

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

Monday 9 July 2012

7.00 pm

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

## Membership

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

## Reserves

Councillor Sunil Chopra  
Councillor Neil Coyle  
Councillor Rowenna Davis  
Councillor Paul Kyriacou  
Councillor Jonathan Mitchell

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### Contact

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

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Members of the committee are summoned to attend this meeting

**Eleanor Kelly**

Acting Chief Executive

Date: 29 June 2012



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

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

## Order of Business

Item No.	Title	Page No.
	<b>PART A - OPEN BUSINESS</b>	
1.	<b>APOLOGIES</b>	
2.	<b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
	Members to declare any personal interests and dispensation in respect of any item of business to be considered at this meeting.	
4.	<b>MINUTES</b>	1 - 14
	To approve as a correct record the Minutes of the open section of two meetings held on 16 May 2012 .	
5.	<b>KING'S HEALTH PARTNERS (KHP)</b>	15 - 25
	Proposal on creating a single healthcare organisation.	
6.	<b>MENTAL HEALTH OF OLDER ADULTS (MHOA)</b>	26 - 34
	Proposal to develop a Specialist Older Adults Home Treatment Team Paper	

Item No.	Title	Page No.
<b>7.</b>	<b>PUBLIC HEALTH</b>	
	Public Health Southwark : Dr Ann Marie Connolly , Director of Public Health	
	Public Health and Kings Health Partners: Professor Moxham, Director of Clinical Strategy	
<b>8.</b>	<b>SOUTHWARK CLINICAL COMMISSIONING COMMITTEE (SCCC)</b>	
	There will be a report on SCCC implementation of the recommendations of the recent scrutiny report and a report on SCCC transition to full delegation.	
<b>9.</b>	<b>WORK PLAN</b>	
<b>10.</b>	<b>PSYCHOLOGICAL THERAPY SERVICE</b>	35 - 36
	Action following the joint meeting held with Lambeth health scrutiny committee on 16 May 2012	
<b>11.</b>	<b>SLAM PROPOSED ROUNDTABLE</b>	37 - 38
	<b>DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.</b>	
	<b>PART B - CLOSED BUSINESS</b>	
	<b>DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.</b>	

Date: 29 June 2012



## HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 16 May 2012 at 7.00 pm at Room 8 , Lambeth Town Hall, Brixton Hill, SW2 1RW

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**PRESENT:** Councillor Mark Williams (Chair)  
Councillor David Noakes  
Councillor Denise Capstick  
Councillor Norma Gibbes  
Councillor Eliza Mann  
Councillor the Right Revd Emmanuel Oyewole

**OTHER MEMBERS PRESENT:** Councillor Jonathan Mitchell

**OFFICER SUPPORT:** Julie Timbrell, Scrutiny Project Manager

### 1. ELECTION OF CHAIR OF JOINT MEETING

- 1.1 The Chair introduced the meeting, noting that joint working with Southwark Council on the issues on the agenda was a sensible way forward given that these issues were important to both boroughs and this approach would also avoid duplication.

RESOLVED

That Councillor Ed Davie (Lambeth Council) be elected as Chair for the meeting.

### 2. DISCLOSURE OF INTERESTS

- 2.1 Councillor Clare Whelan (Lambeth) declared a personal interest in items 3, 4 and 5 on the agenda as she worked for the House of Commons Health Select Committee. Councillor Ed Davie (Lambeth) declared an interest in item 3 on the agenda NSUN, a national mental health charity. Councillor Mark Williams

(Southwark) declared an interest in items 3, 4 and 5 as he worked for the Greater London Authority.

### 3. PROPOSED RE CONFIGURATION OF SECONDARY PSYCHOLOGY THERAPY SERVICES

- 3.1 The Chair thanked the management team from SLaM for attending the meeting and noted the additional consultation which had been carried out since the two committees started looking at this matter and the changes which had been made as a result.
- 3.2 The Service Director, SLaM, the Director of Strategy, SLaM, the Joint Mental Health Commissioner NHS Southwark , and the Assistant Director Mental Health Commissioning, NHS Lambeth, introduced the item, highlighting the following:
- Extensive consultation on the proposals had been carried out since March 2012, as set out in further detail within the paper, and many helpful comments and feedback had been received as part of the consultation exercise.
  - A further engagement exercise had been carried out that afternoon, with approximately 120 people, mainly service users and various groups. The session had been helpful in enabling people to contribute constructively to the proposed model, with for example proposals for more self guided help in the future for service users. Overall, service users were keen to be involved in the process going forward and both management and service users and other interest groups were keen to develop a collaborative process. The afternoon session had highlighted how well things could be done when everyone was working together. A commitment had been made to confirm key elements and areas of focus in writing to all who had participated in the session that afternoon.
  - A lot had been learnt in relation to engaging more effectively with service users currently in treatment, and although initially there had been some concerns in terms of the effectiveness of this process, engagement with service users had proved very fruitful.
  - Previous consultation had highlighted the need to focus more on services tailored to people with more severe mental health problems and a flexible approach would be taken to this in the future.
  - Work was now underway to develop the proposed model further, also involving the LINKs and staff groups to ensure that those areas highlighted by staff were being focused on in the future.
- 3.3 Nicola Kingston, joint chair of Lambeth LINKs, spoke on behalf of Southwark and Lambeth LINKs saying that there was unanimous agreement that the meeting that afternoon had been very good.. There had been some good suggestions from the floor and a commitment from SLaM Management to write back to the participants as well as to involve LINKs in ongoing evaluation of the new service. She felt that all had learnt from the experience and that there was a real commitment to ongoing

dialogue and engagement.

3.4 Committee Members raised a series of questions which were responded to by the Service Director SLaM. Following this a service user and three members of staff were given the opportunity to state their case. Set out below is a summary of the key points made :

- Further details and clarification was required on how changes would be evaluated. The Lambeth and Southwark LINks were keen to be involved in the evaluation process and to work with both the Committee and SLaM in carrying this forward.
- It was noted that progress had been made since the previous report to the Committee in March 2012 and that was set out in the written report to the Committees, however concern was expressed that the verbal presentation to the committees was mainly relating to comments made at that afternoon's session.
- Further clarification was sought on the way in which the changes proposed would ensure the service met the needs of those with serious and complex mental health issues, particularly how a flexible approach would be developed to take into account of the specific needs of such service users.
- It was noted that the EIAs for each Borough were considerably improved and that SLaM management intended keeping them as live documents particularly to ensure that the Committees' concerns that no disproportionate impact occurred on vulnerable service users within the new model.
- Concerns were expressed at future service changes for people with Post Traumatic Stress Disorder (PTSD) and those who were suffering mental health problems following experiences from conflict zones. It was unclear what the service would bring to such patients and what skills would be required in the new model to treat those patients.
- That working together on the prevention agenda was key and to this end further collaboration between SLaM, social services and housing services, and any other service which might be relevant when addressing mental health issues, would be required for the future to ensure a more holistic approach to mental health service provision.
- Queries were made as regards to the possibility of the reconfiguration of the service providing better longer term support for people with mental health issues. Service users had expressed anxiety that they were currently not given adequate time to recover in the longer term.
- Concern was expressed at support provided outside of normal opening hours, particularly for those most vulnerable and further clarity was sought on what measures had been put in place to address this.

3.5 In response to the comments made, representatives from SLaM highlighted the following:

- A lot of written information relating to the proposed changes made had been produced and circulated widely. This had been followed up with individuals and groups, demonstrating that lots of preparatory work had been undertaken to engage with groups and this had aided the engagement exercise carried out that afternoon. Information had been circulated to both existing service users and those currently on waiting lists and a process had been prepared for meeting with staff groups to identify and address key areas of concern. As such, engagement had been carried out over a number of months.
- In relation to patients with more severe mental health problems, it is being proposed that the new psychological therapy teams will work closely with the current community mental health team in order to facilitate a speedy process for assessing such patients and ensuring that adequate support is given at an early stage.
- The starting point for developing the future model for mental health service had been the borough based model which was based on already identified problems and issues specifically related to the two boroughs. Further work was also being carried out to ensure that future services were aligned with provisions by other groups and agencies. To develop the best possible future model, attempts had been made at populating the model with various facts, e.g. how people access services currently, whether a single point of contact would be beneficial etc. It was firmly believed that the borough based model was the most sensible way to provide the best service also for the future. This model is supported by commissioners and staff.
- A key concern for future service provision was the need to identify ways in which people with severe mental health issues could access services more quickly to avoid them deteriorating further. This would be done by developing more flexible and more accessible services. Management had also sought to address issues relating to users from BME backgrounds, ensuring that future services were not impacting negatively on those groups and this had been done mainly by working closely with BME groups to identify specific needs. There was significant evidence that BME groups were not accessing services as quickly as other groups within the community and this had an adverse effect on their longer term mental health and recovery time.
- A restructure of the service to align with the new model would not result in a reduction of honoraries. There was currently a high demand to work in the service by honoraries and the restructure was not thought to impact on this demand. The location of honoraries, and staff more generally, was yet to be decided and would depend on the appointment of staff within the new structure.
- The PTSD services are currently delivered from the Traumatic Stress Service. Under the proposed re configuration such interventions will be delivered within each local borough team. People with PTSD often required assistance from the community mental health team who would attempt to address both social and mental health issues. Practical support would be better coordinated in the future. PTSD. National services were also being provided and would continue
- Concerns relating to current waiting times for patients with mental health issues had been identified as part of the consultation exercise and increased attempts

would be made to ensure that waiting times were reduced in the future. Waiting times varied across a range of specific services, however, it was acknowledged that ideally patients with mental health issues should not have to wait to be assessed or indeed receive services. The average waiting time was currently 9-12 weeks, with some functions offering services much faster. A future single point of assessment would assist in providing faster services and less waiting time, as well as offering more flexibility of services and enabling practitioners to gain a better understanding of people's specific and individual needs. It was also being proposed that support would be provided whilst people were waiting, e.g. peer support, coping strategies etc. Such schemes were currently being piloted successfully in other boroughs, including Croydon, and Lambeth and Southwark would benefit from introducing such schemes.

- Linking the proposed new service with other services provided, including housing and benefit services, was key to improving services, particularly given the new provisions contained in the Health and Social Care Act 2012, which gave local authorities more responsibility for health functions. A joint health strategy should be developed to address this and provide a holistic and joint approach to mental health services for the future.
- In relation to longer term support for people suffering mental health issues, it was confirmed that this was an area of concern and attempts would be made to ensure that future service provision addressed this. The service model would be significantly different to the one used currently and it was anticipated that less individual longer term psychotherapy would be provided. However, a range of shorter term evidenced based therapies and groups would be made available in addition to peer and social support services. All users would continue to receive adequate assessment when entering the system and be provided with a detailed care plan.
- Workshops held with staff groups from within the three boroughs (Lambeth, Southwark and Lewisham) had identified four main areas of focus: single point of entry system, activity levels, issues of access for BME groups and finally necessary training. Subsequently, three steering groups containing representatives from all current services had been held to work on these issues.
- In defining mental health problems, including more severe types of mental health issues, different service models would be developed to ensure that all patients were covered. Making sure that some of the most vulnerable users were not excluded were a top priority going forward and the use of more senior assessors would assist in addressing this problem.
- Equality Impact Assessments (EIAs) would be carried out when developing new services to ensure that no user group was disproportionately affected by the changes and that services were tailored to specific needs of different groups. The EIAs would be live documents, with ongoing amendments as appropriate.
- Care plans provided for individual service users within all local services identified actions the service user may take if they experience a crisis out of hours. Within the proposed service, consideration is being given to delivering a peer support group facilitated by staff for people with long term psychological / relationship



issues. A similar service is successfully run in Croydon, assists service users in developing their own crisis / coping plans.

- A full review of staffing structures has been carried out to assess competencies and skills required within the new model, including ensuring an adequate number of honoraries and senior staff as well as adequately trained assessors. There were clear national and local standards stipulating skills required for staff in supervisory roles as well as those assessing patients when entering the system.
- More work was to be carried out to identify the specific needs of people from BME groups to enable tailored services for those patients. Evidence gathered so far suggested that patients from BME groups seek help much later than other groups and this had an adverse impact on their longer term recovery.

3.6 Mental health practitioners and honoraries provided the following comments in response to the discussion:

- Overall, appreciation was given for the work already carried out in designing a future service delivery model for mental health, however, it was highlighted that the proposed model fell short of addressing adequately a number of issues which were of significant importance to patients with mental health issues. Some treatment options proposed did not take account of the underlying causes of mental health in many patients and would therefore not adequately address symptoms in the longer term.
- Many patients had been in the system for a long time and had experimented with a range of treatments, without success, and this called for an increased attempt by providers to address the needs of the service users and engage fully to understand what treatment options would benefit patients in the longer term.
- Psychodynamic psychotherapy was one of the most beneficial treatment options for patients with longer term mental health issues and concern was expressed at the proposals to cease this service in the future.
- The single point of entry system was also highlighted as problematic as this did not adequately take into account background information on a patient which was often very helpful in deciding treatments. The single point of entry system did not take account of people's complex needs.
- Recent intervention had created time and opportunities to address the challenges faced by the existing mental health services and the service was in a better position overall as a result. However, there was a need for further integrated therapy to be developed and a range of issues, as identified as part of the new model, would require more scrutiny, including the issue of honoraries, unequal provision of services across boroughs and future funding cuts to local authority funding.
- Focussed further work was also to be carried out with BME groups and other more vulnerable service users, including women from poorer backgrounds.

- Concerns were raised at the future of psychotherapy services for the future and more work was to be carried out to shape this to ensure a service which is fit for purpose.
- Reducing honoraries was also a key concern, given the very valuable work being carried out by honoraries in a range of areas, particularly given that honoraries were often paid very little or nothing at all for their hard work. Honoraries also required proper supervision to carry out their work and develop in the career and it was concerning if supervisors were to be reduced in the future as this could result in honoraries leaving the service.

3.7 Vanessa Hann, current service user, addressed the Committee and highlighted the following:

- She thanked the Committee for reading the report of the service user meeting on 8 May 2012 at St. Thomas' Psychotherapy Department, where she had given a talk. This had been a very valuable session which she felt privileged to have been part of and the session had been attended by as many as 15 service users. She confirmed that she was speaking on the behalf of all service users at this meeting.
- She noted the significant difference between the shorter, simpler treatments (such as those mostly offered by CMHTs (Community Mental Health Teams or IAPT) and the deeper, longer treatments offered by St. Thomas' Psychotherapy Dept in particular, stating that the shorter treatment options would often require continued and regular attempts and did not address the underlying causes for mental health issues. The longer treatments, on the other hand, was a slower methods but one which offered real results in the longer term, by addressing the underlying issue for individual patients. She also noted that one difficulty with the longer term treatments has been that their effectiveness is more difficult to measure within the NICE guide-lines than, for instance, CBT (Cognitive Behavioural Therapy), thus making it harder to resist funding cuts. However, there were several ways to measure the effectiveness, e.g. the reduction in interactions with medical and other agencies (crisis interventions such as A&E visits regarding suicide attempts, relevant visits to GPs, court appearances resulting from rent difficulties, children taken into temporary or permanent care, and so on) and the reduction in medication over time.
- Concerns were raised that deeper and longer treatments were being reduced, just as a result of mental health issues not being curable, and she argued that mental health issues should be viewed in the same way as chronic physical health conditions, where on-going treatment costs are expected and accepted. She also noted that the 'deeper' treatments do enable a lot of healing for many.
- IAPT CBT therapy was thought to be more effective for less complex cases, e.g. those without deep rooted issues and very dysfunctional family backgrounds.
- It was further noted that St. Thomas' Psychotherapy Department was one of the

very few which has their most experienced staff assessing incoming referrals. This has the obvious advantage of picking up on things possibly missed otherwise and making it much more likely that an appropriate treatment is provided.

- She concluded by listing three measures which would aid future success of mental health services: ensuring senior experienced assessors (psychiatrists and psychotherapists as well as psychologists; not solely from the community mental health teams), a safety procedure providing a simple recourse (sideways or higher up) if a patient, or professional involved in their care, believes there's a mistake being made and finally the option for the IPTT Panel, or referring professional, to request a IPTT face-to-face patient assessment where appropriate.

- 3.8 The Chair thanked all for attending and addressing the meeting, noting the difficulty and complexity of the issue. The focus of the committees was on the need to ensure that proper consultation had been carried out because involving people who use services in their future design both leads to a better service and gives those involved a sense of empowerment.

#### RESOLVED:

- 1 To agree that SLaM management and staff meet once more to resolve differences over the delivery of different modalities and invite representatives from these professional bodies to attend: British Psychoanalytic Council and UK Council for Psychotherapy.
- 2 To agree that SLaM be given time to adequately digest the concerns raised during the consultation event held earlier that day, via the written submissions and at the scrutiny meeting and that these concerns be reflected in the final consultation proposals.
- 3 To agree that SLaM set out and agree an action strategy for ongoing consultation and evaluation of the Psychological Therapy Service with LINKs, Southwark and Lambeth Clinical Commissioning Committee, and any other relevant other service user bodies and stakeholders. The evaluation framework should ensure that SLaM has a clear idea of what constitutes success and how staff and services users will feed into the evaluation; particularly service users with complex needs. The evaluation should ensure that data is captured on:
  - Clinical outcomes
  - Waiting times
  - Activity levels
  - Patient-Reported Outcome Measure (PROMs)
- 4 To agree that Psychological Therapy Service and Lambeth and Southwark council services, such as housing and social care, build effective links.
- 5 To recommend that service users awaiting treatment should be given clear information at entry stage on waiting times, support services and what type of service they will be receiving. Issues of access by BME individuals, and

particularly late access, should also be followed up potentially as part of the monitoring framework.

- 6 The committees welcomed SLaM's proposed round table discussions to consider proposed changes to services over the coming three years and identify those areas which are most likely to be contentious or benefit from in-depth engagement with Scrutiny and other stakeholders. In addition to this it is recommended that SLaM regularly attend the Stakeholder Reference Group for Lambeth Southwark & Lewisham (SRG LSL) to highlight and help identify issues of concern.
- 7 To agree to write to the SCCC / LCCCB asking for their views on the service reorganization and whether they are satisfied with proposed structure and outcomes for the service. In particular the potential drop in psychodynamic psychotherapy in Southwark will be highlighted and commissioners will be asked if they have a view on if they would like to invest more of their budget on this and less in other areas.
- 8 To agree to write to Monitor, the regulatory body for Hospital Foundation Trusts, highlighting the issues and concerns raised over the proposed reorganisation of Psychological Therapy Services.
- 9 To note that concerns remain about Honorariums and agree to request the following information:
  - The number of individual honorariums, their clinical specialism's, the amount of patients seen and the level of therapeutic hours delivered over the last two years.
  - The anticipated reduction as a result of this reorganization on the modalities delivered, numbers of Honorariums, patients seen and therapeutic hours delivered.
  - The level of qualifications of Honorarium supervisors in the new proposed structure and clarify with the UK Council of Psychotherapy on the level of accreditation required.
- 10 Concern was raised about unequal provision between Southwark and Lambeth; details were requested on the availability of different modalities in the different boroughs and how this could be made more equal.

#### **4. KINGS HEALTH PARTNERS - PRESENTATION : PROPOSAL ON CREATING A SINGLE HEALTHCARE ORGANISATION**

- 4.1 Representatives from Kings Health Partners introduced the item, thanking the Committee for being invited to the meeting and noting the innovative approach being proposed as set out in the report. Further simplification of the structures within the organisation was required in order to achieve the ambitious proposals for creating a single health care organisation.

- 4.2 Members of the Committee thanked the representatives for attending the meeting and noted the need to return to this item at a future meeting. This was a very ambitious and innovative project and it was reassuring to learn that public protection and public health was still a very high priority.

RESOLVED:

1. To note the presentation.
2. To agree to receive a briefing note on the points which were not mentioned at the meeting (due to time constraints).

**5. UPDATE ON LAMBETH, SOUTHWARK & LEWISHAM (LSL) HIV CARE AND SUPPORT REVIEW**

- 5.1 The brief presentation by representatives from NHS Lambeth was noted by the Committee, who advised that further discussions were to be held with the Committee in the future.

RESOLVED:

1. To note the report.



## HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 16 May 2012 at 6.30 pm at Ante Chamber, Lambeth Town Hall, Brixton Hill, SW2 1RW

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**PRESENT:** Councillor Mark Williams (Chair)  
Councillor David Noakes  
Councillor Denise Capstick  
Councillor Norma Gibbes  
Councillor Eliza Mann  
Councillor the Right Revd Emmanuel Oyewole  
Councillor Neil Coyle

**OTHER MEMBERS PRESENT:** Councillor Jonathon Mitchell

**OFFICER SUPPORT:** Adrian Ward, Head of Performance  
Julie Timbrell, Scrutiny project manager

### 1. APOLOGIES

1.1 Apologies for absence were received from Councillor Patrick Diamond. Councillor Neil Coyle was present as his substitute.

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

2.1 There were none.

### 3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

#### 4. MINUTES

- 4.1 The minutes of the meeting held on 10 April 2012 were agreed as an accurate record.

#### 5. SOUTHERN CROSS DRAFT REPORT

- 5.1 The chair reported that he had a discussion with the vice chair about amendments to the recommendations. A member commented that she would like to see regular timetables set in the recommendations. The chair indicated his agreement and invited the committee to consider each recommendation in turn.
- 5.2 The committee discussed the first recommendation and decided that on occasion it might necessary to consider the financial viability of a care home owner more often than annually. It was agree that a final clause would be added to the last sentence, indicating that monitoring should be done more frequently, if required.
- 5.3 A member referred to the second recommendation and commented that the work of the Care Quality Commission (CQC) and Monitor is not within the committee's scope. The chair responded that this recommendation is to lobby the government to improve financial oversight. A member reported that the CQC is facing cuts to its budget, so this will not be easily given.
- 5.4 Members discussed recommendation three and agreed that a financial assessment of a provider before, rather than after, a change of ownership takes place would be advisable, as a safety net.
- 5.5 The chair commented that recommendation four came from feedback by residents and their relatives that they would like more information in the event of a change of ownership.
- 5.6 The chair and vice chair reported that they would like recommendations five and six to become recommendations nine and ten. The chair explained he had devised recommendation five in response to comments that sometimes frail elderly residents may have been treated a little roughly on occasions and complaints that sometimes staff do not speak English adequately. A member responded that all staff should meet these standards under current requirements anyway, and a more important issue is the level of staffing. The chair pointed out the strong evidence in the questionnaires to support recommendations five and six.
- 5.7 The chair commented that recommendations eight and nine are to ensure that reports done by LINK and the Lay Inspectors and are seen by the appropriate health and adult care scrutiny committee and that they are responded too by senior management.
- 5.8 Members agreed to strengthen recommendation ten, so that the proposed leadership network would meet at least quarterly.
- 5.9 Members noted that one of the best times for Lay Inspectors to visit care homes is

at 10pm. Friends and families also often want to be able to visit in the evenings. The committee agreed to add an additional recommendation eleven, advocating flexible visiting times.

## RESOLVED

A summary of the recommendations is below, with changes in ***bold italics***:

### **Recommendation 1**

That the council works with other local authorities to monitor the financial viability of the company(ies) that own and operate care homes in the borough on an annual basis, ***or more frequently as required.***

### **Recommendation 2**

That the council work with other local authorities to lobby central government to widen the scope of the Care Quality Commission or Monitor's remit to include oversight of the financial viability of care home providers.

### **Recommendation 3**

That the council conduct an assessment of a provider ***before or*** immediately after a change of operator/ownership occurs (e.g. now that Terra Firma have taken over from Four Seasons).

### **Recommendation 4**

That the council works with the operators of the care homes to ensure residents and their families receive timely and accurate information of any future changes in ownership, clearly setting out what has changed, what remains the same and where residents/family members can go for further information.

### **Recommendation 5**

To drive continued improvements in care standards it is recommended that the council works closely with Southwark LINK, SPAG and the lay inspectors to continually monitor the standard of care and receive an alternative point of view.

### **Recommendation 6**

That the HASC is sent copies of all future inspection reports from the lay inspectors, and the formal responses from the strategic director/contract management team and where appropriate from the registered care home manager.

### **Recommendation 7**

That reports generated by Southwark LINK be submitted to the Director of Adult Social Care, the Cabinet Member and the management of the home concerned and that a formal response is provided with a timetable for rectifying any deficiencies found, and that the HASC is sent copies of any such correspondence.

### **Recommendation 8**

That a 'leadership network' is established. This would be a forum where care home and residential home managers and relevant staff from the council can meet ***at least a quarterly*** basis to share best practice.



**Recommendation 9 (moved)**

That the care home managers ensure staff are sufficiently trained to handle residents with the appropriate level of care and that staff members' English skills reach the required standard.

**Recommendation 10 (moved)**

That the care home providers (monitored by the council) produce timely bills to residents and their family members and to ascertain whether there are any issues to be addressed arising from the move to personal budgets.

**Recommendation 11**

***Visiting times for family, friends and lay inspectors should be flexible***

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](mailto:kingshealthpartners@kcl.ac.uk)

# King's Health Partners Possible Developments...



## The challenges confronting the UK healthcare system:

- Improving service quality while reducing costs
- Redesign of patient pathways
- Shifting emphasis from treatment to prevention
- Empowering people to manage their own health
- Accelerating the translation of research into patient benefit

# The local population – focus on local health needs and reducing inequalities

Health Indicator	Lambeth	Southwark	Lewisham	Greenwich	Croydon	Bromley	Bexley
Binge drinking adults	Worse than London average	Worse than London average	In line with London average	In line with London average	Better than London average	Better than London average	Better than London average
Deaths from smoking	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Better than London average	Better than London average	Better than London average
Drug Misuse	Worse than London average	Worse than London average	Worse than London average	Better than London average	In line with London average	Better than London average	Better than London average
Early deaths: Cancer	Worse than London average	Worse than London average	Worse than London average	Worse than London average	In line with London average	Better than London average	Better than London average
Early deaths: Heart disease & stroke	Worse than London average	Worse than London average	Worse than London average	Worse than London average	In line with London average	Better than London average	Better than London average
Healthy eating adults	Better than London average	In line with London average	In line with London average	Worse than London average	In line with London average	Better than London average	Worse than London average
Hospital stays due to alcohol	Worse than London average	Worse than London average	Worse than London average	In line with London average	Better than London average	Better than London average	Better than London average
Infant Mortality	Worse than London average	Worse than London average	Better than London average	In line with London average	Worse than London average	Better than London average	In line with London average
Life expectancy	Worse than London average	Worse than London average	Worse than London average	Worse than London average	In line with London average	Better than London average	Better than London average
Mental Illness	Worse than London average	Worse than London average	Worse than London average	Worse than London average	In line with London average	Better than London average	Better than London average
Obese Adults	In line with London average	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Better than London average	Worse than London average
Obese Children	Worse than London average	Worse than London average	Worse than London average	Better than London average	Worse than London average	Better than London average	Better than London average
Physically active adults	Better than London average	In line with London average	In line with London average	Worse than London average	In line with London average	In line with London average	Worse than London average
Teenage Pregnancy	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Better than London average	Better than London average
Tuberculosis	Worse than London average	Worse than London average	Better than London average	In line with London average	Better than London average	Better than London average	Better than London average
Violent Crime	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Better than London average	Better than London average	Better than London average

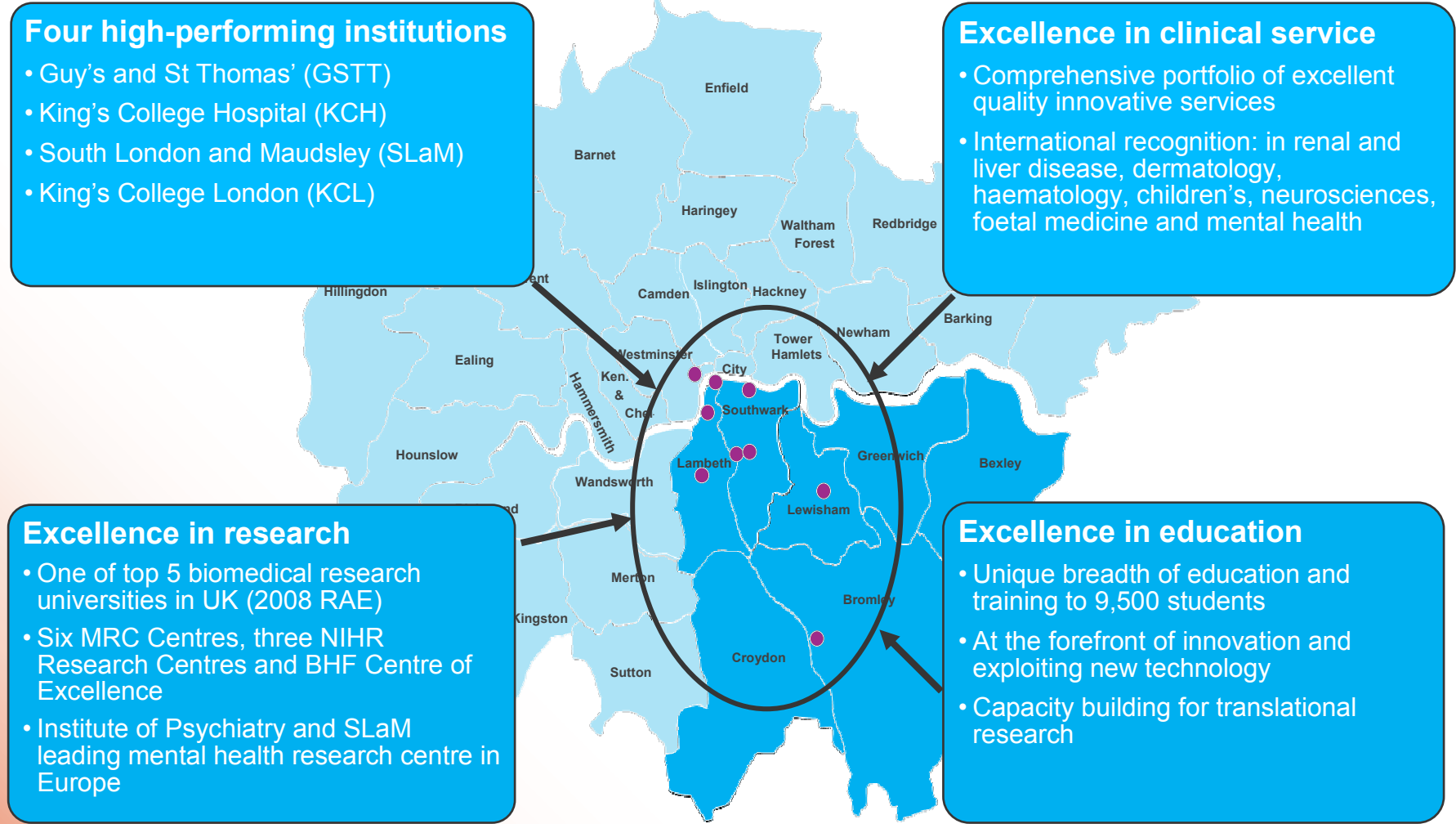


Source : Department of Health  
Community Health Profiles 2008

**Key**

- Worse than London average
- In line with London average
- Better than London average

# The Academic Health Sciences Centre, since 2009



# The structure – Clinical Academic Groups

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The key building blocks of the AHSC



- All clinical services and translational research
- Strategy for delivery of the tripartite mission
- Devolved budgets



# The vision

## Benefits for patients

The past	The future
Four independent organisations with different visions and investment priorities	Partnership with integrated leadership, shared purpose and investment priorities
Lack of integration of clinical, research and education due to organisational barriers	CAGs responsible for developing and delivering the tri-partite mission
Long translational cycle time with low levels of patient participation in research	Shorter translational pathways delivered through our new research infrastructure
Slow adoption of innovation and best practice locally, nationally, internationally	Faster and wider dissemination of knowledge through the Education Academy
Focus of clinical and academic resources on treating ill-health in a hospital setting	Increased resources invested in prevention and on delivering care in the community
General poor health of our local population with wide inequalities in health and access	Reduced inequalities, better health through most up-to-date treatments to patients
Fragmented health and social care services with high numbers of hospital admissions	Joined-up care, designed around the needs of patients

## We have a unique opportunity to create a UK global top 10 health organisation:

- Delivering improved local healthcare that meets waiting standards and is financially sound
- Integrating physical and mental healthcare
- Increasing the number and the quality of specialist services
- Undertaking high impact research that delivers rapid benefit to patients
- Training the health professionals of the future

### Built on:

- A successful AHSC of three successful Foundation Trusts and a high performing university where health accounts for most of the research
- A drive and vision for excellence in treatment, research, education and training

## Looking at the case for creating a single academic healthcare organisation

Strategic Outline Case to be considered by King's Health Partners, the Trusts and King's College London in June/ July

Workstreams including:

- New models of care – improving local services, better integration between community and hospital and across health and social care
- Clinical/ academic working
- Organisational form and operating model

## Will not proceed unless:

- A single organisation is shown to be the best way to accelerate the benefits we have seen already
- No better way of achieving opportunity
- Responsive to local communities, meets local needs
- Key measures on quality, finance and waiting exceed standards
- Devolved accountability, yet able to deliver

## No decision has been taken yet

## **Proposal to develop a Specialist Older Adults Home Treatment Team**

### **Purpose of Report**

The Mental Health of Older Adults & Dementia (MHOA) service in the South London and Maudsley NHS Foundation Trust has been reviewing its current services with a view to improving the way they can respond to increasing patient need and meet the challenges of the current financial environment. This review has led the service to consider establishing a Home Treatment model, which if successful will have the combined benefits of providing care closer to home for our patients and reducing the need for extended periods of inpatient admission in the acute assessment wards at the Maudsley Hospital.

This proposal has been discussed with health and social care commissioners in Lambeth and Southwark and it has been agreed to pilot this model during 2012/13 to evaluate whether the benefits from this service development are material.

This pilot service has been established during May and June 2012 and has started working with service users. The formal evaluation will be reviewed by a programme board consisting of key stakeholders from both Lambeth and Southwark which will include service users, carers and voluntary organisations.

### **Why the need for change?**

Currently services provided for Southwark residents by the MHOA service comprises of access to acute inpatient beds in the Maudsley Hospital and access to 2 community mental health teams. The service also provides specialist psychiatric liaison support to both St Thomas's and Kings hospitals, a Memory Assessment service and access to NHS continuing care.

The community mental health teams only operate Monday to Friday during office hours. In reviewing the community service an evaluation by the service carried out in 2010 included conversations with patients and carers to hear about their experiences of the service. These stories demonstrated that older people with mental health difficulties sometime experience crises that require assertive and intensive input from the MHOA services. Patients and carers reported if given the choice that they would rather remain at home than to be admitted to hospital. They also commented that an area of unmet need is when they are not able to contact MHOA community services either in the evenings and weekends. The service therefore concluded that current service model we provide sometimes responds to such crises by admitting patients to the acute beds at the Maudsley Hospital because community services are not always available and that if there was a different model of service applied some admissions may be avoided. The service has also reviewed its inpatient activity and found that 25% of all patients admitted on the wards are then discharged into continuing care and the prominent reason for this is that their ability to function independently has been compromised by prolonged stay in hospital.

The introduction of Home Treatment and Crisis Resolution Teams was one of the key elements in the 1999 National Service Framework for mental health and the NHS plan (2000) made the provision of these services a national priority. Home Treatment Teams therefore provide acute care for service users living in the community and experiencing a severe crisis requiring emergency treatment that would traditionally be provided via admission to an inpatient ward. The MHOA service concluded that if such a team was developed to serve its patients, it would provide a better support to patients in their homes and also reduce admissions to the inpatient beds that may have been avoidable.

The service has also learned that Home Treatment Teams for older people have been introduced successfully in other parts of London and the UK and these have achieved the results outlined above. Having looked at these services the service is therefore interested in developing this as a proposal for service change in Lambeth and Southwark.

### **Current Inpatient Activity**

The current bed capacity available to Lambeth and Southwark equates to 38 beds and these are located in Aubrey Lewis 1 and Aubrey Lewis 2 wards at the Maudsley Hospital. The occupancy of these wards is approximately 80%, with approximately 4 admissions and discharges taking place a week. Aubrey Lewis 1 is currently in the process of being refurbished and therefore the ward has been decanted to the Bethlem Hospital while this programme of work is taking place.

A new Home Treatment Team service would be expected to provide capacity to divert approximately 80 admissions from Lambeth and Southwark annually. This will equate to 1.5 admissions a week. If this team was successful in reducing the number of admissions then the MHOA service would not require the current number of beds it is currently providing and this could lead to resources being freed up to support wider developments in mental health services for older people.

### **Scope of Service**

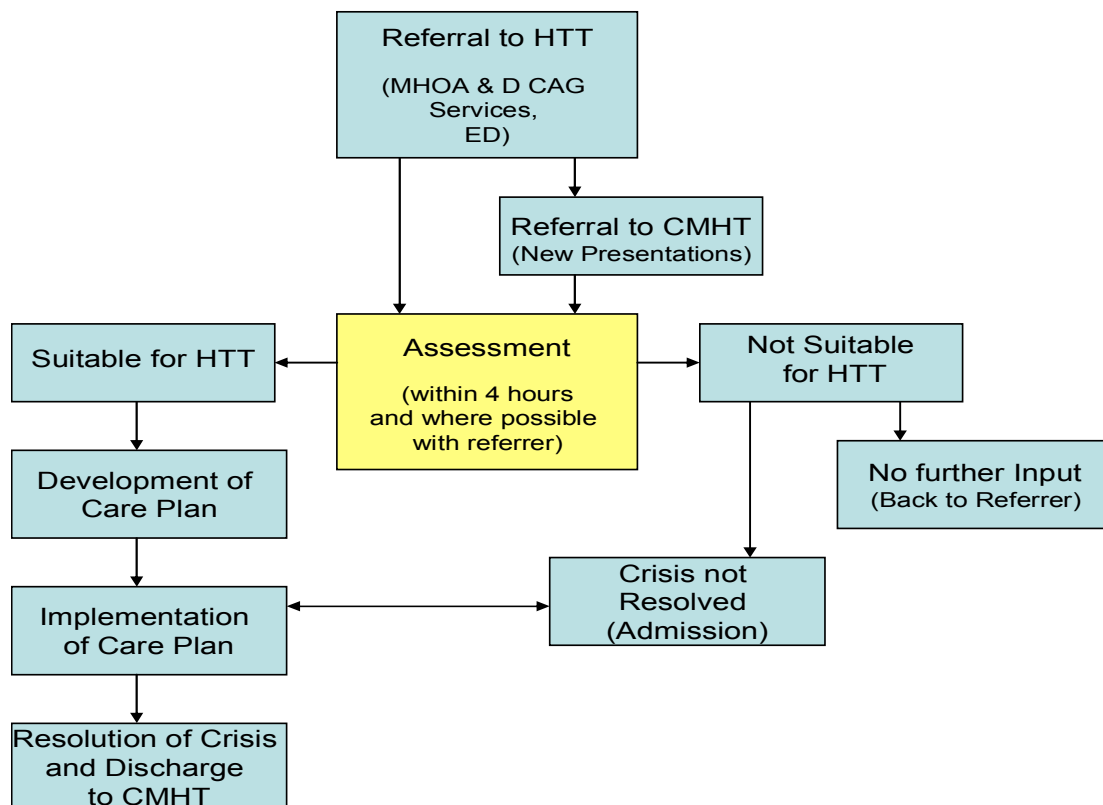
The MHOA service favours developing a team to extend to Lambeth and Southwark as this will allow greater economy of scale and coverage. If the model is accepted by commissioners then the Lambeth and Southwark Home Treatment Team will be a multidisciplinary service offering crisis assessment, home treatment and onward referral for the residents of Lambeth and Southwark.

We envisage that the service will consist of different disciplines including nursing, occupational therapy, psychology, senior medical staff, unqualified support workers and administrative staff. The function of the team should be to:

- Provide a safe and effective home based alternative to hospital admission for residents of the area defined as Lambeth and Southwark.
- Provide and be clinically responsible for 2 Clinical Decision Unit beds which will be based at the Maudsley Hospital.
- Provide rapid assessment and intensive planned care 7 days a week.
- Provide Bed Management for all Older Adult acute admission beds.
- Act as gatekeeper to all Lambeth and Southwark MHOA beds by ensuring that each person referred for inpatient care receives a comprehensive assessment before a final decision is reached as to eventual treatment location.

- Facilitate early discharge for inpatients and providing high intensity support in the community.
- Work co-operatively and collaboratively with service users, their families and carers, primarily in their place of residence, and encourage them to take an active part in the decision-making process regarding the care they receive.
- Recognise the pivotal role of family and carers and aim to provide them with or signpost them to the relevant support.
- Acknowledge the importance of a client's current and potential support system which can include the community as a whole as well as voluntary and statutory agencies. The team will engage and work within the client's support system when conducting assessments, providing ongoing care and when planning a client's discharge and aftercare from the service.
- Recognise that Lambeth and Southwark have a richly diverse population. The Team's aim will be to provide care that is constantly sensitive and appropriate to the clients' circumstances, gender, ethnicity, language and culture. Clients will be assisted in accessing specific services relevant to themselves and their individual needs.
- Remain relevant to both clients of the service and the Lambeth and Southwark mental health system for older adults as a whole. For this reason, the team will encourage ongoing dialogue and feedback with individuals and organisations which will assist in shaping the team's operation and activity.
- Comprise of staff members from a variety of professional backgrounds, each possessing specific knowledge and expertise. The team will share such knowledge and expertise without recourse to professional boundaries, thus supporting safe, coherent and comprehensive care.

A pathway for the management of crisis referrals by the pilot team is as follows:



## **Emergency Inpatient Admissions**

The MHOA service is aware that the Home Treatment Team will not be in a position to stop all admissions to acute beds and there may be infrequent occasions when the number of beds available will not meet demand in times of severe pressure on clinical teams. As part of the implementation of the new model the service will ensure that access to acute inpatient beds will be available. This will be through providing access to remaining MHOA inpatient units at the Bethlem Hospital and the Ladywell Unit at University Hospital Lewisham. The impact on any variance in emergency admission will be reviewed through the programme boards.

## **Stakeholder Engagement**

As outlined above, the Home Treatment pilot will be evaluated through a Programme Board consisting of representatives from NHS and Social Services commissioners, Social Services managers, clinicians from the MHOA service, and representatives from Kings and St Thomas's hospitals and the voluntary sector. In addition, there will be a separate service user and carers reference group which will provide input into the development of the pilot and any subsequent recommendations. The draft terms of reference for these groups are attached.

## **Equalities Impact Assessment (EIA)**

The service is in the process of developing an EIA and this document will be updated and reviewed as part of the ongoing monitoring of the pilot and any subsequent recommendations that come out of the pilot and review. The full EIA will be available to support any recommendations stemming from the outcome of the pilot.

## **Conclusion**

The proposal to develop a Home Treatment Team for Lambeth and Southwark represents an opportunity to improve the service that the MHOA service provides for patients in Lambeth and Southwark. Through the development of this service, it is intended that rather than being admitted into hospital, service users will be provided with intensive interventions aimed at maintaining them in the community at the earliest opportunity.

This service will be piloted in 2012/13 and information gained from this review will inform NHS commissioning decisions and service delivery.

David Norman  
Service Director  
Mental Health of Older Adults & Dementia



**Mental Health of Older Adults and Dementia**

**Clinical Academic Group (CAG)**

**Terms of reference for Pilot Home Treatment Team**

**Project Evaluation**

**Background**

Lambeth and Southwark Clinical Commissioning groups have both agreed to pilot a Home Treatment Team (HTT) as a pilot project for a minimum of twelve months commencing in 2012. Several studies have shown within working adults that unnecessary admissions were avoided and lengths of stay reduced when home treatment services were introduced (National Audit Office 2007). From a report commissioned by the MHOA&D CAG in 2010, it was noted that SLAM older adult wards had a higher length of stay (90 days) compared to the national average (60 days).

The proposed service will be part of the new Integrated Care pathway between inpatient and community services. It will aim to keep older people with mental health issues in “their own life “and managed in their own homes whenever possible.

The aims of the project will reduce psychiatric admissions by providing a range of interventions in an individual’s home and offer an alternative to a hospital admission. The team will also facilitate earlier effective discharge from hospital. This service will also promote independence consistent with a recovery approach for this service group.

The main scope of the work of the Reference Group will be the evaluation of the Home Treatment pilot and the enhanced rapid response service.

In evaluating the success of the new services their impact on numbers of hospital admissions and length of stay of patients on psychiatric acute wards. The evaluation will also look at the impact on community, primary care and social care providers and Emergency Departments.

**Timescales**

A robust system for data collection and performance monitoring will be established to track the impact of the new services from their ‘go live’ date with a full evaluation to be completed before the end of September 2013

**Purpose of the evaluation will include:-**

- To review activity of the Home treatment Team
- Impact on number of emergency admissions and readmission
- Impact on other services including social care and primary care and emergency care

- Service user feedback
- Case studies/scenarios of what happened to patients as opposed to what would have happened without the use of HTT
- Impact on length of stay on a psychiatric inpatient units
- Views of other stakeholders e.g. CMHTs , Inpatient Services GPs, Emergency Departments ,Adult social care, other referrers
- Clinical outcomes including patient safety

The purpose of the group will be:-

- To ensure KPIs are in place for Home Treatment
- To agree evaluation measures and process
- To ensure processes are in place to collect and collate data
- To have oversight of performance
- To oversee the work of service
- To receive updates of the team activity and issues raised by the service
- To receive reports from service user reference group

**Overseen by project evaluation group comprising:-**

The project evaluation team will be chaired by Cha Power, Deputy Director of Community Services in SLAM and members will be drawn from a number of partner organisations as follows.

<b>Name</b>	<b>Organisation</b>
Liz Clegg	Lambeth Commissioning
Cha Power	Deputy Director Slam
Durand Darougar	Service Manager, MHOA Community
Andy Loxton	Southwark Health and Social Care
Dr Alice Mills	MHOA Psychology Leading the evaluation process
Vanessa Smith	Lead Nurse Slam
Nuala Conlon	User Participation Lead SLAM
Gordon Robertson	Southwark Commissioning
Dr Raj Mitra	Lambeth Clinical Commissioning Group
Bryony Sloper	Kings College Hospital
TBC	Representative from Guys & St Thomas's Hospital

Ray Boyce	Southwark Health and Social Care
Dr Alice Roberts	Inpatient Consultant

**Mental Health of Older Adults and Dementia**

**Clinical Academic Group (CAG)**

**Terms of reference Pilot Home Treatment Team User and Carer  
Participation Group**

**Background**

Lambeth and Southwark Clinical Commissioning groups have both agreed to pilot a Home Treatment Team (HTT) as a pilot project for a minimum of twelve months commencing in 2012. Several studies have shown within working adults that unnecessary admissions were avoided and lengths of stay reduced when home treatment services were introduced (National Audit Office 2007) . From a report commissioned by the MHOA&D CAG in 2010 , it was noted that SLAM older adult wards had a higher length of stay (90 days) compared to the national average (60 days) .

The proposed service will be part of the new Integrated Care pathway between inpatient and community services. It will aim to keep older people with mental health issues in “their own life “ and managed in their own homes whenever possible.

The main scope of the work of the User Group will be to provide feedback and advice in the development of Home Treatment pilot and the enhanced rapid response service.

The group will also look at information provided by the team and review any testimony by users of the service.

**Timescales**

Following a scoping exercise the service pilot will go live in June 2012

**Purpose of the group will include:-**

- To review activity of the Home treatment Team
- Impact on other services including social care and primary care
- Review service user feedback
- To oversee the work of service
- To receive updates of the team activity and issues raised by the service

**Overseen by project evaluation group comprising:-**

<b>Name</b>	<b>Organisation</b>
Nuala Conlon	User participation Lead SLAM
Cha Power	Deputy Director Slam
Durand Darougar	Service Lead
Emma Porter	Team Leader
Dr Alice Mills	Slam Leading on the evaluation process
Helen Kelsall	Inpatient Manager
Tom White	Southwark Pensioners Action Group
TBC	Lambeth LINK
TBC	Southwark LINK
Carers Representatives	
Service User Representatives	

**Frequency of meetings**

Meetings will be established bi-monthly until December 2012 and then will be reviewed.



Clr Mark Williams  
Southwark Council, 160 Tooley Street, SE1 2TZ.  
Clr Ed Davie  
Lambeth Town Hall, Brixton Hill, SW2 1RW.

Date: 27 June 2012

SLaM: Consultation on Changes to Psychological Therapy Services

Dear Zoe Reed

Thank you for attending the 16 May joint meeting of Lambeth and Southwark health overview and scrutiny committees. We are getting back to you with the committees' recommendations and requested timelines for a response.

The first two recommendations were that:

1. SLaM management and staff meet once more to resolve differences over the delivery of different modalities and invite representatives from these professional bodies to attend: British Psychoanalytic Council and UK Council for Psychotherapy.
2. SLaM is given time to adequately digest the concerns raised during the consultation event held earlier that day, via the written submissions and at the scrutiny meeting and that these concerns be reflected in the final consultation proposals.

The committee would appreciate a response on the above by **6 July**. On the first recommendation, we would like to know if the meeting did take place and any outcome. For the second recommendation, it would be useful to understand how you have captured the consultation feedback and how this influenced the final model.

There were five more recommendations and requests for information, outlined below. We would like feedback on these by **3 September**, ready for our autumn cycle of meetings.

1. That SLaM set out and agree an action strategy for ongoing consultation and evaluation of the Psychological Therapy Service with LINKs, Southwark and Lambeth Clinical Commissioning Committee, and any other relevant service user bodies and stakeholders. The evaluation framework should ensure that SLaM has a clear idea of what constitutes success and how staff and services users will feed into the evaluation, particularly service users with complex needs.

The evaluation should ensure that data is captured on:

- Clinical outcomes
- Waiting times
- Activity levels
- Patient-Reported Outcome Measure (PROMs)

2. SLaM Psychological Therapy Service and Lambeth and Southwark council services, such as housing and social care, build effective links.
3. Service users awaiting treatment be given clear information at entry stage on waiting times, support services and what type of service they will be receiving. Issues of access by BME individuals, and particularly late access, are followed up, potentially as part of the monitoring framework.
4. Note that concerns remain about Honorariums, and the following information is requested:
  - The number of individual honorariums, their clinical specialisms, the amount of patients seen and the level of therapeutic hours delivered over the last two years.
  - The anticipated reduction as a result of this reorganisation on the modalities delivered, numbers of Honorariums, patients seen and therapeutic hours delivered.
  - The level of qualifications of Honorarium supervisors in the new proposed structure and clarify with the UK Council of Psychotherapy on the level of accreditation required.
5. Concern was raised about unequal provision between Southwark and Lambeth; details are requested on the availability of different modalities in the different boroughs and how a high level of can be guaranteed in both boroughs.

Southwark Council have established a new scrutiny sub committee: Health, Adult Social Care, and Communities & Citizenship Scrutiny Sub-Committee. The membership remains largely the same. This will meet for the first time on 9 July and for the second time on 18 September. Lambeth Council's Health and Adult Services Scrutiny Sub Committee next meets on 11 July and then 23 October.

If you would like further clarification, or to discuss the contents of this letter, please get in touch with Julie Timbrell, Southwark scrutiny project manager or Elaine Carter, Lambeth lead scrutiny officer, in the first instance.

Yours sincerely



Councillor Mark Williams  
Chair, Southwark Council's Health, Adult Social Care,  
Communities & Citizenship Scrutiny Sub-Committee.



Councillor Ed Davie  
Chair, Health and Adult Services Scrutiny Sub Committee, London Borough of Lambeth

Please copy your response to Julie Timbrell [Julie.Timbrell@southwark.gov.uk](mailto:Julie.Timbrell@southwark.gov.uk) and Elaine Carter [Ecarter@lambeth.gov.uk](mailto:Ecarter@lambeth.gov.uk)

South London and Maudsley NHS Foundation Trust  
Trust Headquarters  
Maudsley Hospital  
London  
SE5 8AZ

Telephone: 020 322 82435

Cllr Mark Williams  
Chair, Southwark Health, Adult Social Care, Communities and Citizenship  
Scrutiny Sub-Committee  
160 Tooley Street  
London SE1 2TZ

26<sup>th</sup> June 2012

Dear Cllr Williams

### **SLaM's Forward Planning Roundtables**

I discussed the idea of organising a roundtable event to support the forward planning of our services in Southwark when you visited us earlier in the year. I thought it might be helpful if I provided you with some more information about how we think the roundtable events might work. Whilst I have not structured these ideas into formal terms of reference I hope this letter gives you sufficient information to work with us in developing this approach.

At SLaM, we are committed to working closely and collaboratively with our key partners in developing our Forward Plan. An aspect of this is to deliver the redesign and improvements required as part of the NHS QIPP (Quality, Innovation, Productivity and Prevention) Programme. Our plans are of course developed closely with our commissioners.

We envisage sharing our thoughts at the roundtable event including the themes from SLaM's Forward Plan and our immediate and longer term financial projections. Our plans are at different stages of development and we would really value early input which will enable us to then move into detailed design based on stakeholder's advice and guidance. The Roundtable discussion will offer an opportunity for our key partners to help shape our plans for the benefit of all our local communities including working with us to identify areas which require further work and development. The role of Overview and Scrutiny is crucial here in helping us think through successful approaches to complex redesign and service changes. Partners in the Borough will of course have their own service changes and again their view on the interface between our respective plans would be valuable to us as we shape our plans.



We envisage inviting a range of external stakeholders. From the Council we would like to invite yourself and others from the Overview and Scrutiny Committee, Health and Wellbeing Board, Cabinet member for Health and Adult Social Care and your representative on our Members Council. Commissioner invitees would include those from the NHS - Clinical Commissioning Group and Business Support Unit – and the Council. LINK representation would also be extremely valuable as would representation from other specific non-governmental/voluntary and community organisations.

Ideally we would like the SLaM Forward Planning Roundtables to be held in September. We are currently working to develop them in all 4 of the local boroughs we serve and Lambeth OSC have offered 10<sup>th</sup> and 12<sup>th</sup> of September so I'd be grateful if you would please avoid those dates.

I would be pleased to hear your thoughts on our proposal and look forward to working with you. Given the significance of the Council involvement we thought it best to start with your diary and then to offer the dates you are able to earmark to other stakeholders in the Borough. I would therefore be extremely grateful to hear from you soon.

With best wishes

Yours sincerely

Zoe

Zoe Reed  
Executive Director Strategy and Business Development

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

**MUNICIPAL YEAR 2012-13**

**AGENDA DISTRIBUTION LIST (OPEN)**

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

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<b>Other Members</b>		Paul Green, Liberal Democrat Office	1
Councillor Peter John [Leader of the Council]	1	Julie Timbrell, Scrutiny Team SPARES	10
Councillor Ian Wingfield [Deputy Leader]	1	<b>External</b>	
Councillor Dora Dixon-Fyle [Health & Adult Social Care]	1	Local History Library	1
Councillor Catherine Bowman [Chair, OSC]	1	Rick Henderson, Independent Advocacy Service	1
<b>Health Partners</b>		Tom White, Southwark Pensioners' Action Group	1
Stuart Bell, CE, SLaM NHS Trust	1	Southwark LINK	1
Patrick Gillespie, Service Director, SLaM	1	<b>Total:</b>	<b>51</b>
Jo Kent, SLAM, Locality Manager, SLaM	1	<b>Dated:</b> June 2012	
Marian Ridley, Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1		
Phil Boorman, Stakeholder Relations Manager, KCH	1		
Jacob West, Strategy Director KCH	1		
Julie Gifford, Prog. Manager External Partnerships, GSTT	1		
Geraldine Malone, Guy's & St Thomas's	1		