London and the Maudsley, Guy's and St Thomas', King's College Hospital NHS Foundation Trusts and King's College London) have decided to look at the case for creating a single academic healthcare organisation. No decision on moving in this direction has yet been taken.

2. Proposals and reasons

2.1 Kings Health Partners Board circulated a briefing on options for the partnerships future development in February 2012. This included a commitment to engagement with stakeholders as part of developing its Strategic Outline Case.

2.2 A short overview of the current status and the development of the Strategic Outline Case is attached. The Executive Director Kings Health Partners will be attending the meeting to present further on this issue and discuss with committee members.

3. Comments from Executive Director of Finance and Resources

3.1 Not sought.

4. Comments from Director of Governance and Democracy

4.1 Not sought.

5. Results of consultation

5.1 Not applicable.

6. Organisational implications

6.1 **Risk management:**
Not applicable.

6.2 **Equalities impact assessment:**
Not applicable.

6.3 **Community safety implications:**
Not applicable.

Environmental implications:

Not applicable.

6.4 **Staffing and accommodation implications:**
Not applicable.

6.5 **Any other implications:**
Not applicable.

7. Timetable for implementation
Not applicable.

16 May 2012 Lambeth and Southwark Overview and Scrutiny Committee

King's Health Partners: Development of a Strategic Outline Case

The organisations that make up King's Health Partners have a long history of working together and of working with our commissioners. King's Health Partners was accredited in 2009 as an Academic Health Sciences Centre (AHSC) to enhance our collaboration, recognising the benefits that could be achieved by closer working between health in the community and in hospitals; between physical and mental health; and between those that provide care and those that are researching the treatments of the future. All of this is enhanced by the nature of the population we serve with its incredible diversity and marked inequalities.

It is important to recognise that King's Health Partners is unique, both in a UK and a global context. In the UK we are the AHSC that spans the widest range of specialities at the highest levels in both service delivery and research. We also serve a most diverse and challenged population. Having mental health as a leading part of our centre and seeking the benefits of collaboration across the physical and mental health in treatment and research is unheard of elsewhere, at the level we aspire to.

In order to achieve our aspiration to be world class; in the day-to-day care we provide to our communities; in specialist services; and in research and teaching; we want to build on the benefits we have seen from three years of being an AHSC. To do this the four organisations that make up King's Health Partners (South London and the Maudsley, Guy's and St Thomas', King's College Hospital NHS Foundation Trusts and King's College London) have decided to look at the case for creating a single academic healthcare organisation. No decision has yet been taken on moving in this direction.

At the end of June the King's Health Partners Board will consider a Strategic Outline Case (SOC) which it may then recommend to the boards of the trusts and the council of King's College London to consider at their July meetings. If the SOC was agreed we would move to develop a full business case for an organisational integration.

We are now at the stage of engaging with stakeholders better to understand their perspectives and concerns as we consider the issues that need to be addressed in the SOC.

We recognise that key tests of any new organisation would be that:

- It was established to take advantage of an opportunity or answer a threat that could not be better met in other ways
- It was responsive to its local communities and provided services that understood and met local needs
- Performance on key metrics, such as financial performance and waiting would need to meet or exceed standards
- The organisational structure would need to be devolved enough to give appropriate accountability to communities and commissioners, yet unified enough to deliver on cross organisation imperatives

We know that our SOC needs to set out a strong case for whatever form of organisational change we may decide will best help us achieve our aspiration. We also need to show why that change cannot happen without organisational change, if indeed that is our conclusion.

But in all of this discussion it is important not to lose sight of the potential gain. We believe that King's Health Partners is uniquely placed to be a UK healthcare organisation in the top 10 in the world; because of the strengths of its trusts; the link between mental and physical health; the strengths of King's College London; and the strengths of the population of South London.

For further information please contact:
Sarah Crack, Communications Manager, King's Health Partners 020 7188 4058
kingshealthpartners@kcl.ac.uk

Agenda Item 5

16 May 2012

Health and Adult Services Scrutiny Sub-Committee (London Borough of Lambeth)

Health and Adult Social Care Scrutiny Sub-Committee (London Borough of Southwark)

Update on Lambeth, Southwark & Lewisham (LSL) HIV Care & Support Review

All Wards

Report authorised by: Ruth Wallis –Director of Public Health NHS Lambeth

Executive summary

This report provides an update on the progress made across Lambeth, Southwark and Lewisham (LSL) in assessing the local needs of people living with HIV and undertaking a review of the portfolio of services providing HIV care & support services. This paper builds on a more detailed report that was presented to the HASC Board in November 2011. The project proposals have now been subject to a 3 month public consultation launched on 8th November 2011. A communication strategy was developed to ensure access to all consultation materials and events and also provided clear mechanism for the submission written responses. During the consultation 6 consultation events and 3 service user focus groups were held and these were advertised through provider and voluntary networks to ensure active reach into target communities. An online survey yielded over 70 respondents and 21 written responses were received by commissioners in response to the consultation documents. The engagement of LSL HIV service users in the consultation was significant, both within the consultation events and focus groups and through the written response mediums.

The consultation responses have now been collated and reviewed by the Service User Reference Group (SURG) and project steering group and an organisational response and final recommendations have now been developed following consultation. The integrity of the HIV Care and Support service model and care pathways proposed prior to consultation remain intact following the consultation. Some of the final recommendations and future commissioning intentions have been influenced by the consultation. The 'pace' of the change and scale of this redesign project were consistent themes throughout the consultation and will be managed through thorough transition and implementation plans. These plans and the final recommendations are now drafted and await final sign off by the respective clinical commissioning groups across LSL.

Summary of financial implications

None specific for Lambeth Council or Southwark Council realignment of resources as applicable for NHS Lambeth /Southwark and commissioning partners.

Recommendations

1. That the committee notes the work completed to date to review and re-model HIV Care & Support Services across Lambeth, Southwark & Lewisham.

2. That that committee considers the breadth/ reach of the consultation and the outcomes following consultation.

3. That the committee notes the Engagement and Consultation Plan (Appendix B) for the project and comments on any recommendations for improvement in going forward

Report History

Date report drafted:	Report deadline:	Date report sent:	Report no.:
24/04/12	02/05/12	02/05/12	
Report author and contact for queries: Jess Peck			
Jess Peck- Senior Commissioning Manager, LSL Sexual Health & HIV (NHS Lambeth) 020 3049 4330 jess.peck@lambethpct.nhs.uk			

Background documents

1. **HASC Report (October 2012) :** Lambeth, Southwark and Lewisham (LSL) HIV Care and Support Review

2. **LSL HIV Care and Support review: Full consultation report; Executive Summary (Nov 2012)** http://www.selondon.nhs.uk/a/1078

3. **Lambeth Joint Strategic Needs Assessment**

4. **The Health & Social Care Bill (2011)**
The Bill was introduced to parliament in Jan 2011 and contains provisions covering five themes; strengthening commissioning of NHS services, increasing democratic accountability and public voice, liberating provision of NHS services, strengthening public health services and reforming harm and care arm's-length bodies.

5. **The White Paper, Our Health, Our Care, Our Say'**
The Government Paper (published January 2006) which outlines a new direction for the whole of the health and social care system, with a radical shift in the way services are delivered. The paper aims to put people in control and shift to a greater emphasis on prevention.

6. Modernising Social Services Health Act 1999 - The Health Act 1999 enabled health and social services to pool budgets, and deliver joint services.

7. Supporting People Programme - provides Housing Related Support to make a difference to people's lives, enabling people with support needs to choose from the widest range of housing and support options.

8. Carer's (Equal Opportunities) Act 2004
Social Services have a duty to inform carers of their right to have an assessment that must take into account their leisure, employment and education needs.

Appendices

Attached at **Appendix A** is the proposed HIV care and support service model post consultation

Attached at **Appendix B** is a breakdown of the final commissioning intentions and outline financial plans (12/13) following consultation

Attached as **Appendix C** Future commissioning intentions pre and post consultation

Attached as **Appendix D** is the project's Engagement & Consultation Plan

Attached as **Appendix E** is HIV Care & Support Review Consultation: Response from Health and Adult Social Care Scrutiny Committee, LB Southwark

Update on LSL HIV Care & Support Review- April 2012

1. Context

1.1 In 2010, the Health Protection Agency (HPA) reported[1] that there were 6516 individuals resident in LSL living with HIV (2855 in Lambeth, 2301 in Southwark, and 1360 in Lewisham) with a further estimated 28% being unaware of their infection. LSL alone accounts for approximately 11% of the diagnosed HIV infections in the UK and 24% in London. Lambeth is by far the most affected borough in the UK with a prevalence rate of 13.88 per 1000, followed closely by Southwark (11.25 per 1000 and the 2nd highest in the UK) and Lewisham (7.51 per 1000 and the 8th highest in the UK). The average prevalence rate for HIV across London is 5.24% per 1000.

1.2 Late diagnosis of HIV (diagnosis with a CD4 count <400 cells / mm3 which can indicate that an individual may have had the infection for approximately 7 years) is the most important factor associated with HIV related morbidity and mortality and inpatient care in the UK. Across LSL, over 50% of the HIV diagnoses are made late. The three PCTs have selected the reduction of late HIV diagnosis as a Staying Healthy target for HIV.

1.4 Significant advances in HIV treatment means that if diagnosed early, HIV is now a treatable medical condition and the majority of those living with the virus remain fit and well on treatment. This improved life expectancy has resulted in the shift in the age distribution of people living with HIV; showing clear signs of an ageing population. Of particular note is the rapid increase in the number of people living with HIV who are over 50 years of age, and likely to be affected both by long term anti-retroviral treatment (ART) side effects and age related chronic conditions such as cardio vascular disease, chronic obstructive pulmonary disease and diabetes and requiring wider health and social care services for older people and long term conditions management in the future.

1.5 These issues signify a major concern in terms of managing the growth of new diagnosis, reducing onward transmission and responding to an ageing HIV+ population within existing financial envelopes. In addition, a number of currently commissioned services are jointly funded through health monies and Local Authority (LA) contributions through the AIDS Support Grant (ASG) which may be subject to reductions in the Local Area Based Grants by April 2014.

1.6 In light of the continually increasing patient populations, changing long-term care needs and the resource challenges, LSL commissioners initiated a review of the existing portfolio of HIV care & support services and assessment of need to inform future commissioning intentions. This project aims to ensure that LSL provision for HIV care & support is modernised to reflect the changing needs of HIV positive patients in line with the epidemiological changes of HIV and biomedical advances of treatment.

[1] HPA (2010), Diagnosed HIV prevalence in Local Authorities in England, 2010

1.7 The objectives for the review element of this project were:

- To carry out a comprehensive needs assessment for care & support needs of HIV positive service users reflecting the changing face of HIV as a long term condition
- Review current provision of HIV care & support services to identify duplication and gaps in access and the effectiveness of current provision
- Develop a revised service model and identify future commissioning intentions for services commissioned by LSL PCTs and through the local authority AIDS Support Grant (ASG)
- Review current investment & the potential to release efficiencies to meet NHS & LA efficiency targets and provide funds for re-investment into 'HIV test & link to treatment prevention strategies
- Assess the appropriateness of mainstream health & social care services where appropriate to meet the HIV care & support needs of people living with HIV as part of the normalisation agenda and in recognition of HIV as a chronic long term condition.

1.8 This paper provides specific detail on the progress to date on the review of HIV Care & Support Services to inform the modernisation of HIV care & support service provision to reflect the changing needs of HIV positive patients in line with epidemiological changes of HIV and biomedical advances of treatment. This project has now been subject to a three month public consultation process from 8th November 2011 to 7th February to 2012.

2. The Public Health Need of HIV

2.1 In the UK the HIV epidemic primarily affects two main patient groups, men having sex with men (MSM)/ gay men, and black African heterosexuals. These 'at risk' population groups are particularly overrepresented in LSL; Lambeth has a 60/40 split of MSM / gay men and Black African heterosexuals living with diagnosed HIV, compared to 50/40 split in Southwark and 40/60 split in Lewisham. Both of these population groups are not homogenous and differ significantly across the three boroughs in terms of need and service usage.

2.2 As previously mentioned late diagnosis of HIV is a significant issue locally and it is not straightforward to identify the best approaches through which to target these 'at risk' communities in terms of HIV testing and this will continue to require consideration through future HIV prevention and HIV testing strategies. In addition the relative apportionment of late diagnosis in each of these affected groups will require ongoing analysis.

2.3 Over recent years the wide availability of highly effective ART has transformed HIV from an almost universally fatal illness to a manageable chronic condition, if diagnosed early. With treatment advances it is now commonly accepted that most patients can be expected to have a near normal life expectancy and live active and fulfilled lives. Some however will have complex medical and social needs which can impact on health outcomes and onward HIV transmission. A

further significant impact of ART is that HIV patient populations are ageing and will likely require wider health and social care services for older people.

2.4 These issues signify a major concern in terms of managing the growth of new diagnosis, reducing onward transmission and responding to an ageing HIV+ population within existing financial envelopes. In addition, a number of currently commissioned services are jointly funded through health monies and Local Authority (LA) contributions through the AIDS Support Grant which maybe subject to reductions in the Local Area Based Grants by April 2014.

3. Project Timescales, deliverables and accountability

3.1 Project Timescales & Deliverables

The project was initiated over the summer and went out for 3 month public consultation at the beginning of November until early February 2012. Consultation responses have now been collated and considered by the project steering group and the Service Users Reference group (SURG) and the final recommendations and future commissioning intentions following consultation are now awaiting final sign off through the respective Clinical Commissioning Groups (CCCGs) across LSL. Any required procurement processes will need to be started immediately where there is an intention for new services to commence from September 2012.

3.2 The review element of this project consisted of four key components:

a) Needs Assessment & Evidence Review
b) Service Review
c) Development of service model, options appraisal & recommendations for future commissioning
d) Engagement & Consultation

3.3 Accountability:

This project is being delivered by the LSL Sexual Health & HIV Commissioning Team with the support of the SEL SH & HIV Network. A project steering group was set up across LSL to oversee the project and full TORs were made available to this Board in November. This group continues to be chaired by Ruth Wallis, Lambeth DPH, and membership includes LSL SH & HIV Commissioners, representation from all LSL Public Health Departments, Social Care Commissioners and Provider leads from each LA, Clinical leads from all local HIV specialist services and NHS Patient & Public Involvement leads. This group reports progress to the Lambeth, Southwark and Lewisham Sexual Health & HIV Programme Board and recommendations for future commissioning intentions are to be made to the PCT Clinical Commissioning Boards and Local Authority Commissioning Boards across LSL.

Following the collation of the consultation responses and the review by the steering group and SURG and the finalisation of the organisational response, this project would be ready to move into an 'implementation phase' following sign off by the LSL Programme Board and the LSL CCCGs. It is proposed that the steering group then take on the role of an implementation group to provide ongoing project oversight. Revised TORs are to be ratified by the SURG, steering group, LSL Sexual Health & HIV Programme Board and signed off by LSL CCCG's.

4. Engagement & Consultation Plan

4.1 An LSL wide Engagement & Consultation Plan (appendix D) has been developed with NHS Patient and Public Involvement Leads, which has subsequently been consulted on with the LSL Stakeholder Reference Group and endorsed by the project steering group, Service User Reference Group (SURG) Health scrutiny panels across LSL and LSL clinical Commissioning Groups (CCCG's).

4.2 Engagement has been central throughout the project by ensuring that a wide range of stakeholders have been identified to oversee the project via the steering group. In addition successful stakeholder mapping events were held in July and August 2011 with providers across Health and LA's to inform the service review process. Service user representation has been significant at all pre stakeholder events and this has been further strengthened with the development of a Service User Reference Group (SURG) that shadows the steering group and has 8 active service user members. It is the intention that the SURG continue to inform the agenda and discussion for the implementation group and continue to make recommendations for consideration during the implementation phase of this long term change project.

4.3 Consultation was launched on the 8th November for three months until 7th February 2012 with a clear communication and promotion plan and processes for submitting written responses.

5. Portfolio of Services

5.1 The services reviewed within this project are those that sit within the LSL Sexual Health & HIV Commissioning Team's portfolio. These include services that are jointly funded by Health and Local Authority Monies (via the AIDS Support Grant). The full portfolio of services and associated costs were circulated within the previous report dated October / November 2011 (see Appendix C)

5.2 The proposed service model for HIV care and support that was developed following the completion of the public health needs assessment and service review and ongoing equality impact analysis has 3 core elements (please see Appendix A):

1. *Development of mainstream service provision* (Health & Social Care) to ensure that people living with HIV can have equal access to mainstream primary care, mental health and community services as this has not been the case previously. The long term view is that mainstream services should be the primary option for people living with a 'stable' HIV condition but will require a programme of service

re-design, including training, pathway development and information sharing protocols and awareness raising to ensure that services are competent and capable of working with people living with HIV. It is acknowledged that this is a long term project and will require comprehensive implementation plans across each pathway and therefore has led to the proposal of continuing to provide some specialist services for an interim period (see below) to ensure system readiness and capability is in place.

2. *Interim service provision*; this is a 3 year commissioning arrangement during which staged activity shift (of clients) will take place from specialist counseling, mental health services and day care services for physical rehab. For example, people living with HIV with low threshold mental health needs will move from 'specialist' mental health services into primary care talking therapies services and IAPT as appropriate. Implementation plans will include programmes of redesign and training and commissioners have pledged to undertake an additional piece of work to review the need for specialist HIV mental health services in going forward.

3. Specialist services for specific HIV related needs:

It is recognised that there are specific HIV related needs, specifically at significant points of an individual's disease progression or with complex patients, which require specialist services that cannot be provided within mainstream health & social care. It is therefore proposed that such specialist services remain an essential part of the local service models. The following services are considered essential services:

- Specialist HIV treatment services (responsible for prescribing of anti-retro viral treatment and other medical interventions)
- Specialist advice & advocacy services for people living with HIV (PLHIV); acknowledging the complexity and discrimination involved with PLHIV accessing health & social care services
- Specialist Peer Led/Mentoring Programmes for PLHIV (commissioned with clear health & social care outcomes such as expert patient programmes, newly diagnosed courses, and positive self management)
- Specialist Family Support for PLHIV (providing support to pregnant women and a holistic family approach to families infected and affected by HIV), Specialist Community Nursing Services for PLHIV (providing intense case management and community nursing services to complex patients)
- Specialist services for HIV related cognitive impairment (providing specialist HIV related cognitive impairment interventions.

6. Results of consultation

6.1 See section 5 and (appendix D) for details of the projects Engagement & Consultation Plan. A formal 3 month consultation was launched on 8th November

2012. The consultation report and executive summary and an 'easy read' plain english version of the executive summary were ratified by the SURG and project steering group and released into the public domain through the NHS SEL Cluster website (& NHS Southwark website) and the three Local Authority (LA) websites across LSL. An online survey was launched on the associated PCT & LA websites and the mechanisms for the submission of written responses were made clear.

6.2 The consultation promotion strategy included formal communications to HIV Treatment services through the Lead Commissioner within the London Specialist Commissioning Group (LSCG) to facilitate direct access to service users and providers, formal communications through voluntary sector commissioned providers including the African Health Forum that provided access into the wider network of African and African –Caribbean communities across LSL. Newspaper advertisements and flyers were developed to promote awareness and access to the consultation events and to the focus groups.

6.3 A series of 6 consultation events (2 per borough) took place between December 2011 and January 2011 reaching more than 91 stakeholders. Service users represented 40% of the attendees. The events took place on the following dates.

- 9th December 2011, 9.30am-12.30pm, Roben's Suite, Guys Hospital
- 12th December 2011, 2-5pm, Assembly Rooms, Lambeth Town Hall
- 13th December 2011, 9.30am-12.30pm, Lewisham Town Hall
- 5th January 2012, 6-9pm, Roben's Suite, Guy's Tower, Guys Hospital
- 9th January 2012, 6-9pm, Assembly Rooms, Lambeth Town Hall
- 10th January 2012, 6-9pm, Lewisham Town Hall

6.4 There were 70 responses from the on-line survey of which 63% were from service users. A series of 3 LSL service user focus groups took place in January 2012 reaching over 30 LSL service users. There were two 'targeted' focus groups for Black African communities and Men who have sex with men (MSM) / gay men and a 'mixed' service user group where representation from African Communities was high. These events were run at community centres across the three boroughs.

6.5 A total of 21 written responses were received, with provider responses making up 86%; service user 10% and 'other' 4%.

6.6 The collation of responses was presented to SURG and steering group in February 2012 and the organisational response to the consultation has been agreed by SURG & steering group and awaits sign off by the LSL CCCGs.

6.7 In general there was agreement with the general direction of travel of the HIV care and support proposals; principally of facilitating the management of HIV as a long term condition and building capacity within mainstream health and social care services to meet the ongoing needs of people living with HIV where appropriate and to provide equity of access to equipped mainstream services.

The main areas of discussion / 'concern' were in relation to the 'pace of change' and the general health and social care 'system readiness and the level of training and development that would be required for mainstream services.

These concerns will be mitigated and addressed through the development of robust transition plans and comprehensive implementation plans and business cases. Concerns about the future accountability for HIV care and support service provision post 2013 were evident throughout the consultation responses.

6.8 The main emergent themes were as follows:

- *Epidemiology / disease patterns*, there is a need to ensure that system re-design will manage the diversity of needs of people living with HIV particularly for ageing populations and within other population groups where HIV infections are seen to be increasing.

- *Mainstreaming:* The recurrent theme of the responses was 'system capacity' and how this would be developed across 'mainstream' health & social care services and how the readiness of these services would be managed and monitored. The pace of change of the transition and future accountability for the project was highlighted. The need for clarity about the future accountability for HIV Care and support service provision in the future also featured within the responses.

- *Assessment and coordination function*, this was a recurring topic at all consultation events and the subject of numerous written responses and highlighted the risks associated with the proposed decommissioning of the assessment and coordination function within the service portfolio. The consultation process facilitated a greater understanding of the role of this function and the positive outcomes it provided for users in terms of case management and ongoing assessment of needs and in providing support for more complex clients.

- *Peer Support:* Strong support evident throughout the consultation process on the importance placed by people living with HIV of 'HIV' specific peer support. Peer support was an emergent theme at all consultation and focus group events and framed many of the written responses. The pre consultation proposals were for the re-design of existing peer support provision to increase the focus on positive self management associated with long term conditions. and the development of peer led mentoring

- *Young people & transition:* This project focussed on mainly adult services, although family support is part of the current portfolio. However, throughout the consultation process concerns have been raised about the absence of a clear strategy on transition services for young people living with HIV and the impacts of HIV on children.

- *Mental Health:* Concerns about capacity and capability within mainstream services and the pace of transition. The need for a robust transition plan highlighted and the need to mitigate against the loss of specialist skills and knowledge.

- *Primary care:* Consistent again with concerns about pace of change and system readiness and clarity sought about the future role of GPs in meeting the needs of people living with HIV.

- *Stigma and Confidentiality:* Highlighted as key barriers to service changes and evident as a theme throughout all consultation events/ focus groups. Addressed within the 'topic guide' in all focus groups to explore methods to break down stigma and service users suggested their involvement in training delivery for mainstream services across health and social care as an important strategy. These proposals are being considered for further development as examples of co-production.

- *Additional risks*: Multiple references to future of the Aids Support Grant (ASG) in local authorities and challenges to the perception that funding levels of area based grants in LA's will reduce.

6.9 Following a comprehensive review of the consultation responses and themes the steering group and SURG have formulated the following recommendations as future commissioning intentions for implementation pending sign off by LSL CCGS (please see appendix C for additional detail)

- Maintain the integrity of the proposed HIV care and support service model and care pathways and move towards implementation over 1-5 years (See Appendix A)

  (a) Progress development of mainstream service provision over the next 3-5 years. Transition plans are to be drafted and will require sign off at LSL CCCGs and through LA Boards.

- Maintain existing investments in the 'assessment and coordination' function currently commissioned through the South London HIV Partnership (SLHP) on the basis of the consultation responses that has highlighted the risks associated with the loss of this function.

- Maintain the decision to decommission the HIV Health Trainers as proposed within the pre consultation commissioning intentions due to this service representing a 'duplication' of existing service provision.

- Maintain the decision to re-design the Peer Support service to have a focus on positive self management and the development of peer led mentoring. The recommendation is for the redesign and procurement process to be initiated for a new service start date in 2012.

6.10 Transition and implementation plans are now drafted following agreement by the steering group and await sign off by LSL CCCGs.

7. Organisational implications

7.1 Risk management:

The increasing HIV prevalence and in particular continuing high levels of late diagnosis in these vulnerable populations present great challenges for public health and local health and social care services. Nationally late HIV diagnosis has become the single highest largest risk factor for HIV related mortality and is associated with survival by about a decade. NHS Lambeth is implementing National Guidelines to reduce undiagnosed and late diagnosed HIV as well as tackling HIV related stigma through HIV training and education to health professionals. If the planned proposals for increasing earlier diagnosis are successful, then Lambeth's figures will initially increase further, which will have initial resource implications for commissioners although these will be offset by costs avoided in the long term from the reduced onward transmission of HIV and reduction in HIV associated acute and social care costs .

7.2 **Equalities impact assessment:**

Ongoing Equalities impact analysis has been a core element and an iterative process throughout each stage of this project in view of the 'equality' issues implicit to HIV such as homophobia and HIV related stigma. An Equalities Impact screening was completed pre consultation and made available with the consultation papers and an equalities 'lens' was applied to each of the consultation events where the 9 protected groups were introduced and formed part of the individual group discussions. Equalities came through strongly as a consistent theme in the online survey responses and was explored as a topic area within each of the 3 focus groups. A full equality impact assessment has been completed with the organisational consultation response and has identified ongoing areas for action during the implementation phases of the project. Future equalities impact analysis will be completed on the commissioning intentions where significant service changes have been cited.

7.3 **Community safety implications:**

The focus for this report is the prevalence of HIV and local actions to reduce morbidity and mortality of HIV infected individuals. There are no direct community safety implications.

7.4 **Environmental implications:**

N/A

7.5 **Staffing and accommodation implications:**

N/A

7.6 **Any other implications:**

N/A

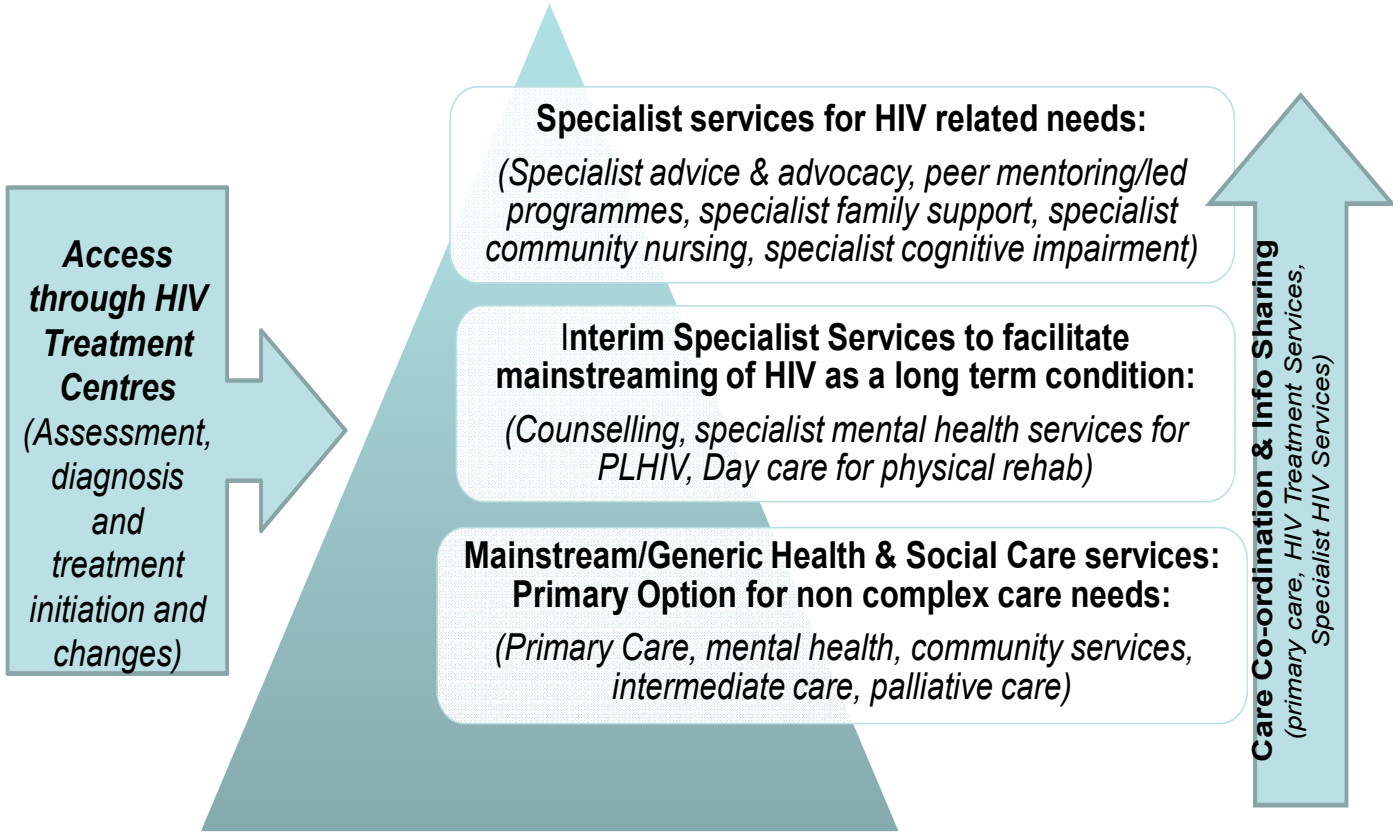
8. Timetable for implementation

The key project milestones are:

- Consultation organisational response and final commissioning intentions available **April /May 2012**
- Seek sign off of recommendations, future commissioning intentions and transition plans with LSL CCGs May/June 2012
- Initial service changes and implementation of revised commissioning intentions - May /June 2012
- Transition and Implementation plans drafted **May/June 2012**
- Procurement of any new service provision- **May to August 2012**
- New service starts (e.g. Peer Support) – **Sept /October 2012**

Service Model

South East London



A partnership of Primary Care Trusts in Bromley, Greenwich, Lambeth, Lewisham, Southwark and Bexley Care Trust

Appendix A

Appendix B

Commissioning Intentions associated with the service model		
Services	**Delivery Mechanism**	**Financial Implications/ funding source**
i) Improving access to mainstream services		
Primary Care	Pilots of 'shared management' to: • Improve access to primary care services • Develop potential involvement in case management as appropriate over time	• Cost neutral • Potential need for pump priming
Mental Health	Shift of activity from specialised services to: • IAPT (increasing access to Psychological therapies) • Community Mental Health Services	Staged / controlled transfer of resources from specialist HIV services to developed mainstream services through training and activity shift plans
Community Services	Access to mainstream services	Staged / controlled transfer of resources from specialist HIV services to developed mainstream services through training and activity shift plans
Intermediate Care	Access to mainstream services	Staged / controlled transfer of resources from specialist HIV services to developed mainstream services through training and activity shift plans
Palliative Care	Access to mainstream services	Minimal activity hence expected to have no significant cost pressure
ii) Provision of interim specialist support services to facilitate mainstreaming HIV as a long term condition (≤ 3 years)		
Counselling	Potential renegotiation of existing provider/Tender for new service	Potential reduction in existing contract value over time through staged activity shifts
Specialist Mental Health Services for PLHIV*	Redesign/Respecify	Potential reduction in existing contract value over time through staged activity shifts
Day care for physical rehab	Maintain cost & volume arrangements with reduction in activity	Potential reduction in existing contract value over time through staged activity shifts
• **Specialist services for specific HIV related needs**		
HIV Treatment Services	Service Improvement through specialised commissioning	To be included in costs under national tariff, potential for short term funding
Assessment & Coordination function **	Potential negotiation with the existing provider / tender for new service	Within existing contract value
Advice & Advocacy	Potential renegotiation with existing provider/Tender for new service	Within existing contract value
Peer Led/Mentoring Programme **	Tender for new service	Need to cost up new service, shift of £86k from existing peer support provision into new service
Family Support	Redesign/Respecify	Maintain existing contract value
HIV Community Nursing Services (HIV CNS)	Redesign/Respecify	Potential for reduction in existing contract value over time following redesign
Community & Inpatient HNCI	Maintain cost & Volume contracting arrangements	Within existing contract value

* Future work is required on assessing the need for community services for HIV specific Mental Health needs i.e. HNCI long term

** Changes to the Commissioning Intentions following consultation

Appendix C

Recommendations for future commissioning pre and post consultation

Current Service (Provider)	Recommendations for future commissioning pre-consultation	Recommendations for future commissio
CASCAID (SLAM)	**Remodel & respecify** to provide an interim service which support shift to & capacity building within mainstream services. Release efficiencies from immediate shift/decommissioning and plan for **phased reduction in service/contract value**. Future direction of travel to explore need for specialist service to provide HIV specific Mental Health Services not delivered in mainstream mental health services such as HIV related cognitive impairment services	**Pre consultation status maintained**
HIV CNS (GSTT Community Services)	**Remodel & Respecify** to ensure delivers to most complex services focusing on hospital discharge planning, provision of step down community nursing packages, case management of co-morbid and complex social issues, complex adherence programmes. Review case mix and required capacity for services in line with remodelling, **potential reduction in contract value.**	**Pre consultation status maintained**
Family Support (Positive Parenting & Children)	**Remodel & Respecify** maintain contract value but re-specify to improve outcomes and focus existing service.	**Pre consultation status maintained**
Mildmay Residential & Day Care (Mildmay)	Inpatient HIV related neuro-cognitive impairment (HNCI): **maintain status quo** of cost & volume arrangements and placement panels. Outpatient HNCI: **maintain status quo** of cost & volume arrangements and placement panels. **Potential to reduce activity** levels through shift to CASCAID/existing community physical rehab services. Inpatient Physical Rehab: **maintain status quo** of cost & volume arrangements and placement panels. **Immediate Reduction in activity** levels through shift to intermediate care services with intention to **decommission** over time Outpatient Physical Rehab: **maintain status quo** of cost & volume arrangements and placement panels. **Immediate reduction in activity** levels through shift to community rehab services/CNS with intention to **decommission** over time	**Pre consultation status maintained**
Muslin Peer Support (AAF)	**Decommission** existing provision; consolidate with other peer support, **Recommission:** design and tender for new peer led/mentoring programme with a focus on positive self management	**Pre consultation status maintained**
Christian/Faith Based Per Support (LEAT)	**Decommission** existing provision, consolidate with other peer support, **Recommission:** design and tender for new peer led/mentoring programme with a focus on positive self management	**Pre consultation status maintained**
First Point (Metro- South HIV Partnership (SLHP)*	**Decommission**, mainstream assessment & referral service in Specialist HIV treatment services.	**Maintain funding for this function for 20 endorsed post consultation)** Assessment & referral service to remain HIV treatment services, discussions to be Specialist Commissioning Group (LSCG) r commissioning arrangements.
Advice & Advocacy (THT- SLHP)*	**Decommission & recommission** advice & advocacy service	**Pre consultation status maintained**
Counselling (THT- SLHP)*	**Decommission & recommission** interim service with **phased reduction** and **intention to decommission** over time	**Pre consultation status maintained**
Health Trainer (THT- SLHP)*	**Decommission**, mainstream provision through specialist HIV treatment agencies/Health Advisors/Peer led newly diagnosed programmes	**Pre consultation status maintained**
Peer Support (THT- SLHP)	**Decommission** existing provision, consolidate with other peer support, **Recommission:** design and tender for new peer led/mentoring programme with a focus on positive self management	**Pre consultation status maintained**

APPENDIX D: Communication & Engagement Plan

Communications and Engagement Action Plan for the HIV Care and Support Needs Assessment / Service Review

List here the communications / engagement objectives again so that you can refer to them in the first column.

1. Brief cluster & PCTS to address concerns / queries in relation to HIV Care and Support NA
2. Inform LSL Overview & Scrutiny Processes and allow for engagement & consultation throughout review
3. Engage with stakeholders throughout the review process
4. Develop Service User reference Group for NA/ Service Review to act as a shadow Board and to start beginning September
5. Consult with public, patients and key stakeholders across LSL on review findings & recommendations including focus groups and wider engagement activities

Objective Target	Activity required	Timescale/Milestone	Lead/ Resource required	Risks/Mitigating Action	Performance Indicators /Evaluation
1	*Brief cluster & PCTS to address concerns / queries in relation to HIV Care and Support NA* • Meetings with PPE leads (LSL) and Communication leads within Cluster • Preparation of Communications briefing about Need Assessment, process, time lines and engagement • Briefing to PCT and Clinical Commissioners	Mid July Mid August Mid August	JP/AY/ CF KS	Public unawareness generates high levels of concern and lobbying	(a) Briefing available (b) Monitor level of public queries monthly
2	*Inform LSL Overview & Scrutiny Processes and allow for engagement & consultation throughout review* • Finalise OSG dates across LSL: Lambeth 19th Oct (report end of Sept) Lewisham 9th Nov (report 31st Oct), Southwark Dec 7th (report 25th Nov) • Prepare presentation/ briefing on NA/ Service review engagement plans for LSL Stakeholder Group meeting 17th August (sub group of Cluster Commissioning Board) • Develop scrutiny paper • Identify Health Lead Councillors across LSL and brief prior to Scrutiny meetings	End July Mid August Mid August Beg Sept Beg Sept Beg Sept Sept-Nov	JP/AY/RW JP/AY/RW JP/AY JP/AY AY/JP AY/JP	R: Service Review not complete and rec's not ready: MA: Provide progress report including extensive engagement R: Scrutiny Leads/ BSU leads not sufficiently briefed MA: Early intervention with Leads	Scrutiny dates finalised Reports submitted against deadlines Scrutiny leads briefed

Objective Target	Activity required	Timescale/Milestone	Lead/ Resource required	Risks/Mitigating Action	Performance Indicators /Evaluation
	• Brief BSU Managing Directors in advance of Scrutiny meetings • Arrange subsequent OSG dates to present recommendations & consultation feedback	Sept-Dec Jan-March	AY/JP AY/JP		
3.	*Engage with stakeholders throughout the review process* • Inform providers of review Process • Plan Stakeholder mapping event with providers and service users • 14th July -Lewisham LA event (attended by 18 LA Commissioners and providers, mapping existing Social care pathways, providers, services and NRPF) • 19th July – LSL Stakeholder event to map client journeys, services, referral pathways and gaps • LA Southwark and Lambeth event • Stakeholder Event results written up • Ensure service user feedback/intelligence informs service reviews • Consult with providers on Service reviews	July July July July End of Aug Sept August August	AY/JP/GA AY/JP/GA AY/JP/GA AY/JP/GA AY/JP/GA AY/JP/GA AY/JP/GA AY/JP/GA	R: Providers attendance low and non representative MA: Promote with managers and Dept leads , chase confirmed attendees Ensure information about event and intended outcomes of event are clear Do not gain a full picture of Social care pathways including NRPF for all LSL LA's	Good attendance Event Outcomes met Information gathered useful and contributes to service developments /changes
4.	*Develop Service User reference Group for NA/ Service Review to act as a shadow Board and to start beginning September* • Recruit service users onto a Service User Reference Group (SURG) that will shadow project Steering groups • Recruit through (South London HIV Partnership (SLHP) as have data network and MVE work stream; HIV services patient reps (GST, Kings); Family Support Provider (PPC) particularly for younger people • Develop role outline and briefing for recruiters	 Early /Mid Aug Early Aug	JP/AY/GA/ CF	R: SURG not representative PLHIV in LSL MA: Ensure recruiters have briefing outline of project and vision of SURG	SURG in place for September 2011

Objective Target	Activity required	Timescale/Milestone	Lead/ Resource required	Risks/Mitigating Action	Performance Indicators /Evaluation
	• Agree incentives and travel expenses • Assign lead to work with Service Users / PPE chair • Book meeting dates and room for first meeting early Sept (confirm date) • Develop draft TORs / outline • Co-ordinate meetings for lifespan or review and implementation phases • Ensure SURG feeds into Project steering group • Raise awareness of SURG through consultation and focus groups events	Early Aug Early Aug Early Aug Mid Aug End of Aug Ongoing Ongoing Dec –Feb 2012			
5.	*Consult with public, patients and key stakeholders across LSL on review findings & recommendations including focus groups and wider engagement activities* • Launch of final review and recommendations • Hold two public consultation events in each borough 1. 9th December 2011, 9.30am-12.30pm, Roben's Suite, Guys Hospital 2. 12th December 2011, 2-5pm, Assembly Rooms, Lambeth Town Hall 3. 13th December 2011, 9.30am-12.30pm, Lewisham Town Hall 4. 5th January 2012, 6-9pm, Roben's Suite, Guy's Tower, Guys Hospital 5. 9th January 2012, 6-9pm, Assembly Rooms, Lambeth Town Hall 6. 10th January 2012, 6-9pm, Lewisham Town Hall 11. Hold Focus group with white MSM, Migrant/non migrant African men & women as part of consultation (dates 31st Jan, 4th Feb, 6th Feb) 12. Ensure review findings/recommendations goes to		JP/AY/GA/ CF Mid Oct Nov- Jan Nov- Jan Nov- Jan 11/12 Nov- Jan 11/12 Jan/Feb 12 Jan/Feb 12 Mar/April 12	R: Consultation events not sufficiently promoted MA: Engage PPE support and guidance on format and promotion of the event	Events well attended from user representative PLWHIV in LSL Legacy document developed Responses to consultation made publically available

Objective Target	Activity required	Timescale/Milestone	Lead/ Resource required	Risks/Mitigating Action	Performance Indicators /Evaluation
	SURG & peer support forums 13. Inform/consult OSG on review findings/recommendations/consultation responses 14. Collate Consultation responses 15. Publish consultation and final review/recommendations		 End Feb 12 End Mar 12		

COMMUNICATION AND ENGAGEMENT LOG

This log is a record of all the communication and engagement activity undertaken.

Date	Activity undertaken	Completed by	Notes
28th June 13th July	Meetings with PPE leads LSL Meeting with Communication leads SEL Cluster Engagement Plan completed	JP/GA JP/GA JP	Engagement/ Communications template provided / Ref group job roles
14th July	Lewisham LA Stakeholder mapping, Led by Ruth Hutt, Consultant in Public Health (NHSLew). Attended by 18 staff from Lewisham Social Care, CASCAID, HIV CNS, Alexis Clinic (HIV Specialist Services), joint commissioning team and 1 service user from Lewisham. 3 hour meeting to map client pathways into Social Care including Non Recourse to Public Funds (NRPF). Also outlined current generic, specialist HIV and voluntary sector support currently used by PLHIV.	RH / GA	The emerging themes from the event • That specialist HIV services are perceived as 'safe havens' • Disclosure of HIV status is still a major issue and potentially a barrier to accessing generic services • PLHIV need to travel out of Lewisham for many support services. For this reasons services which do home visits or provide transport are favoured • There is a tendency to refer straight into specialist services rather than go via generic services both on the part of the individual & the HIV clinicians (e.g. Go to CASCAID rather than CMHT, HIV specialist rather than GP) • There is a lack of local peer support groups available- loss of positive place means services don't know where to refer to (new group in New Cross identified) • Body & Soul highlighted as a popular service, even though currently not commissioned • A reluctance to use faith groups for support due to a mixed experience and concerns about the quality and accuracy of information and support given. • Training needs were identified for generic services and faith leaders.
19th July	Stakeholder Mapping event Robens Suite Guys attended by 67 staff across LSL Provider portfolio; HIV services, voluntary sector	RH JP/GA/RH	Preliminary notes completed, core themes:

	and commissioners Event write ups completed end July		Clarified client pathways (in and out) Service usage Preliminary mapping of LA pathways (follow up meetings needed)
30th June 25th July 29th July Beg July	Paper to Lew CCCB 30th June Paper to Lam CCCB HIV NA/ Service Review paper presented at Lewisham Adult Joint Commissioning Board Recruitment process for Service User reference groups started with SLHP Nathan Williams	RH RW JP JP	Emails sent, phone confirmation 3/8, JP to develop briefing
4th Aug 8th Sept	LA meeting Southwark –Tooley Street LA meeting Lambeth – LBL Streatham	JP/AY JP/GA	**Southwark:** Led by Sexual Health & HIV Commissioning Team with Southwark Physical Disabilities Team Attended by 1 Senior Commissioning Manager for Children's Services; 1 Commissioning Support Officer and 1 Team Leader for the Physical Disabilities Team. **Lambeth:** Attended by the Team Manager and a Specialist Practitioner for Physical Disabilities in Lambeth and the Team Manager for the NRPF Team
12th Oct	SURG meeting 1 –TORs, methods of working agreed and project update.	JP/GA	**Attended by 5 LSL service users**
26th Sept	SURG meeting 2 –TORs signed off, update on Needs Assessment, Options Appraisal reviewed.	JP/GA	**Attended by 6 LSL Service users**
11th Oct	SURG meeting 3 – Options Appraisal revisited	JP/GA	**Attended by 6 LSL Service Users**
Oct 11	SURG meeting 4 (Easy Read version developed / final consultation paper reviewed	JP/GA	**Attended by 4 LSL Service Users**
Dec 6th	SURG meeting 5 (Peer Support / support for consultation events	JP/GA	**Attended by 8 LSL Service Users**
21st Feb	SURG meeting 6 (Consultation responses themes presented)	JP/GA	**Attended by 6 LSL Service Users**
19th March	SURG meeting 7 (Consultation –organisational response)	JP/GA	**Attended by 5 LSL Service Users**

Appendix E

Council

Jess Peck
Commissioning Manager
HIV & Sexual Health
(Lambeth, Southwark & Lewisham)

Health and Adult Social Care
Scrutiny Sub Committee,
Southwark Council,
160 Tooley Street,
London
SE1P 5LX

Monday 6th February 2012

Dear Jess,

HIV Care & Support Review Consultation

In response to the HIV Care & Support Review consultation that is being carried out on behalf of Lambeth, Southwark & Lewisham (LSL) Southwark's Health and Adult Care Scrutiny Sub Committee requested a presentation at our committee meeting on Wednesday 7th December 2011. The consultation is designed to assess the local needs of people living with HIV and to review the current portfolio of services providing HIV care and support services.

Following that presentation the committee resolved to make a formal response to the consultation and Councillor David Noakes, the Vice-Chair, agreed to lead on taking this work forward.

To better inform our response Councillor Noakes met with representatives of the UK's leading HIV charity the Terrence Higgins Trust (THT) in late December 2011 and also attended one of the Southwark public consultation events in the Roben Suite at Guy's Hospital on the 5th January 2012.

For ease of reference all subsequent paragraphs have been numbered.

Southwark's Health and Adult Social Care Scrutiny Sub Committee's Response

1. The Committee would like to begin by acknowledging the importance of high quality and appropriate HIV care and support services in the 3 boroughs, with Lambeth and Southwark being the two most affected boroughs in the UK with HIV prevalence rates of 13.88 per 1000 (Lambeth) and 11.25 per 1000 (Southwark).

2. The Committee notes that the 3 boroughs also have very high resident populations of the two main client groups with the highest levels of HIV infection and those most at risk of future infection-Black African heterosexuals and men who have sex with men (MSM). For these reasons this review is of immense importance to existing residents living with HIV, our wider constituents and to us as elected representatives.

3. The Committee would like to welcome the fact that the 3 boroughs have invested significantly in sexual health and HIV over the last 5 years and that the rational for this review is not driven by making cost savings but because of the need to adapt services due to the fact that highly effective anti-retroviral treatment has transformed HIV from an almost universally fatal illness to a manageable chronic condition.

4. The Committee also welcomes the commitment to carry out a 3 month consultation and supports the stated scope of the project objectives in principal, although we do have some concerns and questions relating to how these are delivered and taken forward.

5. For reference the project objectives are as follows

- To carry out a comprehensive needs assessment for care and support needs of HIV positive service users reflecting the changing face of HIV as a long term condition
- Review current provision of HIV care and support services to identify gaps and effectiveness of current provision
- Identify future commissioning intentions for services commissioned by LSL PCT and Local Authority AIDS Support Grant (ASG)
- Review current investment and release efficiencies to meet NHS & LA efficiency targets and provide funds for re-investment into “HIV test and link treatment prevention strategies”
- Mainstream HIV care and support within generic health and social care where appropriate as part of the normalisation agenda and recognition of HIV as a chronic long term condition

6. In regards to the project objectives and the consultation the Committee would like to make the following comments

To carry out a comprehensive needs assessment for care and support needs of HIV positive service users reflecting the changing face of HIV as a long term condition

7. The Committee recognises the importance of any changes being informed by a comprehensive needs assessment and an effective and accessible

consultation. To this end the Committee would make the following comments and observations

8. That the consultation documents seen by the Committee do not clarify the scope of the needs assessment and whether this was a quantitative exercise to ascertain the number of service users accessing current services or included a wider qualitative assessment of the needs of current service users.

9. That if the needs assessment was purely quantitative the Committee would express its concerns about the weight that should be given to the needs assessment alone and would urge any decisions regarding future service provision should be further informed by the consultation responses and/or some qualitative research.

10. That a robust needs assessment is crucial to making informed choices about future care and support services for those living with HIV

11. That the Committee would seek clarity as to how those residents known to be living with HIV in the 3 boroughs have been informed about the consultation. The Committee is aware of the consultation events and the efforts of THT in informing their service users about the review but is unclear whether all those known to be living with HIV in the 3 boroughs have been written to as part of this consultation process.

12. That the Committee would like to be reassured that the supporting documents that have been used in the consultation are appropriate, understandable and accessible for different individuals and groups who are impacted or may wish to respond to this consultation.

Review current provision of HIV care and support services to identify gaps and effectiveness of current provision

13. The Committee supports the review of current provision and support services to identify gaps and the effectiveness of current provision and would make the following comments and observations

14 That at a time of continuing medical advances in regards to the treatment of HIV and the corresponding changing needs of those living with HIV the Committee believes that it is right and proper to review current provision of HIV care and support services.

15. That many of the current services appear to be valued by existing service users, as observed at the public consultation event, and that there is an understandable degree of anxiety about any changes to these services and the possible loss of services.

16. That the value of current services should be informed by more than just quantitative data

17. That there appears to be particular concerns around the reduction in funding for the provision of interim specialist support services such as counselling and specialist mental health services

Identify future commissioning intentions for services commissioned by LSL PCT and Local Authority AIDS Support Grant (ASG)

18. That in regard to the future commissioning intentions for services commissioned by the LSL PCT and Local Authority AIDS Support Grant the Committee would make the following comments and observations

19. The Committee notes the proposed service model and the three key components of the model: Improving Access to mainstream services; Provision of Interim Specialist support services to facilitate mainstreaming HIV as a long term condition and Specialist services for HIV related needs.

20. The Committee would reiterate the importance of maintaining some advocacy provision as not all service users are able or confident enough to effectively access services or challenge poor or inappropriate health and social care. Good quality advocacy can also be crucial in supporting those with HIV in maintaining or gaining employment.

21. The Committee supports the recognition that those with HIV at significant points of their disease progression or complex patients require specialist services.

22. The Committee supports the principal to have a phased implementation of the new system to ensure continuity of patient care in specialist support services and would urge flexibility regarding timescales for the withdrawal of interim specialist services based on the ongoing monitoring of the success of mainstreaming service provision.

Review current investment and release efficiencies to meet NHS & LA efficiency targets and provide funds for re-investment into "HIV test and link treatment prevention strategies"

23. The Committee notes the consultation documents expectation that no additional cost pressures are envisaged as a result of the proposed service changes and the proposed areas where any efficiency savings should be prioritised.

24. The Committee strongly supports the proposal to reinvest in the expansion of HIV testing as the key HIV prevention strategy across the 3 boroughs. The benefits of an early diagnosis and treatment at the appropriate time with anti-retroviral treatment have been clearly demonstrated both in regards to maximising health and social care outcomes and in regards to increasing life expectancy.

25. The Committee also supports diagnosing those individuals who are infected with HIV as part of a wider strategy of sexual health education to help reduce new infections.

26. The Committee supports as part of this strategy the extension of HIV testing into more mainstream health and primary services at locations across the borough, as well as improving the accessibility of sexual health facilities.

27. The Committee also supports reinvestment into the HIV care pathway to manage growth in new infections.

28. The Committee notes with concern the possibility of a reduction in overall HIV funding at a time when the costs of HIV treatment could continue to increase in the short to medium term as the result of new infections and reducing the numbers of undiagnosed.

Mainstream HIV care and support within generic health and social care where appropriate as part of the normalisation agenda and recognition of HIV as a chronic long term condition

29. While the Committee supports in principle the stated aim of mainstreaming HIV care and support within generic health and social care where appropriate this is also one of the areas of highest concern in regards to how this is put into practice. The Committee makes the following comments and observations

30. The Committee recognises the potential benefits of seeking to mainstream HIV care and support services in a number areas such as primary care, mental health and community services as a policy of de-stigmatising HIV but would reiterate the level of discrimination and prejudice that can still be targeted at people with HIV unlike those with other chronic manageable conditions such as diabetes.

31. The Committee also believes that prejudice and ignorance around HIV is not exclusive to the general public and other patients but can also be present in those working in the health and social care professions.

32. For this reason the Committee would like to be reassured about the timescales, scope and level of proposed training and development of the workforce within mainstream health and social care services.

33. The Committee would also like to seek reassurances that any mainstreaming of HIV care and support services will be robustly commissioned and monitored to ensure that HIV funding continues to benefit and be spent on those infected with HIV.

34. The Committee believes that to reassure and give confidence to both the Committee and service users more detail needs to be provided about the proposals to mainstream services prior to any final decisions.

Conclusion

In conclusion the Committee acknowledges the rational and intentions of the consultation and thanks all those officers involved in the review for their hard work to date.

The Committee would welcome any feedback in regards to the comments, issues and concerns we have raised in our response and requests that we are kept informed of developments in regards to the provision of new HIV care and support services in Lambeth, Southwark & Lewisham.

Yours sincerely,

Councillor Mark Williams and Councillor David Noakes
Chair and Vice Chair of Health and Adult Social Care Scrutiny Sub Committee
London Borough of Southwark

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