

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

Wednesday 1 May 2013

7.00 pm

Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Mark Williams (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Denise Capstick
Councillor Norma Gibbes
Councillor Rebecca Lury
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

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

Babysitting/Carers allowances If you are a resident of the borough and have paid someone to look after your children, an elderly dependant or a dependant with disabilities so that you could attend this meeting, you may claim an allowance from the council. Please collect a claim form at the meeting.

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Contact

Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 23 April 2013



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

Wednesday 1 May 2013

7.00 pm

Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

Order of Business

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	PART A - OPEN BUSINESS	
1.	APOLOGIES	
2.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	MINUTES	
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	'Register of Interests' is attached.	
6.	PRESSURE ULCER FOLLOW UP REPORTS AND PRESENTATIONS	
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**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE
START OF THE MEETING.**

PART B - CLOSED BUSINESS

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

Date: 23 April 2013

Register of Interests

NHS Southwark CCG's Register of Interests and is made publicly available at the Governing Body meetings of the CCG and can be found at <http://www.southwarkccg.nhs.uk/about/Governance/Pages/ConflictofInterest.aspx>

The register is maintained by CCG Governance team (contact Sheetal Mukkamala, Corporate Governance Manager sheetal.mukkamala@nhs.net).

The register is constructed in line with the CCG's Constitution and Conflicts of Interest Policy which can be found at <http://www.southwarkccg.nhs.uk/about/Governance/Pages/ConflictofInterest.aspx>

The register contains details of all members of the CCG's formal committees and the Governing Body itself. The interests of those individuals that are in attendance only will be captured in the minutes of the meeting concerned unless those in attendance are employees of the CCG or the South London Commissioning Support Unit (the arrangements for those individuals are addressed by their contract of employment and their Job description)¹ who are not members of the committee in question.

Name (Last / First)	Position Held	Declaration of Interest	Membership								Date Reviewed	
			Governing Body	Audit	Remuneration	Integrated Governance & Performance	Strategy	Engagement & Patient Experience	Senior Management Team	Dulwich Project Board		
Dr. Bradford Adam	Clinical lead, Governing Body	<ul style="list-style-type: none"> GP Partner at East Street GP Practice LMC member- £85 per meeting paid SELDOC GP member Quay Health Solutions, a not-for-profit Community Interest Company (CIC)], Practice is a shareholder. 	✓			✓	✓					7 Mar 13

¹ All attendees at CCG meetings will be asked to indicate any change to the available register of interests and where attendees are CCG or SLCSU employees they will be asked to declare any interests relating to the agenda.

Name (Last / First)	Position Held	Declaration of Interest	Membership								Date Reviewed	
			Governing Body	Audit	Remuneration	Integrated Governance & Performance	Strategy	Engagement & Patient Experience	Senior Management Team	Dulwich Project Board		
Dr. Durston Roger	Clinical lead, Governing Body	<ul style="list-style-type: none"> Principal in General Practice in Camberwell - 14% profit share value around £80k. SELDON GP member Forensic Medical Examiner: remuneration £50-£65 per call /£40k pa. Patient at a Lambeth GP practice 	✓			✓					✓	7 Mar 13
Dr. Fradd Simon	Clinical lead, Governing Body	<ul style="list-style-type: none"> Non Exec & Exec Director of Concordia Health & Concordia Health Group; personal & family members shareholding > 5% Director and major shareholder of Health Workforce (staffing agency) Director: Making Sense of Health Major shareholder and company secretary of Canary Hall (A property company owning one GP premises in Nottingham) Trustee of Ronald Macdonald Children's Charities: provides accommodation for families of children in hospital Consultant to Tunstall Health, telehealth systems SELDON GP member Member of Self Care Board 	✓	✓			✓					7 Feb 13

Name (Last / First)	Position Held	Declaration of Interest	Membership								Date Reviewed
			Governing Body	Audit	Remuneration	Integrated Governance & Performance	Strategy	Engagement & Patient Experience	Senior Management Team	Dulwich Project Board	
Dr. Heaversedge Jonty	Clinical lead, Governing Body	<ul style="list-style-type: none"> Partner Walworth Partnership comprising Manor Place & Sir John Kirk Close surgeries- 20%share Work in the media both broadcast and print - related to work as a medical practitioner and not a health care commissioner. Quay Health Solutions, a not-for-profit Community Interest Company (CIC)], Practice is a shareholder. SELDOC GP member Contributes to campaigns and conferences on an ad hoc basis which may be sponsored by pharmaceutical companies 	✓				✓	✓			7 Feb 13
Dr. Holden Patrick	Clinical lead, Governing Body	<ul style="list-style-type: none"> GP partner at Surrey Docks Health Centre - 22% profit share SELDOC GP member Quay Health Solutions, a not-for-profit Community Interest Company (CIC)]. Practice is a shareholder – I am the nominated shareholder but neither I nor my partners hold any office in the organisation. 	✓	✓				✓			7 Mar 13

Name (Last / First)	Position Held	Declaration of Interest	Membership								Date Reviewed	
			Governing Body	Audit	Remuneration	Integrated Governance & Performance	Strategy	Engagement & Patient Experience	Senior Management Team	Dulwich Project Board		
Dr. Howell Sian	Clinical lead, Governing Body	<ul style="list-style-type: none"> Salaried GP at Bermondsey & Lansdowne Medical Mission 	✓				✓					7 Mar 13
Dr. Zeineidine Amr	GP Chair and Clinical Lead, Governing Body	<ul style="list-style-type: none"> GP partner Aylesbury Partnership [PMS]- 20% share Director Aylesbury Medical Services providing Community Dermatology in Southwark – 20% share SELDOC GP member Quay Health Solutions, a not-for-profit Community Interest Company (CIC), Practice is a shareholder. 	✓				✓	✓				7 Mar 13
Dr. Cliffe Jane	LMC Representative	<ul style="list-style-type: none"> GP with Special Interest – Dermatology SELDOC GP member 										7 Mar 13

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			Governing Body	Audit	Remuneration	Integrated Governance & Performance	Strategy	Engagement & Patient Experience	Senior Management Team	Dulwich Project Board		
Drake Linda	Registered Nurse Member of Governing Body	<ul style="list-style-type: none"> Practice Nurse Elm Lodge Surgery - salaried 15 hours Management Group member Southwark GP Commissioning Group Southwark Diabetes Community Team – Practice Nurse Champion Husband is Consultant Paediatrician GSTT (Evelina Children’s Hospital) Practice Nurse Elm Lodge Surgery Sister is a health care assistant at Elm Lodge Surgery. 	✓				✓					7 Feb 13
Prof. David Ami	Registered Nurse Member of Governing Body	<ul style="list-style-type: none"> Director - Prasad International Ltd, a registered company offering consultancy on risk management to healthcare organisations AD Community Nursing Consultancy - a subsidiary of Prasad International Ltd offering consultancy services to NHS and private health care organisations and the Royal College of Nursing. Non – Executive Director Medway Community Health Care CIC Registered Nurse Member Lewisham and Lambeth CCGs 	✓									3 Apr 13

Name (Last / First)	Position Held	Declaration of Interest	Membership								Date Reviewed	
			Governing Body	Audit	Remuneration	Integrated Governance & Performance	Strategy	Engagement & Patient Experience	Senior Management Team	Dulwich Project Board		
French Diane	Lay member Governing Body	<ul style="list-style-type: none"> Executive Director Richmond Fellowship (not for profit provider of mental health services – not in Southwark) Board member of subsidiary organisation 2Care. 	✓	✓	✓		✓					7 Mar 13
Gibbs Richard	Lay member and Deputy Chair, Governing Body Conflicts of Interest Guardian	<ul style="list-style-type: none"> Associate Consultant with Public Health Action Support Team (a public health consultancy), involvement with PHSAT work in SE London. Freelance management consultant in field of healthcare information and analysis Trustee of Pembroke House (a charity in Walworth) 	✓	✓		✓	✓					7 Mar 13
Park Robert	Lay member Governing Body	<ul style="list-style-type: none"> Trustee of Cambridge House (Cambridge House has contracts from health & social care commissioners of the order of £2-300k) 	✓	✓		✓	✓	✓	✓		✓	7 Mar 13

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			Governing Body	Audit	Remuneration	Integrated Governance & Performance	Strategy	Engagement & Patient Experience	Senior Management Team	Dulwich Project Board			
Dr. Das Suparna	Clinical Lead - Secondary Care Consultant, Governing Body	<ul style="list-style-type: none"> Consultant Anaesthetist South London Healthcare (until end June 2013) Director E3 Intelligence Ltd(Healthcare Consultancy) Shareholder E3 Intelligence (Shareholdings more than 5%) 	✓									9 Apr 13	
Dr. Moxham John	Director of Clinical Strategy King's Health partners	<ul style="list-style-type: none"> Consultant Physician and Professor of respiratory medicine, KCH Chair of Board of Trustees, Action on Smoking and Health King's Health partners receives substantial research funding/grants 	✓										7 Mar 13
McClinton Sarah	Director of Adult Social Care, Southwark Council	<ul style="list-style-type: none"> Deputy Director for Adult Social Care at Southwark Council 	✓										7 Mar 13
Bland Andrew	Chief Officer	<ul style="list-style-type: none"> None 	✓				✓	✓	✓	✓	✓	✓	7 Mar 13

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			Governing Body	Audit	Remuneration	Integrated Governance & Performance	Strategy	Engagement & Patient Experience	Senior Management Team	Dulwich Project Board	
Hines Malcolm	Chief Finance Officer and Deputy Chief Officer	<ul style="list-style-type: none"> Honorary Chair London Audit Consortium who hold an internal audit contract with Southwark- NO REMUNERATION 	✓	✓	✓	✓	✓	✓	✓	✓	7 Mar 13
Wallis Ruth	Director of Public Health, Lambeth and Southwark	<ul style="list-style-type: none"> None 	✓			✓					7 Mar 13
Hooton Tamsin	Director of Service Redesign	<ul style="list-style-type: none"> Health Foundation & Generation Q Award – Value £5K 	✓			✓	✓	✓	✓	✓	7 Mar 13
Kennedy Gwen	Director of Client Group Commissioning	<ul style="list-style-type: none"> Lions International Volunteer, Haywards Heath Lions- involved in fundraising activities for local, national and international projects and service duties for the local community. 	✓			✓	✓	✓	✓	✓	7 Mar 13

Name (Last / First)	Position Held	Declaration of Interest	Membership								Date Reviewed
			Governing Body	Audit	Remuneration	Integrated Governance & Performance	Strategy	Engagement & Patient Experience	Senior Management Team	Dulwich Project Board	
Silverman Barry	Borough and Walworth Locality Participation Group member	<ul style="list-style-type: none"> Trustee/Director Blackfriars Settlement Governor GSTT NHS Foundation Trust Member London Regional Committee National Institute for Health Research [Research for Patients' Benefit Programme] 				✓	✓	✓			7 Mar 13
Swann Kieran	Head of Planning and CCG Performance	<ul style="list-style-type: none"> None 				✓	✓		✓		9 Apr 13
Charing Gabrielle Eve	Lay member development programme: non-voting member of the Dulwich Project Board	<ul style="list-style-type: none"> Chair of Southwark Lesbian, Gay, Bisexual & Transgender (LGBT) Forum Joint Chair of the LGBT Network Registered patient of Forest Hill Road Group Practice. Member of the practice's Patient Participation Group. Representative at the Dulwich & Nunhead Locality Meetings. Civil partner is employed by Oxleas NHS Foundation Trust as a principal family therapist in Bexley Child & Adolescent Mental Health Service. Member of the Labour Party. 								✓	15 Mar 13

Clinical Commissioning Group

Dr. McAdam-Freud Kathy	LMC representative	<ul style="list-style-type: none"> • GPwSI Diabetes. Support to practices as GP lead for diabetes Southwark Community Team • LMC Joint Chair for Southwark Clinical Lead for the DMI project (1 session / week) • GP lead in Diabetes for the Southwark Diabetes Community team (1.5 sessions/ week) 	✓								7 Feb 13	
Dr. Lloyd Claire	LMC representative	<ul style="list-style-type: none"> • LMC Joint Chair for Southwark Partner Evolution Health providing headache service • SELDOC GP member 	✓									7 Mar 13
EX-MEMBERS												
Dr. Bhatia Anu	Ex-clinical lead, Governing Body	<ul style="list-style-type: none"> • GP at Old Kent Road Surgery • No interests declared 										

Julie Timbrell
Project Manager
Scrutiny team
Southwark Council
PO BOX 64529
London, SE1P 5LX

23 April 2013

REF

Dear Julie

Thank you for your request dated 8th April with a query in relation to the **Southwark Safeguarding Adults Partnership Board Annual Report 2011-12 pg 40/41**. Southwark Council's Health Scrutiny Committee received the annual safeguarding report on 6th March and noted that there were no safeguarding alerts recorded from Acute Hospitals or Mental Health Inpatient Settings to Southwark Safeguarding in the year 2011/12 and the meeting of the 25th March requested an explanation for this to be received by 25th April.

As a provider organisation, Guy's and St. Thomas' NHS Foundation Trust is committed to safeguarding the welfare of adults at risk and children and continuously strives to improve their experience of health care. In addition to providing a full range of hospital services for our local communities of Southwark and Lambeth, and from April 2011 integrated community services, we also provide specialist services for patients from further afield, including cancer, cardiac, kidney, women's and orthopaedic services.

We are signed up to the London multi-agency policy and procedures to safeguard adults from abuse and our local policy and procedures are compliant with the London procedures. We have clear a policy and procedures for the management of all types of incidents that occur within the organisation involving patients, carers or visitors. This includes the Serious Incidents procedures, complaints procedures and Safeguarding Adults at Risk procedures which include how allegations against Trust staff are reported and managed. We have a designated Allegation officer and Allegation manager within the Trust.

DH (2010) guidance 'Clinical Governance and Adult Safeguarding: an integrated process', supports NHS organisations having robust arrangements to ensure that clinical governance and adult safeguarding are fully integrated, which is endorsed in the London Safeguarding Adults at Risk procedures.

Safeguarding Trust alerts are those concerns raised by a patient, carer or visitor regarding the behaviour of a member of Trust staff or a Trust service that has or may have caused harm to a patient or patients at risk. A safeguarding alert would be sent to Southwark Safeguarding if the allegation raised concerned an adult at risk, who is a Southwark resident, who has sustained significant harm as a result of acts of omission or commission by a Trust staff member or service.

There have been no incidents of which the Trust has knowledge that met the criteria for reporting to Southwark Safeguarding in 2011/12.

Possible reasons why there were no safeguarding Trust referrals to the Southwark local authority in the 2011/2012 financial year are listed and explained below:

- Any concerns raised about the misconduct of a member of Trust staff involving a patient who is not ordinarily resident in Southwark will not be reported to Southwark local authority. If the patient is of no fixed abode and raises an allegation the referral will go to Lambeth local authority as the head office of the Trust is situated in the borough of Lambeth.
- Any concerns raised against a member of Trust staff will be considered against the safeguarding requirements such as:
 - Is the patient a vulnerable adult or was he/she in a vulnerable situation, e.g., undergoing a procedure, acutely ill etc. when the alleged abuse took place
 - Did the patient sustain significant harm?
- Any allegations of abuse against a patient resident in Southwark, who is considered not to be an adult at risk of abuse may be investigated under another Trust procedure such as the complaints procedure, however the outcome of the complaints investigation may lead to further investigation through the disciplinary procedure, where we would then consider doing a safe guarding alert if it met the threshold.
- Any concerns of abuse of a patient who is a Southwark resident raised against a member of Trust staff which was considered not to have resulted in significant harm, may be investigated under the Serious Incident (SI) procedure which again as stated above may lead to an investigation under the disciplinary procedure, and a safe guarding alert raised if it met the threshold.
- A Southwark patient raising a concern of misconduct or neglect by a member of staff may choose not to involve others in the investigation. For example, the Southwark resident may request that she/he does not wish for social services or the police to be involved with the incident and if they have the capacity to make that decision, it is likely that the investigation will be conducted internally and the patient's wishes respected. This would of course depend on the seriousness of the concern and the wider public interest considerations. A crime will always be reported to the police and investigated using the multi-agency procedures.
- Patients and or carers who raise allegations about Trust staff will always be given an explanation of the multi-agency safeguarding procedures and their consent obtained to share information with other organisations.

We will continue to improve our services to patients and as part of that process review all policies and procedures in line with local and national policy. Both Lambeth and Southwark local authority will continue to be involved in the review of any safeguarding adults at risk policy and procedures.

To conclude we take our responsibilities very seriously and want to work with yourselves proactively to protect our most vulnerable patients. If you would like any further information please do not hesitate to contact me

Yours sincerely



Eileen Sills CBE
Chief Nurse and Director of Patient Experience

Safeguarding Adults Team

King's College Hospital
2nd Floor Jennie Lee House
34 Love Walk
London
SE5 8AD
Tel: 020 3299 9000
Fax: 020 3299 6496
Minicom: 020 3299 9009
www.kch.nhs.uk

Direct tel: 020 3299 1773

22 April 2013

Dear Councillor Williams

Southwark Health Scrutiny Committee – follow up information regarding safeguarding reporting.

At the last meeting of the Southwark Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee held 25 March 2013, Members requested additional information regarding the number of reported safeguarding alerts in Acute and Mental Health settings during 2011/2012.

You specifically referred to pages 40 and 41 of the Southwark Safeguarding Adults Partnership Board Annual Report 2011-12 which gives a breakdown of locations of abuse by age group.

To confirm King's College Hospital NHS Foundation Trust (KCH) had no safeguarding alerts raised against KCH staff in relation to any Southwark residents (whether in-patients, out patients, or day cases) during 2011-2012.

King's does raise safeguarding alerts for Southwark residents either when residents themselves disclose incidents of abuse that they have experienced outside hospital, or when KCH staff suspect that residents have experienced abuse outside hospital.

I hope this information gives clarity to your request. Should you require further information then please do not hesitate to contact me.

Yours Sincerely

Lindsay Batty-Smith

Lindsay Batty-Smith
Safeguarding Adults Lead



KING'S HEALTH PARTNERS

Scrutiny review proposal

1 What is the review?

Review theme : Public Health / Health inequalities

Focus: BME Psychosis: prevalence and access to services.

2 What outcomes could realistically be achieved? Which agency does the review seek to influence?

A reduction in the risk of BME community members developing Psychosis and improved access to treatment.

Agencies the review seeks to influence are :

The council

SLaM

Southwark Clinical Commissioning group

Partners on the Health and Wellbeing Board

3 When should the review be carried out/completed? i.e. does the review need to take place before/after a certain time?

Initial scoping will take place in the municipal year 2012/13. The new health scrutiny committee may chose to complete the review if they consider there is sufficient evidence to warrant a full investigation and they wish to prioritise this area of work .

4 What format would suit this review? (e.g. full investigation, Q&A with cabinet member/partners, public meeting, one-off session)

The first priority will be to establish a robust evidence base by requesting papers and comment form council officers, SLaM, Public Health, CCG and LINK / Healthwatch

5 What are some of the key issues that you would like the review to look at?

A clearer understanding of the prevalence of Psychosis amongst Southwark residents and its present treatment by SLaM.

International good practice in the prevention and treatment of Psychosis.

An initial exploration of the links to the wider social determinates of health and the development of Psychosis, in particular the very high level of Psychosis in Black BME communities.

An understanding of how agencies work together to tackle these and undertake preventative work.

The impact of welfare reform and economic difficulties on those at risk .

Existing reports done by the former LINK on the equality of access of the BME community to mental health services.

Clarity on why the Black BME community has a higher prevalence of Psychosis but is proportionally seen by mental health teams / IAPT and is under represented in Psychological Therapy Service (and if this is relevant).

Preventing physical ill health in people with Psychosis.

6 Who would you like to receive evidence and advice from during the review?

Initially : council officers, SLAM, Public Health, CCG and LINK / Healthwatch

A full review would seek the involvement of the wider community, including BME groups and groups involved with mental health advocacy and service delivery, both local, London wide and nationally.

7 Any suggestions for background information? Are you aware of any best practice on this topic?

SLAM will be asked to provide good practice from the Institute of Psychiatry

THE ABANDONED ILLNESS A report by the Schizophrenia Commission

8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Presentations and reports will be sought for the first stage.

Cllr Mark Williams
 Chair, Health, Adult Social Care, Communities
 & Citizenship Scrutiny Sub-Committee.
 Scrutiny Team
 160 Tooley Street
 London
 SE1P 5LX

Scrutiny Team
Direct dial: 020 7525 0514

4 April 2013

Dear Zoe Reed and Gwen Kennedy

Marina House

Southwark Council's Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee met on 6 March 2013 and discussed Marina House.

The committee would like clarity on a few issues. Firstly the committee understands that Mariana House was due to receive a grant for £95,000. Could you please clarify if this was received, and if so, what has this money been used for?

The committee would also appreciate clarity on the present use of Marina House. Please could you explain what it is being used for and the patient flows. Could you also please confirm the level of service provision currently in place for those people who would have been accessing services at Marina House, where these services are now being provided, and a breakdown of their use.

Lastly members requested an update on the number of local GPs, and GP practices, who have a GP who has completed a level one or level two qualification in the management of substance misuse. The committee noted that a level 2 qualification involves completing a significantly higher level of training and are therefore particularly keen to know how many GPs have achieved this level of competence. Past correspondence between Southwark's health scrutiny committee and the old PCT indicated that in January 2010 Southwark had 23 practices with at least one qualified GP; has there been any improvement?

Please can you provide a response by 22 April. If you have any queries please contact Julie Timbrell, scrutiny project manager, in the first instance via email: julie.timbrell@southwark.gov.uk or by telephone on 02075250514.

Yours Sincerely

Cllr Mark Williams

Chair, Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee.

Cc Andrew Bland CEO SCCG; Dr Amr Zeineldin Chair SCCG, Gus Heafield CEO SLAM.

Scrutiny team, Southwark Council, Scrutiny Team, Corporate Strategy, PO BOX 64529, SE1P 5LX

Switchboard: 020 7525 5000 **Website:** www.southwark.gov.uk

Chief executive: Eleanor Kelly

Strategy and Business Directorate

Trust HQ
 Maudsley Hospital
 Denmark Hill
 London
 SE5 8AZ

Cllr Mark Williams
 Chair, Health, Adult Social Care,
 Communities & Citizenship Scrutiny Sub-Committee
 Scrutiny Team
 160 Tooley Street
 London
 SE1P 5LX

22nd April 2013

Dear Cllr Williams

Re: Marina House

Thank you for your letter of 4th April 2013 seeking clarification about a number of issues related to Marina House; we welcome the opportunity to respond directly and will address these in the order raised:

Firstly, there was no £95,000 grant awarded to Marina House. During the consultation carried out by NHS Southwark on behalf of Southwark Health and Social Care, reference was made to a potential Department of Health grant. This would have been available, for the refurbishment of Marina House in the event that it became the chosen option for the relocation of an Integrated Offender Management (IOM) service provided by the London Borough of Southwark, Metropolitan Police, London Probation Trust and South London and Maudsley NHS Foundation Trust (SLaM).

At the Reducing Offending Board meeting on 20th July 2012, the other three IOM partners decided not to re-locate into any of SLaM's existing services; and as such, no grant was sought by the IOM for, or awarded to, SLaM for refurbishment.

Marina House currently hosts:

- The Southwark Smoking Cessation Service, which saw 115 Southwark clients in quarters 1-2 of 2012/13, with 70 successfully completions showing a quit rate of 61% which is among the best in the UK
- SLaM's Specialist Drug and Alcohol Outpatients, including the complex cases not covered through the community teams such as the Party Drug clinic. This service accepts referrals from all boroughs, with the majority of clients coming from Southwark (33%) and Lambeth (16%)
- The clinical leadership team for the Injectable Opiate Treatment programme (IOT) which is the second phase of the RIOTT trial providing supervised injecting for a small, complex group of clients. 85% of IOT clients are from Southwark, and we are currently working with Blackfriars to set up a local pathway to re-integrate some of the stabilised clients back to the community service

- The assurance functions providing the clinical and management support for all SLaM's substance misuse services, whose role is to ensure compliance with all mandatory quality, safety and FT requirements
- SLaM is also currently working with a specialist charitable drug agency on scoping various options, to identify suitable space for the volunteer structured activities, training and support programmes that could potentially operate from Marina House

In relation to the decisions around the current configuration of substance misuse services in Southwark: The outcomes of the formal consultation on this were discussed at NHS Southwark's Board meeting on 21st January 2010, and the decision was taken to merge SLaM's substance misuse services at Blackfriars and to pursue IOM moving into Marina House (although IOM later withdrew from the move, as described above). The meeting set out a process by which all clients would be assessed to ensure their needs were appropriately met; at Blackfriars, including the self-referral clinic); at satellite clinics in other parts of the borough or through shared care arrangements with GPs.

It is important to note that this consultation was carried out by Southwark Health and Social Care on behalf of Southwark Council and NHS Southwark, chaired by Dame Donna Kinnair, citing a consultation with the public and key stakeholders on the proposed options for service changes under the terms of the Health Act 2006. The key concern was to provide effective treatment to all those who need it in line with national standards and guidelines. I have attached the consultation document for your convenience.

SLaM's service at Blackfriars Road currently carries a caseload of 600 complex clients - 302 in complex cases, 257 in Assessment and Treatment, and 40 alcohol clients seen in Primary Care clinics - with an average daily footfall of up to 100 service users. The service regularly meets, and works with, other local organisations to maximise integration with the local community.

On the question of GP training in substance misuse: When the information was requested in 2010 by the Overview and Scrutiny committee the PCT reported that there was at least one qualified GP in each practice that was signed up for the Local Enhanced Service (LES). This represented 24 practices, around half the GP practices in Southwark. Most of these have two qualified GPs and in some cases more. These practices self select based on interest and GP motivation.

Part 1 training is offered and provided free to all Southwark GPs and substance misuse staff every six months at a cost of £150 per applicant plus £300 trainer fees and £200 hospitality. All GPs are offered the training.

Since 2010 the PCT has Part 1 trained around 40 more GPs and paid for two to do the Part 2 training (£1500). One place per year is funded but GP practices have to agree study time and commit to the course. It is difficult to say how many are Part 1 trained over all because GPs move around but there is good coverage across the borough and about 8-10 Part 2 qualified GPs. All LES Practices get on-site support from an experienced drug worker and six weekly supervision from a Consultant in Addiction and GP with special interest (GPSI). There is also a Primary Care Alcohol Nurse and Worker covering all practices through a hub system.

To summarise we can confirm that:

- No grant of £95,000 was either sought, due or paid, to SLaM for Marina House
- The public consultation carried out regarding changes to substance misuse services in Southwark was led by NHS Southwark and Southwark Council – although SLaM actively participated in it
- The outcomes from this consultation were discussed at NHS Southwark's Board Meeting, and the final decision was appropriately ratified

- The IOM did not move into Marina House; SLaM were only notified of this decision on 30th July 2012
- All service users accessing SLaM's drug and alcohol services are treated at Blackfriars Road, in accordance with our current contract
- There are a good number of Southwark GPs with additional training in substance misuse, with good coverage across the borough

We would very much welcome the opportunity to meet with you to discuss these matters further. We do hope this has been a useful update. Please do not hesitate to contact us if you have any queries, and to arrange a date for us to meet.

Yours sincerely



Zoe Reed,
Executive Director
Strategy and Business Development
South London and Maudsley NHS Foundation Trust



Gwen Kennedy
Director of Client Group Commissioning
NHS Southwark Clinical Commissioning Group

Date of Trust Board meeting:	21 January 2010
Name of Report:	Restructuring Drug and Alcohol Treatment Services in Southwark
Author(s):	Tony Lawlor, Substance Misuse Commissioner Southwark Drug and Alcohol Action Team Partnership (NHS Southwark)
Approved by (name of Director):	Sean Morgan, Director of Performance & Corporate Affairs
Audit trail:	The decision to consult was made at the 24 September 2009 Board meeting (paper F). The 26 November Board meeting noted that the consultation had commenced on 16 November and that two further variant options had been included following suggestions made by the Health Scrutiny sub-committee (paper B).

1 RECOMMENDATIONS

- 1.1 The Board is asked to consider the responses to the public consultation about the relocation of drug treatment services, which have been gathered through a variety of means including two public meetings held by the PCT, other meetings which the PCT has attended such as Camberwell Community Council and written responses received in response to the consultation document either in writing or electronically via the PCT website.
- 1.2 As noted in the initial report this is a supplementary report setting out the full list of responses received, and summarising all the responses received following the closure of the consultation on 15 January. Some of the written responses are attached as an appendix, including those from local elected representatives, the Health Scrutiny sub-committee, joint letter from Blackfriars Road residents groups and the National Treatment Agency.
- 1.3 The recommendation is that the Board proceeds with option 3 namely:
- Locating the specialist treatment service provided by SLAM at CDAT, Blackfriars Road and locating the Integrated Offender Management Service at Marina House

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Supplementary Report to NHS Southwark Board on the Consultation on Restructuring Drug and Alcohol Treatment Services

1. Respondents

The number of responses received was relatively low given the level of activity undertaken to promote the consultation. However, the range of respondents was quite broad and consisted of:

- Cllr David Noakes and Simon Hughes MP, responding as elected Lib Dem representatives
- Rt Hon. Tessa Jowell, MP
- Service users at Marina House (9)
- Blackfriars Road area residents
- The National Treatment Agency
- Attendees at public meetings (5)
- Anonymous respondents to the online questionnaire (9)
- Anonymous respondents to the questionnaire within the consultation document (8)
- Southwark Health and Adult Care Scrutiny Sub-Committee

2. Nature of the Responses

Responses focused largely on the impact of the proposals on service provision and on the wider community.

Service Provision Issues

Concerns over service provision issues focused almost entirely on proposals to centralise at CDAT. These were expressed mainly by service users and elected representatives. It should be noted that, as best as we can ascertain, no responses were received from CDAT service users.

The major concerns were:

- Service users in the south of the borough would find accessing CDAT more difficult
- Services users at Marina House had easy access to other health services at Kings College Hospital.
- There was a very different culture between service users at CDAT and those at Marina House and this could lead to conflict.
- Service users would receive reduced quality of care. This was because of the perception that specialist services would have less time to see them and GPs would not have the skills to provide effective treatment.

Some respondents also expressed concern at the proposed closure of the self-referral system at both SLAM sites, although this was not part of the consultation as it was previously agreed as part of the Primary Care Strategy.

The implementation of a new Integrated Offender Management service would require various logistical and practical issues to be satisfactorily resolved, including the allocation of the Home Office grant of £98,000 for capital work, on which the PCT would need to liaise with its partners in the Safer Southwark Partnership.

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There was some support for the view that funds should be found from elsewhere in NHS Southwark and support across the board for the view that funding should not be taken from alcohol services.

The Wider Community

The most commonly expressed community concern was that the proposals would lead to an increase in crime and anti-social behaviour. Linked to this was the perception that footfall would increase on both sites because all SLAM clients would be focused on one site and the Integrated Offender Management Services would generate high levels of activity at the other. These, in turn, were perceived as leading to a decreased quality of life for local residents.

Local residents and elected representatives also expressed a number of concerns about proposals to increase GP involvement in the management of drug and alcohol clients. These included:

- The impact on GP time and availability.
- The safety of other patients.
- The ability of GPs to provide appropriate treatment for drug and alcohol clients.

Respondents also indicated that, irrespective of the option chosen, local services should ensure ongoing involvement and engagement of local residents and elected representatives.

Other Issues

A number of respondents including local residents, elected representatives and the National Treatment Agency, supported the development of satellite services.

It was also acknowledged that finding a central site, as per Options 5 and 6, would prove very difficult, and respondents did not identify any potential sites.

3. Summary

The consultation has enabled the PCT to receive and consider a range of views on the issues relating to managing drug and alcohol misuse in Southwark. A number of themes have arisen from this and will be addressed here.

Issues Raised in the Consultation	Reflections on the Impact of Each Issue on the Options and Possible Mitigation
Service Provision Issues	
Service users in the south of the borough would find it more difficult to access CDAT.	<p>Not all SLAM service users will be expected to travel to CDAT for their treatment. Clients who are vulnerable or unable to travel will be managed at a local satellite clinic; this may even be at Marina House.</p> <p>Prior to this, a full assessment of clients would be undertaken in order to accurately assess the level and nature of demand.</p>

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	<p>Clients who do not need the high level of specialist support provided by SLAM will be managed in 'shared care' services; that is, medical management by GPs with nursing and psycho-social support from substance misuse services.</p>
<p>Marina House offers easy access to other health services at King's College Hospital and the Maudsley Hospital.</p>	<p>It is recognised that some service users may be inconvenienced by a move. However, vulnerable or complex clients who are likely to be in need of such services will continue to be managed in that locality.</p>
<p>There are two very different service user cultures at CDAT and Marina House and this would lead to conflict.</p>	<p>It is impossible to guarantee a lack of conflict between regular users of any service. This occurs to a greater or lesser extent in many services and policies and protocols for managing this are in place.</p> <p>It may be that this particular concern is also generated by the belief that the entire caseloads of Marina House and CDAT will be seen in the one premises. This is not the case; as mentioned earlier, a significant number of clients from both sites will be managed elsewhere.</p>
<p>Service users would receive reduced quality of care because SLAM workers would have an increase case load.</p>	<p>As stated above, not all service users will continue to be managed within SLAM services. Therefore SLAM workers caseloads will not increase beyond current levels.</p>
<p>Service users managed by GPs would receive reduced quality of care because GPs do not have the same level of skill as workers in specialist services.</p> <p>SLAM patients with alcohol problems receive 45 minutes of counselling. This length of time would not be offered at GP practices.</p>	<p>A number of people with drug and alcohol problems are already managed by GPs, not least because some of them prefer that.</p> <p>Local GPs have a significant level of skills in the management of substance misuse. This includes a number who have undertaken specialist training organised by the Royal College of GPs: 23 practices in Southwark have at least one GP who has undertaken this.</p> <p>Additionally, SLAM's Community Liaison and Advice Service (CLAS) provides specialist nursing to GPs managing substance misuse clients. The Kappa Project, a third-sector substance misuse service also provides</p>

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	<p>psycho-social support to GP practices.</p> <p>CLAS will also provide counselling to alcohol clients seen at GP practices, where these practices do not provide their own counselling facilities. These sessions will be of the same duration (45 minutes) and style as those offered within SLAM.</p> <p>Alcohol clients whose problems require more complex intervention will be referred to either Marina House or CDAT.</p>
<p>Service users managed by GPs would receive reduced quality of care because GPs would not have enough time to manage this increased caseload.</p>	<p>This concern suggests that substance misusers are not already part of their local GPs caseload. This is not the case: substance misuse clients have wider health needs like any other section of the population and they will attend their GPs to receive this. Furthermore, GPs will only take on this additional workload by agreement.</p>
<p>The system whereby substance misusers can refer themselves to either SLAM or CDAT should be not withdrawn.</p>	<p>This proposal was consulted on as part of the Primary Care Strategy and forms part of the strategy to ensure that SLAM's specialist staff are freed up to undertake specialist work.</p> <p>This reflects general practice is other health areas; specifically, that patients do not self-present to specialist services in the first instance but are assessed elsewhere first to ensure the appropriateness of the referral.</p> <p>Current figures on self-referrals to SLAM services also show that the majority of these are subsequently referred back to General Practices and voluntary sector drug services for management.</p> <p>Drug and alcohol misusers will have a number of other community-based access points to treatment and care, including 23 General Practices with specially trained GPs and three voluntary drug services.</p> <p>It should also be noted that provision will be in place for immediate access for vulnerable clients.</p>

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Community Issues	
<p>There will be a general reduction of quality of life for local residents. This would be as a result of increased footfall and levels of crime and anti-social behaviour around sites.</p>	<p>It is acknowledged that anti-social behaviour has been an ongoing concern of local residents. However, it should also be noted that efforts have been made to address this in the past, with considerable success and there is no reason why this should not continue in future.</p> <p>It may be that current concerns have been exacerbated by perceptions of increase footfall and the nature of clients attending the Integrated Offender Management Service.</p> <p>In terms of increased footfall, it remains our view that this is unlikely to increase as increasing numbers of clients are managed off-site.</p> <p>In terms of the nature of clients attending the IOMS, it should be noted that there has been no documented increase in levels of crime or anti-social behaviour in the vicinity of other criminal justice programmes such as the REACH project in Badsworth Road.</p> <p>There is a strong argument to suggest that crime and anti-social behaviour is likely to fall in the vicinity of these projects since clients attending face considerable sanctions – including imprisonment – for any misdemeanours.</p> <p>The PCT will continue to work with Council community safety teams to address concerns on the incidence of anti-social behaviour</p>
<p>Transferring the management of drug and alcohol clients to GPs will overwhelm GP practices.</p> <p>Transferring the management of drug and alcohol clients to GPs will compromise the safety of other patients.</p>	<p>The transfer of drug and alcohol clients to General Practices is undertaken as part of a planned programme of rehabilitation and always with the consent of both the patient and the GP.</p> <p>There is no reason to presume that drug and alcohol clients present any risk to the safety of other patients. As previously noted, drug and alcohol clients are already registered with GPs, thus they already make up a part of the caseload of most GP practices.</p>

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Funding Issues	
<p>Additional funding should be found from elsewhere.</p> <p>Funding should not be taken from alcohol services.</p>	<p>NHS Southwark works within the context of considerable financial pressures: this year the PCT is already having to find approximately £20m of savings to meet its requirement to breakeven and for 2010/11 the current plans require additional savings of approximately £18m. Therefore, there is no readily identifiable source of additional funding.</p> <p>Concerns in relation to the funding of alcohol services seem to have arisen at least in part from a reported statistic that there has been a 500% increase in the death rate from chronic liver disease. In fact the nationally published data shows that in 2008 (the latest year for which data has been published) the mortality rate in Southwark had decreased, was at its lowest level for 15 years and was lower than the national average.</p> <p>The mortality rate is still of concern and that is why NHS Southwark and its partners have taken measures to address the problem, including targeted interventions with young people, and developing screening and brief interventions within GPs and increased detoxification services within primary care</p>
<p>Only one of the options offered would achieve the required savings of £340,000.</p>	<p>Options 2, 3 and 4 could achieve required savings of £340,000 but, in every case, with different effects on service provision. For example, Option 2 would require that the costs associated with operating two sites would need to be offset by cuts to staffing levels.</p> <p>Options 4 and 5 could achieve similar savings but would be dependent upon finding appropriate premises.</p> <p>Option 3 was identified as the preferred option because it was felt that this offered the best opportunity to maintain service capacity and effectiveness.</p>

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The PCT wishes to assure residents that their voices are being heard and their concerns addressed. Thus the various calls for greater resident and local representative involvement in service delivery should be heeded and actioned by the PCT as commissioner and by local services. These calls represent a welcome opportunity for a greater community engagement on the management of drug and alcohol misuse in Southwark.

4. RECOMMENDATIONS

- 4.1 The Board is asked to consider the responses to the public consultation about the relocation of drug treatment services, which have been gathered through a variety of means including two public meetings held by the PCT, other meetings which the PCT has attended such as Camberwell Community Council and written responses received in response to the consultation document either in writing or electronically via the PCT website.
- 4.2 The recommendation is that the Board proceeds with option 3 namely:
 - Locating the specialist treatment service provided by SLAM at CDAT, Blackfriars Road and locating the Integrated Offender Management Service at Marina House

Selected responses are attached from the following:

- Cllr David Noakes and Simon Hughes MP, responding as elected Lib Dem representatives
- Rt Hon. Tessa Jowell, MP
- Blackfriars Road area residents
- Southwark Health and Adult Care Scrutiny Sub-Committee
- The National Treatment Agency

THE RE-STRUCTURING OF DRUG AND ALCOHOL SERVICES

Consultation on the Restructuring of Services in Southwark

FOREWORD

As with other health services, drug treatment services are subject to regular review to ensure they are meeting local need in the most effective and economical way possible. Various issues - such as new treatment options, new funding arrangements and changing patterns of drug use - are constantly emerging and our challenge is to ensure we address these appropriately and efficiently.

Sometimes these issues can be addressed with little or no re-organisation of services but on other occasions more significant changes are required. Such is the case with the current proposal.

This proposal is made within the context of a broader model of drug treatment delivery, which is described later in this document. We believe this model will allow us to address current and anticipated future challenges in the drug misuse field without reducing the standards or availability of treatment services.

A key concern of the proposed re-structure is ensuring that we are able to provide effective treatment to all those who need it in line with national standards and guidelines. We feel that this is best achieved by the measures outlined later in this document.

We recognise that any form of service change generates concerns amongst service users and also within the wider community. For this reason we are committed to addressing these through open and meaningful engagement with all those affected. This document sets out how we intend to go about this. It also sets out the issues that have influenced our thinking on this matter. A more detailed explanation of the factors influencing the provision of drug treatment in Southwark is set out in the document 'A Partnership Approach: The Provision of Treatment for Drug and Alcohol Misuse in Southwark'. This is available on the NHS Southwark website.

By the end of this consultation process we hope that everyone – service users, service providers and members of the local community - will feel that their voices have been heard. And, just as importantly, that those

voices have helped us achieve our goal of providing a service that is accessible, appropriate and responsive to local needs.

Dame Donna Kinnair
Director of Nursing and Commissioning
Southwark Health and Social Care

November 2009

SUMMARY

This is a Consultation Document on the future of drug treatment services in Southwark. The document describes the model for the delivery of drug and alcohol treatment services in Southwark and the current issues affecting its implementation. It then outlines current proposals, with a preferred option for addressing these issues, and seeks views on the proposed approach. It also seeks to identify any concerns and suggestions you may have so we can address them.

Central to this consultation is the proposed reorganisation of South London and Maudsley (SLaM) NHS Foundation Trust's specialist drug and alcohol treatment services and the establishment of an Integrated Offender Management Service.

The document concludes by identifying a number of possible options for moving these issues forward then describes the process by which consultation will be undertaken.

BACKGROUND

Southwark's priorities for drug and alcohol treatment reflect the government's national goals of reducing drug-related crime and anti-social behaviour and improving health and social outcomes for the individual and the wider community.

In 2008, a national study matching data from the Police National Computer and the National Drug Treatment Monitoring System showed that the number of offences committed by substance misusers almost halved after starting treatment. Criminal or malicious damage was down 75%, crimes of violence: e.g. robbery were down 57%, motoring offences (including car theft) were down 63% and soliciting and prostitution was down 62%.

A study by York University has shown that for every £1 spent on treatment the community receives the equivalent of £9.50 in benefits such as un-committed crimes.

In Southwark, treatment can also be seen to bring about reductions in a range of anti-social behaviours including drug dealing, drug-related prostitution, begging and street drinking when linked to other cross-agency initiatives such as the Crack House Protocol and Designated Public Place Orders.

D is a client at one of SLaM's Southwark drug and alcohol services.

"I have been on and off drugs and alcohol since the age of 16. I am now 48 years old.

Five years ago my life was in a right mess: I was addicted to Heroin and Crack, using about three £20 bags of Heroin and as much Crack as I could get a day.

It was starting to get hard to obtain the money for my addiction as I didn't want to commit crime anymore. I was behind with my rent and facing eviction, my relationship with my family was declining, my health was in a poor state. So I decided to seek help and go into treatment.

It was a good decision to make; my life is now very different. I have got back on my feet, I have been abstinent for over three years, I have learned new skills, gained some qualifications and am now starting to think about returning to work."

There are also less noticeable long-term benefits that come from the holistic approach taken by drug treatment services. Reintegrating the individual into the community is seen as a crucial element of any successful drug treatment programme. Issues such as housing, employment, parenting and other relationships may all be included in an individual's care plan, stabilising not only the individual but also their social networks.

Strategic Objectives

The strategic objectives for substance misuse services are:

- Increased access to effective and responsive treatment across the borough.
- Effective engagement of problematic drug users (that is, users of opiate and/or crack) in treatment.
- Increased management of straightforward cases by primary care services where this is appropriate.
- Ensuring the safety of service users, staff and the local community.
- Ensuring best value for money in the current economic climate.

- Reducing the level of crime and anti-social behaviour within the community.

Current Service Provision

Within the borough, drug and alcohol misuse is managed across a range of specialist and generalist agencies in both the public and the voluntary sectors. These services include structured community-based programmes such as counselling and methadone maintenance, informal community-based programmes such as needle exchange and advice and information services, and in-patient services such as hospital-based detoxification programmes.

Southwark Substance Misuse Service Model

The overall model of service delivery has three main strands. These are:

- The Substance Misuse Primary Care Strategy
- Services for Clients Referred Through the Criminal Justice System
- Services for Clients with Complex Drug and Alcohol Problems

The Substance Misuse Primary Care Strategy

The Primary Care Strategy was developed following extensive consultation with service users and other key stakeholders including the Substance Misuse Service Users Council and Southwark Local Medical Committee in 2008/09.

It seeks to achieve a better fit between client need and service provision. In practice this usually means ensuring that the clients with less complex drug and alcohol problems are cared for in General Practice with support from a primary health and social care team. This provides the opportunity for the client to receive their care closer to their home. It also seeks to ensure that clients with drug or alcohol problems are treated in the same way as clients with any other health problem. 50% of Southwark's GP practices currently provide treatment to people requiring drug treatment, and the intention is that this will increase to 60% or higher when the strategy is fully implemented.

The first stage in the consultation process was the development of a draft primary care model. This model had at its core a multi-agency assessment team that would be located at a specific site somewhere in Southwark.

Initial discussions around this model led to some modifications; in particular, the abandonment of the multi-agency assessment team. The new model focused instead on the identification of specific 'gateway' services where drug or alcohol users seeking treatment would present. These services are Foundation 66 (formerly ARP), Kappa, Evolve and General Practitioners.

This revised model was subject to a further period of consultation and final amendments made in response to feedback.

Clients who would be cared for in primary care services (GP surgeries or non-statutory agencies) are likely to be stable, attending regularly, have limited illicit drug use on top of their prescription drugs and would be actively addressing their social needs (such as employment, training and housing.)

Services for Clients Referred Through the Criminal Justice System

The proposed model for the management of criminal justice clients is an Integrated Offender Management Service (IOMS). This is a single-site service that would house not only substance misuse services but also partner agencies. These would include the police, probation, the Prolific and Other Priority Offenders (PPO) Team, and the Diamond Initiative Team – a multi-agency initiative that seeks to break the cycle of re-offending by coordinated interventions with repeat offenders.

This reflects both local thinking and national initiatives such as the Home Office's Integrated Offender Management scheme and the Ministry of Justice's Diamond Initiative.

Suitable premises are yet to be identified for the IOMS, which has been a long-standing problem.

Clients who would be cared for in criminal justice services will be:

- Those referred by the courts for treatment after they have committed 'trigger' offences (i.e. offences such as theft where there is strong evidence to suggest they were committed as a result of drug use)
- Those ordered to attend treatment following conviction for a range of mainly acquisitive offences (on Drug Rehabilitation Requirements).

- Those being managed by the Prolific and Other Priority Offenders Team.

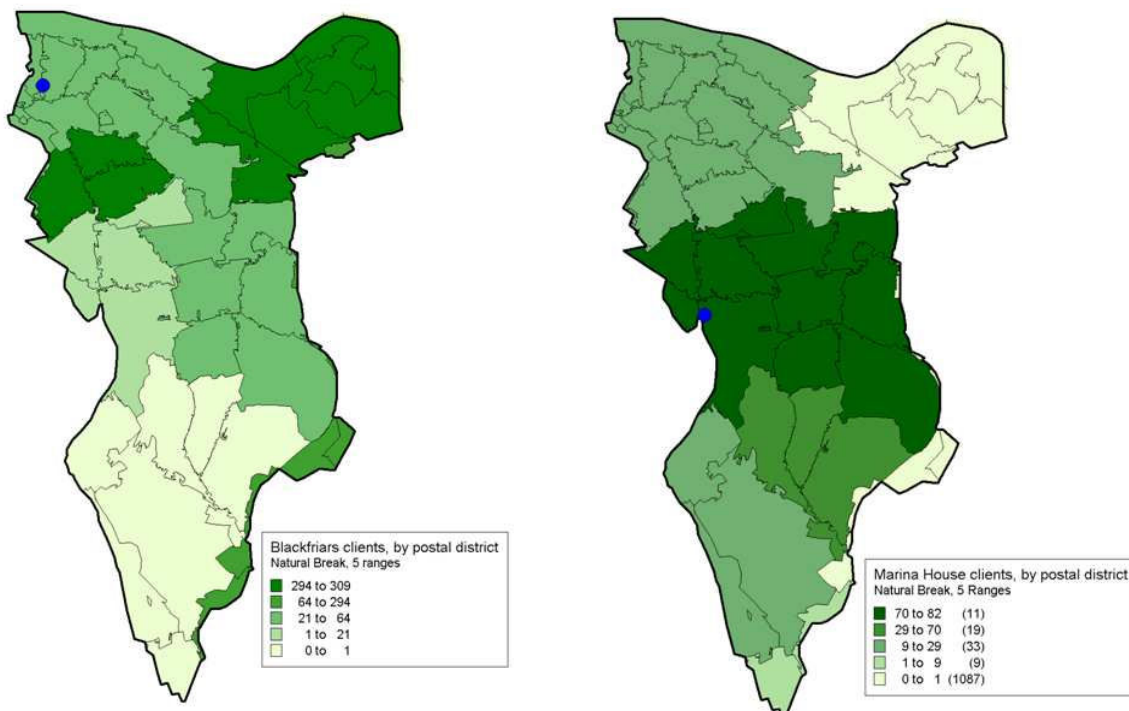
Services for Clients with Complex Drug and Alcohol Problems

Clients that do not fit into either of the above groups – generally because their problems require more specialist treatment - receive their care from specialist Addictions services within the South London and Maudsley (SLaM) NHS Foundation Trust. These are currently located at Marina House in Camberwell and the Community Drug and Alcohol Team (CDAT) on Blackfriars Road.

Both Marina House and CDAT existed before the creation of the SLAM. CDAT was established in 1990 as part of the Lewisham and Guys Health Service. Marina House was established around the same time as part of what was then the Bethlem and Maudsley Health Service.

In 1999 the two Health Services were merged as part of the creation of SLAM but Marina House and CDAT continued to operate from two separate sites. The map below indicates the areas from which both services draw their clients.

Distribution of Clients by Postcode for Existing Services



Postcode	Marina House (%)	Blackfriars CDAT (%)	Overall (%)
SE 1	5.3	27.2	18.0
SE 4	0	2.5	1.5
SE 5	25.0	2.2	11.8
SE 8	0	4.8	2.8
SE 11	6.1	1.6	3.5
SE 14	0	3.9	2.3
SE 15	29.0	4.8	15
SE 16	1.6	23.5	14.3
SE 17	4.2	22.9	15.0
SE 19	5.0	0.0	2.1
SE 21	3.2	0.0	1.4
SE 22	10.8	0.6	4.9
SE 23	0.9	3.2	2.2
SE 24	8.1	0.0	3.4
SE 26	0.7	2.7	1.9

53.6% of all SLaM clients live in the CDAT catchment area

CHALLENGES TO THE DELIVERY OF DRUG AND ALCOHOL TREATMENT SERVICES IN SOUTHWARK

The implementation of Southwark's drug and alcohol treatment model has been affected by a number of issues in recent times. These include the introduction of a new national funding formula in 2008/09, which has led to a 4% reduction in central government funding, and difficulties in acquiring suitable local premises. Continuing difficulties in acquiring service accommodation are likely to lead to further funding reductions in future because it restricts the number of clients we can see.

These pressures have led to a review of current service structures to ensure that we can continue to deliver effective, high-quality service in the face of changed funding. In practice this means:

- Reorganising SLAM's specialist services
- Establishing the Integrated Offender Management Service
- Completing the rollout of the Primary Care Strategy.

WHAT WE ARE PROPOSING

In order to maintain service levels and standards we are proposing a service re-organisation based on:

- Basing SLaM's clinical staff from both Community Drug and Alcohol Teams in one site rather than the current two (the preferred site option being CDAT at Blackfriars Road with the remainder of the SLaM Specialist Teams being based at Marina House)
- Increased use of satellite clinics (that is, SLaM CDAT staff seeing clients in other locations such as hostels, general practices and third sector drug agencies).
- Increased use of community pharmacists for the provision of supervised dispensing services.
- The continuing referral of non-complex clients into primary care services as appropriate.
- Creating a new Integrated Offender Management service (the preferred site for this is Marina House in Camberwell)

We have identified a number of possible options for managing our current challenges. These are:

1) Making no changes to SLaM services and finding the savings elsewhere.

- Given that funding for substance misuse services is calculated largely on the number of crack or opiate users in treatment, savings would be sought from areas that do not affect this. In effect, this is likely to be alcohol-related programmes.

2) Maintaining SLaM services at both sites but downgrading provision.

- This would require staff redundancies to offset the costs of operating from two sites. Initial estimates suggest that this is likely to equate to a minimum of six full-time positions.
- Reduced staffing would affect capacity to provide 'satellite' clinics.
- This, in turn, would limit numbers in treatment and impact of subsequent funding allocation.
- Reduced staffing levels could also affect the safety of staff and clients of those services.

3) Locating all SLaM staff at CDAT and locating the Integrated Offender Management Service at Marina House (our preferred option).

- This would also involve making greater use of community pharmacies for dispensing of prescribed medication and the expansion of satellite clinics in hostels, general practices and third sector drug agencies.
- The precise location of new satellite clinics will not be known until such time as we have a clearer picture of client need.
- The overall aim is to ensure that ease of access is maintained to all service users and in particular those with mobility problems.
- At present a greater percentage of SLaM clients (53.6%) live in the North of the borough (nearer CDAT) than in the South.
- There are currently more staff in post at CDAT than Marina House so this option would mean fewer SLaM staff would be required to relocate.
- Locating the Integrated Offender Management Service at Marina House would place it closer to local Probation Teams.

4) Accommodating SLaM staff at Marina House and locating the Integrated Offender Management Service at CDAT.

- Once again, this option would include SLaM making greater use of community pharmacies and satellite clinics.
- A greater proportion of SLaM clients (i.e. those living in the north of the borough) would be affected by this move – in terms of reduced access.
- Larger numbers of SLaM staff would need to relocate.

5) Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at Marina House.

- This option would also include SLaM making greater use of community pharmacies and satellite clinics.
- The advantage would be that the site would be equally accessible to all service users and staff across the borough.
- This option is dependent on finding a site that is both centrally located and acceptable to the local community. Historically, finding such premises has been extremely difficult.

6) Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at CDAT.

- The same issues apply as per the previous option.
- However, this also raises the issue of what to do with Marina House, since the terms of its lease specifically state that it must be used for the provision of a drug treatment service.

Impact of Service Model Implementation

The following table is presented to give an indication of the likely impact on client numbers and local footfall if the substance misuse service model was fully implemented.

It should be noted that these figures are based on discussions with SLAM around one particular model, Option Three; that is, service delivery from CDAT and that Marina House accommodates the Criminal Justice service. It is likely that a similar pattern would apply for Option Four. However, detailed analysis of client or financial figures has not been undertaken for any other service configuration at this stage.

Current configuration								
Marina House site		Blackfriars Road site		Primary care sites		Satellite Clinics		Sub totals
Mainstream	300	Mainstream	280	Mainstream	200	Mainstream	50	830
Criminal Justice	0	Criminal Justice	180	Criminal Justice		Criminal Justice	40	220
Sub totals	300		460		200		90	1050
Proposed configuration								
Marina House site		Blackfriars Road site		Primary care sites		Satellite Clinics		Sub totals
Mainstream	45	Mainstream	335	Mainstream	300	Mainstream	150	830
Criminal Justice	230	Criminal Justice	15	Criminal Justice		Criminal Justice	40	285
Sub totals	274		350		300		190	1115

It should be noted that in the proposed model fewer clients would be treated at both Marina House and Blackfriars Road than in the current service configuration.

It should also be noted that high numbers of Criminal Justice clients are currently seen at Blackfriars Road only because there is no other site available to them. This arrangement is deemed unsatisfactory by all parties. The overall numbers of Criminal Justice clients are expected to increase because the new premises will offer a one-stop shop for clients, resulting in better overall management and retention of clients.

CONSULTATION

The consultation will run from Monday, November 16th 2009 until Friday, January 15th 2010.

NHS Southwark is consulting with the public and key stakeholders on the proposed options for service changes under the terms of the Health Act 2006.

We have a preferred option that we believe best meets the strategic objectives described on page 2 and we want to be honest about acknowledging this. However, no decision has been made yet and this is an opportunity for people to influence the decision-making process and we therefore seek your views on the preferred option and the other options described.

A paper will be presented to the PCT Board on the consultation responses and the PCT Board will make the decision on the way forward taking account of all views expressed during this consultation.

Key Stakeholders

- **Community**

In September 2009, SLaM presented their preferred option to Camberwell Community Council and councillors and residents of the Blackfriars Road area. NHS Southwark and SLaM have worked with the Councils Health and Adult Care Scrutiny Sub-committee to ensure that the consultation complies with consultation best practice. The consultation will be taken forward by the distribution of this document to a range of community groups, councillors, MPs and other key stakeholders as well as being posted on the NHS Southwark website.

We have sent this consultation document to a number of community groups including:

- Southwark Carers
 - Community Action Southwark
 - SE5 Forum
 - Local Tenants and Residents Associations
 - Blackfriars Settlement
 - Community Councils
- **Two public meetings** will be held, one in the North of the borough and one in the South.
- **Service Users**
Pre-consultation engagement has been undertaken with service users with the assistance of Southwark Substance Misuse Service User Council representatives to assess the viability of some options. This will now move to a formal consultation process. This document will be

distributed to service users via local treatment services and other organisations including:

- Southwark Substance Misuse Service User Council
- Southwark Local Involvement Network (LINK).
- Southwark Mind and User Council

Service User meetings will be organised in conjunction with, and on the advice of, Southwark Substance Misuse Service User Council.

Additionally, an oversight committee will be established with representatives of Southwark Substance Misuse Service User Council and Southwark LINK to oversee the implementation of the consultation process.

- **Other Service Providers**

We will also seek the opinions of organisations that provide other services to SLAM clients. These include:

- Blenheim CDP Drug Services
- CRI
- Foundation 66
- Lambeth, Southwark and Lewisham Local Pharmaceutical Committee
- Southwark Local Medical Committee
- St Mungos
- Southwark Social Services Substance Misuse Team

- **Staff Consultation**

This will be managed by SLaM.

- **Other stakeholders**

We will also seek the opinions of other stakeholders that work with NHS Southwark to deliver the National Drugs Strategy. These include:

- The Probation Service
- Metropolitan Police
- The National Treatment Agency

STAKEHOLDER FEEDBACK

We would like your views on the following questions:

- **Which of the six options listed above do you feel best meets the strategic objectives (set out on pages 8 and 9)? Please tick one box.**

- | | | |
|---|--|--------------------------|
| 1 | Making no changes to SLaM services and finding the savings elsewhere | <input type="checkbox"/> |
| 2 | Maintaining SLaM services at both sites but downgrading provision. | <input type="checkbox"/> |
| 3 | Locating all SLaM staff at CDAT and locating the Integrated Offender Management Service at Marina House (our preferred option). | <input type="checkbox"/> |
| 4 | Accommodating SLaM staff at Marina House and locating the Integrated Offender Management Service at CDAT. | <input type="checkbox"/> |
| 5 | Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at Marina House. | <input type="checkbox"/> |
| 6 | Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at CDAT | <input type="checkbox"/> |

- **Why have you chosen that particular option?**

- **For those respondents who believe option 5 or option 6 best meets the strategic objectives, is there a specific location that you would propose for the services?**

- **Is there any option that generates specific concerns or problems for you?**

- | | |
|--|--|
| 1 Making no changes to SLaM services and finding the savings elsewhere | |
| 2 Maintaining SLaM services at both sites but downgrading provision. | |
| 3 Locating all SLaM staff at CDAT and locating the Integrated Offender Management Service at Marina House (our preferred option). | |
| 4 Accommodating SLaM staff at Marina House and locating the Integrated Offender Management Service at CDAT. | |
| 5 Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at Marina House. | |
| 6 Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at CDAT | |

- **Why does this option (or options) generate concerns or problems for you?**

- **If the option generating specific concerns were to be implemented what action would you wish to be taken by the PCT and SLAM to address your concerns?**

It would also help us if you could provide the following information (which will be treated as confidential):

The first part of your postcode (e.g. SE1, SE5)

If you use either of the SLAM services, please indicate which one:

Blackfriars
CDAT

Marina
House

HOW TO RESPOND

Please send your responses to either our freepost address:

Tony Lawlor
Freepost RSCY-ACYH-CAZL
Southwark PCT
PO Box 64529
London SE1P 5LX

or complete the feedback form online at
www.southwarkpct.nhs.uk/get_involved.

Please ensure you send your responses to arrive no later than **Friday, January 15th 2010**.

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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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Councillor Mark Williams (Chair)	1	Romi Bowen, Strategic Director Children & Adult Services	1
Councillor David Noakes (Vice-Chair)	1	Andrew Bland, MD, Southwark Business Support Unit	1
Councillor Denise Capstick	1	Malcolm Hines Southwark Business Support Unit	1
Councillor Norma Gibbes	1	Rosemary Watts, Head of Communication & Engagement	1
Councillor Rebecca Lury	1	Sarah McClinton, Director, Adult Social Care	1
Councillor Eliza Mann	1	Adrian Ward, Head of Performance, Adult Social Care	1
Councillor Right Rev Emmanuel Oyewole	1	Shelley Burke, Head of Overview & Scrutiny	1
Reserves		Sarah Feasey, Legal	1
Councillor Sunil Chopra	1	Chris Page, Principal Cabinet Assistant	1
Councillor Neil Coyle	1	William Summers, Liberal Democrat Political Assistant	1
Councillor Rowenna Davis	1	Julie Timbrell, Scrutiny Team SPARES	10
Councillor Paul Kyriacou	1	External	
Councillor Jonathan Mitchell	1	Rick Henderson, Independent Advocacy Service	1
Other Members		Tom White, Southwark Pensioners' Action Group	1
Councillor Peter John [Leader of the Council]	1	Fiona Subotsky, Southwark LINK	1
Councillor Ian Wingfield [Deputy Leader]	1	Kenneth Hoole, East Dulwich Society	1
Councillor Catherine McDonald [Health & Adult Social Care]	1		
Councillor Catherine Bowman [Chair, OSC]	1		
Health Partners			
Gus Heafield, CEO, SLAM NHS Trust	1		
Patrick Gillespie, Service Director, SLAM	1		
Jo Kent, SLAM, Locality Manager, SLAM	1		
Zoe Reed, Executive Director, SLAM	1		
Marian Ridley, Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1		
Jacob West, Strategy Director KCH	1		
Julie Gifford, Prog. Manager External Partnerships, GSTT	1		
Geraldine Malone, Guy's & St Thomas's	1		
		Total:	49
		Dated: April 2013	