

# Healthy Communities Scrutiny Sub-Committee

Tuesday 11 November 2014

7.00 pm

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

## Membership

Councillor Rebecca Lury (Chair)  
Councillor David Noakes (Vice-Chair)  
Councillor Jasmine Ali  
Councillor Paul Fleming  
Councillor Maria Linforth-Hall  
Councillor Kath Whittam  
Councillor Bill Williams

## Reserves

Councillor Maisie Anderson  
Councillor Neil Coyle  
Councillor Eliza Mann  
Councillor Claire Maugham  
Councillor Johnson Situ

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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**

Chief Executive

Date: 4 November 2014



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7.00 pm

Ground Floor Meeting Room G02A - 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**

To follow.

**5. REVIEW: HEALTH OF THE BOROUGH**

1 - 4

The 'Health of the Borough' review is being conducted thematically. This session will concentrate on Environmental Health and particularly look at the following issues:

- The cleanliness of our borough
- The use of our parks and open spaces

Attached is a submission on work being done on Wellbeing by the council's Environment and Leisure Division.

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|-----------|--|---------|
| <b>6.</b> | <b>REVIEW FEEDBACK: ACCESS TO HEALTH SERVICES AND PREVALENCE OF PSYCHOSIS &amp; ACCESS TO MENTAL HEALTH SERVICES FOR BME COMMUNITIES</b> | 5 - 130 |
|-----------|--|---------|

The previous iteration of health scrutiny - the 'Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee' carried out two reviews : 'Access to Health Services in Southwark' and 'Prevalence of Psychosis and Access to Mental Health Services for the BME Community in Southwark' in the previous administrative year, 2013/14.

This session is for stakeholders to set out how they intend to respond to the reviews recommendations.

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|-----------|---------------------------------|-----------|
| <b>7.</b> | <b>REVIEW : PERSONALISATION</b> | 131 - 138 |
|-----------|---------------------------------|-----------|

Community Action Southwark has provided the attached to support the review, for information, and will attend a subsequent meeting to present.

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|-----------|-----------------|--|
| <b>8.</b> | <b>WORKPLAN</b> |  |
|-----------|-----------------|--|

**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.**

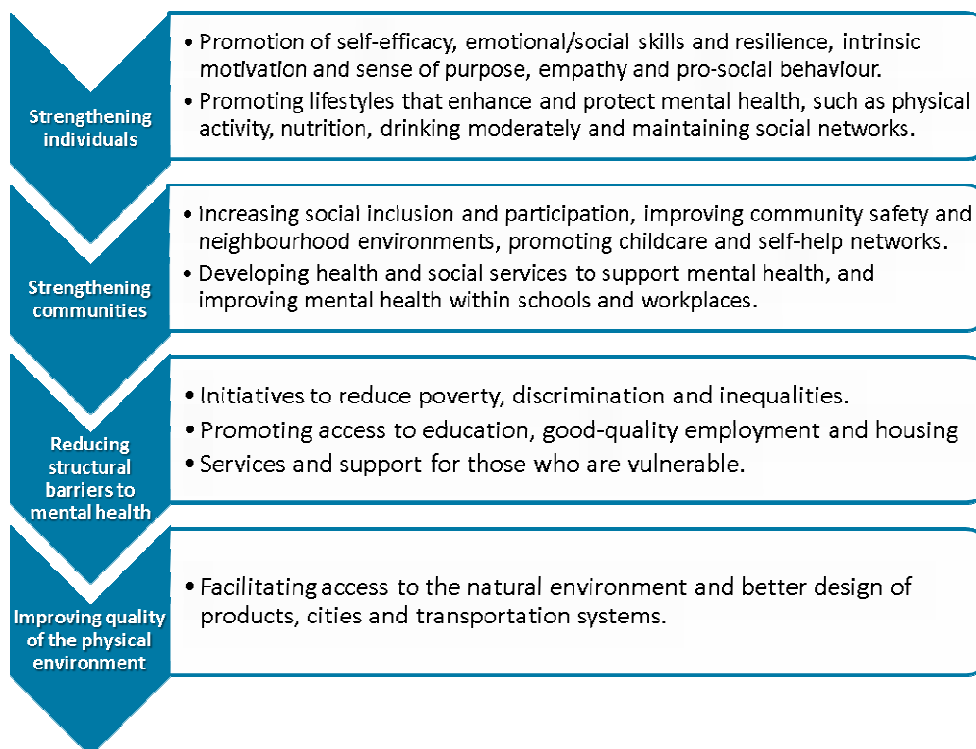
Date: 4 November 2014

## Wellbeing summary: Environment and Leisure

The Environment and Leisure department provides a diverse range of services, from cleaning the borough's streets to reducing violence. We have over 1,200 direct employees and the majority of our services are frontline and have direct impact on the daily lives of 288,000 residents.

The department is responsible for maintaining and improving the physical environment of the borough including highways, trees, streets, parks and open spaces. It is also responsible for leisure, libraries, adult education, arts, heritage and culture. It is responsible for the operational delivery of a safe borough through an effective visible presence, tackling anti social behaviour and deterring crime. It is also provides the main regulatory arm of the Council with an integrated Environmental and Trading Standards Service

Because of the diverse range of services that we provide, the majority of our services have a positive impact on the actual and potential wellbeing of our residents, and all our services can be broadly categorised in the four key wellbeing areas:



## Contributing to wellbeing workshops

Staff events were held for all Environment and Leisure staff in June 2014, and were themed around the concept of wellbeing. Workshops were held with approximately 500 members of staff where they were asked:

*“How does your role contribute to the wellbeing of our residents?”*

The results were largely as expected: the department makes a significant contribution to wellbeing. Due to the diversity of the participants, the workshops were themed under four broad wellbeing areas:

- Active healthy minds
- Leisure and Health
- Cleaner greener environment
- Safety and empowerment

A summary of the staff feedback for the workshop is set out in the table below, but clearly shows how the work of the Environment and Leisure department supports resident’s physical and mental wellbeing and also seeks to create an environment with enhanced wellbeing potential.

### Active healthy minds

#### Headlines:

- Encouraging and promoting libraries as community hubs
- Providing access to education, skills and lifelong learning
- Empowering and involving residents
- Delivering culture and arts programmes

#### What we do:

- Provide adult learning service, developing core skills
- Provide libraries service
- Reading groups
- Baby and toddler groups
- Work with schools and provide holiday reading clubs, events and activities
- Broad arts programme, encouraging activity and community participation and new opportunities
- Use libraries as a community hub, building strong communities, signposting to opportunities and assistance
- Deliver cultural programmes, broaden involvement, help residents to get involved and learn
- Basic skills, learning, literacy and numeracy to help with employment
- Provide study spaces for residents and a wide range of resources

## Leisure and health

### Headlines

- Deliver the physical activity and sport strategy
- Work with partners and community groups to promote health and leisure
- Encourage participation across the whole borough
- Educate and increase access to healthy lifestyles

### What we do

- Manage and deliver the leisure centres
- Encourage sports participation
- Encourage and promote community led sports
- Work closely with excluded groups to access sports and activities
- Encourage healthy lifestyles by providing more opportunities to get out, get fit, get active
- Work with schools to educate and encourage healthy lifestyles and transport to schools
- Gyms and exercise in parks
- Work with health services to refer patients

## Cleaner greener environment

### Headlines:

- Creating, designing and managing beautiful green spaces
- Improving the design, usability and access to public space
- Keeping the borough, street and estates clean so residents can enjoy them
- Encouraging community participation and ownership

### What we do:

- Keep the borough clean so all residents can enjoy it
- Improve air quality to improve health
- Introduce excellent design to public spaces, making them places residents want to visit, use and meet friends
- Make the borough cycle friendly through better design and cycle training – this also encourages health activity
- Manage traffic properly and introduce better designed roads and pavements
- Making the most out of open spaces and design – making a positive difference to resident wellbeing and the community
- Creating beautiful and well maintained green spaces and parks for all to enjoy – this also encourage physical activity
- Deliver the cleaner, greener, safer projects on behalf of the community – this encourages community ownership and participation
- Encouraging and enabling residents to participate in their environment and parks
- Working with agencies to assist those sleeping rough
- Reducing fly tipping
- Ensuring members of the public and businesses dispose of their waste properly
- Effective pest control – this provides a cleaner and healthier place to live and offers reassurance to residents and members of the public

- Dealing with stray dogs and offering advice to owners (safety issues, cleanliness of the environment, reuniting dogs with owners)

## **Safety and empowerment**

### **Headlines:**

- Empowering and educating individuals and groups
- Providing enforcement, assistance and reassurance
- Working with offenders, the community and partners
- Reducing crime, the fear of crime, and encouraging personal empowerment and control

### **What we do:**

- Work with police and partners to identify hot spots within the borough and address local issues
- Work directly with offenders, empowering them to make better choices and not re-offend
- Work with gangs and gang members, empowering them to make life changing decisions by treating them as victims
- Protecting and securing the safety of residents
- Control and sale of alcohol, knives, tobacco and dangerous products
- Empowerment through education, particularly young people (young citizen of the year, young consumer of the year)
- Consumer protection
- Training for retailers
- Control of premises
- Wardens report issues and improve areas
- Wardens provide safety and a reassuring presence in the community
- Tackling low level ASB
- Working with communities to deal with local issues that directly impact daily lives
- Reassuring to the vulnerable and signposting to services they can access
- Working with private sector housing to improve standards
- Tackling ASB in all its forms, working with offenders and victims, empowering and finding long term solutions
- Creating a safer environment through effective enforcement of legislation, health and safety regulation
- Providing skills in relation to safety awareness – empowering people through their skills set i.e. language, literacy
- Providing a pop up police station in our libraries – educating library visitors on safety
- Effective CCTV to deter crime and offer reassurance
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## APPENDIX A

# Access to Health Services in Southwark

Report of the Health, Adult Social Care, Communities &  
Citizenship Scrutiny Sub-Committee

March 2014





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## **Introduction**

1. Access to health services throughout the Borough of Southwark is varied, with differing issues presenting at each access point.
2. Each of these issues is interlinked, and an under-performance in one sector will necessarily impact on other health services.
3. With increased, sustained pressure on health service it is important, now, more than ever, to have services which are truly delivering for our residents.
4. This sub-committee therefore decided to consider the range of health services provided in Southwark, and the ways in which our residents interact with these. In doing so, we found a number of key issues which are leading to strains being placed on other health services.
5. In this report, we set out a number of recommendations to help alleviate some of this pressure and ensure that Southwark residents are able to access the highest quality of healthcare services.

## **Terms of the inquiry**

6. The inquiry focused on four areas of concern:
  1. Access to out of hours care – specifically the 111 Service and rollout in Southwark
  2. Understanding the reasons for increased use of A&Es over winter and how this could be reduced
  3. Access to individual GP surgeries and walk-in centres
  4. The implications of the Trust Special Administrator (TSA) and King's Health Partners (KHP) merger on access to emergency and urgent care

## **Oral evidence session attendees**

7. Evidence was received from:
  - Kings College Hospital
  - Guys and St Thomas' Hospital
  - South London and Maudsley (SLaM)
  - Southwark Clinical Commissioning Group (SCCG)
  - Public Health, Southwark & Lambeth
  - Healthwatch
  - Southwark Council Cabinet Member for Health
  - NHS England
  - London Ambulance Service
  - Local Medical Committee
  - Southwark Residents through an online survey

8. The following appeared in person before the Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee:

- Harjinder Bahra, Equality and Human Rights Manager (SCCG)
- Andrew Bland, Chief Officer (SCCG)
- Kevin Brown, Assistant Director Operations for South London, London Ambulance Service
- Steve Davidson, Service Director, Mood Anxiety and Personality Clinical Academic Group, SLaM
- Angela Dawe - Director of Community Services, Guy's & St Thomas' NHS Foundation Trust (GST)
- Dr Roger Durston, GP Clinical Lead for Mental Health (SCCG)
- Dr Katherine Henderson, Clinical Lead (GST)
- James Hill, Head of Nursing for the Emergency Dept (GST)
- Dr Patrick Holden, Urgent Care Clinical Lead (SCCG)
- Tamsin Hooton, Director of Service Redesign (SCCG)
- Gwen Kennedy, Director of Client Group Commissioning (SCCG)
- Alvin Kinch, Healthwatch
- Sarah McClinton, Director of Adult Care, Southwark Council
- Cllr Catherine McDonald, Cabinet Member, Health, Adult Social care & Equalities
- Keith Miller, Ambulance Operations Manager at Waterloo, London Ambulance Service
- Hayley Sloan, 111 lead (SCCG)
- Briony Sloper - Deputy Divisional Manager for Trauma and Emergency Medicine, King's College Hospital (KCH)
- Dr Ruth Wallis, Public Health Director, Southwark and Lambeth
- Jill Webb Deputy Head of Primary Care (South London) NHS England
- Nicola Wise, General Manager, Guy's and St Thomas'
- Dr Amr Zeineldine, Chair of the NHS Southwark Clinical Commissioning Group

## Summary of recommendations

### The 111 Service

1. We recommend that the Clinical Commissioning Group should report an update when there are next discussions on the potential rollout of the NHS 111 Service in Southwark.
2. We recommend that the Clinical Commissioning Group should provide clarity on the telephone numbers that residents can use to access out of hours healthcare services in the borough.
3. We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group place signposting to healthcare services as a key priority for 2014/15, with key activities to reach all communities throughout the borough.

### Accident and Emergency Departments

4. We recommend that the Trusts regularly report to the sub-committee on current staffing levels and the ways in which they are working to ensure that they are adequate.
5. The sub-committee recommends that Hospital Trusts should report quarterly on the number of beds available to A&E patients and how this compares to the number of beds needed, with particular reference to emergency admissions for older people and people in mental health crisis.
6. The sub-committee commends the 'Not Always A&E' campaign and recommends that it is rolled out throughout the year to help promote public awareness of the alternative healthcare services that residents can access.
7. We further recommend that Public Health supports the CCG in their campaign, ensuring that public awareness of the alternative healthcare services increases.
8. We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group make raising the public awareness of the healthcare services available to Southwark residents a priority for the next year.
9. We recommend that the Clinical Commissioning Group continues its programmes working specifically with older people and that Public Health identifies the further support that we, as an authority, can be giving them.
10. This sub-committee commends the work of the CCG, jointly with the local authority and community services to help people stay well at home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.

11. This sub-committee welcomes the work being taken forward by the Adult Social Care department. We recommend an update report on the services provided for older people with high needs to be made to the next sub-committee.
12. We recommend that further work is done by the Adult Social Care team within the council, looking specifically at the ways in which we can identify and support older people to prevent admissions to A&E.
13. We remain concerned however that there seems to be a lack of co-ordinated action by the health community to tackle the issue of increased acuity of patients. The sub-committee recommends that the Health & Wellbeing Board places this as a priority for 2014/15 and that Public Health carries out a piece of research into the reasons behind the increased acuity in Southwark.
14. We also recommend the establishment of a joint working group, led by the CCG and working alongside those involved in the JSNA and including the council, Hospital Trusts, Public Health and Healthwatch to look specifically at the ways in which we can support those people with long-term conditions in the community, and reduce presentations at A&E wards.
15. We recommend that the Mental Health sub-group of the Lambeth and Southwark Urgent Care Board presents its final Action Plan to the sub-committee for further comment.
16. We recommend that the final draft of the Joint Mental Health Strategy is presented to the sub-committee ahead of publication for further scrutiny.
17. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.
18. We recommend that Kings College Hospital and Guy's and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.
19. The sub-committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.

### **Access to GP Services**

20. We recommend that the CCG and Hospital Trusts work together to reduce the time taken for GP surgeries to receive outpatient reports. We also recommend the CCG look into the ways in which they can provide template forms and support to GPs to help them reduce the time taken on administrative tasks related to patient consultations.

21. We recommend that the Housing Options & Assessment and the Disabled Travel Team should carry out a review looking at the ways in which to influence customer signposting to ensure that residents are aware of the services that the council provides in terms of assessing residents for blue badges and receipt of benefits.
22. This sub-committee has actively followed and partaken in the consultation around the future provision of health services at the Dulwich Hospital site. We have welcomed the work done by the CCG, and the sub-committee recommends that the CCG provides an update as necessary.
23. We recommend that the CCG report back to the sub-committee on the Lister Urgent Care Centre once more work has been done on the preferred option for the provision of urgent care services in the south of the borough.
24. We recommend that GP services promote the SELDOC service within their local practices, to signpost patients to out of hours services.
25. We recommend that NHS England report to the sub-committee with an update on proposed opening hours of GP surgeries.
26. We recommend that NHS England, with the support of the Clinical Commissioning Group, undertake a study into the best method for providing appointments consistently across the borough and consider a Southwark offer that ensures minimum standards of access for patients in Southwark in regards to contact with a GP if appropriate following NHS England's Call for Action response.

### **The Kings Health Partners Merger**

27. The sub-committee noted with interest that this process has now been delayed and recommends that when a Full Business Case is developed, King's Health Partners should return to the sub-committee for further scrutiny.

## The 111 Service

9. The NHS 111 Service was set out by the Secretary of State for Health as

‘[an] underlying concept...that everyone can agree with: it is a simple number that everyone can remember; the fact that you are connected directly to a clinician, if you need to speak to one, rather than being called back is something people like; the idea that you are triaged only once and do not have to repeat your story lots and lots of times is a good one; and the fact you have a service that is broader than the old NHS Direct.’ (House of Commons, Health Select Committee Report: Urgent and emergency services, 24 July 2013, p.41)

10. However, there have been a number of problems with its initial rollout. The initial provider of the 111 service, NHS Direct, was not financially sustainable, although it performed relatively well after initial teething problems. Performance in Southwark’s surrounding boroughs - Bexley, Bromley and Greenwich - was below national standards for clinician referrals and call-backs.
11. In Southwark, the decision was taken to delay the rollout of the 111 Service in Southwark, Lambeth and Lewisham while the new provider, London Ambulance Service (LAS), became established. As the CCG highlighted in their report to this sub-committee, ‘A stable, high standard of service is what we wish to be available for our patients across the whole area’ (CCG Submission, South East London NHS 111 service update, July 2013).
12. At the same time the NHS Direct 111 service ended the NHS Direct number (0845 4647) was also switched off in March 2013. As the CCG set out in their evidence, a Southwark resident who calls the NHS Direct number will be advised to call 111. The call handler will be able to deal with the call, and redirect Southwark residents to the local out-of-hours provider (SELDOC) if they require GP out of hours services. This has obviously led to some complications, with residents having to phone multiple different telephone numbers in order to be able to access the right service. Southwark Healthwatch has been monitoring the feedback provided on the NHS 111 Service and highlighted in their evidence a number of key issues, including access and awareness of GP out of hours service (SELDOC) and the process by which residents are redirected to the NHS 111 Service. (NHS 111 Feedback Report, Healthwatch, 30 August 2013). It is reassuring that the new provider for South East London (SEL) of the 111 service is in the top 5 for 111 providers in the country.

## Recommendations

1. We recommend that the Clinical Commissioning Group should report an update when there are next discussions on the potential rollout of the NHS 111 Service in Southwark.

2. We recommend that the Clinical Commissioning Group should provide clarity on the telephone numbers that residents can use to access out of hours healthcare services in the borough.
3. We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group places signposting to healthcare services as a key priority for 2014/15, with key activities to reach all communities throughout the borough.

## Accident and Emergency Departments

### Problems in Accident and Emergency Departments

13. It is fair to say that there is an increased pressure on Accident & Emergency (A&E) departments in Southwark. Whilst the number of attendees has not changed significantly over the past two years, there are a number of problems, which when combined together are affecting the way in which the service operates. There has been an increase in the volume and acuity of both older people presenting at A & E and in demand for emergency mental health services.

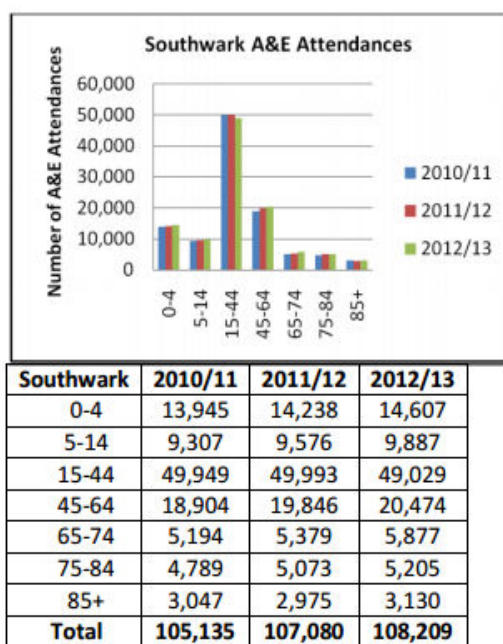


Figure 6. (Source: Local SUS data)

**Figure 1:** Trends in Acute Care Usage in Lambeth and Southwark: Public Health Analysis, Public Health Southwark, January 2014

14. As the Lambeth and Southwark Urgent Care Board noted in their evidence to the sub-committee, both Kings College Hospital and Guy's and St Thomas' have experienced issues with capacity.



15. Briony Sloper from Kings College Hospital said in her evidence that Denmark Hill A&E was not well set up for the volume and acuity of patients with mental health needs, and this was confirmed too by Guy's and St Thomas' who said that a lot of their overspend is around mental health issues. Both hospitals also raised the issue of increased economic pressures contributing to the rise in acuity of patients. Clinical staffing was also raised as an issue, with Kings College Hospital noting that there was a particular problem with approved social workers.

**i. Staffing levels in hospital A&E departments**

16. There have been increasing reports of the number of locum doctors that are being drafted in to support A&E departments. On 14 January 2014, the BBC reported that spending on locum doctors to plug the gaps in A&E units in England had risen by 60% in the last three years. Spending rose from £52million in 2009-10, to £83.3m last year. (Sharp rise in spending on A&E locum doctors, 14 January 2014, <http://www.bbc.co.uk/news/health-25713374>)
17. This same issue was raised as part of the sub-committee's inquiry. As a result, the Lambeth and Southwark Urgent Care Board, in their evidence to the sub-committee told us that both Hospital Trusts are implementing large scale emergency department developments over the next two years which will create additional physical capacity.

**Recommendation**

4. This sub-committee notes with concern that staffing levels are an issue in Accident & Emergency departments. We recommend that the Trusts regularly report to the sub-committee on current staffing levels and the ways in which they are working to ensure that they are adequate.

**ii. Numbers of beds for admissions**

18. The numbers of beds for hospital admissions has been reducing consistently over the past two and half decades. This is not a new problem. As The Guardian reported in January 2014 'successive governments have closed over 50% of NHS beds. In 2013/14 there were 135,000 NHS beds compared with 297,000 in 1987/88.' (Why A&E departments are fighting for their life, 14 January 2014, The Guardian). However reductions in bed capacity can be warranted by reductions in length of stay, which is the objective of the CCG admission avoidance programme and investment in community capacity.
19. The Lambeth and Southwark Urgent Care Board noted in their evidence that there were issues with numbers of beds. Sufficient bed capacity in acute hospitals is linked to A&E capacity and their ability to manage pressures. Guy's & St Thomas' bed capacity is historically less pressured than at King's College Hospital.

## Recommendation

5. The issue of not having enough beds for patients is a worrying one. The sub-committee recommends that Hospital Trusts should report quarterly on the number of beds available for admissions from A&E and how this compares to the number of beds needed, with particular reference to emergency admissions for older people and people in mental health crisis.

### iii. Length of stay and discharge processes

20. Matthew Cooke, an academic and clinical director of Heart of England Foundation Trust suggested in the Health Services Journal in October 2013, that the reason for increased pressure on A&E services was in fact down to delayed discharges from hospitals. (Delayed Hospital Discharge to blame for A&E pressure, October 2013, [http://www.hsj.co.uk/acute-care/exclusive-delayed-hospital-discharge-to-blame-for-ae-pressure/5063876.article#.UwSNqPI\\_tnE](http://www.hsj.co.uk/acute-care/exclusive-delayed-hospital-discharge-to-blame-for-ae-pressure/5063876.article#.UwSNqPI_tnE))
21. Public Health in their evidence, told the sub-committee that the proportion of short (1-2 day) admissions had increased in Southwark, whilst the proportion of long-stay admissions had decreased. Dr Wallis suggested that one possible explanation for this was a lower number of delayed discharges.

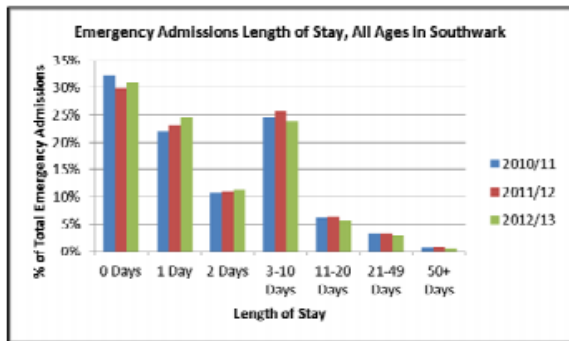


Figure 17. (Source: Local SUS Data)

Length of Stay	% change 2010/11 - 2011/12	% change 2011/12 - 2012/13	% change 2010/11 - 2012/13
0 Days	-13.51%	10.38%	-4.53%
1 Day	-1.74%	12.86%	10.90%
2 Days	-5.99%	11.05%	4.40%
3-10 Days	-2.65%	-1.23%	-3.84%
11-20 Days	-2.44%	-7.90%	-10.15%
21-49 Days	-6.68%	-4.20%	-10.60%
50+ Days	15.32%	-25.94%	-14.59%

**Figure 2:** Emergency admissions length of stay, all ages in Southwark, Public Health, January 2014

22. However, she also noted that whilst hospital data suggested that delayed discharges have reduced, it is important to ensure that pressures in the system do not lead to premature discharges.
23. The Hospital Trusts addressed this in their evidence to the sub-committee. Kings College Hospital told the sub-committee that they had initiatives such as 'home for lunch' and a discharge suite, to help speed up the process.

24. And Guy's and St Thomas' told the sub-committee that they had plans to further improve discharge planning, looking at the ways in which they can use community support to help patients outside of hospitals. They also hoped that this would help to reduce readmissions in the future.

### Type of people presenting at A&E departments

#### i. People presenting with non A&E conditions

25. Both Guy's & St Thomas and King's College Hospital emergency staff reported that around 20% of presentations at A&E are more minor ailments that could be treated outside of A&E or urgent care.
26. However, their concern was that it is hard to turn people away, especially when they are presenting in person at the A&E department. For those that present at an A&E department without an urgent medical condition, they will get streamed to a GP or emergency nurse. This has a cost implication for the hospitals, who said in their evidence that a hospital may get paid the lower tariff for providing care, but none of the emergency tariffs actually covers the cost of providing the service.
27. The London Ambulance Service also gave evidence as part of this review, explaining that the calls that they receive have been increasing by about 3% year on year. However, around half of all patients are not being taken to A&E.
28. London Ambulance Service suggested that there are people dialling 999 when it is not an emergency, because they do not know what to do and do not know how to access help and support from other parts of the healthcare system.
29. The sub-committee notes with interest the high proportion of people contacting, or presenting at A&E departments who do not have an immediate medical emergency. We believe that there is continued confusion about where residents can access minor care, versus urgent care.
30. The Clinical Commissioning Group in Southwark have taken steps to help educate residents about when to access A&E services through the 'Not Always A&E' campaign, launched in Winter 2013.

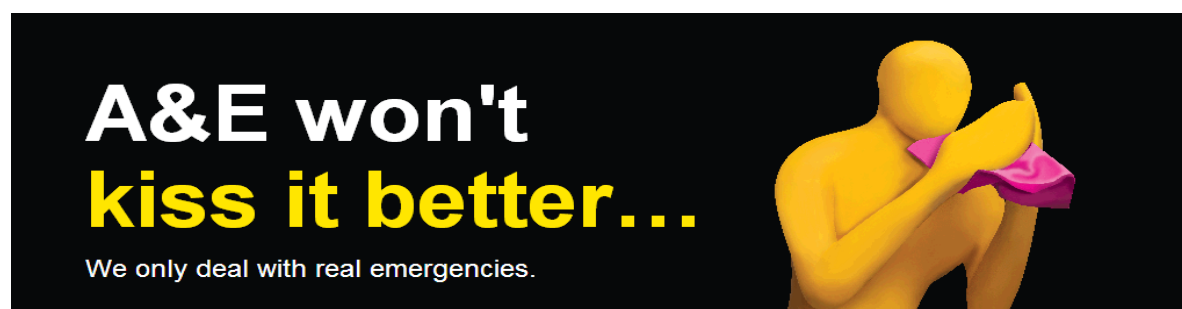


Figure 3: Not Always A&E Campaign

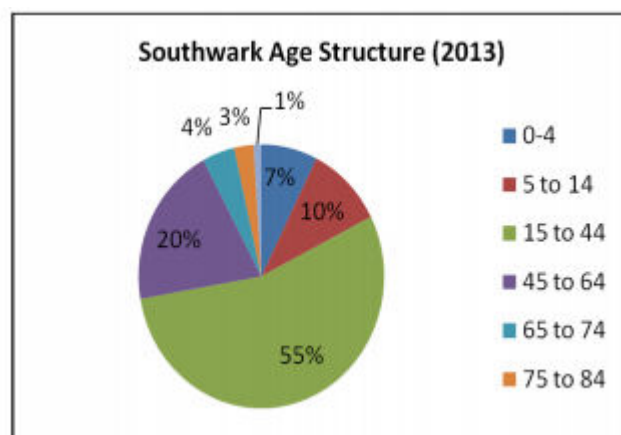
31. The NHS campaign explains that people should only go to A&E when it is absolutely necessary and reminds people of the alternative services that are available. The campaign is focused around yellow men, with different minor ailments, highlighting the alternative places that they can go to get expert advice and treatment if they need it.

### Recommendations

6. The sub-committee commends this campaign and recommends that it is rolled out throughout the year to help promote public awareness of the alternative healthcare services that residents can access.
7. We further recommend that Public Health supports the CCG in their campaign, ensuring that public awareness of the alternative healthcare services increases.
8. We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group make raising the public awareness of the healthcare services available to Southwark residents a priority for the next year

### ii. High acuity patients

32. The Public Health function of the council has looked into the changing demographic of Southwark and found that GLA predictions indicate that the population of Southwark will grow by 15% by 2025, but the age structure will stay similar, with approx. 7% of the population between 65 and 84.



**Figure 4:** Southwark Age Structure, 2013, Public Health Southwark and Lambeth, January 2014

33. As part of their evidence, they suggest that A&E attendance and admission rates increased amongst 65 - 84 year olds, but fell amongst younger groups.
34. This was reinforced by the Lambeth and Southwark Urgent Care Board which noted that there is an increase in activity amongst the over 65 age group across Lambeth &

Southwark in accessing A&E services. (Lambeth and Southwark Urgent Care Board Briefing, September 2013)

35. The council took over responsibility for Public Health in April 2013, which means that we as an authority now have responsibility to ensure that the right services are available for our residents for public health related concerns.
36. Dr Ruth Wallis, Director of Public Health for Southwark & Lambeth set out in her evidence a number of ways in which the council should be focusing its efforts on public health concerns, especially for older people.
37. Focusing on issues that affect people as they become older may be one way in which increased older people A&E admissions can be combated. Dr Wallis suggested that long-term conditions need care and there should be an increased focus on diabetes and flu immunisation. In doing so, the causes of accessing A&E services by older people can be prevented through intervention by another part of the healthcare system.

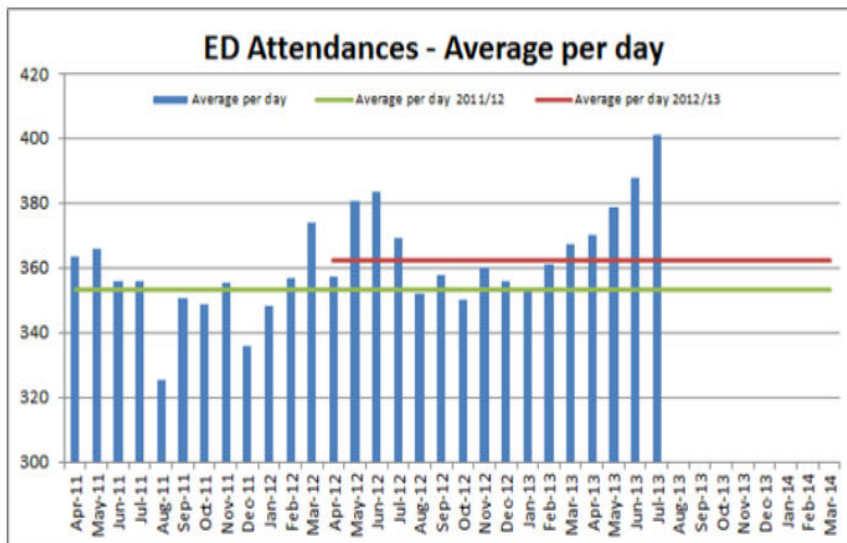
### **Recommendation**

9. The sub-committee notes with interest that public health drivers can play a part in reducing admittance to A&E's. We recommend that Public Health continues to support the work of the CCG in this and that the CCG, with Public Health support, undertakes a programme to look specifically at older people and the further support that we, as an authority, can be giving them.
38. Alongside an increase in the number of older people presenting at A&E departments, Hospital Trusts reported an increase in the acuity of these patients.
39. In Southwark, the number of emergency admissions in 2012/13 was 1.5% lower than in 2010/11, but the rate per 1,000 populations fell by a more significant 4.66%. However A&E attendance rate per 1,000 population had risen by around 10% in both 65-74 and 75-84 age groups since 2010/11, but the emergency admission rate per 1,000 population actually fell by 2.50% in the 65-74 age group, whilst rising 11.56% in the 75-84 age group.
40. This may indicate that the increase in attendances by 65-74 year olds is predominantly amongst less seriously ill individuals, whereas the increase in the older 75-84 year old age group consists of more seriously ill individuals who then require admission.

Age group	% change 2010/11-2011/12	% change 2011/12-2012/13	% change 2010/11-2012/13
0-4	-4.92%	0.18%	-4.74%
May-14	-3.45%	-0.31%	-3.75%
15-44	-3.39%	-6.58%	-9.74%
45-64	-4.79%	-5.36%	-9.90%
65-74	-1.37%	-1.15%	-2.50%
75-84	11.25%	0.28%	11.56%
85+	2.43%	-2.03%	0.35%
Overall	-1.47%	-3.24%	-4.66%

Figure 5:CCG data on older people and acuity February 2014

41. In their evidence, Kings College Hospital said that this increase in patients with acute conditions presenting at A&E departments meant that the number of people being admitted to the hospital was increasing, and they were staying longer. This necessarily puts more pressure on hospitals.



	A&E attendances	Average Daily
Jan-13	10944	353
Feb-13	10106	361
Mar-13	11400	368
April-13	11112	370
May-13	11747	379
Jun-13	11651	388
Jul-13	12443	401

Figure 6:Report to the Southwark Health and Adult Social Care Scrutiny Sub-Committee on Emergency Care, Emergency Department Attendances, Kings College Hospital, September 2013

42. As Public Health set out in their evidence, the proportional increase in attendance of patients of older age may mean a greater proportion of patients with co-morbidities as elderly patients are more likely to present with a number of conditions. Managing chronic conditions during an acute illness presents challenges, and this could be part of the explanation for the increased 'acuity' noted by local clinicians.

### **Providing support for those with high acuity in hospitals**

43. Hospital Trusts however have set up a number of programmes to try and relieve the pressure caused by patients presenting with high acuity. The CCG in their evidence suggests that the provision of 'soft care' can help to keep people at home. They talked in their evidence to the sub-committee of an increased focus on community based admission avoidance schemes.
44. As part of the Southwark and Lambeth Integrated Care Programme's (SLIC) frail elderly pathway, the CCG has worked with the local authority and community services to keep people well and cared for in the home. This plan includes enhanced rapid response and home wards, which allow people to be discharged from hospital earlier.
45. However, when probed, the CCG admitted that whilst the use of 'rapid response' has been very good, the effectiveness of 'home wards' was less effective.
46. Guy's and St Thomas' further detailed their work as part of the frail elderly pathway, highlighting a focus on simplified discharge process, enhanced seven day working arrangements, redesign of the falls pathway, Community Multi-Disciplinary Team registers, holistic checks and case management.

### **Recommendation**

10. This sub-committee commends the work of the CCG, jointly with the Local Authority and community services to help people stay well at home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.

### **Providing support for those with high acuity conditions in the community**

47. The Adult Social Care Department also presented evidence on their actions to support those older people with high needs in our community.
48. Sarah McClinton highlighted that 'risk of hospital admission is a key factor in assessing eligibility for social care, and services are put in place to minimise the risk.' (Adult Social Care, Access to Health Services, January 2014).

49. A key objective of the social services that the Authority provides is to prevent, delay or avoid the need for people to access more intensive health and care services including A&E, by helping people to live independently and safely in the community.

50. Sarah McClinton went on to say that:

‘for older people identified as at risk of admission we take a multi-disciplinary team approach with a single lead professional co-ordinating support from different agencies that should help prevent avoidable admissions through A&E. This priority is recognised nationally and will be taken forward in 2014/15 through the Better Care Fund which necessitates pooled funding and joint working in areas that will reduce pressure on health and care services.’(Adult Social Care, Access to Health Services, January 2014)

### **Recommendation**

11. This sub-committee welcomes the work being taken forward by the Adult Social Care department. We recommend an update report on the services provided for older people with high needs to be made to the next sub-committee.

51. Southwark Council provides a large number of services as part of its social care package, which further helps to enable people to remain safely and independently in the community. This includes a 24 hour 7 day social care service, increased telecare resources, support for care homes to manage the health of residents, occupational therapy service and community equipment services.

52. Councillor Catherine McDonald, Cabinet Member for Health, in her annual scrutiny interview with the sub-committee also highlighted the work being done by GPs to provide assessments for older people to prevent demand at a later point in time - for example recommending the installation of grab rails to prevent falls in the home.

53. She also talked about the council’s work looking at housing policy, including the re-introduction of wardens and the plans for expansion of extra care, which would provide nursing on-site.

### **Recommendations**

12. The sub-committee is pleased to know that the Adult Social Care teams within the Council are working hard to ensure that Southwark residents are receiving the best levels of care to help them stay safely and independently in the community. We recommend that further work is done to specifically look at the ways in which we can identify and support older people to prevent admissions to A&E.

13. We remain concerned however that there seems to be a lack of co-ordinated action by the health community to tackle the issue of increased acuity of patients. The sub-committee recommends that the Health & Wellbeing Board place this as a priority for



2014/15 and that Public Health carries out a piece of research into the reasons behind the increased acuity in Southwark.

14. We also recommend the establishment of a joint working group, led by the CCG and working alongside those involved in the JSNA and including the Council, Hospital Trusts, the Public Health and Healthwatch to look specifically at the ways in which we can support those people with long-term conditions in the community, and reduce presentations at A&E wards.

### **iii. Helping people with mental health conditions**

54. In 2011, the Department for Health published 'No Health without Mental Health', a cross-government mental health outcomes strategy for people of all ages.
55. The report emphasised the importance of mental health, stating this: 'Mental health is everyone's business...good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.' (No Health without Mental Health, February 2011, p.5)
56. The impact of mental health problems is estimated to continue to increase. As the CCG set out in their evidence, there are suggestions that the cost of treating mental health problems could double over the 20 years from the current estimated cost of £105billion per year. (NHS England statistics)
57. The sub-committee established that there are two distinct working groups looking at addressing the issues around mental health in Southwark.
58. First, a sub-group of the Lambeth and Southwark Urgent Care Board has recently been formed, which includes Gwen Kennedy, Director of Client Group Commissioning at the Clinical Commissioning Group, with representatives from the hospital trusts. This group is looking directly at supporting patients who present with mental health conditions at A&E. The group is currently working on an Action Plan, which sets out the activities the Trusts will be undertaking to help relieve the pressures.

### **Recommendation**

15. We recommend that the Mental Health sub-group of the Lambeth & Southwark Urgent Care Board presents its final Action Plan to the sub-committee for further comment.
59. Secondly, the Council and the Clinical Commissioning Group commissioned a review of the partnership arrangements that were in place for delivering mental health services in the borough. The review made a number of recommendations, including the developments of a new Mental Health Strategy for Southwark.

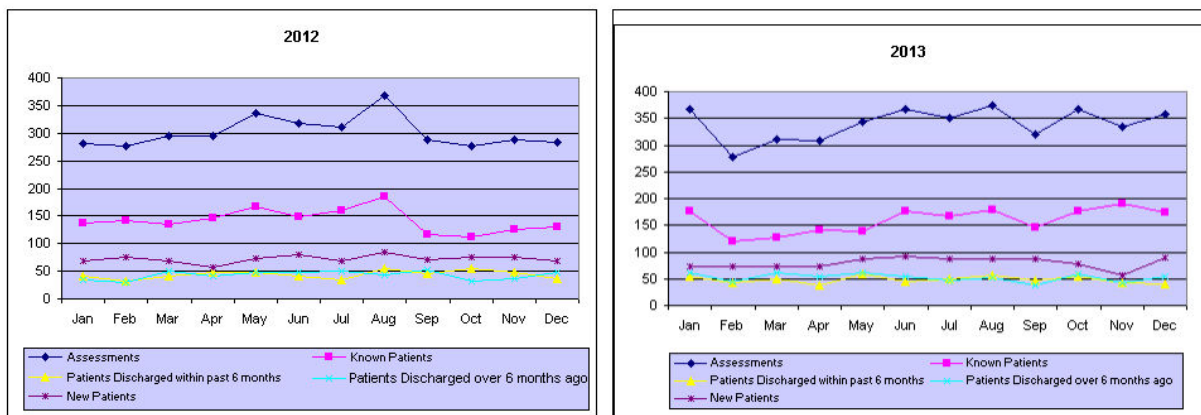
60. The initial thoughts on this document were presented to the sub-committee by the Clinical Commissioning Group in October 2013.

**Recommendation**

16. We recommend that the final draft of the Joint Mental Health Strategy is presented to the sub-committee ahead of publication for further scrutiny.

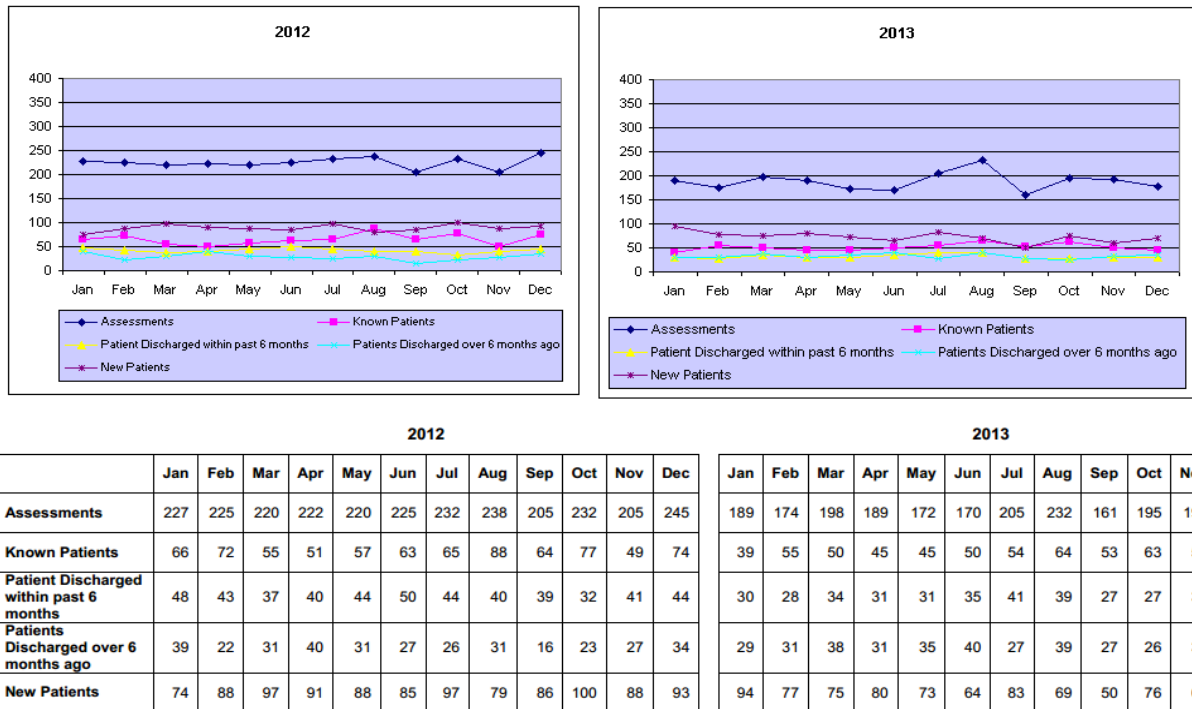
**Numbers of people presenting at A&Es**

61. The sub-committee heard from the Hospital Trusts specifically about the increasing numbers of people presenting at A&E departments with mental health conditions, alongside increased acuity and increased co-morbidity.
62. Hospital Trusts reported the worrying statement that the number of mental health patients presenting at A&E departments requiring assessment and appropriate interventions has increased significantly. In terms of numbers of presentations, Kings College Hospital reported that there was a 10.2% increase in assessments between 2011-2012 and 2012-13 (3370 to 3717). At the same time, there was a 32% increase in MHA admissions in the same time period from 88 to 117.



	2012												2013											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Assessments</b>	282	277	295	294	336	318	312	369	287	276	287	284	366	277	311	308	344	367	351	374	319	368	333	357
<b>Known Patients</b>	138	141	136	147	168	149	159	185	117	113	126	131	176	119	127	142	138	176	168	180	147	177	190	175
<b>Patients Discharged within past 6 months</b>	42	31	41	47	47	41	34	55	46	55	49	37	55	42	50	37	58	44	49	56	48	55	43	39
<b>Patients Discharged over 6 months ago</b>	34	30	50	42	47	48	50	44	52	33	37	48	62	44	62	55	62	55	46	52	38	59	43	54
<b>New Patients</b>	68	75	68	58	74	80	69	85	72	75	75	68	73	72	72	74	86	92	88	86	86	77	57	89

**Figure 7:** Kings College Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014



**Figure 8:** Guys and St Thomas’ Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014

- 63. The Trusts also noted that there was an increase especially amongst local people who are unknown to the service and this is further complicated by the complexity of the social problems that these individuals are facing.
- 64. South London and Maudsley also told the sub-committee that they do not have detailed records of the numbers of different classifications of presentations to Emergency Departments, but are now in the process of collating this information.

**Recommendation**

- 17. The sub-committee finds these statistics concerning, especially in light of the comments that this increase seems to be amongst local people who are unknown to the service. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.

**Providing support for those with mental health conditions in hospitals**

- 65. Individual Trusts also told us about the work that they are doing to support patients presenting with mental health concerns. Kings College Hospital has a KPI that all patients are to be seen by the specialist psychiatric team within 30 minutes from referral. It is also encouraging to see that they are up-skilling their staff through

specialist psychiatric training and increase provision of Psychiatric Liaison Nurses (PLN).

66. Guy's and St Thomas' also have PLNs available 24/7, in conjunction with SLAM to ensure that patients are receiving the highest levels of care at all times. They currently also have two cubicles which can be separated from some of the noise and the lights can be dimmed, but this is not an ideal situation.
67. The main issue raised by both Trusts was the provision of beds to admit patients to, and physical spaces within A&E departments to treat those presenting with mental health conditions.
68. As Guy's and St Thomas' set out in their evidence, this is a key issue, with patients from across the country utilising mental health bed provision in South London. In their experience, patients can wait for up to 24 hours to gain access to an appropriate bed in their local area, and during this time they are in a sub-optimal environment for their condition. The table below shows the wide range of areas that patients come from.

	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	
<b>Abertawe</b>					1	<b>1</b>
<b>Barking &amp; Dagenham</b>	1					<b>1</b>
<b>Barnet</b>	3	2	2		1	<b>8</b>
<b>Bedford</b>		1			1	<b>2</b>
<b>Berkshire East</b>			3	2	1	<b>6</b>
<b>Bexley</b>	1		1	2	2	<b>6</b>
<b>Blank / Unknown</b>	12	12	11	12	4	<b>51</b>
<b>Bournemouth</b>	1					<b>1</b>
<b>Bradford</b>		1	1			<b>2</b>
<b>Brent</b>	1	2	2	2	3	<b>10</b>
<b>Brighton</b>		2				<b>2</b>
<b>Bristol</b>		1		1	1	<b>3</b>
<b>Bromley</b>	1		1	1	2	<b>5</b>
<b>Bucks</b>		1				<b>1</b>

<b>Cambridge</b>					1	1
<b>Camden</b>	1	3	1	2	4	11
<b>City &amp; Hackney</b>	1	3		1	1	6
<b>Cornwall &amp; Scilly</b>	1			1		2
<b>Cumbria</b>				1		1
<b>Cwm Taf</b>		1			1	2
<b>Ealing</b>	1	2	1	2	2	8
<b>East &amp; North Herts</b>		1				1
<b>Eastern &amp; Coastal Kent</b>				2	1	3
<b>East Sussex Downs</b>					1	1
<b>Enfield</b>		1				1
<b>Gateshead</b>					1	1
<b>Glasgow</b>		1				1
<b>Gloucs</b>		1				1
<b>Great Yarmouth</b>	1	2	1			4
<b>Greenwich</b>	1		3	4	2	10
<b>Hammersmith &amp; Fulham</b>			1	1		2
<b>Haringay</b>	1		2	1	2	6
<b>Harrow</b>		1	1		1	3
<b>Hastings</b>			1			1
<b>Havering</b>			2	1		3
<b>Herts</b>	1				2	3
<b>Hillingdon</b>					1	1

<b>Hounslow</b>				1		<b>1</b>
<b>Islington</b>	1	2	1	1	1	<b>6</b>
<b>Kensington &amp; Chelsea</b>	4	1	2	2	2	<b>11</b>
<b>Kingston</b>	1		1		1	<b>3</b>
<b>Leeds</b>			1		1	<b>2</b>
<b>Lincolnshire West</b>					1	<b>1</b>
<b>Liverpool</b>		1				<b>1</b>
<b>Luton</b>	1				1	<b>2</b>
<b>Medway</b>	1		1			<b>2</b>
<b>Newcastle</b>			2	2	1	<b>5</b>
<b>Newham</b>		1	1	2		<b>4</b>
<b>North East Essex</b>	1					<b>1</b>
<b>North Lancs</b>			1			<b>1</b>
<b>Nottingham</b>				2		<b>2</b>
<b>Portsmouth</b>					1	<b>1</b>
<b>Redbridge</b>	1	1		1	2	<b>5</b>
<b>Richmond &amp; Twickenham</b>	1	1		2		<b>4</b>
<b>Sheffield</b>		1		1		<b>2</b>
<b>Somerset</b>				1		<b>1</b>
<b>South Birmingham</b>			1		1	<b>2</b>
<b>South East Essex</b>	2					<b>2</b>
<b>South West Essex</b>		1		1		<b>2</b>
<b>Surrey</b>	5	1	1	2	1	<b>10</b>

<b>Sutton &amp; Merton</b>		6	4			<b>10</b>
<b>Tower Hamlets</b>	1	4	1	3	2	<b>11</b>
<b>Waltham Forest</b>			1	2	2	<b>5</b>
<b>Wandsworth</b>	8	6	4	5	3	<b>26</b>
<b>West Essex</b>				1		<b>1</b>
<b>West Kent</b>	2	1	1	1	2	<b>7</b>
<b>West Sussex</b>		3	2			<b>5</b>
<b>Western Cheshire</b>				1		<b>1</b>
<b>Westminster</b>	16	11	14	20	12	<b>73</b>
<b>Wiltshire</b>		1			1	<b>2</b>
<b>Worcester</b>			1			<b>1</b>
<b>Total</b>	<b>73</b>	<b>80</b>	<b>74</b>	<b>87</b>	<b>71</b>	<b>385</b>

**Figure 9:** Guys and St Thomas' Hospital, Mental Health Paper, January 2014

69. Both Hospital Trusts however are taking steps to change the way in which they provide support for mental health patients.
70. Kings College Hospital is in the process of an organisational reconfiguration in their outpatients department. This will support the final phase of the mental health assessment suite which will then provide a separate space for the treatment of these patients.
71. Guy's and St Thomas' are also in the process of a rebuild for the emergency floor which is due to begin in early 2014. This will lead to the creation of two specifically designed and located cubicles for the treatment of mental health patients in the Major Treatment Area.

### **Recommendation**

18. The sub-committee notes with concern the current facilities for patients presenting with mental health conditions at A&E wards. We recommend that Kings College Hospital and Guy's and St Thomas' place the provision of safe, secure spaces for the treatment

of patients presenting with mental health conditions as a key priority in their workplans for 2014.

### **Providing support for those with mental health conditions in the community**

72. The Council's Adult Social Care team currently has a number of initiatives to support people with mental health conditions in the community, which aim to help keep them safe in the community and away from A&E wards.
73. The mental health services in Southwark are provided by integrated health and social care teams, under the auspices of SLaM. They use a holistic approach which enables teams to support all health and social care needs under one service. These teams also provide 'in-reach' onto wards to enable earlier discharges.
74. The Adult Social Care team in their evidence, told the sub-committee about the services that are provided, including:
  - Home Treatment Teams (HTT) who provide 24/7 care to service users in a crisis in their own homes, accept out of hours referrals from GPs, provide peer support for people in leaving HTT.
  - Psychiatric Liaison Nurses (PLN) who are based in A&E and provide 24/7 mental health triage, as well as assessing for HTT.
  - 13 weeks support through reablement with a Recovery and Support Plan aimed at avoiding future mental ill-health episodes leading to a crisis situation.
  - Maudsley's 'place of safety' which is open 24/7 and where those with mental illness who are picked up by the police can be taken to instead of A&E
  - AMHP team who can undertake assessments under the Mental Health Act without a need for referral to A&E
  - Emergency Duty Workers (EDT) who provide rapid assessment under the Mental Health Act as well as care planning.

### **Recommendation**

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



## General Practitioner Services

### Pressure on GP Services

#### i. Bureaucracy

75. GP services are experiencing ever-increasing pressures, particularly in terms of bureaucracy. The Local Medical Committee (LMC) in their evidence to the sub-committee said that the Department of Health recognises that there is a 35% administrative 'tail' for every consultation. For every hour a GP sees patients, there is a further 20 minutes administration. Alongside this, clinical information following outpatient consultations is not sent to GPs in a timely manner, leading to further time spent chasing for information.

#### Recommendation

20. This extra time spent on largely bureaucratic tasks is concerning to this sub-committee. We recommend that the CCG and Hospital Trusts work together to reduce the time taken for GP surgeries to receive outpatient reports. We also recommend the CCG look into the ways in which they can provide template forms and support to GPs to help them reduce the time taken on administrative tasks related to patient consultations.

#### ii. Local Authority Support

76. The LMC reported to the sub-committee that as part of their GP Workload Survey, which was conducted Londonwide in August 2013, there were reported that whilst not contractually obliged to undertake the work, GPs are spending time dealing with local authority related issues such as assessments for blue badges and housing assessments.
77. The sub-committee requested further information on this from council officers directly. Southwark Council told the sub-committee that if a resident does not qualify for automatic entitlement for a blue badge, they will need to see an occupational therapist. The council employs two OT contractors to provide this service, to prevent redirection to GP services.
78. Southwark also carried out housing assessments for residents requesting re-housing. NMC registered nurses are employed to undertake these assessments, using the criteria as set out in Southwark's housing allocation policy.

#### Recommendation

21. The sub-committee is pleased to see the Local Authority supporting its residents directly, rather than directing them to healthcare services. However, we remain concerned that some residents may not know that these services exist within the

Council. We recommend that the Housing Options & Assessment and the Disabled Travel Team should carry out a review looking at the ways in which to influence customer signposting to ensure that residents are aware of the services that the Council provides in terms of assessing residents for blue badges and receipt of benefits.

### iii. **Walk-in centres and Urgent Care**

#### **Dulwich Hospital, Dulwich**

79. A consultation was carried out by the Clinical Commissioning Group on future health service provision in Dulwich and the surrounding areas. Between 28 February and 31 May 2013, NHS Southwark CCG undertook a formal consultation, where people were asked to comment on a proposed service model for health services in community settings and two options for how these might be delivered.
80. Key findings from the consultation included:
- 80% of respondents were in agreement with the overall model of delivering healthcare in the community
  - Respondents were supportive of more accessible settings for healthcare in the community rather than hospital
  - Having healthcare delivered locally was an important issue for many respondents
  - That health care should be joined up
  - That provision of out of hours care was a concern for many respondents with 92% of respondents rating access to evening and weekend primary care as an important issue

#### **Recommendation**

22. This sub-committee has actively followed and partaken in the consultation around the future provision of health services at the Dulwich Hospital site. We have welcomed the work done by the CCG, and the sub-committee recommends that the CCG provides an update as necessary.

#### **Lister Urgent Care Centre, Peckham**

81. The LMC further highlighted the reports in the media about reductions in the number of walk-in centres nationally. They believe that this will impact in terms of capacity and workload.
82. In January 2014, the CCG presented to the sub-committee proposals for the Lister Urgent Care Centre in Peckham. The Lister Walk-in Centre has been operating since May 2009, and the contract is due to come to an end in September 2014. The CCG

agreed to review the current service, but wanted to use the opportunity to review the commissioning of urgent care across Southwark on the whole.

83. As part of the review into the Lister Walk-in Centre, a meeting was held on 26 November 2013, which aimed to engage the public about access and urgent care and provide information about the proposed plans for changes at Lister.
84. Four options for the provision of urgent primary care services were presented to the Southwark Commissioning Strategy Committee (CSC) for consideration in December 2013:
  - Re-commission the Walk-in Centre service in line with the existing specification
  - Commission limited Walk-in Centre service – unregistered patients and Kings re-directed patients only
  - De-commission Lister Walk-in Centre and focus upon improvements in primary care access
  - Commission alternative model of urgent primary care access based on extended access to GP practices on a locality basis

### **Recommendation**

23. The sub-committee is pleased that this was brought to their attention by the CCG, and is grateful for the time taken to attend the scrutiny meeting. We recommend that the CCG report back to the sub-committee once more work has been done on the preferred option for the provision of urgent care services in the south of the borough.

### **Access to GP services**

85. There is an ongoing perception within Southwark that there are difficulties in accessing GP services. This is not a view confined just to Southwark, but is being seen throughout England.
86. Reasons for this include the increase in patients presenting with complex conditions, which require more time to be spent by GPs in appointments, rather than the 10 minute slot allocated. At the same time, patients whose first language is not English often require extra time in consultation, which further extends the time spent with patients outside of the 10 minute slot.
87. Both local and national NHS policy is to promote more care out of hospital, which will mean that sicker patients are being cared for in primary care settings, placing further pressures on GP surgeries.
88. There are 45 GP practices in Southwark, with a combined registered patient list of 305,841 (as at 1 April 2013). All Southwark practices are required to be open from 08.00 – 18.30 and the majority of Southwark practices have not opted out of

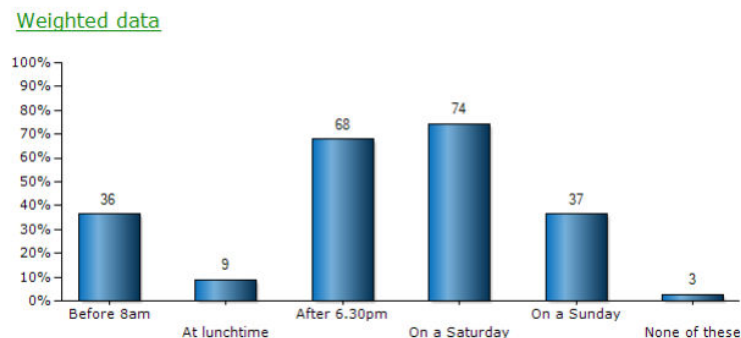
responsibility for Out of Hours Care and are members of South East London Doctors' Co-Operative (SELDOC), a co-operative organisation of member practices which provides Out of Hours Services across Lambeth, Southwark and Lewisham CCGs, including telephone advice, GP consultations and home visits.

89. In addition to SELDOC, there is an 8am-8pm GP Led Health Centre at the Lister Health Centre in Peckham, which provides walk-in based care for registered and un-registered patients, 7 days a week.
90. NHS England carried out a survey into access to GP services for the whole of England. They found that people's overall experience of GP surgeries across England showed 87% of people thought they were overall good, whilst only 82% of residents in Southwark agreed with this view.

***i. Opening hours of GP surgeries***

91. The CCG in their Community Care Strategy notes that whilst they found there to be sufficient capacity in terms of number of appointments across the borough and across days of the week, this masks the differences between practices and across days of the week.
92. The NHS England Access Survey looks at when patients would like to have more access to GP services, finding that this was primarily after 6.30pm, and on Saturdays and Sundays.

### Additional times that would make it easier for you to see or speak to someone



GP Patient Survey July 2012 to March 2013

**Figure 10:** GP Patient Survey, Additional times that would make it easier for you to see or speak to someone, July 2012 – March 2013, NHS England Access to GP Services, October 2013

93. The LMC reported that most GP practices in Southwark are now offering extended hours for patients, alongside providing out of hours care through SELDOC (South East London Doctors' Co-operative).

## Recommendation

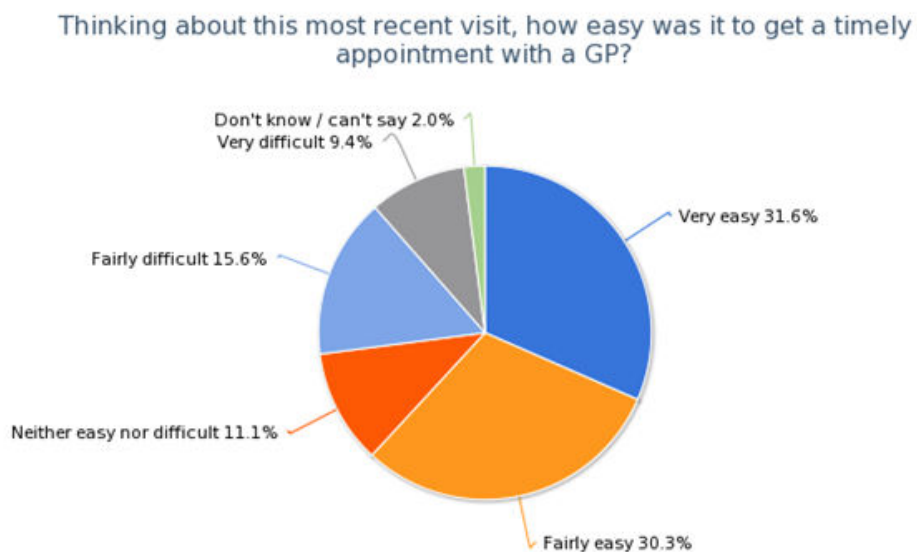
24. The sub-committee welcomes the provision of the SELDOC service, especially in light of the delay in the rollout of the 111 Service in Southwark. We recommend that GP services promote the SELDOC service within their local practices, to signpost patients to out of hours services.
94. NHS England's GP Survey found that the percentage of people who were satisfied with the opening hours of GP surgeries was 80% for the whole of England, and 79% of Southwark residents.
95. As part of the Community Care Strategy, the CCG set out that it would be working to action clear arrangements for extended hours care in primary care. Jill Webb of NHS England also said as part of her evidence that 8am to 8pm opening will be considered in 2014.

## Recommendation

25. The sub-committee welcomes this move. We recommend that NHS England report back to the sub-committee with an update on proposed opening hours of surgeries when appropriate.

## ii. Appointment booking services

96. The sub-committee's own survey showed that a large percentage of respondents found it fairly difficult/very difficult to get a timely appointment with a GP.



**Figure 11:** Access to GP appointments, Health Committee Survey, January 2014

97. GP practices throughout the borough do not have a consistent way of providing appointments for patients. These range from the ability to book appointments in advance, to having to call on the morning of the day you would like an appointment, through to calling for cancellations if you want an appointment on a specific day.
98. NHS England's Access Survey compared the responses for Southwark and the rest of England.

	Yes	Yes but had to call back	No	Can't remember
Southwark	70%	12%	13%	5%
England	74%	13%	10%	3%

**Figure 12:** Able to get an appointment or speak to someone, NHS England GP Patient Survey July 2012 – March 2013, NHS England Access to GP Services, October 2013

99. The sub-committee collated a number of comments from individuals who expressed their frustration with the appointment services.

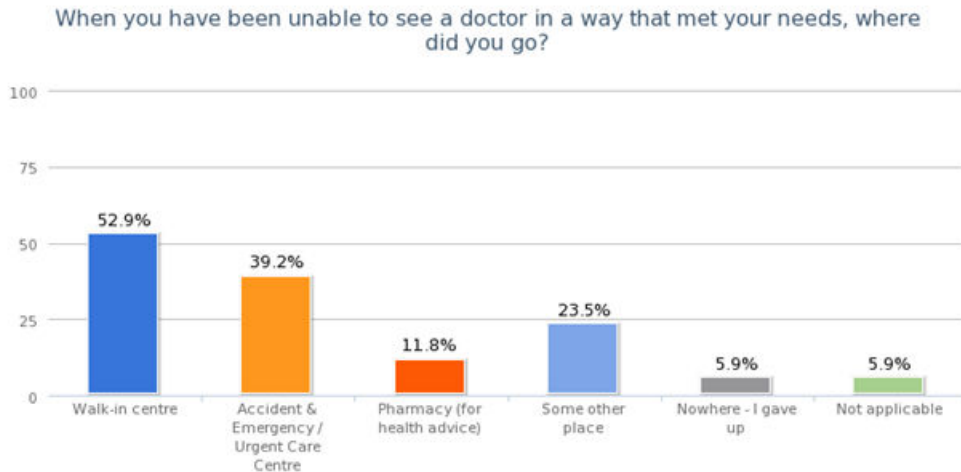
*"No appointments available in the next month, unless you call for an emergency one, plus they only take bookings for the next four rolling weeks"*

*"No appointments available unless you can call at the crack of dawn - impossible for working people who can't take time off without clearing it in advance"*

*"You have to call right at 8am - if you're lucky you'll get something that day. Making appointments for any date in the future is absolutely impossible"*

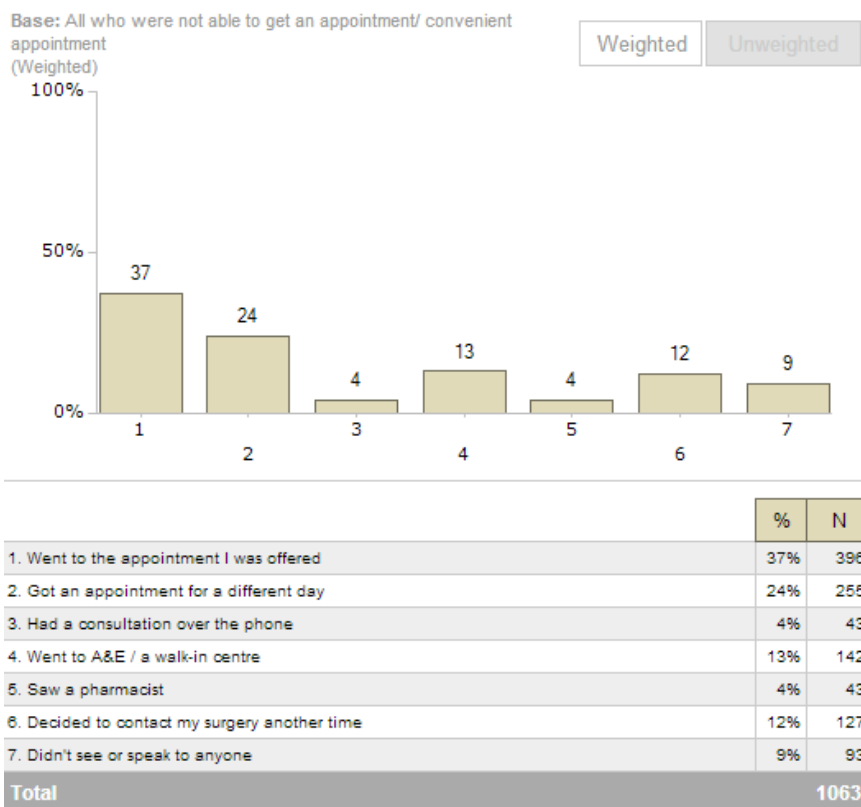
- Comments from Southwark residents

100. The sub-committee went on to look at where those who could not access a GP appointment went to for medical assistance.
101. From the survey conducted by the Health Scrutiny Sub-Committee, we found that a large proportion of people either went to walk-in centres, or to A&Es, thereby putting unnecessary pressure on other parts of the healthcare system.



**Figure 13:** Health services accessed when unable to attend GP surgeries, Health Committee survey, January 2014

102. The Switham CCG Health Survey, which will be more reliable, as it spoke to a larger sample of people, asked a similar question, about what a resident would do if they were not offered a convenient appointment. In that case, 13% of people went to A&E or an urgent care centre. Whilst this figure is less than the one from the Health Scrutiny Survey, it is still concerning to see 13% of people turning to urgent care services when they cannot access a GP appointment at a convenient time, thereby placing pressure on emergency services.



**Figure 14:** GP Patient Survey: Southwark CCG. What you would do if you were not able to get an appointment/convenient appointment (December 2013)

103. We are also aware from the Health Sub-Committee's own survey, that there is a significant proportion of people who use GP services for managing their long-term conditions. In these cases, many patients would like appointments with their named GP, who understandably has more of an understanding of their ongoing medical needs.
104. The appointments system seems to be creating difficulties for many of these individuals.

*"Appointments with your preferred GP have to be booked about 4 weeks in advance."*

*"When I try and book an appointment for more than four weeks ahead I'm told they only take bookings for the next few weeks and to call back in a week. When I do all the appointments are filled so I'm told to call again in a week. I do and again there are no appointments."*

*"Difficult to get an appointment with the same GP because you seem to have to always ring back as they release more appointments. This is despite them asking me to try to see the same person. It works for urgent problems but is not set up well for people like me with chronic health problems who would like to book well ahead for review."*

- Comments from Southwark residents

105. The issue of not being able to access GP services as required is a worrying one. The sub-committee is concerned that whilst we are assured that there are enough appointments available within the system, patients are struggling to get them at times they would like. This is leading to extra pressure on other healthcare services.

### **Recommendation**

26. We recommend that NHS England, with the support of the Clinical Commissioning Group, undertake a study into the best method for providing appointments consistently across the borough and consider a Southwark offer that ensures minimum standards of access for patients in Southwark in regards to contact with a GP if appropriate following NHS England's Call for Action response.



## The King's Health Partners Merger

106. The previous sub-committee last received an update on the King's Health Partner merger in May 2013. At that point in time, King's Health Partners were continuing with the idea of a partnership. They noted that their partnership currently is complicated, with three different NHS organisations, with different structures, cultures and ways of doing things.
107. The Strategic Outline Case was published in July 2012, with a more detailed Full Business Case due to be developed, which would test a range of organisational models, including creating a single academic health organisation by merging the trusts, alongside looking at alternatives short of a three way merger.
108. They hoped to publish the Full Business Case in autumn 2013 and this sub-committee was committed to scrutinising that process. However, in November 2013, it was announced in a statement that the proposed merger would be progressing less quickly than anticipated.
109. In their statement, King's Health Partners stated that

"The further work we have been doing points us to the conclusion that only a merger between the NHS foundation trusts as well as closer integration with the university would enable us to maximise the benefits of our AHSC to patients.

Organisational change on this scale and complexity would need to take place at a measured pace, informed by clear evidence of the benefits for the patients and communities we serve.

If we are to proceed towards a merger then the next step would be to develop a full business case, for consideration by our boards, and in the case of the NHS partners, our councils of governors.

This is not the right time to take that step, not least because we will only do this if we are confident that a case for merger is likely to be approved by the regulators and we have made further progress in coordinating our services." (Kings Health Partners Statement, November 2013)

## Recommendation

27. Since the merger was proposed, the sub-committee has taken an active interest in the decision-making process. The sub-committee noted with interest that this process has now been delayed and recommends that when a Full Business Case is developed, King's Health Partners should return to the sub-committee for further scrutiny.

<b>Item No.</b> 9.	<b>Classification:</b> Open	<b>Date:</b> 16 September 2014	<b>Meeting Name:</b> Cabinet
<b>Report title:</b>		Response to recommendations in Access to Health Services in Southwark (Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee)	
<b>Ward(s) or groups affected:</b>		All	
<b>Cabinet Member:</b>		Councillor Dora Dixon-Fyle, Adult Care, Arts and Culture and Councillor Barrie Hargrove, Public Health, Parks and Leisure	

## **FOREWORD – COUNCILLOR DORA DIXON-FYLE, CABINET MEMBER FOR ADULT CARE, ARTS AND CULTURE AND COUNCILLOR BARRIE HARGROVE, CABINET MEMBER FOR PUBLIC HEALTH, PARKS AND LEISURE**

Health and wellbeing is at the heart of the council's ambition for a fairer future for everyone in Southwark. With the transfer of responsibility for public health and ever closer working with our health partners, we are in a strong position to improve services, deliver better health outcomes for our residents and importantly, reduce health inequalities.

As the vision articulated in our Joint Health and Wellbeing Strategy sets out, it is by working together that we can create a borough where everyone can realise their potential and have the best possible life chances. This means ensuring everyone can access the support they need, as well as supporting people to take responsibility for their own wellbeing.

We recognise the high levels of need across our diverse communities and we therefore welcome the report of the health, adult social care, communities and citizenship scrutiny sub-committee (now the healthy communities scrutiny sub-committee), Access to Health Services in Southwark.

The council, working closely with our health partners, is progressing several areas of work that are helping people stay well at home for longer, preventing emergency admissions and signposting residents to the right services at the right time. We are therefore pleased to present the following responses to the recommendations of the scrutiny sub-committee and look forward to continuing our work together to improve health and wellbeing for all our residents.

### **RECOMMENDATION**

1. That cabinet agree the proposed response to the health, adult social care, communities and citizenship scrutiny sub-committee's report into Access to Health Services in Southwark.

### **BACKGROUND INFORMATION**

2. The health, adult social care, communities and citizenship scrutiny sub-committee undertook an investigation into Access to Health Services in Southwark and the recommendations relating to council responsibilities were presented to cabinet on 22 July 2014 with a request for the relevant lead members to bring back a report responding to those recommendations.

3. This report therefore provides proposed responses to the recommendations specific to the council to be approved by cabinet.

## **KEY ISSUES FOR CONSIDERATION**

### **Recommendations from the scrutiny sub-committee presented in the cabinet report of 22 July 2014 and proposed cabinet responses**

#### **Recommendation 7**

4. It is a statutory requirement to list background documents and for them to be available for public inspection for a period of 4 years. It is also a statutory requirement for background documents listed in reports for a cabinet meeting or community council meetings making an executive decision, to be made available on the council's website.
5. We further recommend that Public Health supports the CCG in their "Not Always A&E" campaign, ensuring that public awareness of the alternative healthcare services increases.

#### **Response**

6. Public Health will add value and support the Not Always A&E campaign through its planned events, outreach activity and relevant campaigns.

#### **Recommendation 9**

7. We recommend that the Clinical Commissioning Group continues its programmes working specifically with older people and that Public Health identifies the further support that we, as an authority, can be giving them.

#### **Response**

8. Public health has been supporting the CCG and local authority in their work to co-produce an outcomes framework for older people and those with long term conditions as the basis for future commissioning.
9. Public health has also contributed needs assessment support for:
  - defined secondary prevention interventions including self-management
  - mental health of older adults
10. The Health Checks Programme also includes a dementia awareness element for over 65s and helps to sign post individuals to GPs for a full cognitive assessment.

#### **Recommendation 10**

11. This sub-committee commends the work of the CCG, jointly with the local authority and community services to help people stay well at home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.

**Response**

12. The director of adult social care would be happy to arrange a further report for the sub-committee providing more evidence on the work being undertaken across health and social care on the frail elderly pathway. A meeting to discuss the required scope of this report can be arranged with the chair of the sub-committee.

**Recommendation 11**

13. This sub-committee welcomes the work being taken forward by the Adult Social Care department. We recommend an update report on the services provided for older people with high needs to be made to the next sub-committee.

**Response**

14. The director of adult care would be happy present a further report to the sub-committee during 2014/15 on the work undertaken by adult social care services for older people with high needs to prevent avoidable admissions to hospital. This report can be combined with the report requested in recommendation 10.

**Recommendation 12**

15. We recommend that further work is done by the adult social care team within the council, looking specifically at the ways in which we can identify and support older people to prevent admissions to A&E.

**Response**

16. This recommendation is being implemented through current work programmes. The adult social care division is working closely on this issue with health partners through the Older People's Programme with SLIC (Southwark and Lambeth Integrated Care). Initiatives include expanded Enhanced Rapid Response social work support to the Admissions Avoidance workstream and social work support for hospital support at home. The Better Care Fund plan agreed by the Health and Wellbeing Board sets out how services will be further integrated with a specific target to reduce avoidable emergency admissions.
17. For example; extra funding has been provided for night time intensive homecare aimed at those most vulnerable to admission to hospital; Reablement and Intermediate Care services are focussed on preventing people needing to be admitted or re-admitted to hospital after discharge; the investment in telecare is being stepped up, the Carers strategy agreed by cabinet helps ensure carers can combine their caring role with other aspects of their life; seven day working is being expanded. The latest position on these services can be summarised in the update report requested in recommendation 10 and 11.

**Recommendation 13**

18. We remain concerned however that there seems to be a lack of co-ordinated action by the health community to tackle the issue of increased acuity of patients. The sub-committee recommends that the Health & Wellbeing Board places this as a priority for 2014/15 and that Public Health carries out a piece of research into the reasons behind the increased acuity in Southwark.

## Response

19. Existing health and social care strategies, including the Older People's Programme, are aiming to ensure an effective integrated response to this group to prevent their needs escalating and in particular to avoid them needing to attend A&E in crisis.
20. Due to demographic trends there are increased numbers of older people, including highly frail elderly people with multiple long term conditions and dementia. This is reflected in the Southwark JSNA which directly informs the Health and Wellbeing Strategy, for which the Health and Wellbeing Board is responsible.
21. The Health and Wellbeing Strategy priorities will contribute towards addressing the issues of increased acuity, in particular earlier detection and management of long term chronic health conditions, integration for better health and wellbeing outcomes and tackling neglect and vulnerabilities for children and adults. Public Health is informing and supporting the programme development, outcomes and evaluation of integrated care which will help to better understand and address the increased acuity in Southwark.

## Recommendation 21

22. We recommend that the Housing Options & Assessment and the Disabled Travel Team should carry out a review looking at the ways in which to influence customer signposting to ensure that residents are aware of the services that the council provides in terms of assessing residents for blue badges and receipt of benefits.

## Response

23. Homelessness and Housing Options Service employ nurses to undertake medical assessments for housing and the Disabled Travel Service uses external occupational therapists. However, we recognise that there is still a belief amongst some applicants that a doctor's letter will assist them. The Homelessness and Housing Options Service are seeking a meeting with GPs to discuss improved partnership working and the Disabled Travel Team will be included in the meeting when it is arranged.
24. Both the Homelessness and Housing Options Service and the Disabled Travel Service are offering more services online and we will review the online forms to assess whether we could reinforce the message that customers should not approach their GP. We have previously produced posters to raise awareness and we believe it would be useful to revamp these.
25. There are some smaller services who still seek agreement from GPs for applications. We have so far identified Taxi Card applications and disabled parking bays, but it is possible there are others. Taxi Cards are managed by London Councils on behalf of Southwark and we will work with London Councils to review what changes we can make to this process.
26. The Disabled Travel Team recently agreed to take on management of applications for disabled travel parking bays and will use Occupational Therapists in future to assess these requests, which will slightly decrease some of the pressure on GPs.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Report to Cabinet from Overview and Scrutiny Committee, 22 July 2014 <i>Access to Health Services in Southwark</i> (Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee)	<a href="http://www.southwark.gov.uk">www.southwark.gov.uk</a>	Peter Roberts Email: <a href="mailto:peter.roberts@southwark.gov.uk">peter.roberts@southwark.gov.uk</a>
<a href="http://moderngov.southwark.gov.uk/documents/s47482/Report%20Access%20health%20services.pdf">http://moderngov.southwark.gov.uk/documents/s47482/Report%20Access%20health%20services.pdf</a>		
Report of the Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee, <i>Access to Health Services in Southwark</i>	<a href="http://www.southwark.gov.uk">www.southwark.gov.uk</a>	Julie Timbrell Email: <a href="mailto:julie.timbrell@southwark.gov.uk">julie.timbrell@southwark.gov.uk</a>
<a href="http://moderngov.southwark.gov.uk/documents/s47483/Appendix%20Access%20to%20Healthcare%20Services.pdf">http://moderngov.southwark.gov.uk/documents/s47483/Appendix%20Access%20to%20Healthcare%20Services.pdf</a>		

## AUDIT TRAIL

<b>Cabinet Member</b>	Councillor Dora Dixon-Fyle, Adult Care, Arts and Culture and Councillor Barrie Hargrove, Public Health, Parks and Leisure	
<b>Lead Officer</b>	Alex Laidler, Director of Adult Social Care, Children's and Adults' Services	
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<b>Version</b>	Final	
<b>Dated</b>	5 September 2014	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
<b>Cabinet Member</b>	Yes	Yes
<b>Date final report sent to Constitutional Team</b>	5 September 2014	

# **Prevalence of Psychosis and Access to Mental Health Services for the BME Community in Southwark**

Report of the Health, Adult Social Care, Communities &  
Citizenship Scrutiny Sub-Committee

March 2014



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## Introduction

1. Psychotic disorders (sometimes called severe mental illness - SMI) include schizophrenia and extreme disorders of mood (mainly bipolar disorder). The disorders are characterised by severe disturbances in thinking and perception such that perception of reality is distorted. This may result in different types of delusions about the self, others and the environment including hearing voices.
2. The Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee undertook an investigation into psychosis particularly in the BME community.
3. At this time, the sub-committee has carried out some initial evidence and we strongly recommend that the next iteration of the Health Scrutiny Sub-Committee carries out a more in-depth look at access to mental health services by all service users, with a specific focus within the report on BME community access.
4. In particular we investigated:
  1. The prevalence of psychosis in the BME community in Southwark
  2. The reasons behind the prevalence of psychosis amongst the BME community
  3. The current ways in which mental health services are accessed by the BME community, and associated problems and/or best practice
  4. The ways in which mental health services currently interact with each other throughout Southwark

## Evidence Base

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

## Recommendations

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

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

### Prevalence of Psychosis in the BME Community

6. In both the 2001 and 2011 censuses, Southwark had the highest percentage and number of African residents for all London Boroughs. Southwark also has the highest percentage and number of African residents of any local authority in Britain (Office for National Statistics, 2013; Southwark Council, 2011).
7. In 2001 around three fifths of the African population of the borough were born in Africa (Southwark Analytical Hub), and this proportion was approximately the same in 2011 (Office for National Statistics, 2013). African residents are predominantly from Nigeria and other parts of West Africa (Southwark Council, 2011). The proportion of Black Caribbean residents in Southwark is somewhat different, decreasing from 8.0% in 2001 to 6.2% in 2011 (Southwark Analytical Hub).
8. There is substantial research that shows that in the UK rates of mental illness including psychosis in some ethnic minority populations are higher than rates in white British populations although the levels are not consistent and are different for men and women.
9. The main source of information about the numbers of people in the population with mental ill health nationally is taken from a large household survey conducted in England in 2007, and its predecessors which covered England, Scotland and Wales in 1993 (16-64 year olds) and 2000 (16-74 year olds) by the Office for National Statistics (ONS).

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

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

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

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

10. Nationally the APMS survey (ONS, 2007) found that about 65% of people with psychosis and 85% of people with probable psychosis living in private households were on treatment. The difference may be because some of the people with probable psychosis have a history of psychotic symptoms but had not experienced them in the previous year whereas some of the people with psychosis were new and had not yet accessed services.
11. One third of people with psychoses had contact with their GP in the past 2 weeks, and two thirds had had contact in the past year.

## Reasons for Prevalence of Psychosis in the BME Community

12. The sub-committee heard evidence from South London and Maudsley (SLaM) in May 2013, which detailed their thoughts on the reasons for the prevalence of psychosis.
13. They believe that there is clear evidence of increasing incidence from 1965 onwards in South London. This is likely to be the result of:
  - Increasing population size
  - Increased proportion of young people at age at risk (20-35)
  - Increased rates Black ethnic minorities
  - Increased rates with cannabis use
  - Increased rates with unemployment
14. As we can see from their projections, the number of Southwark residents with schizophrenia per 100,000 is predicted to substantially increase between 2004 and 2022.

South London and Maudsley   
NHS Foundation Trust

### Projections: schizophrenia per 100000 Southwark population 2004-2022

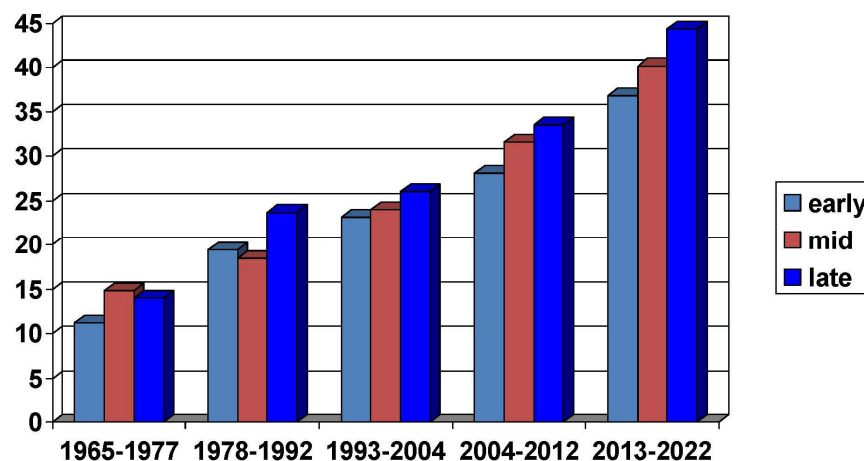


Figure 2: Projections of schizophrenia per 100,000, Southwark Population 2004-2022 (SLaM)

15. SLaM went on in their evidence to try and explain more of the reasoning behind the increased numbers of members of the BME community with psychosis.
16. They stated that there have been various hypotheses attempting to explain the raised incidence in African and Caribbean groups, including:

- Selective migration
  - Misdiagnosis based on racist assumptions
17. The differences are believed to be related to:
- Traumatic experiences (including racism/perceived racism), family breakdown and social support
18. They also drew on a number of external pieces of research which attempted to explain the risk factors that mean that psychosis in the BME community is more prevalent than in the non-BME community.
19. This includes:
- Unemployment - Members of the Black Caribbean community who are unemployed are 60 times more likely than white employed people to develop mental health problems. (Boydell et al 2012 – Study in Southwark)
  - Crime - There is a 26% increase in rates of schizophrenia with a 10% increase in crime (Bhavsar submitted 2012)
  - Psychosis increases with increasing population density (Mortensen et al 1999)
  - Cannabis use - There was a recent finding that cannabis use has a greater effect in inducing psychosis in urban environments - probable synergy (Kuepper et al 2011)
  - Poor education
20. However, whilst these factors are seen to increase the occurrence of psychosis, a recent study in Lambeth indicated that the increased incidence of psychosis in black people disappeared once they formed >25% of the population at neighbourhood level (1500 people) (Schofield et al 2011).
21. Public Health Southwark & Lambeth explained to the sub-committee that the reasons for increased occurrences included biological, psychological and environmental (social, family, economic etc) factors.
22. They told the sub-committee that opinions have swung to and fro between the relative contribution of biomedical (such as genes and brain chemistry) and environmental factors (such as parenting, school, work and life events) and between different interpretations and understanding of the brain and the mind. More recently there has been increasing recognition of the impact of nurturing on brain development in infancy and early childhood and specifically on the impact of negative infant and childhood experiences on future mental illness.
23. Studies now suggest that early childhood neglect and certainly more overt emotional or physical abuse can affect brain development adversely and increase risk of various issues including mental illness especially if other circumstances occur. There is also recognition that some forms of mental illness seem to run in families especially bipolar disorder although in nearly two thirds of people with schizophrenia there is no other family member with the disorder.

24. Psychological factors that may contribute to mental illness include:
- Severe psychological trauma suffered as a child, such as emotional, physical, or sexual abuse
  - An important early loss, such as the loss of a parent
  - Neglect (emotional and, or physical)
  - Poor ability to relate to others
25. Environmental factors or stressors that may trigger mental illness (although not specifically psychosis) in a person who is susceptible (especially having been exposed to some of the factors above) include:
- A dysfunctional family life including domestic violence
- Death or divorce
  - Unemployment
  - Bullying or harassment (in the workplace, school etc)
  - Substance misuse by the person or the person's parents
26. They also highlighted that there is a strong relationship between mental health problems and substance and, or alcohol misuse. This includes common mental illness, severe mental illness, problems with self harm and suicidal behaviour. Misuse of drugs and, or alcohol is also associated with increased risk of suicide. The Department of Health reports that about 30% of people seeking help for a mental health problem are likely to be misusing drugs
27. The evidence around the influence of cannabis is controversial but may have a role in psychosis in genetically susceptible people (less than 20% of those developing a psychotic illness) when used in early teenage years. Cannabis can also exacerbate symptoms and sign in established psychotic illness e.g. paranoia and hallucinations

### **Recommendation**

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

### Ways in which Psychosis Services are Accessed

28. In evidence from Healthwatch Southwark, it is apparent that BME communities are not being offered the services that they require. From a group of 10 people who were part of a BME service user group commenting on psychological therapy services, the comments received back included that:
- "It has not been offered"
  - "Because you have CPN it is not offered"
  - "No Black psychologist"
  - "Need to know more about it/unable to make decision"

### Recommendation

3. The sub-committee recommends that Healthwatch Southwark should collect more information of real life cases through a number of means including Kindred Minds - A Southwark Black and minority ethnic (BME) user-led mental health project - and other relevant sources and organisations in Southwark.
29. In terms of the way in which services are directly accessed, analysis by major ethnic groupings indicates that black patients are referred more by "emergency" type services, such as A and E or the justice system than by GPs.
30. Public Health in their research, explained to the sub-committee that nationally there is evidence of differential access to services for ethnic minority populations although some of this information is relatively historic.
- Admission rates to psychiatric hospitals for African-Caribbean populations are higher than for the general population (Coker 1994, Cochrane & Bal 1989)
  - Diagnoses of schizophrenia among persons admitted to psychiatric hospitals are 3 to 6 times higher among African-Caribbean groups than among the white population (Coker 1994, Cochrane & Bal 1989)
  - Diagnoses of depression and anxiety are less likely among African-Caribbean groups than among the general population (Lloyd 1993)
  - African-Caribbean groups are more likely to be subjected to harsh and invasive types of treatment including intramuscular injections and electro-convulsive therapy, more likely to be placed in secure units, to be described as aggressive and to be hospitalized compulsorily under the Mental Health Act (Dunn and Fahy 1990, Davies 1996, Bhat 1996)
  - Diagnoses of schizophrenia among persons admitted to psychiatric hospitals are 3 times higher among Asian males than among the white population (Coker 1994, Bhat 1996)

- Suicide rates among women from the Indian sub-continent and men and women from East Africa are higher than those for the general population (Soni Raleigh 1992, 1990) – this is very difficult to look at locally as suicide numbers are low and suicides in women are very low. Suicide rates among Asian women 15-24 years are more than twice the national rate and 60% higher in Asian women aged 25-34 years (Soni Raleigh 1992, 1990)
- Psychiatric patients from B&EM groups make less use of psychiatric services (Donovan 1992, Kareem 1989)
- The ethnicity of a patient influences the clinical predictions and attitudes of practicing psychiatrists (Lewis 1990) <sup>1</sup>

### **Recommendation**

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

### **Ways in which Southwark is Tackling BME Psychosis**

31. As we noted above, many of those presenting with psychosis first interact with healthcare services at A&E departments.
32. SLaM in their evidence to the sub-committee explained some of the background of these presenting at Emergency Departments. Those presenting at Kings and St Thomas' Emergency Departments, who are referred to the mental health liaison teams, typically fall into the following categories:
  - Actual deliberate self-harm
  - Intoxicated and suicidal
  - Psychotic
  - Hypomanic
  - Depressed
  - Depressed & Suicidal
  - Anxious
  - Requesting to see a Mental Health Professional

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



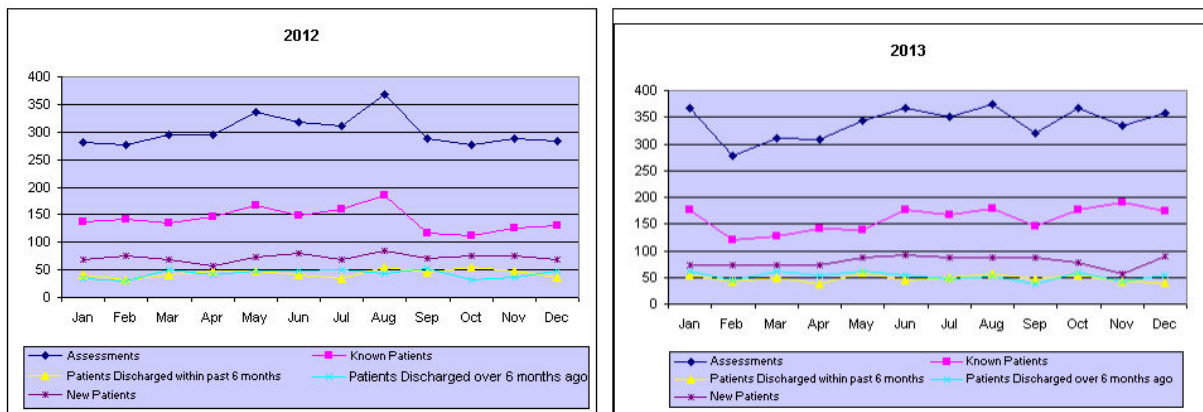
- Strange behaviour - often due to drug intoxicated

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

- Of those presenting to the department, some are 'first presentation' patients (not known to SLaM) but from the local area, some are patients already under the care of SLaM and some are out of area patients. The latter group is particularly represented in those presenting at St Thomas' ED due to its proximity to major transport hubs and London's West End.
- The Hospital Trusts and SLaM told the sub-committee that there was an increase especially amongst local people who are unknown to the service. SLaM also told the sub-committee that they do not have detailed records of the numbers of different classifications of presentations to Emergency Departments, but are now in the process of collating this information.

### Recommendation

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



	2012												2013											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Assessments</b>	282	277	295	294	336	318	312	369	287	276	287	284	366	277	311	308	344	367	351	374	319	368	333	357
<b>Known Patients</b>	138	141	136	147	168	149	159	185	117	113	126	131	176	119	127	142	138	176	168	180	147	177	190	175
<b>Patients Discharged within past 6 months</b>	42	31	41	47	47	41	34	55	46	55	49	37	55	42	50	37	58	44	49	56	48	55	43	39
<b>Patients Discharged over 6 months ago</b>	34	30	50	42	47	48	50	44	52	33	37	48	62	44	62	55	62	55	46	52	38	59	43	54
<b>New Patients</b>	68	75	68	58	74	80	69	85	72	75	75	68	73	72	72	74	86	92	88	86	86	77	57	89

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

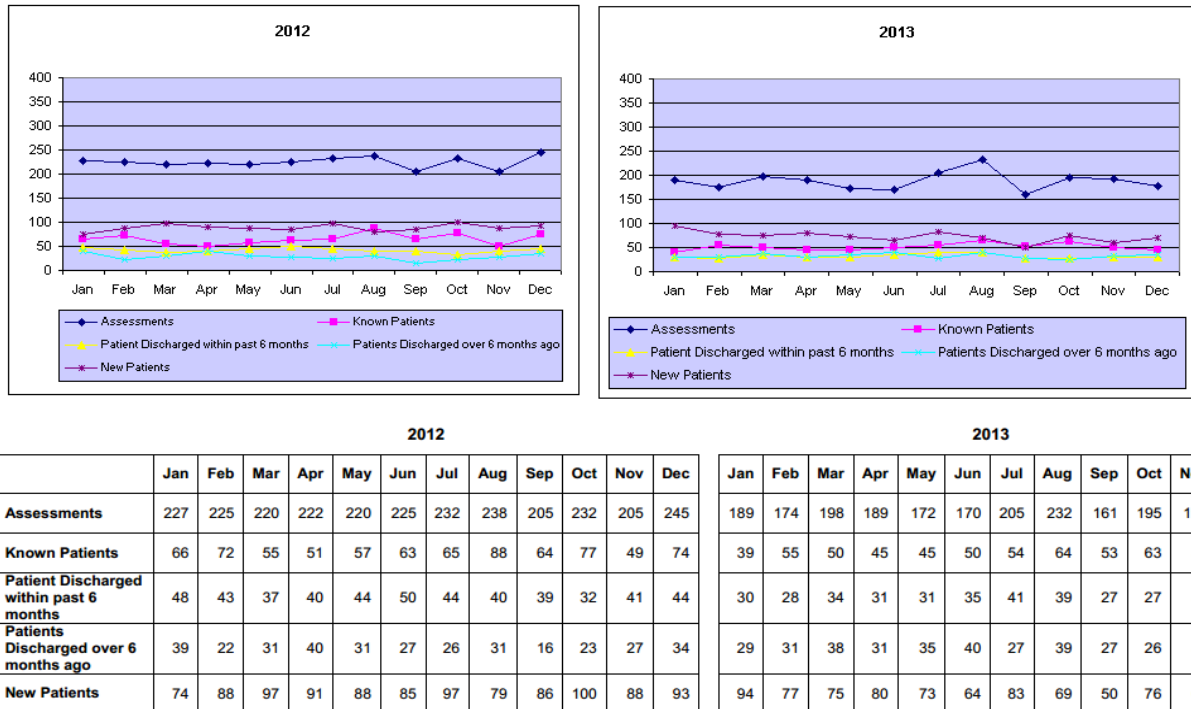


Figure 4: Guys and St Thomas' Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014

### Guys and St Thomas' Hospital

35. In their evidence to the sub-committee, Guys and St Thomas' explained how they are making changes to benefit the facilitation of psychosis services. They explained to the sub-committee that the emergency department is a very stressful environment for any patient, but more so if someone is presenting with paranoia, psychosis, in distress or with suicidal thoughts.
36. The hospital currently has two cubicles within the main department which can be separated from some of the noise and the lights can be dimmed but this is not an ideal solution. Where clinically appropriate, patients will be moved to the emergency medical unit which is a quieter area that provides a more relaxing atmosphere for patients awaiting placement to other hospitals or who need a further period of observation. Long delays especially when an in-patient bed is needed result in a patient needing to spend a long time in what is not a therapeutic environment.
37. Guys and St Thomas' highlighted to the sub-committee that the main challenge facing mental health patients throughout London is access to mental health beds. Patients can wait for >24 hours to gain access to an appropriate bed in their local area, during which time they are in a suboptimal environment for their condition leading to poor quality of care.
  - An example this month showed a patient awaiting placement and the nearest bed was in Manchester. This is not uncommon.
  - The result of this is patients being kept in an inappropriate environment for a prolonged period of time that is not good quality care for the patient.

- This bed is then not available for a medically appropriate patient and contributes to significant bed pressure within Trusts.
38. The Hospital explained that the financial implications of the management of these patients are material and they recognised the need to create a safe and calm environment for patients requiring mental health assessments.
39. As a result the new Emergency Flood will contain two dedicated in-patient beds. Each contains its own en-suite facilities and, similar to the cubicles in the Major Treatment area, both are furnished in such a way that the potential for these patients to cause harm to themselves is minimised. These treatment rooms have been located so that they are slightly away from the busy clinical areas but have been provided with facilities to ensure that they can be fully observed at all times.

### **Kings College Hospital**

40. King's College Hospital told a similar story to the sub-committee. They believe that the Emergency Department (ED) at King's treats the largest number of mental health patients in the UK.
41. They have an agreed service aim for all patients to be seen by the specialist psychiatric team within thirty minutes from referral and this is monitored as a key performance indicator alongside other pathway measures such as time to first clinician. They also have clear clinical and operational pathways in place that support the rapid assessment and referral of patients at the point of initial assessment.
42. All ED staff undertake specialist training from the Psychiatric Liaison Team, delivered as a rolling programme of events throughout the year, to ensure that they are able to identify signs of mental illness and distress, how to risk assess and are aware of how best to manage patients presenting in crisis.
43. They have a dedicated assessment room for patients with mental health needs to meet with members of the psychiatric team that is separate from the main clinical area and provides a quiet space to minimise any additional stressors that the busy ED environment can place on an individual.
44. However, they see a number of challenges facing the Trust:
- Increasing volumes and acuity of attendances to KCH ED
  - Capacity – staffing (inpatients and ED), assessment space
  - Social services, response times specifically out of hours
  - MH bed provision/access
  - Child and adolescent pathways
  - Drugs and alcohol and the impact on the assessment process
  - 136 suite provision

- Physical health support to the Mental Health inpatient environment to support colocated management
  - Metropolitan Police and LAS relationships, training and pathways specifically for mental capacity assessments
  - documentation and the section 136 process
45. Whilst these cannot be immediately resolved, they do have plans to help in the immediate term with the increasing number of presentations:
- Development and recruitment of a hospital wide team of specialist nurses and healthcare support workers to provide greater consistency of one-to-one supervision and support to patients with mental health and behavioural problems
  - Organisational reconfiguration of KCH out-patients to support the final phase of the mental health assessment suite and new main entrance opening

### **Recommendation**

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

### **The Clinical Commissioning Group**

46. The Clinical Commissioning Group (CCG) told the sub-committee that they had commissioned a review of the partnership arrangements in place for delivering mental health services in the borough.
47. The review made a number of recommendations to strengthen partnership working in the area of mental health and endorsed the lead commissioner role of the CCG. The review recommended the development of a new Mental Health Strategy for Southwark to set out clearly the vision, outcomes and key actions to be taken across partners to deliver better mental health for the population of Southwark.
48. Significant reforms to the strategy and policy landscape for the public services have strengthened a number of themes to set a clear strategic framework for mental health services in Southwark. These include:
  - Focus on increasing independence and moving people on from dependency through personalisation, normalisation and reforms to welfare benefits
  - Renewed emphasis on making local government, the NHS and other sectors work together with greater impetus for integration
  - Increased significance of prevention and early intervention
  - Importance attached to person-centred care, with attention given to co-designing services and achieving outcomes in partnership with patients and users to give them more choice and control
  - Prioritisation of responses to mental health to put it on a par with physical health
  - Drive for efficiency and budget savings in the context of pressures on the public purse from the economic climate and demographic growth
49. The CCG also told the sub-committee that they had convened a Mental Health Working Group which will be putting together a Joint Mental Health Strategy. This will operate on a cross-sectoral approach with the CCG, Council, Public Health and Healthwatch along with the Hospital Trusts.

### **Recommendation**

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

### **South London and Maudsley**

50. SLaM told the sub-committee about the services that currently exist, allowing BME community members to access mental health services.

*The OASIS Team*

51. The OASIS team offers help to people who are at high risk of developing psychosis but who are not yet psychotic [Broome et al 2005]. This is the first service of this type in the country and without treatment about a third of people with symptoms will develop a first episode of psychosis within 12 months [Yung et al, 2003] Clients are seen in non-psychiatric community settings to maximise accessibility and minimise stigma. OASIS has been very successful at engaging clients from ethnic minorities, who comprise two thirds of the client group. Among those engaged by OASIS there are no significant differences between ethnic groups in the rates of psychosis, hospital admission and use of the Mental Health Act.

*The STEP Team*

52. The STEP team is a community based multi-disciplinary team which provides a holistic and comprehensive early intervention service to individuals aged 14-35 who are experiencing their first episode of psychosis. The team uses well-researched early intervention strategies and works intensively with service users and carers to promote engagement with the team and with treatment and to facilitate social inclusion and recovery.
53. There is an Adolescent Mental Health worker who is part of the STEP team and who works across both the Child and Adolescent Mental Health Service and STEP team, care coordinating the under 18's with psychosis and ensuring a smooth transition to adult services where this is necessary.
54. Service users are encouraged to make informed treatment choices and are offered the following interventions. SLaM however took the time to explain to the sub-committee the types of intervention that exist to facilitate psychosis treatment.
- Engagement – flexible; can be seen at GP surgery, home or a community setting
  - Immediate contact – service users are seen within one week of referral. Supportive and empathic relationship in which service users' aspirations, strengths, priority need are central
  - Psychological interventions – including Cognitive Behavioural Therapy and individual and group work
  - Working with families – involvement in treatment plans, carers assessments and groups, family interventions
  - Social inclusion interventions – vocational and educational assessment and support, facilitating access to other agencies both mental health an mainstream
  - Medication – this involves use of low dose medication in the first instance with regular review and side effect monitoring
  - Relapse prevention – working to understand and recognise their early warning signs and make plans to prevent relapse where possible
  - Physical health – promotion of healthy lifestyle, physical wellbeing, good communication with primary care

## OASIS and STEP patients seen in Q4 2012/13

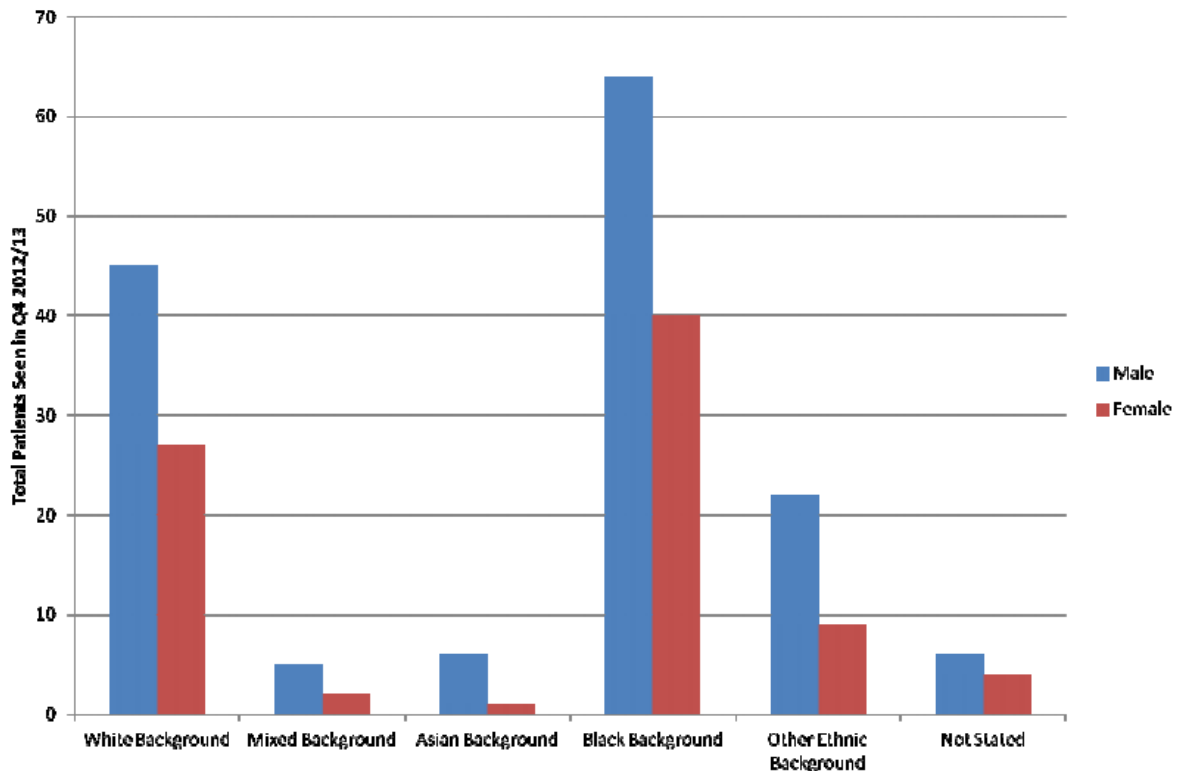


Figure 5: OASIS and STEP patients seen in Q4 2012/13

### Recommendation

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

### Black Majority Churches Pilot

55. SLaM, through its Charitable Trust, piloted a "Faith and Mental Health Training" project ("the project") with a number of Black and Minority Ethnic (BME) Churches in four London Boroughs including Southwark. The project has made links with both local and faith communities and increased mental health literacy as well as improved communication and understanding between mental health services and BME communities.
56. The project has now trained a hundred people from a variety of faith groups predominantly from across SLAM Boroughs, Southwark, Lambeth, Lewisham and Croydon. The project has concretely demonstrated the impact of taking a dual approach (spirituality and medicinal practice) to addressing mental illness within the BME community. The mental health courses on the pilot for local faith groups were oversubscribed, and the conference held to celebrate the completion of the courses

and discuss the issue of spirituality and mental health attracted over 130 local people from BME communities and highlighted the need for more training in mental health issues within faith groups.

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

“I no longer see mental illness as incurable”

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

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

“I will now not treat every individual regarded to have mental health issues with suspicion”

### **Recommendations**

9. Given the success of the Black Majority Churches Pilot, the sub-committee recommends that Southwark CCG and Southwark Council jointly consider commissioning a bespoke Pastoral mental health awareness training programme across established BMCs in Southwark adapting SLaM’s faith and mental health model.
10. The sub-committee further suggests that Southwark CCG and Southwark Council jointly consider commissioning further Mental Health First Aid training specifically aimed at established BMCs across Southwark.



### **Adult Social Care Team**

58. The council's Adult Social Care team has a number of initiatives to support people with mental health conditions in the community, which aim to help keep them safe in the community.
59. The mental health services in Southwark are provided by integrated health and social care teams, under the auspices of SLaM. They use a holistic approach which enables teams to support all health and social care needs under one service. These teams also 'in-reach' onto wards to enable earlier discharges.
60. The Adult Social Care team in their evidence, told the sub-committee about the services that are provided, including
  - Home Treatment Teams (HTT) who provide 24/7 care to service users in a crisis in their own homes, accept out of hours referrals from GPs, provide peer support for people in leaving HTT
  - Psychiatric Liaison Nurses (PLN) who are based in A&E and provide 24/7 mental health triage, as well as assessing for HTT
  - 13 weeks support through reablement with a Recovery and Support Plan aimed at avoiding future mental ill-health episodes leading to a crisis situation
  - Maudsley's 'place of safety' which is open 24/7 and where those with mental illness who are picked up by the police can be taken to instead of A&E
  - AMHP team who can undertake assessments under the Mental Health Act without a need for referral to A&E
  - Emergency Duty Workers (EDT) who provide rapid assessment under the Mental Health Act as well as care planning

<b>Item No.</b> 8.	<b>Classification:</b> Open	<b>Date:</b> 16 September 2014	<b>Meeting Name:</b> Cabinet
<b>Report title:</b>		Response to Recommendations From the Review of Prevalence of Psychosis and Access to Mental Health Services for the BAME Community in Southwark	
<b>Ward(s) or groups affected:</b>		All	
<b>Cabinet Member:</b>		Councillor Dora Dixon-Fyle, Adult Care, Arts and Culture	

### **FOREWORD – COUNCILLOR DORA DIXON-FYLE, CABINET MEMBER FOR ADULT CARE, ARTS AND CULTURE**

Promoting mental wellbeing and resilience and reducing health inequalities are priorities of the Southwark Health and Wellbeing Strategy 2013 – 2014 and emerging themes in the development of the impending Joint Mental Health Strategy. Partners across health, the local authority and the voluntary sector are working hard to promote mental wellbeing and to reduce the prevalence of mental ill-health in the borough by addressing the wider determinants of health, wellbeing and inequality alongside commissioning and delivery of responsive, high quality, equitable mental health and social care services. The aim is to offer services that intervene early, are responsive to individual needs which promote recovery and staying well. However, we know that there are more people with mental health issues (especially severe mental illness) in Southwark compared with the national and London average. Poor mental wellbeing and mental ill health is strongly associated with poverty and socioeconomic deprivation, including joblessness and poor educational attainment, so this is likely to contribute to high levels of mental distress in Southwark; especially in the centre of the borough where deprivation is higher and employment is lower. In addition to socioeconomic inequalities, there are other systemic inequalities for some population groups including ethnic minorities. For instance whilst the causes are not easy to disentangle it is known that psychiatric admissions are over three times higher for the black populations in Southwark compared to the rest of the population.

All stakeholders welcome the timely review undertaken by the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee into the prevalence of psychosis in BAME Communities which supports the work taking place locally across the partnership to understand and address the inequality that exists in the system.

I am delighted to see a real energy from all our partners to respond to the 10 recommendations received in the report, several of which I am pleased to see are already being responded to across the system. For example the new Adult Mental Health transformation programme across mental health services places a real focus on increased capacity and stronger community based services to reduce the need for urgent and inpatient care, and the Lambeth and Southwark Urgent Care Mental Health Sub Group are already implementing plans for a more safe and secure approach in A&E for people in crisis. The psychological therapy services are also currently being developed and retendered with a significant emphasis on better access to talking therapies for black, Asian and minority ethnic (BAME) communities offering outreach services within churches and community settings.

In addition the proposal to undertake a large community conversation, mirroring the success of a similar exercise in our neighbouring borough to strengthen where the system is working and developing where it is not, is a fantastic opportunity that will really make a difference to how some of our most marginalised groups are engaged and supported across mental health services. The bottom up, co-produced approach will ensure that we really understand the needs of our different communities, and that our infrastructure is as fit for purpose as possible.

I am therefore pleased to present the response to the recommendations received from Overview and Scrutiny. I look forward to continuing to support the work of all partners to ensure full equality of access and sufficiency of services that appropriately respond to the needs of BAME communities and marginalised groups in the borough.

## **RECOMMENDATION**

1. That cabinet agree the proposed response to the health, adult social care, communities and citizenship scrutiny sub-committee's review Prevalence of Psychosis and Access to Mental Health Services for the BAME Community in Southwark

## **BACKGROUND INFORMATION**

2. The health, adult social care, communities and citizenship scrutiny sub-committee undertook an investigation into psychosis<sup>1</sup> particularly within the BAME community. A report of the sub-committee's findings was welcomed by overview and scrutiny committee on the 31 March 2014.
3. The recommendations of the review were presented to cabinet on the 22 July 2014 with a request for the relevant cabinet member to bring back a report to respond to the recommendations provided.
4. The report therefore provides a proposed response to the recommendations to be approved by cabinet.

## **KEY ISSUES FOR CONSIDERATION**

### **Recommendations from Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee and proposed Cabinet response**

#### **Recommendation 1**

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

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<sup>1</sup>Psychotic disorders include schizophrenia and bipolar disorder which are characterised by severe disturbances in thinking and perception such that perception of reality is distorted. This may result in different types of delusions about the self, others and the environment and may include hearing voices.

**Response**

6. Cabinet support the recommendation for the sub-committee to undertake a more in-depth look at access to mental health services with a focus on BAME communities and would encourage an interface with the proposed consultation to review mental health services for BAME and Minority groups being led by the local authority supported by the CCG, Public Health and Mind user council. The review aims to embed more equitable access and support across the borough with a focus on BAME and marginalised groups.

**Recommendation 2**

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

**Response**

8. Lambeth & Southwark Public Health team lead on the health needs assessment, which is a key part of the Southwark Mental Health Strategy. Identifying inequality is an important part of this work. Subject to data availability, the Public Health team will provide in depth analysis of Southwark data which will be triangulated with stakeholder engagement to provide a robust understanding of the key drivers of poor mental health in BAME and minority groups.

**Recommendation 3**

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

**Response**

10. Cabinet acknowledge the engagement of Southwark Mind's User Council in the review and consultation on mental health services for BAME and other minority groups which includes developing pen pictures, case studies and service user journey maps to further understand the barriers to accessing services and the challenges faced by minority communities.

**Recommendation 4**

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

**Response**

12. As above, as part of the proposed review and consultation on mental health services for BAME and minority groups, Southwark Mind User Council will be undertaking a

specific piece of work to understand service user journeys into and through mental health services. In addition stakeholder consultation will also provide further in-depth knowledge in to the presentation and access to services from BAME and minority groups.

#### **Recommendation 5**

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

#### **Response**

14. Ethnicity data forms part of the Mental Health Needs Assessment which directly influences the strategic objectives and commissioning intentions laid out in the Joint Mental Health Strategy. Subject to the data being available the Public Health team will incorporate this information into the needs assessment work as part of the Southwark Mental Health Strategy.

#### **Recommendation 6**

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

#### **Response**

16. As part of the work of the Urgent Care Mental Health Sub Group both Kings College Hospital and Guys and St Thomas' have committed to identifying safe and secure spaces for the treatment of patients presenting at A&E in acute distress during 2014/15. To date GSTT have identified a safe place within A&E and King's have recently identified two specific treatment rooms to be used as a safe space for people attending A&E in crisis. Further work will continue to reorganise how people in crisis are supported in A&E departments with a focus on redirecting people in crisis away from A&E to the Home Treatment Teams, ensuring that existing service users have up to date crisis plans that are followed, and exploration of alternative crisis centres in the borough. The dedicated project group will continue to develop and lead plans for a more responsive crisis response in the borough.
17. SLAM are conducting a 3 month audit into the high volume of patients known to the system who present frequently to A&E at both King's and St Thomas's. Part of the analysis will include recording of ethnic origin alongside other relevant data to understand the holistic needs of the cohort in detail. This is covered in the action plan of The Urgent Care Mental Health Sub Group and will be a headline agenda item at the next meeting which is scheduled to take place on 1<sup>st</sup> September 2014. The outcome of which will influence the work of the aforementioned project group.

#### **Recommendation 7**

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

**Response**

19. As part of the governance for the approval of the Joint Mental Health Strategy, the draft document will be presented to the Healthy Communities Sub-Committee on 11 November 2014. In addition, in response to the recommendation for the Lambeth and Southwark Emergency Care Network presents its final Action Plan to the sub-committee, the Action Plan will also be presented as part of the recommendations feedback to scrutiny on the 11 November 2014.

**Recommendation 8**

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

**Response**

21. Intervening early to prevent escalation of need is an essential aspect of delivering more responsive mental health care in the borough. Southwark CCG will ensure as part of the developing Mental Health Strategy and the transformation programme across SLaM, there is easier and more equitable access to effective, community based specialist mental health services. The reconfigured crisis care pathway will also reduce reliance on urgent care services and the CCG and its partners will continue to consider the resource and capacity implications of increased support in primary care for people with mental health issues as part of the Primary and Community Care Strategy.

**Recommendation 9**

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

**Response**

23. In 2014-15 SLaM are commissioned by Southwark CCG to deliver one Spirituality in Pastoral Care course in Southwark as well as some community development work such as mental health awareness training. Commitment to extend this work and fund a two year programme for training and development to raise capacity and awareness within faith and minority groups to identify and appropriately responds to mental health issues in minority groups has been provided by the CCG. The work will be led by the Equality and Human Rights Manager in the CCG and will build on the existing good practice and work in this area. A specific element of the programme will be focused on Pastoral training across a range of different faith groups.

**Recommendation 10**

24. The sub-committee further suggests that Southwark CCG and Southwark Council jointly consider commissioning further Mental Health First Aid training specifically aimed at established BMCs across Southwark.

## Response

25. Mental Health First Aid Training is currently offered to Southwark and is targeted at the voluntary and community sector as well as faith communities. It is free at the point of access for these individuals. In addition, Southwark Council make Mental Health Awareness training available through the internal training programme on My Learning Source for staff, many of whom are also Southwark residents. Consideration to the interface and availability of the programme as part of the training and development programme for BAME, faith and minority groups (see response to recommendation 9) will take place to ensure the training is appropriately targeted, delivered and accessible for church and faith groups.

## Policy implications

26. There are no policy implications

## Community impact statement

27. The proposed work will provide further insight into ensuring equality of opportunity to mental health services, in line with the Equality Duty, at section 149 of the Equality Act. In particular the work will focus on ensuring compliance and sufficiency for the following Protected Characteristics:
- a. Race
  - b. Religion and belief
  - c. Sexual orientation

## Resource implications

28. Wherever possible the proposed response and work will be carried out within existing resources, however there may be a need for additional Public Health Resource to undertake in depth statistical analysis. Any additional resource required will be funded within existing budget arrangements.

## Legal implications

29. There are no legal implications for the report.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Scrutiny report considered by Cabinet 22 July 2014	Constitutional Team, Southwark Council, 160 Tooley Street, London SE1 2QH	Paula Thornton <a href="mailto:paula.thornton@southwark.gov.uk">paula.thornton@southwark.gov.uk</a> 020 7525 7055
<b>Link:</b> <a href="http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CIId=302&amp;MIId=4861&amp;Ver=4">http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CIId=302&amp;MIId=4861&amp;Ver=4</a>		

## APPENDICES

No.	Title
None	

## AUDIT TRAIL

<b>Cabinet Member</b>	Councillor Dora Dixon-Fyle, Adult Care, Arts and Culture	
<b>Lead Officer</b>	Paul Jenkins, Interim Director of Integrated Commissioning	
<b>Report Author</b>	Jodie Adkin, Senior Mental Health Commissioner, Southwark CCG	
<b>Version</b>	Final	
<b>Dated</b>	5 September 2014	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments sought</b>	<b>Comments included</b>
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
<b>Cabinet Member</b>	Yes	Yes
<b>Date final report sent to Constitutional Team</b>		5 September 2014



**Southwark  
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**By Email**

30 October 2014

Dear Councillor Lury,

**NHS Southwark CCG response to recent overview and scrutiny sub-committee reports**

On behalf of the CCG Governing Body I would like to welcome the reports recently completed by the Adult Social Care, Communities and Citizenship Scrutiny sub-Committee on the topics of access to healthcare and on the prevalence of psychosis in BME populations in Southwark.

As I am sure you are aware, the CCG has been asked to respond to a number of the recommendations included in both of the above reports. Please find attached a short document that provides a CCG response to each recommendation in turn.

In order to provide a full and useful response I have structured the document into three tables. The first table includes the CCG's response to the set of recommendations in the *Access to Healthcare* report for which the CCG has been identified as the primary responsible organisation. In the second table I have provided a commissioner comment on recommendations in the *Access to Healthcare* report, which have been addressed to other organisations within the health and care system in Southwark.

The third table lists the recommendations included in the report *Review of Prevalence of Psychosis and Access to Mental Health Services for the BME Community in Southwark*. As you will no doubt recall, the response to each of the recommendations in this report was coordinated and agreed by all partners ahead of being included in a written response considered by Southwark Council Cabinet on 16 September 2014. To supplement this I have therefore added some further CCG specific comments to our original partnership response. I hope this is of use.

The CCG previously circulated a quarterly summary of performance of commissioned providers against NHS and other national standards to the Adult Social Care, Communities

and Citizenship Scrutiny sub-Committee. I will see that my team continues to send this through to Julie Timbrell for distribution to the Healthy Communities Scrutiny sub-committee. As ever, we are happy to support the sub-committee in any way that we can.

Yours sincerely



**Andrew Bland**  
Chief Officer

**1. NHS Southwark CCG’s response to the recommendations for the CCG included in the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee’s Access to Health Services in Southwark report**

Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
1	NHS 111	We recommend that the Clinical Commissioning Group should report an update when there are next discussions on the potential rollout of the NHS 111 Service in Southwark.	NHS Southwark CCG	The CCG welcomes this recommendation and will provide an update to the Healthy Communities Overview and Scrutiny Committee at a date advised by the OSC Chair.
2	NHS 111	We recommend that the Clinical Commissioning Group should provide clarity on the telephone numbers that residents can use to access out of hours healthcare services in the borough.	NHS Southwark CCG	<p>The CCG is responsible for commissioning out-of-hours primary care services covering patients registered at all Southwark practices. Primary care out-of-hours is commissioned from SELDOC in Southwark. The number used to access out-of-hours primary care services in Southwark is 0208 693 9066.</p> <p>Out of hours, Southwark GP practices are required to include the number for SELDOC on a pre-recorded message for patients who call their local practice outside of opening hours. Southwark patients calling the NHS 111 service will also be redirected to SELDOC or other local appropriate services out of hours.</p>

Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
3	NHS 111	We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group place signposting to healthcare services as a key priority for 2014/15, with key activities to reach all communities throughout the borough.	Health and Wellbeing Board partner organisations	<p>Ensuring patients have good information about local health services is recognised as important by the CCG. The CCG works with GP member practices and other partners to enhance good 'sign-posting'.</p> <p>We will additionally contribute to furthering the aims of this recommendation through our involvement on the Southwark Health &amp; Wellbeing Board. In addition, we would welcome further engagement with Healthwatch Southwark to support that organisation in its role to speak to communities within our borough.</p>
6	Accident and Emergency Departments	The sub-committee commends the 'Not Always A&E' campaign and recommends that it is rolled out throughout the year to help promote public awareness of the alternative healthcare services that residents can access.	<p>NHS Southwark CCG</p> <p>South London Commissioning Support Unit</p>	<p>Communications campaigns run by the CCG are implemented by the South London CSU and are organised across south east London. This year the CCG ran targeted campaigns throughout the summer to promote the use of alternatives to A&amp;E services where a patient's case would not be considered an emergency.</p> <p>The larger south-east London-wide 'Not Always A&amp;E' campaign is commissioned to run over the course of the winter 2014 into 2015 (also known as the 'Yellow Man' campaign).</p> <p>The CCG will assess the feasibility and potential impact on running additional season-specific communications programmes following the end of the winter 2014/15 campaign and its evaluation.</p>

Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
8	Accident and Emergency Departments	We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group make raising the public awareness of the healthcare services available to Southwark residents a priority for the next year.	Health and Wellbeing Board partner organisations	The CCG welcomes this recommendation and will work with partners through the Health and Wellbeing Board to support this recommendation. See also, response to recommendation 3 (above).
9	Accident and Emergency Departments	We recommend that the Clinical Commissioning Group continues its programmes working specifically with older people and that Public Health identifies the further support that we, as an authority, can be giving them.	NHS Southwark CCG Southwark Council Public Health Department	<p>The CCG welcomes this recommendation. The CCG will continue to focus on older people as a key part of the overall primary and community care strategy. The Southwark and Lambeth Integrated Care (SLIC) programme and the Better Care Fund are examples of workstreams focused on preventing older people and those with long term conditions needing to attend A&amp;E departments by improving the co-ordination and effectiveness of community based support.</p> <p>Public Health will continue to support the older people workstreams in a number of ways including:</p> <ul style="list-style-type: none"> <li>▪ Advice on the evidence base for the effectiveness of service redesign proposals and the evaluation of pilot schemes</li> <li>▪ Further analysis of the causes of avoidable emergency admissions of older people with long term conditions</li> <li>▪ Continued development of the JSNA to inform the development of policy on admissions avoidance, as well as the health and wellbeing strategy and other preventative whole system initiatives</li> <li>▪ Assisting in the development of outcomes based commissioning models.</li> </ul>

Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
10	Accident and Emergency Departments	This sub-committee commends the work of the CCG, jointly with the local authority and community services to help people stay well at home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.	NHS Southwark CCG  Southwark and Lambeth Integrated Care Programme	<p>As part of SLIC the CCG and Council are working in close partnership with citizens, local GPs, and the main acute trusts and community services. Two core elements of the programme are to help people stay well so that they are less likely to have health crises; and to resolve acute needs rapidly when they arise, reducing people's need for A&amp;E and emergency care problems can be dealt with in other more suitable ways.</p> <ul style="list-style-type: none"> <li>Increasingly medical and non-medical professionals are coming together within Community Multi-disciplinary Teams (CMDTs) to work out how to support people with complex needs. This approach is based upon working with a person to understand their medical and non-medical needs holistically (through a Holistic Health Assessment), and providing support for care planning and care coordination where necessary. This approach has been tested in Southwark and Lambeth, and elsewhere, and it aligns well with the CCG's plans to support neighbourhood working.</li> <li>In addition, the local community service has developed an 'Enhanced Rapid Response' service which includes nurses, physiotherapists, occupational therapists, rehabilitation support workers, social workers and a geriatrician. Patients at risk of emergency admission can be referred to the team for rapid support in a person's own home; and the team is also on hand to help people return home after an emergency admission. This is supplemented by a hospital-led geriatrician-led helpline (the TALK helpline) which provides GPs with advice when a person is in need of a specialist opinion.</li> <li>The programme is working closely with citizens and the voluntary sector to build on this strong foundation, but to put an</li> </ul>

Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
				<p>ever greater emphasis on empowering older people and people with long term conditions to manage their own care with confidence. In part this is based on making a much greater use of the talents and experience of both the voluntary sector, and volunteers living within the local community.</p> <p>Evidence is emerging that this combination of measures is having a positive impact: in both local acute hospital trusts, emergency admissions are plateauing and the overall rise in admission to these hospitals has been lower from Southwark and Lambeth than from other boroughs. Care home admissions are also reducing.</p> <p>The CCG would be happy to provide a further report jointly with the Director of Social Services if more evidence is required by the sub-committee.</p>

Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
14	Accident and Emergency Departments	We also recommend the establishment of a joint working group, led by the CCG and working alongside those involved in the JSNA and including the council, Hospital Trusts, Public Health and Healthwatch to look specifically at the ways in which we can support those people with long-term conditions in the community, and reduce presentations at A&E wards.	NHS Southwark CCG Southwark Council Provider trusts Healthwatch	<p>The CCG suggests that existing groups are already in place in the integration programme that are working well on these issues, so there is not a need to establish a new group to deliver this recommendation.</p> <p>The current integration programme includes workstreams to:</p> <ul style="list-style-type: none"> <li>▪ Increase funding in initiatives to help people to self-manage their long term conditions better, including specialist courses for people with diabetes and respiratory conditions</li> <li>▪ Provide Enhanced Rapid Response services to older people identified as at risk of admission</li> <li>▪ Provide enhanced health support for people at home so they do not need to stay in hospital (@home)</li> <li>▪ Expand the numbers receiving telecare</li> <li>▪ Provide extra services to carers</li> <li>▪ Increase the quality of home care</li> <li>▪ Increase 7 day working</li> <li>▪ Improve end of life care</li> <li>▪ Develop neighbourhood based multi-disciplinary working based on data sharing and care co-ordination</li> <li>▪ Improve falls prevention</li> <li>▪ Improve dementia services.</li> </ul>
15	Accident and Emergency Departments	We recommend that the Mental Health sub-group of the Lambeth and Southwark Urgent Care Board presents its final Action Plan to the sub-committee for further comment.	NHS Southwark CCG	The action plan will be made available to the Healthy Communities Overview and Scrutiny sub-committee once completed.



Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
16	Accident and Emergency Departments	We recommend that the final draft of the Joint Mental Health Strategy is presented to the sub-committee ahead of publication for further scrutiny.	NHS Southwark CCG Southwark Council	The current draft of the Joint Mental Health Strategy will be presented to a future meeting of the Healthy Communities sub-committee.
20	Access to GP Services	We recommend that the CCG and Hospital Trusts work together to reduce the time taken for GP surgeries to receive outpatient reports. We also recommend the CCG look into the ways in which they can provide template forms and support to GPs to help them reduce the time taken on administrative tasks related to patient consultations.	King's Health Partners organisations NHS Southwark CCG	Reducing the time taken for local hospital trusts to return reports of outpatient consultation is primarily an issue to be led by the trusts' management teams. The CCG will endeavour to support this work in any way it can.  The CCG has invested £2.9m in 2014/15 to enhance the number of consultations available to patients in Southwark. This investment will support the CCG's Primary and Community Care Strategy, which aims to develop a model of care that improves access for patients, reduces inefficiencies and supports and equitable, integrated set of services available to patients in the community.
22	Access to GP Services	This sub-committee has actively followed and partaken in the consultation around the future provision of health services at the Dulwich Hospital site. We have welcomed the work done by the CCG, and the sub-committee recommends that the CCG provides an update as necessary.	NHS Southwark CCG	The CCG welcomes this recommendation and will provide an update to the Healthy Communities Overview and Scrutiny Committee at a date advised by the OSC Chair.

Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
23	Access to GP Services	We recommend that the CCG report back to the sub-committee on the Lister Urgent Care Centre once more work has been done on the preferred option for the provision of urgent care services in the south of the borough	NHS Southwark CCG	<p>The CCG is able to provide a detailed report back on the proposed enhanced access to primary care services in Southwark, which includes the changing services at the Lister Centre. As part of the Prime Minister's <i>Challenge Fund</i>, from the middle of November 2014 the CCG will commission primary care access to services from 8am to 8pm for 7 days per week across the South of the borough. This involved working with all 20 general practices plus a new 'access clinic' at the Lister health centre to improve peoples' choice of access times and reduce the need for emergency hospital services.</p> <p>A similar model of primary healthcare will be commissioned in the north of the borough from the end of January 2015. The CCG will be happy to provide a full report on the improvements to the sub-committee.</p>

**2. NHS Southwark CCG’s commissioner comment on the recommendations for partner organisations as included in the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee’s Access to Health Services in Southwark report.**

Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
4	Accident and Emergency Departments	We recommend that the Trusts regularly report to the sub-committee on current staffing levels and the ways in which they are working to ensure that they are adequate.	King’s Health Partners organisations	All KHP trusts regularly provide detailed workforce information to the CCG through our monthly quality assurance reviews (clinical quality review groups) and the CCG regards these assurances as sufficient and is happy to make it available.
5	Accident and Emergency Departments	The sub-committee recommends that Hospital Trusts should report quarterly on the number of beds available to A&E patients and how this compares to the number of beds needed, with particular reference to emergency admissions for older people and people in mental health crisis.	King’s Health Partners organisations	The CCG and local providers have undertaken detailed modelling as part of recent Operational Resilience planning, which has been completed across Southwark and south east London.
17	Accident and Emergency Departments	We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.	South London and Maudsley NHS Foundation Trust	The CCG supports this recommendation.

Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
18	Accident and Emergency Departments	We recommend that King's College Hospital and Guy's and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.	King's College Hospital NHS Foundation Trust  Guy's and St Thomas' NHS Foundation Trust	The CCG supports this recommendation.
19	Accident and Emergency Departments	The sub-committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.	South London and Maudsley NHS Foundation Trust	The CCG supports this recommendation.
24	Access to GP Services	We recommend that GP services promote the SELDOC service within their local practices, to signpost patients to out of hours services.	NHS England	The CCG supports this recommendation and will additionally communicate this message to our member practices, ensuring relevant information is available to patients at GP practices in an appropriate format.
25	Access to GP Services	We recommend that NHS England report to the sub-committee with an update on proposed opening hours of GP surgeries.	NHS England	The CCG in partnership with NHS England will be able to provide the sub-committee with a detailed analysis of the proposed opening hours of all 44 practices in Southwark. In addition, from the middle of November 2014, the CCG will be able to report on extended primary care access in the South of Southwark from 8am to 8pm over 7 days per week. The same service will be available in the north of the borough in a planned phased approach from the end of January 2015.

Recommendation Number	Topic	Recommendation	Responsible organisation for the topic area	CCG Response
26	Access to GP Services	We recommend that NHS England, with the support of the Clinical Commissioning Group, undertake a study into the best method for providing appointments consistently across the borough and consider a Southwark offer that ensures minimum standards of access for patients in Southwark in regards to contact with a GP if appropriate following NHS England's Call for Action response.	NHS England	Reducing the current variability in the quality of primary care Southwark and improving access to services are both core parts of the CCG's Primary and Community Care Strategy. The CCG would be pleased to present and update to the Healthy Communities Overview and Scrutiny Committee on our current progress implementing this strategy at a date advised by the OSC Chair.

**3. NHS Southwark CCG’s response to the recommendations agreed by Southwark Council cabinet in relation to the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee’s Review of Prevalence of Psychosis and Access to Mental Health Services for the BME Community in Southwark<sup>1</sup>**

Recommendation Number	Recommendation	Responsible organisation for the topic area	Council Cabinet Response	Additional CCG Response
1	At this time, the sub-committee has carried out some initial evidence and we strongly recommend that the next iteration of the Health Scrutiny Sub-Committee carries out a more in-depth look at access to mental health services by all service users, with a specific focus within the report on BME community access.	Healthy Communities OSC  Southwark Council Public Health Department	Cabinet support the recommendation for the sub-committee to undertake a more in-depth look at access to mental health services with a focus on BAME communities and would encourage an interface with the proposed consultation to review mental health services for BAME and Minority groups being led by the local authority supported by the CCG, Public Health and Mind user council. The review aims to embed more equitable access and support across the borough with a focus on BAME and marginalised groups.	The CCG will support the local authority and the Southwark Healthy Communities Overview and Scrutiny sub-committee to complete a further ‘in-depth’ review.  The project plan for the review of <i>Equality of Access to services for BAME and Marginalised Groups</i> will be made available to the Southwark Healthy Communities Overview and Scrutiny sub-committee.

<sup>1</sup> The response to the recommendations in this section reflects the report to the Cabinet of Southwark Council, 16 September 2014. This response was completed as a single response for Cabinet consideration with contribution for all partner organisations (SLaM, King’s College Hospital NHSFT, Guy’s & St. Thomas’ NHSFT, NHS Southwark CCG, and Southwark Council) to inform the Cabinet response.

Recommendation Number	Recommendation	Responsible organisation for the topic area	Council Cabinet Response	Additional CCG Response
2	The sub-committee notes with concern that there are a large range of factors given for the increase prevalence of mental health conditions in the BME community. We recommend that Public Health carry out further work to understand the key drivers behind this increased prevalence, using Southwark specific data where possible to look at the borough's BME communities in more detail.	Southwark Council Public Health Department	Lambeth & Southwark Public Health team lead on the health needs assessment, which is a key part of the Southwark Mental Health Strategy. Identifying inequality is an important part of this work. Subject to data availability, the Public Health team will provide in depth analysis of Southwark data which will be triangulated with stakeholder engagement to provide a robust understanding of the key drivers of poor mental health in BME and minority groups.	The CCG will contribute to providing and identifying appropriate data and supporting this analysis as directed by the public health team.
3	The sub-committee recommends that Health watch Southwark should collect more information of real life cases through a number of means including Kindred Minds- a Southwark black and minority ethnic (BME) user-led mental health project and other relevant sources and organisations in Southwark	Healthwatch Southwark	Cabinet acknowledge the engagement of Southwark Mind's User Council in the review and consultation on mental health services for BME and other minority groups which includes developing pen pictures, case studies and service user journey maps to further understand the barriers to accessing services and the challenges faced by minority communities.	No further response.

Recommendation Number	Recommendation	Responsible organisation for the topic area	Council Cabinet Response	Additional CCG Response
4	The sub-committee notes that there is minimal understanding of the ways in which members of the BME community present with mental health conditions, other than from research. We recommend that Public Health undertake further work to understand the pathways which Southwark residents take to access mental health services. Where relevant, this should be undertaken jointly with SLaM and the Hospital Trusts	Southwark Council Public Health Department	As above, as part of the proposed review and consultation on mental health services for BME and minority groups, Southwark Mind User Council will be undertaking a specific piece of work to understand service user journeys into and through mental health services. In addition stakeholder consultation will also provide further in-depth knowledge in to the presentation and access to services from BME and minority groups.	The CCG will contribute to this analysis as directed by the public health team.
5	We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.	NHS Southwark CCG  Southwark Council Public Health Department	Ethnicity data forms part of the Mental Health Needs Assessment which directly influences the strategic objectives and commissioning intentions laid out in the Joint Mental Health Strategy. Subject to the data being available the Public Health team will incorporate this information into the needs assessment work as part of the Southwark Mental Health Strategy.	This data will support the further development of the Joint Mental Health Strategy, a draft of which will be made available to the Health Communities OSC.



Recommendation Number	Recommendation	Responsible organisation for the topic area	Council Cabinet Response	Additional CCG Response
6	We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.	King's College Hospital NHS Foundation Trust  Guy's and St Thomas' NHS Foundation Trust	<p>As part of the work of the Urgent Care Mental Health Sub Group both Kings College Hospital and Guys and St Thomas' have committed to identifying safe and secure spaces for the treatment of patients presenting at A&amp;E in acute distress during 2014/15. To date GSTT have identified a safe place within A&amp;E and King's have recently identified two specific treatment rooms to be used as a safe space for people attending A&amp;E in crisis. Further work will continue to reorganise how people in crisis are supported in A&amp;E departments with a focus on redirecting people in crisis away from A&amp;E to the Home Treatment Teams, ensuring that existing service users have up to date crisis plans that are followed, and exploration of alternative crisis centres in the borough. The dedicated project group will continue to develop and lead plans for a more responsive crisis response in the borough.</p> <p>SLaM are conducting a 3 month audit into the high volume of patients known to the system who present frequently to A&amp;E at both King's and St Thomas's. Part of the analysis will include recording of ethnic origin alongside other relevant data to understand the holistic needs of the cohort in detail. This is covered in the action plan of The Urgent Care Mental Health Sub Group and will be a headline agenda item at the next meeting which is scheduled to take place on 1<sup>st</sup> 7September 2014. The outcome of which will influence the work of the aforementioned project group.</p>	The result of SLaM's 3 month audit will be made available to the Southwark Healthy Communities Overview and Scrutiny sub-committee.

Recommendation Number	Recommendation	Responsible organisation for the topic area	Council Cabinet Response	Additional CCG Response
7	We recommend that the Mental Health sub-group of the Lambeth and Southwark Emergency Care Network presents its final Action Plan to the sub-committee for further comment. We recommend that the final draft of the Joint Mental Health Strategy is presented to the sub-committee ahead of publication for further scrutiny.	Southwark Emergency Care Network  NHS Southwark CCG	As part of the governance for the approval of the Joint Mental Health Strategy, the draft document will be presented to the Healthy Communities Sub-Committee on 11 November 2014. In addition, in response to the recommendation for the Lambeth and Southwark Emergency Care Network presents its final Action Plan to the sub-committee, the Action Plan will also be presented as part of the recommendations feedback to scrutiny on the 11 November 2014.	No further response.
8	The sub-committee welcomes the services that are currently provided by SLaM to support those people with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.	South London and Maudsley NHS Foundation Trust  NHS Southwark CCG	Intervening early to prevent escalation of need is an essential aspect of delivering more responsive mental health care in the borough. Southwark CCG will ensure as part of the developing Mental Health Strategy and the transformation programme across SLaM, there is easier and more equitable access to effective, community based specialist mental health services. The reconfigured crisis care pathway will also reduce reliance on urgent care services and the CCG and its partners will continue to consider the resource and capacity implications of increased support in primary care for people with mental health issues as part of the Primary and Community Care Strategy.	The CCG welcomes this recommendation and will provide an update to the Healthy Communities Overview and Scrutiny Committee on the implementation of the CCG Primary and Community Care Strategy at a date advised by the OSC Chair.

Recommendation Number	Recommendation	Responsible organisation for the topic area	Council Cabinet Response	Additional CCG Response
9	Given the success of the Black Majority Churches Pilot, the sub-committee recommends that Southwark CCG and Southwark Council jointly consider commissioning a bespoke pastoral mental health awareness training programme across established BMCs in Southwark adapting SLaM's faith and mental health model.	NHS Southwark CCG Southwark Council	In 2014-15 SLAM are commissioned by Southwark CCG to deliver one Spirituality in Pastoral Care course in Southwark as well as some community development work such as mental health awareness training. Commitment to extend this work and fund a two year programme for training and development to raise capacity and awareness within faith and minority groups to identify and appropriately responds to mental health issues in minority groups has been provided by the CCG. The work will be led by the Equality and Human Rights Manager in the CCG and will build on the existing good practice and work in this area. A specific element of the programme will be focused on Pastoral training across a range of different faith groups.	No further response
10	The sub-committee further suggests that Southwark CCG and Southwark Council jointly consider commissioning further Mental Health First Aid training specifically aimed at established BMCs across Southwark.	NHS Southwark CCG Southwark Council	Mental Health First Aid Training is currently offered to Southwark and is targeted at the voluntary and community sector as well as faith communities. It is free at the point of access for these individuals. In addition, Southwark Council make Mental Health Awareness training available through the internal training programme on My Learning Source for staff, many of whom are also Southwark residents. Consideration to the interface and availability of the programme as part of the training and development programme for BME, faith and minority groups (see response to recommendation 9) will take place to ensure the training is appropriately targeted, delivered and accessible for church and faith groups.	No further response

# Guy's and St Thomas'

## NHS Foundation Trust

### Mental Health – St Thomas' Emergency Department

Ensuring that mental health patients receive a high standard of care in an Emergency Department (ED) is recognised to be a significant challenge. The College of Emergency Medicine has published a tool kit to help optimise patient care and patient experience. St Thomas' Emergency Department identifies with many issues that have been raised nationally about the difficulties of optimising patient care in an environment where there are two discrete organisations – Guy's and St Thomas' NHS Foundation Trust (GSTT) and South London and the Maudsley Mental Health Foundation Trust (SLAM) providing assessment and in particular in patient facilities.

[http://www.rcpsych.ac.uk/pdf/CEM6883-Mental-Health-in-EDs---toolkit-\(FINAL-FEB-2013\)-rev1.pdf](http://www.rcpsych.ac.uk/pdf/CEM6883-Mental-Health-in-EDs---toolkit-(FINAL-FEB-2013)-rev1.pdf)

Key issues for the ED are

- The demographics of our patients
- The physical environment of the department
- The access to mental health personnel – community social workers, elderly psychiatry teams and child and adolescent service.
- Access to in patient beds.

### Demographics

The Emergency Department at St Thomas' hospital is served by a diverse population comprising of local residents and a relatively large number of overseas or out of area patients. Due to the central location of our hospital and numerous large transport hubs (Waterloo Station and Victoria coach station) we see a proportionately higher rate of patients who are either new to the country or new to the capital and are not known to local services.

Many of the mental health patients that present at St Thomas have a complex social situation which further complicates the journey of care. Often these patients have multiple complex issues such as :

- Homelessness with high rates of physical health co-morbidities
- Drug addiction
- Alcohol addiction

This further complicates the pathway and treatment decisions.

### The physical environment

The ED can be a very stressful environment for any patient. However if a person is feeling paranoid, psychotic, distraught or suicidal the environment can be frightening and can

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

#### Provision of care within the Emergency Department/ access to mental health professionals

The department has excellent access to the psychiatric liaison nurse (PLN) service which is co-located with our emergency medical unit and is a joint venture between SLAM and GSTT. This service provides a highly responsive service 24/7. Local patients that are known to services can be quickly identified and care packages or plans can be enacted with the support of this team. However at times patients can experience long delays getting an assessment by the home treatment team which would allow safe discharge and outpatient management. The patients are generally moved to the Emergency Medical Unit to wait the arrival of the Home Treatment team.

Both Old age Psychiatry and child and adolescent services run separately from the main adult assessment team and these services are not always able to provide a rapid assessment service.

As identified above we have a high proportion of patients that are unknown to services which provide significant challenges on staffing time.

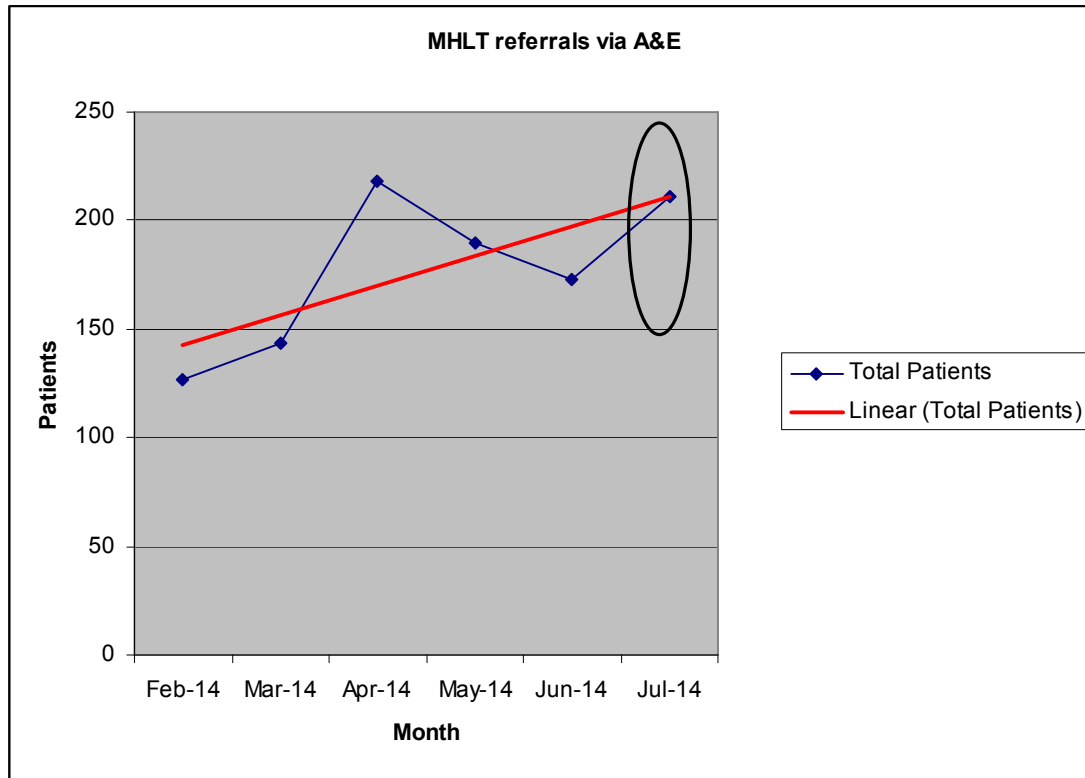
The provision of registered mental health nurses can be challenging due to unpredictable presentation times of this patient group. The demand can range from 0-6 at any one time and this makes staffing extremely difficult. To support this the Trust have committed to a roll out program of 20 specialty trained Band 3 nurses as a 1 yr pilot to support appropriate patients through their journey and reduce waits for registered mental health nurses (RMNs) and continue to provide safe care on the wards improving the care for deprivation of liberty (DOL's) patients.

#### Access to mental health beds

The commissioning structure for the provision of mental health is based on a post code system which provides significant difficulties when trying to organise support or ongoing placement for patients who are not local to Lambeth or Southwark. There is a lack of provision of local mental health beds for the patients we see and enormous logistical difficulties when patients are known to services outside London and so need to be transferred many miles.

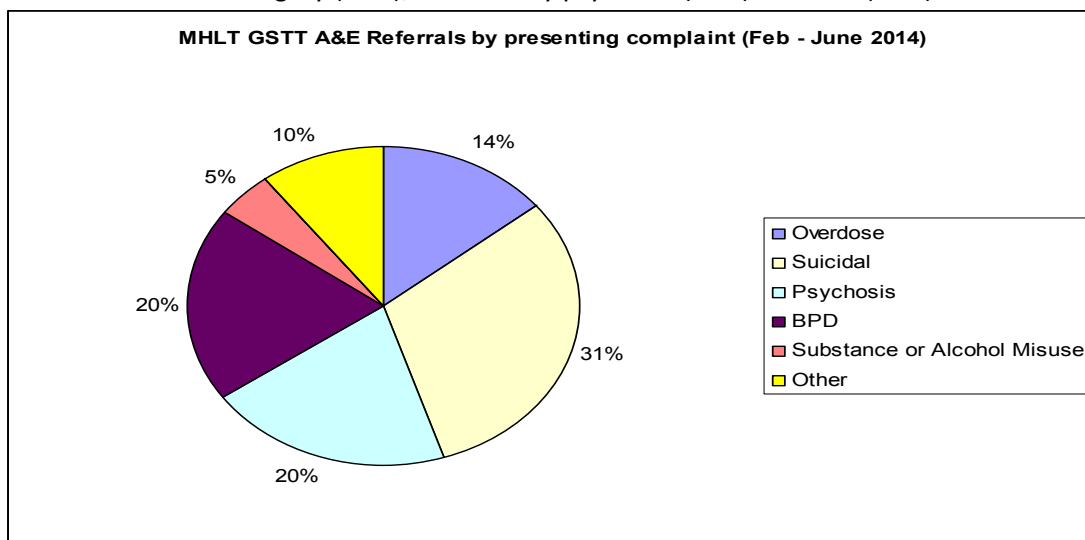
This table shows the wide range of areas that patients come from who are seen by our mental health team

### MHLT Referrals from A&E

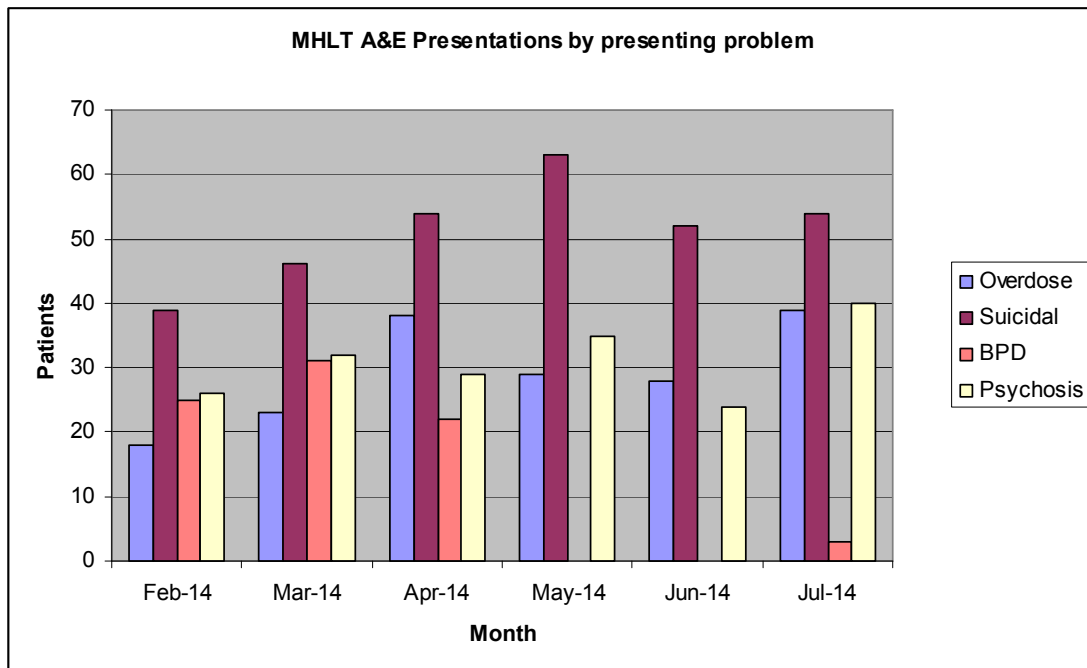


The graphs below show the trend of mental health patients (data includes Kings College Hospital and GSTT) have increased by 66% between February 2014 and July 2014. With particular spikes during April and July.

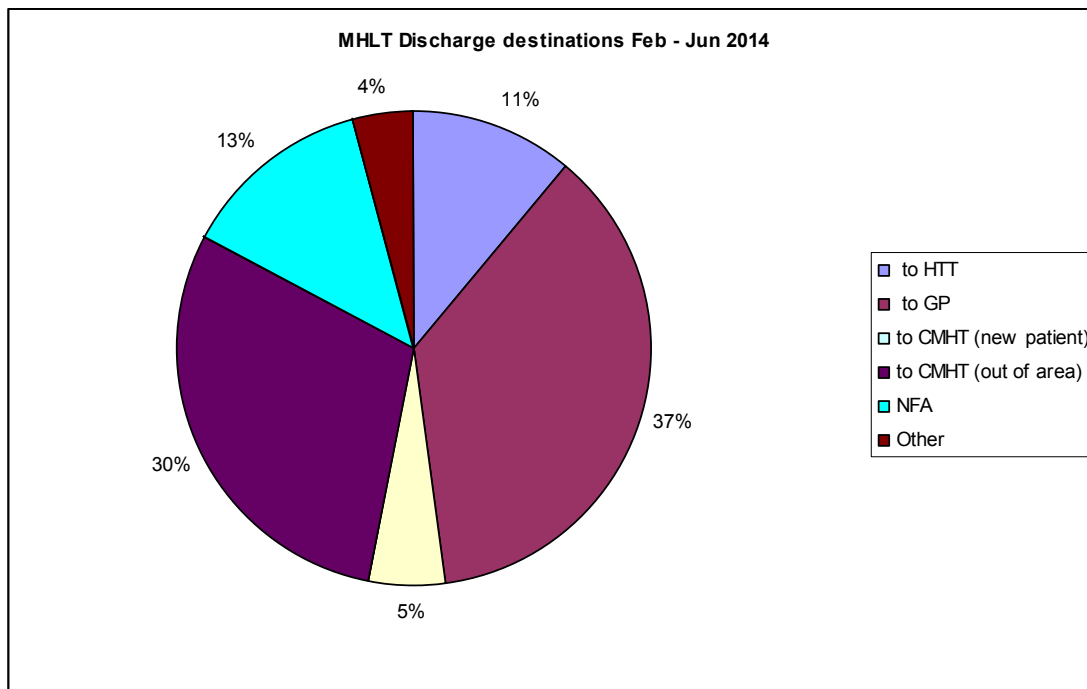
When analysing MHLT referrals by presenting complaint, by far the biggest cohort of is within the suicidal category (31%), followed by psychosis (20%) and BPD (20%).



The largest area of growth can be seen in overdose and psychosis patients.



Our analysis demonstrates that 367% patients were referred to a GP, with 30% being referred to an out of area CMHT and 13% of NFA, highly representative of the transient population the hospital serves.



Current challenge facing the organisation for mental health patients

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

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

#### Future plans within GSTT to support mental health patients

The mental health pathway within St Thomas' is a continuing area of focus. We are currently in the planning phase of a new rebuild for the emergency floor which is due to begin in early 2015.

The needs of all patients have been carefully considered in the development of the design with particular attention being paid to ensure that the needs of more vulnerable patient groups are considered.

With regard to mental health two specifically designed and located cubicles for the treatment of this patient group are included within the Major Treatment Area. One cubicle will be furnished such that very high risk patients with potential for harming themselves or their immediate environment can be safely treated there. The second cubicle will be furnished in a more informal style with comfortable couches and chairs which facilitates counselling or interviewing.

We recognise the need to create a safe and calm environment for patients requiring a mental health assessment. The new Emergency Floor contains 2 dedicated in-patient beds. Each contains its own en-suite facilities and, similar to the cubicles in the Major Treatment area, both are furnished in such a way that the potential for these patients to cause harm to themselves is minimised. These treatment rooms have been located so that they are slightly away from the busy clinical areas but have been provided with facilities to ensure that they can be fully observed at all times.

Part of the work of the Homelessness project will be to identify the mental health problems of this patient group and try to find consistent organised help for such patients. Physical health needs as well as mental health and substance addiction problems are all frequent concerns amongst our patients so we are keen to join up as many services as possible so we all know what resources are available to help.



**South London and Maudsley NHS Foundation Trust  
Response to Scrutiny Reviews for the Healthy Communities Scrutiny meeting  
on 11<sup>th</sup> November 2014**

The following sets out the South London and Maudsley NHS Foundation Trust's response to relevant recommendations contained in the following two reports:

- **Access to Health Services in Southwark**

*Recommendations:*

*4. We recommend that the Trusts regularly report to the sub-committee on current staffing levels and the ways in which they are working to ensure that they are adequate.*

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

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

- **Prevalence of Psychosis and Access to Mental Health Services for the BME Community in Southwark**

*Recommendations:*

*5. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed. [repeat of Rec 17 above]*

*8. The sub-committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards. [Repeat of Rec 19 above]*

### **Recommendations and South London and Maudsley NHS Trust responses**

**Recommendation 4:** *We recommend that the Trusts regularly report to the sub-committee on current staffing levels and the ways in which they are working to ensure that they are adequate*

As the demand at King's College Hospital Accident and Emergency [A&E] Department remains high, the staffing levels of mental health staff working in the department have been kept under constant review. Discussions with the Clinical Commissioning Group [CCG] have led to an increase in the number of psychiatric liaison nurses [PLNs] working in the department. There is now an establishment of 11 PLNs, which provides two PLNs on a 24/7 basis. At present there are two vacancies which are being actively recruited to.

We are now initiating discussions with the CCG and King's College Hospital [KCH] on how an enhanced model of liaison would improve patient care.

*Recommendation 17 [and Recommendation 5]*

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

We are conducting a detailed audit of all mental health presentations to King's College Hospital and St Thomas' Hospital Emergency Departments [EDs]. We have, for several years, compiled detailed activity reports on numbers of presentations and whether individuals are known or unknown to SLaM.

We have now extended the data collection to look at reasons for presentation, diagnosis and, where individuals are known to SLaM, which community service they are under. This information will help us to better understand the reasons why people are attending the EDs, and to help to inform what we may do differently in order to reduce attendance at EDs of those individuals for whom there may be an alternative and more appropriate option.

We have agreed with the Lambeth and Southwark Urgent Care Board Mental Health Sub-Group that we will share the findings of the audit at the next meeting, scheduled for November.

*Recommendation 19 [and Recommendation 8]*

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

SLaM has been working closely with the Clinical Commissioning Group to take forward a proposal to introduce the Adult Mental Health (AMH) Model in Southwark. The model has been implemented in Lewisham and Lambeth. Serious mental illnesses are illnesses of relapse and remission; however the severity, duration and impact on the individual of a crisis can be reduced. The purpose of the model is to move away from bed based services and increase support in the community, intervening early to reduce the length and severity of crisis and to support people to stay well and home. The model focuses on the development of community services with three main aims:

1. To ensure prompt and expert assessments for people referred into secondary mental health services. The assessment teams provide a single point of access to services, working closely with GP practices and the Southwark Home Treatment Team so that the service is available throughout GP practice hours, including up to 8pm and Saturday mornings, so reducing the number of people in mental health crisis referred to A&E for assessment, and increasing the number of people who are supported at home during a crisis.
2. To enhance the interventions available in the community by increasing availability of talking therapies and vocational interventions and encouraging better engagement with the service through a reduction in caseloads per care co-ordinator allowing more time to support people early in a crisis to help reduce both length and severity of crisis, again supporting people to stay well at home.

3. Working with primary care to support the transfer of care from secondary care to primary care of people who are stable and at low risk of relapse.

The model requires investment in community services initially but provides a saving from a reduction in the number of beds in the longer term. It is envisaged that a saving of in the region of 20% of occupied beds days can be achieved once the new community services have been up and running for a year.

Southwark CCG have commissioned the new assessment teams and they are currently being set up within SLAM. The remaining enhancements are in negotiation and we hope to be able to attend, with a CCG representative, to discuss implementation with the Scrutiny Committee shortly.

## King's Health Partners update for Southwark Scrutiny

October 2014

1. While plans for an organisational merger remain on hold, King's Health Partners are moving ahead with an ambitious programme of collaborative work to achieve excellence in clinical care, translational research and education. We are working closely with local partners and stakeholders to better join up mental and physical healthcare, improve the outcomes we achieve for our patients, service users and families, promote and support the integration of care across local primary, secondary and social care services and improve the public health of our local community. A brief update is provided on these areas of work below, and our [five year plan](#), published in July 2014 is attached for your reference.
2. Outcomes are at the heart of our Value Based Healthcare programme, where the value proposition is identified as the outcomes that matter most to patients, over the full cycle of care, divided by the cost of producing those outcomes. Sharing and discussing outcomes publicly builds a stronger awareness of the challenge and progress in our local system. To this end, King's Health Partners has committed to producing outcomes books for all our Clinical Academic Groups. We have now published five outcomes books for our Medicine, Psychosis, Dental, Child and Adolescent Mental Health and Behavioural and Developmental Psychiatry Clinical Academic Groups, with more to come over the coming months (<http://www.kingshealthpartners.org/info/outcome-books>). Outcomes data will be updated and reported on annually to demonstrate progress.
3. Our Mind and Body Board is chaired by the Chief Executive of Guy's and St Thomas' NHS Foundation Trust and the Dean of the Institute of Psychiatry, Psychology and Neuroscience at King's College London. The Board supports the development of care programmes to treat the whole person. Our 3D4D programme (Three Dimensions of Care for Diabetes) has demonstrated good outcomes when diabetic teams and mental health teams work together to support people with severe mental illness and diabetes. We are delighted that the programme won this year's BMJ Health diabetes innovation award. We are working closely with commissioners to explore the models for an integrated tariff to enable further testing of more integrated mental and physical care pathways.
4. We have established a new collaborative for south east London to facilitate the design and implementation of public health work at scale. Our smoke free and alcohol strategies for south east London have been developed with a broad range of

commissioner and stakeholder support and focus on building the knowledge and skills of healthcare professionals. Our NHS sites are in the process of going smoke-free, led by SLaM who did so on 1 October 2014. We continue to work very closely with the Health Innovation Network to spread good practice and effective care pathways across local communities through public and patient engagement.

5. We continue to work closely with providers, commissioners, citizens and local authorities as part of ongoing work across our boroughs to better integrate care across local primary, secondary and social care services to make it easier for people to get the care and support they need. We have set up an integrated care delivery office, led by Dr Matthew Patrick, to coordinate the input of our four partners into the overall Southwark and Lambeth Integrated Care (SLIC) programme. Our immediate areas of focus are:
  - Admission and discharge – using improved care pathways, assessment and engagement to support admission avoidance and safe, appropriate discharge
  - Locality working – working within the emerging localities in Southwark and Lambeth to offer care closer to home
  - Unified point of access and assessment – simplifying routes into King’s Health Partners services for general practices, community services and patients
  - Outcome measures – developing a scorecard for integrated care, so that we will know when we have been successful and what we need to improve
  
6. This update is intended to give a high-level overview of the range of work being delivered by King’s Health Partners. More detailed briefings on all of these areas are available and we would welcome the opportunity to present a further update on our ambitious programme to Scrutiny members at a future meeting.

**END**

## Improving health and wellbeing Locally and globally 2014 – 2019





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# Foreword

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King's Health Partners has a clear mission – to create a partnership which is imbued with a culture of excellence in research, education and patient care. We are aiming for a real impact on our local population's health. This will be the measure of our future success.

Our second accreditation by the Department of Health in April 2014 is an opportunity to take stock of what we have achieved so far and plan for the second phase of our journey. This document outlines our strategy for the next five years and gives a flavour of our collective strength and potential.

In the next five years we will invest in programmes to achieve integrated mental and physical health, value-based care systems, integrated healthcare across primary, secondary and social care, and public health. We will also focus on seven specialties where we have outstanding research, education and clinical care – cancer, cardiac, child health, dental, diabetes and obesity, mental health and neurosciences, and transplantation and regenerative medicine.

Our close and emerging partnerships across south London are material to the progress and ambition of King's Health Partners. We are proud of our relationship with the South London Health Innovation Network and its role in spreading good practice and learning throughout the whole system.

This document has been written to provide an overview of how we will develop our priority areas over the next five years and I hope it offers you an insight into our bold ambitions for the future.

With best wishes,  
Robert

**Professor Sir Robert Lechler**  
**Executive Director**  
**King's Health Partners**

July 2014

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# Introduction

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King's Health Partners, one of six Academic Health Sciences Centres (AHSC) in England, brings together three of the country's leading NHS foundation trusts, Guy's and St Thomas', King's College Hospital and South London and Maudsley, with a world-class university, King's College London.

Our partnership has over 36,000 staff and more than 25,000 students. Together, we provide 4.2million patient contacts each year and have an annual turnover of £3.1billion. Our university partner, King's College London, is ranked in the top 20 universities in the world and having a world-class university at the heart of our partnership means we are able to attract the best clinicians and scientists from across the globe to deliver research, education and clinical services.

The breadth of our collaboration, coupled with our strength in mental and physical health and the rich diversity of the population we serve, mean we are uniquely placed to lead innovation in clinical practice and improve outcomes for our patients.

Our reach as an AHSC enables us to provide system leadership across the healthcare economy of south east London and beyond.

In April 2014 the Department of Health renewed our accreditation. As a result we have developed a five year plan that will see us work with partners locally to transform the care our local population receives, integrating services across mental, physical and social care, and using research evidence and informatics to improve outcomes.

The population we serve in south London has pockets of high deprivation and poor health. Many of the factors that affect the health of the population we serve, like housing and education, lie outside the responsibility of traditional healthcare organisations so we will work as an influential partner with other organisations to improve population health.

For the next five years we have decided to focus on seven key areas – cancer, cardiac, child health, dental, diabetes and obesity, mental health and neurosciences, and transplantation and regenerative medicine. These areas reflect our current strengths, but have also been chosen because we believe our partnership is among the best placed internationally to drive better understanding and improved treatments in these fields. We will drive innovation through informatics, integrated healthcare, and value-based care systems.

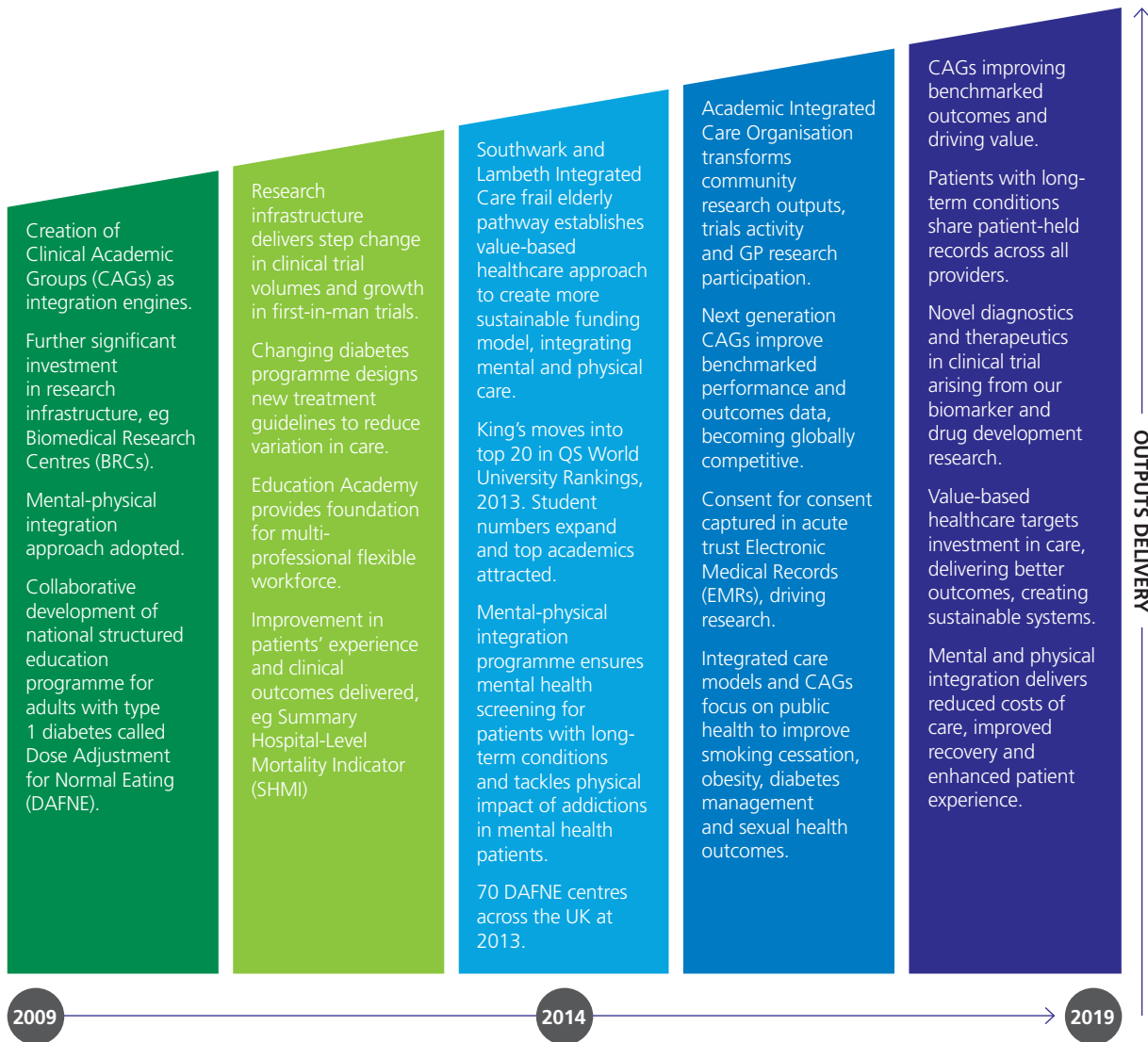
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# Progress and delivery

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Our collaboration is hugely exciting and has the potential to change lives for the better, yet it is rooted in an understanding that healthcare is complex. Achieving our bold goals requires us to set a model of partnership and to work with others, recognising the value each partner organisation brings.

World-leading healthcare research can only benefit patients where it is translated into effective clinical practice. We believe we can be much quicker at taking the discoveries our scientists make in laboratories and making them available to healthcare professionals treating patients. We also believe that we can be an organisation which rapidly adopts and progresses innovations that originate worldwide.



### KING'S HEALTH PARTNERS: SYSTEM LEADERSHIP, SUPPORT AND TRANSFORMATION

Catalyst for change, empowering systems

*The diagram illustrates progress in our delivery from 2009 projected through to 2019.*

# Governance: providing clear direction to deliver our mission

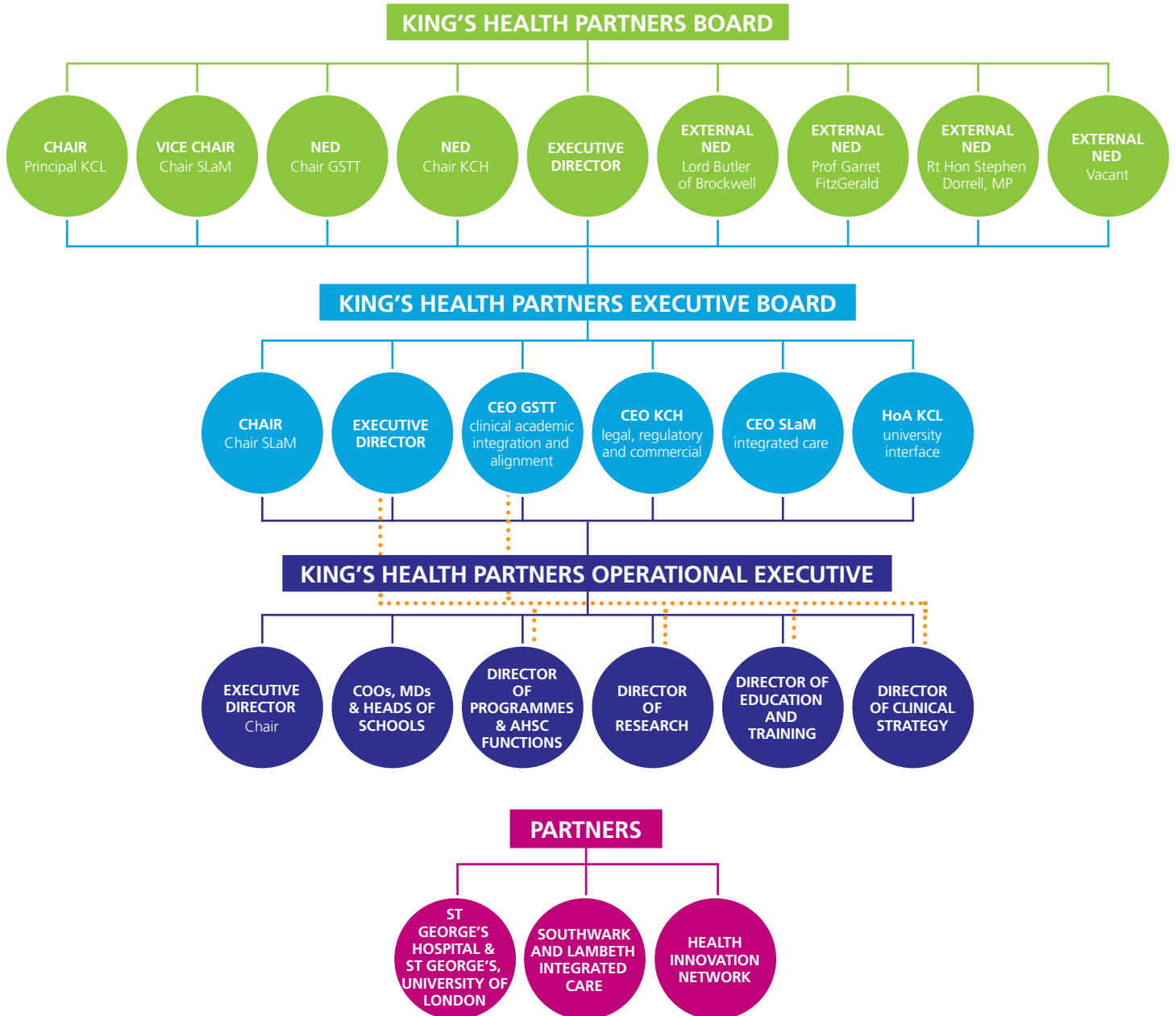
The essential foundations of our partnership are our Clinical Academic Groups (CAGs). These bring together clinical services, research and education across our four partner organisations. Our CAGs are supported and led by a King's Health Partners Operational Executive, which includes executive leaders from across the partnership to drive real change in service and CAG delivery.

To ensure our five year plan is driven forward with pace and purpose, we have created an Executive Board to oversee delivery. This includes the three trust Chief Executives and King's College London's Head of Administration, who each lead on key work areas, such as the development of integrated care across south London.

The activities of our AHSC are overseen by the King's Health Partners Board which brings together the Board Chairs from our four partner organisations, with non-executive directors from science and governance.

*'Ultimately we are aiming for a real impact on our local population's health. This will be the measure of our future success.'*

**Professor Sir Robert Lechler,**  
Executive Director, King's Health Partners  
Vice-Principal (Health), King's College London.





# Mind and body: treating the whole person

It is one of the great failures of modern healthcare that it does not recognise the number of people who suffer from both mental and physical ill health. Average life expectancy for someone with a long-term mental health illness is years shorter than for someone without, often due in part to smoking, obesity, diabetes or alcohol misuse. We also know that a high

proportion of people with one or more long-term conditions like arthritis and diabetes also have depression or other mental health conditions. Despite this, health services and funding mechanisms still silo care by having different organisations providing physical and mental healthcare and they often fail to share information about patients.

*'Despite best intentions, there is undoubtedly a divide between physical and mental health both in our NHS and across the globe. My hope is that the mind and body programme at King's Health Partners will enable us to integrate care in a more co-ordinated and effective way.'*

**Professor Shitij Kapur,  
Dean of the Institute of Psychiatry, King's College London**



At King's Health Partners we are determined to overcome these barriers by treating the whole person, regardless of which organisation is providing which part of care.

Two of the areas where our organisations frequently see patients with both mental and physical ill health are in emergency services and in the care of older people. For example, it is not unusual for a patient to arrive at one of our emergency departments having suffered an injury or accident, for it to become clear they also have a significant, sometimes untreated, mental health condition. It is also common for an elderly person to be admitted to one of our hospitals who is then found to also have dementia.

In order to treat the whole person, we are committed to screening all patients with chronic physical diseases for mental health conditions, and we will use the learning from this to improve the way we treat patients with both physical and mental ill health. We know that addressing mental health issues has been demonstrated to improve physical health outcomes and vice versa.

We will care for vulnerable patients with both physical and mental health conditions in an integrated manner in which there is better, faster diagnosis and treatment, and a reduced chance of a single diagnosis masking other issues.

We also plan to overcome the traditional distinctions between the mind and body in research and education, allowing us to train students and staff to deliver more integrated care. Opportunities for students to undertake joint degrees combining clinical academic disciplines will be extended, and integrated care professionals will be trained to work across physical, mental and social care.

Over the next five years, all our 21 Clinical Academic Groups will consider the integration of mental and physical health in their work.





# Value-based care: building a sustainable healthcare system

As the demand for and cost of healthcare continues to rise it is increasingly important we understand and can explain how we spend our money in terms that are easily understood, such as ensuring better outcomes for patients, improving experience of our services, translating new discoveries into better care and developing excellent clinical staff. We will understand our costs in parallel with these outcomes and spend wisely to achieve the best value. This approach is essential to ensure best use of resources and create sustainable health

systems, and must be underpinned by comprehensive and accurate data about our patients and services.

Our role in value-based care does not stop at the boundary of King's Health Partners. Locally our relationships with GPs, citizens and commissioners are crucial to achieving this. Across south London our close partnership with St George's Hospital and its medical school, our collaboration in the Local Education and Training Board, the Health Innovation Network (HIN), King's Improvement Science (KIS) and the Collaboration for Applied Health Research and Care (CLAHRC) network, signal our desire to collaborate with others to make sure patients maximally benefit from every penny invested in healthcare.

*'We are committed to providing accurate and timely information about patient care and believe that identifying, measuring and publishing healthcare outcomes and building cohesive information systems result in a culture of improvement and increased value.'*

**Professor John Moxham,**  
Director of Clinical Strategy, King's Health Partners



## Recording and sharing outcomes

Reliable and accurate information is essential to understanding the value of what we do. Across our CAGs we have developed measures which help us to understand value and to see where we have variations in the quality of care and patient experience. We will publish an outcomes book for each CAG, so that our stakeholders and the public can gauge the value of what we do and understand our progress in all aspects of care, research and education. We are proud to be leading the way nationally in the routine collation and publishing of outcomes books.

Across King's Health Partners, improvement science is used to inform clinical and managerial practice and to develop models of care. Researchers work closely with clinicians to help make effective decisions about the organisation and design of safe and efficient services.

## Informatics underpinning value

We will develop integrated IT systems enabling us to share healthcare electronic records across partners and with other healthcare organisations. This will incorporate the award-winning 'MyHealthLocker' programme, which will be extended for all patients with long-term conditions.

Over the next five years, we will work with patients to make electronic patient information available in an anonymised format between partner trusts, primary care and social care. This will be a powerful information resource for both practitioners and researchers.

## The Health Vault

Big data solutions using The Cloud enables us to create a 'health vault' facility for researchers to look for patterns in disease across millions of pieces of information to improve research and patient care.



# Integrating care: stronger communities, better outcomes

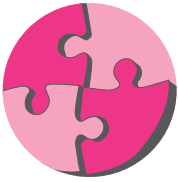
Our partners provide most of the hospital, community and mental health care services across Lambeth and Southwark as well as the mental health services for Lewisham and Croydon. We employ 36,000 staff and work in partnership with a great number of stakeholders across primary, social and voluntary care. However we start from a

system that is delivering fragmented care and which is largely based on treatment not prevention. Too often services can be complex to navigate and can leave patients feeling bewildered.

Working across King's Health Partners and Southwark and Lambeth Integrated Care (SLIC), which brings together primary and social care, citizens and commissioners, we are putting in place transformative plans for the entire care system to improve education, prevention, care outcomes and patient experience. We intend to reduce hospital attendances and improve access to high-quality care in local communities.

*'We know that currently over 30% of the population has a long-term condition, and that this number is rising. It is therefore imperative that we build an integrated healthcare system that provides care in people's communities, where it is most needed. Beyond this, we need to build on rich community assets and to work alongside citizens and communities in promoting health and wellbeing.'*

**Dr Matthew Patrick,**  
Chief Executive, South London and Maudsley NHS Foundation Trust



### Our achievements:

Progress by the SLIC programme and the medicine teams at King's Health Partners is now visible with:

- the implementation of local services for the frail elderly which are better able to support their mental and physical needs
- the launch of our 'Amber Alert' programme to provide care for vulnerable patients
- joint work across London to build a frailty scorecard
- good outcomes on length of stay and discharging people home on time
- the launch of 'King's Health Partners Online' to enable access to local health records to improve continuity of care and reduce error

### In the next five years, we will:

- improve out-of-hospital care and community access to diagnostics, care and treatment
- work in partnership with primary and social care, and the voluntary sector to create clear pathways of care to make it easier for patients to access and receive treatment and support
- support people and communities to take control of their health and wellbeing, for example through positive self-management of weight, mental health, alcohol use, smoking and blood pressure
- create integrated physical and mental health and social care payment mechanisms, to bring budgets together where appropriate so services can support people at the right time, in the right place
- work with the Health Innovation Network to spread learning from integration approaches across south London

# Public health

Compared to the rest of the UK, the population we serve in south London has worse health and is more likely to die early. At the root of this ill health is a high incidence of smoking, alcohol abuse and obesity. We have developed strategies with our health and social care partners to tackle this.

The issues facing south London are shared by many cities and our pioneering work in urban public health marks us out as

*'There is huge potential for King's Health Partners to develop pioneering public health services, research and training in south London. In focusing on smoking, alcohol misuse and obesity over the next five years, we are committing to those challenges which are of greatest importance in our local community.'*

**Madeliene Long,**  
Chair, King's Health Partners Executive Board and Chair, South London  
and Maudsley NHS Foundation Trust

an international leader in meeting these challenges and making a real difference to population health. Delivering public health interventions that tackle inequalities and change behaviours is complex and many health systems have struggled to do it.

We have established a new collaborative for south east London to facilitate the design and implementation of public health work at scale. Our strategies for tackling smoking, alcohol abuse, and obesity focus on building the knowledge and skills of healthcare professionals. We aim to increase the frequency of patient contact, and improve care using technology and effective information management.

The work of our partner Academic Health Science Network – the Health Innovation Network (HIN) – enables good practice and effective pathways of care to be rolled out in local communities through public and patient engagement.

## Smoking

More years are lost to smoking than any other disease and it is a major determinant of ill health in our local communities. We will support hospitals and community clinics to go smoke free and help staff and patients to stop smoking. We will provide additional care for people with mental illness to help them stop smoking and improve their life experience and expectancy.

We are working with partners to design a clinical care pathway for nicotine-dependent treatment and create a training package for healthcare professionals to support smoking cessation interventions.

## Alcohol misuse

Up to 30% of hospital admissions and 50% of mental health admissions in south London are alcohol-related. To address this, we have developed a King's Health Partners Alcohol Strategy. As part of our strategy we will train staff in early identification and intervention in alcohol-related cases. With the CLAHRC and the HIN we will increase penetration of 'Identification and Brief Advice' (IBA) interventions in our local communities.

## Obesity

We will train staff from all disciplines to spot the early signs of childhood obesity and work to ensure initiatives are available in the community for those in danger of becoming obese. Our strategy focuses on low income families and those experiencing health inequalities to reduce obesity in children and adults, and developing integrated care pathways for obese patients which include access to specialist dietary and psychological healthcare professionals.

### In the next five years, we will:

- go smoke free across all our hospitals and community sites
- support staff and patients, including those with severe mental illness, to reduce smoking and make better choices about their health
- train staff in identification and intervention for alcohol-related cases
- work towards reducing smoking levels by 5% in patients accessing our care
- support staff to be role models for healthy lifestyles

Smoking currently costs the NHS £5.2bn annually.

Alcohol contributes to over 60 different physical and mental disorders.

In our local communities, one in four school children are already obese.

Alcohol is now the third leading cause of disability in Europe.

Alcohol-related liver deaths and hospital admissions cost the NHS in England £3bn annually.

The Maudsley Specialist Smokers Clinic is the gold standard in smoking cessation treatment according to the Department of Health.

# Translating ground-breaking research

King's Health Partners has great strengths across the spectrum of biomedical research and has a world-class research infrastructure. This includes two National Institute of Health Research (NIHR) Biomedical Research Centres and a Biomedical Research Unit in Dementia; a Clinical Trials Office and Clinical Trials

Unit; and three dedicated Clinical Research Facilities (CRFs), including a CRF that is specifically designed to support mental health and neurosciences clinical trials.

We are part of London's rich and diverse research environment. We are one of the six partners of the Francis Crick Institute, which is an interdisciplinary medical research organisation that aims to understand why disease develops and find new ways to treat, diagnose and prevent illnesses. We also partner with the Mayor of London and the capital's other AHSCs (UCL Partners and Imperial College) in MedCity – a collaboration to develop the life sciences sector across south east England.

*'Our Academic Health Sciences Centre brings together research expertise across a comprehensive range of scientific areas and over the next five years we will drive and support research activities across our organisation. Together we can forge our position as a leading centre of health-related research, not only in the UK but internationally.'*

**Professor Reza Razavi,**  
Director of Research, King's Health Partners

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## Our research environment

Our collaboration with the Technology Strategy Board Cell Therapy Catapult Centre enables our medical researchers to work with industry to develop cell therapies. We host five centres funded by the government's Medical Research Council that work to improve human health through research into areas such as asthma and transplantation. We also host a British Heart Foundation Centre of Research Excellence and a Medical Engineering Centre of Research Excellence funded by the Wellcome Trust and the Engineering and Physical Sciences Research Council.

## Designed for translation

King's Health Partners is designed for translation: undertaking world-quality, fundamental scientific research and translating it into useful practice to improve patient care and outcomes, and evaluate what works.

Over the next five years we aim to become more successful at this process of translation. The future of medicine and health sciences lies in developing new diagnostic tests and therapies that deliver personalised medicine. We are committed to getting pioneering research translated more quickly and more effectively. There are great advances to be made and we are well positioned to lead the way.

## Genomics research

We are developing a genomics strategy which will provide a laboratory network to support clinical genetic services across multiple specialities including cardiac, child health and cancer. This will facilitate the integration of diagnostic and therapeutic developments with research programmes for syndromes of unknown causes and enable the delivery of clinical material for the 100,000 genome project. It will harness the strengths of our Biomedical Research Centres and the relevant divisions within King's College London to focus on translational research and innovation in genomics. We will also develop regional partnerships supported by education programmes to develop the workforce needed for delivering personalised healthcare.



# Transforming through education

With over 25,000 students and over 36,000 staff, we are one of the largest centres for healthcare education and training in the UK. King's Health Partners provides the perfect learning environment for educating transformative leaders who draw upon advances in basic and translational research and contribute to excellent patient care.

Through its health faculties, our university partner King's College London educates the doctors, dentists, midwives, nurses, pharmacists, physiotherapists, nutritionists and psychologists of the future as well as many other healthcare professionals. Our partner trusts are similarly involved in education and training for all staff and students.

*'Excellent education and training are fundamental to achieving the vision of King's Health Partners. During the next five years, we will implement our strategy to provide high-quality innovative education and training for all our staff, trainees and students.'*

**Professor Anne Greenough,**  
Director of Education and Training, King's Health Partners

### All colleagues and students across King's Health Partners benefit from a culture that:

- is committed to continuous quality improvement for the benefit of patients and the public
- is centred around the whole person, with integrated physical and mental healthcare
- nurtures a workforce for the whole system, who are not constrained by traditional healthcare boundaries
- is intellectually entrepreneurial
- values all members of the health and social care team and enables them to realise shared ambitions

We recognise the need to educate and train our entire workforce and are working to equip staff and students with the skills and experience they need to deliver our ambitious vision. King's College Hospital's acquisition of the Princess Royal University Hospital in October 2013 makes a vibrant addition to our educational campus offer for staff and students alike.

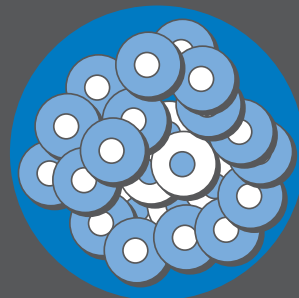
The organisations which make up King's Health Partners are some of the largest employers in south London and we take this responsibility seriously. We are widening local access to healthcare careers by providing innovative learning opportunities and extending our reach into communities as an employer. We are also further developing opportunities for local people to volunteer or take up apprenticeships and we reach out to schools to encourage children and young people to consider careers in healthcare and life sciences.

We appreciate the importance of our students finding our educational programmes rewarding and are committed to improving the student experience.

Over the next five years, the King's Health Partners Education Academy will enable us to draw upon the wealth of educational expertise across our partnership.

### In the next five years, our education and training priorities include:

- developing a new School of Medical education curriculum (MBBS Curriculum 2020 Project) that will reinforce the required values and capabilities needed by outstanding doctors in a rapidly changing health and social care environment
- training and developing the entire workforce, using high-quality, accessible, online training resources through the King's Health Partners Learning Hub
- building capacity in research skills by ensuring that all students and trainees are competent and effective in delivering our research agenda so that more patients can benefit from leading research
- providing excellent healthcare education locally and globally



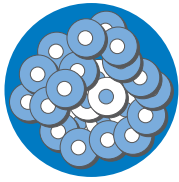
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# Achieving excellence

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For the next five years we plan to focus on seven key areas – cancer, cardiac, child health, dental, diabetes and obesity, mental health and neurosciences, and transplantation and regenerative medicine.

These areas reflect our current strengths, but have also been chosen because we believe our partnership is among the best placed internationally to drive better understanding and improved treatments in these fields.



## Achieving excellence: cancer

King's Health Partners is the largest provider of NHS cancer services in London. Our mission is to increase the life expectancy of patients with cancer, to alleviate suffering, to deepen knowledge and understanding of cancer, and to enhance the experience of patients, carers and families. Our cancer services provide an integrated approach to both mental and physical wellbeing, which is supported by excellence in research and training.

### Our achievements:

We are recognised as national leaders in cancer, immunology, cancer imaging and the application of applied mathematics to interrogate complex data sets. This is illustrated by the renewal of the Comprehensive Cancer Imaging Centre, the Experimental Cancer Medicine Centre and our Breakthrough Breast Cancer Unit.

We are part of London Cancer Alliance, and with other London AHSCs (UCL Partners and Imperial AHSC) we are part of the Francis Crick Institute, an inter-disciplinary medical research institute translating basic science for patient benefit.

Through the Cicely Saunders Institute, we also lead internationally on palliative and end-of-life care for cancer patients.

### In the next five years, we will:

- improve outcomes and experience for cancer patients with complex needs in part through earlier diagnosis
- open our £160million Integrated Cancer Centre at Guy's Hospital
- embed whole-person care across the cancer pathway and strive to bring treatment programmes closer to home
- test and develop new biologic and cellular therapies in a range of cancers
- publish a cancer outcomes book to demonstrate value to patients and families

*'The next five years will be transformative for cancer services, research and education across King's Health Partners. With the completion of the Integrated Cancer Centre at Guy's and the development of integrated care models, we are making tangible improvements for our patients.'*

**Professor Arnie Purushotham,**  
**Director of King's Health Partners Integrated Cancer Centre**



## Achieving excellence: cardiac

King's Health Partners provides extensive heart services for patients in south east London and Kent. Collectively we are the largest provider of heart services in London. Some of our specialist areas have national and international reputations for clinical excellence, for instance services for people with heart failure and our Transcatheter Aortic Valve Implantation (TAVI) programme. Our science and research programmes are internationally competitive and deliver improved patient outcomes.

Our vision is to deliver a comprehensive portfolio of patient-focused local services in heart medicine and surgery within a research active environment. Whilst working alongside primary care and family doctors, we expect more services to be provided within the community.

### Our achievements:

Our cardiovascular division at King's College London is one of four British Heart Foundation Centres of Excellence and leads internationally in the research of heart failure, inherited heart muscle disease, stem cells and biomarkers for the early detection of disease. We host four British Heart Foundation professors, generating over £40million in research grants.

We have an international reputation for excellence in transcatheter valve implantation, acute heart attack treatment pathways, heart failure, minimally invasive surgery, advanced echocardiography and MRI-guided electrophysiological interventions.

We provide outstanding training for all health professionals including high-profile PhD programmes, clinical academic training and sub-specialist training in cardiology and heart surgery.

### In the next five years, we will:

- build our relationships with family doctor services to support the community
- grow our provision of specialised heart services and ensure patients have good outcomes 24/7
- publish outcomes books enabling patients and stakeholders to see our results
- attract funding for necessary research to advance our understanding of treatments for heart disease to deliver improved outcomes for patients

*'We want our patients to receive excellent, leading treatments whatever heart condition they have. We want them to know that they're in a centre of excellence where there are advances in research that are being translated into new innovation.'*

**Professor Ajay Shah,**  
Co-Leader of the Cardiovascular CAG



## Achieving excellence: child health

King's Health Partners is the largest provider of child health services in London and the third largest provider in the UK. Across physical and mental health, we pioneer research into excellent care, education and clinical outcomes.

### Our achievements:

- our services support children and young people with physical health care needs, mental illness and neurodevelopmental disabilities across the lifespan from preconception and fetal medicine, through childhood care and the transition into adult services
- we have integrated local child health services and collaborate with family doctors, schools and community services
- we have a regional network of services for children with more complex needs, working with local hospitals and health services across south east England
- across the AHSC there is a wealth of science and translational research supporting knowledge and care for children. For example, we lead the most comprehensive peanut allergy trial programme in the world and our Centre for the Developing Brain is pioneering research to reduce the number of children who suffer brain damage around the time of birth
- we have internationally competitive child health services in liver, heart, brain and kidney disease, and allergy

### In the next five years, we will:

- work closer with partners and stakeholders in communities and schools to ensure the best outcomes for children and to improve public health
- continue to develop innovative environments of care that embrace children and families
- continue to enrich our science and health services research and education portfolios so that children have the best services both now and in the future
- publish outcomes books for child health and child and adolescent mental health

*'Our ambition is to develop seamless care for children and their families. This will enable new opportunities for research and education as well as improve standards of care. We have many outstanding areas of research in child health, including paediatric heart, liver and kidney disease, neurosciences and imaging. Our specialist children's services are extensive and rival anywhere else in the UK and indeed the world.'*

**Dr Grenville Fox and Professor Anil Dhawan,  
Co-Leaders of the Child Health CAG**



## Achieving excellence: dental

Our Dental CAG is internationally recognised and delivers high-quality and high-volume education and research.

We educate the entire dental team, including dental nurses and dental specialists. We train over 20% of England's dentists and are home to Europe's largest and most comprehensive dental school. We are ranked third in the world for research citations and lead innovative clinical research and pioneering treatments. Despite our size, our dental students are happy, returning an overall student satisfaction of 93% in the latest national student survey.

We provide care in over 30 sites across south London and see 300,000 patients each year. This enables unmatched opportunities for clinical research.

There is much to be done to address the oral health needs of people in south London. There remains great need and diversity in oral health and behaviours across our socially diverse population. King's Health Partners' priorities for reducing alcohol, tobacco and obesity leverage our initiatives to improve the oral health of people in our communities.

*'King's Health Partners creates opportunities to integrate education, research, and clinical service in ways never before possible. The excellent reputation of the Dental Institute and its partners is an important platform for new discoveries and the translation of these discoveries into practice, policy, and products, while enhancing both clinical care and the education of our students.'*

**Professor Dianne Rekow,  
Dental CAG Leader and Dean,  
Dental Institute, King's College London**

### Our achievements:

- we have pioneered an innovative surgical procedure for third molar surgery, which removes only the crown and leaves the root undisturbed, protecting major facial nerves – a procedure which has been adopted by the NHS and the American Dental Association
- we received £8million research funding on craniofacial development and stem cell biology and £1.6million funding for research into mucosal infections
- we have developed a system using bioactive glass powders to desensitise teeth, alleviating dental pain

### In the next five years, we will:

- integrate community special care dentistry provision across 11 of the 12 boroughs in south London
- continue to influence policy and translate research discoveries into practice and products to improve oral health for the greatest number of people, recording our successes in outcomes books
- collaborate with other CAGs to integrate dental health as an integral part of overall health





Achieving excellence:

# diabetes and obesity

We are committed to addressing the challenge of diabetes through innovation, translational research and comprehensive patient management from prevention to tertiary care.

## Our achievements:

We are a leading centre for type 1 diabetes in the UK, with programmes including innovative prevention trials and one of Europe's largest insulin pump programmes. We research islet immunology, biology and encapsulation; hypoglycaemia prevention and complications; gestational diabetes; and we are testing novel bio-artificial pancreas systems.

Our award-winning 3DfD (3 Dimensions of Care for Diabetes) programme demonstrates our focus on bringing together medical, psychological and social care for patients struggling with their diabetes self-management. 3DfD has improved glycaemic control and quality of care and reduced psychological distress and hospital attendance.

*'Diabetes and obesity are conditions which are common, long-term and require patients to engage in their own healthcare to get the best outcomes. The number of people with these conditions, and with type 1 diabetes, is rapidly increasing. In light of this, we need to ensure that we are pioneering research, improving education and training and driving better care for patients, ranging from primary prevention of the diseases themselves, to the prevention of disability from their complications.'*

**Professor Stephanie Amiel,**  
**Co-Leader of the Diabetes, Endocrinology, Nutrition, Obesity,**  
**Vision and Related Surgeries CAG**

'i3 Diabetes' is our five-year collaboration with Novo Nordisk, creating a new model for specialist diabetes care to improve outcomes. We work with communities to improve education, treatment and understanding of diabetes to ensure improved outcomes and experience for all our patients.

## In the next five years, we will:

- develop and translate laboratory research into innovative prevention and disease management strategies for type 1 diabetes
- develop one of Europe's leading bariatric/metabolic surgery centres with clinical services, research, and training for the prevention and management of type 2 diabetes and obesity
- expand our research and services in mental health in diabetes
- support integrated care in primary and community settings by individualising prevention, management strategies and risk assessment for cardiovascular, metabolic and mental health factors, reducing inequalities of care provision through education programmes and more effective care closer to home
- create a health vault to ensure primary, social and hospital practitioners can access routine data and make it possible for patients to carry their own health passport
- publish outcomes books enabling stakeholders to see our results



Achieving excellence:

# mental health and neurosciences

South London and Maudsley and the Institute of Psychiatry hold an eminent position in world psychiatry and mental health. Together they form a partnership between healthcare and research which benefits people in the local community and beyond. At King's Health Partners this is combined with excellent care, education and research in neurosciences.

The integration of mental and physical healthcare is a key priority across King's Health Partners and seven of our 21 Clinical Academic Groups are specifically dedicated to research, education and patient care in mental health.

King's Health Partners hosts a large regional neurosciences centre at King's College Hospital serving south east London and Kent. We are one of the largest centres for neurology, neurosurgery, neurophysiology and neuropsychiatry in the country, and are at the vanguard of neuroscience research and patient care.

We have internationally recognised clinical centres of excellence for stroke, motor neurone disease, Parkinson's disease, neurofibromatosis and neuropsychiatry. Our child epilepsy surgery service is one of four national centres and we are a national leader in adult and child neurosurgery. We are also national leaders in delivering immune modifying therapy to patients with multiple sclerosis.

*'We can achieve so much when we bring clinical and academic expertise together. SLaM is the crown jewel of mental health in Britain and together SLaM and the Institute of Psychiatry lead in psychiatry research. King's Health Partners is well placed to make leading discoveries in the fields of mental health and neurosciences and to translate those findings into patient benefit.'*

**Professor Sir Simon Wessely,**  
Co-Leader of the Psychological Medicine CAG

## Our achievements:

Aligning our mental health and neurosciences research has improved the translation of research into practice, whilst philanthropy has enabled us to launch the Maurice Wohl Clinical Neuroscience Institute for research and education.

We provide effective mental health care in the community. For example, we introduced programmes for young men experiencing first time psychosis, and provide diabetic patients with online cognitive behavioural therapy.

MyHealthLocker, our online platform enabling patients to access their health records to co-ordinate their own care, has won several awards.

## In the next five years, we will:

- develop the Wohl Clinical Neuroscience Institute as a beacon for neurosciences researchers
- support primary and social care to deliver our vision to deliver integrated care in the community
- publish outcomes books
- continue to be a leading educator for mental health and neurosciences students and professionals
- empower patients to use the MyHealthLocker platform
- integrate and develop physical and cognitive neuro-rehabilitation for all our patients



**Achieving excellence:**

# transplantation and regenerative medicine

King's Health Partners is a national leader in the field of transplantation and regenerative medicine.

We focus on abdominal and bone marrow transplantation, with the largest liver transplant programme in Europe and the largest renal programme in the UK. We have important strengths in cell transplantation in dermatology, dental, diagnostic and post-traumatic injury or disease applications.

Our research environment includes transplantation, genetics, pluripotent stem cells, imaging and immunology supported by the Medical Research Centre's only Transplantation Centre, our Stem Cell Centre and the Institute of Liver Studies. We host the Technology Strategy Board Cell Therapy Catapult and co-ordinate the UK Regenerative Medicine Platform Hub in immunomodulation of stem cells. We are unique in our leadership of islet and hepatocyte cell transplantation and have superb facilities in the Biomedical Research Centre at Guy's and St Thomas' and King's College London and at Denmark Hill.

*'King's Health Partners is uniquely placed to facilitate the translation of fundamental stem cell biology to clinical applications. King's provides a remarkable ecosystem for regenerative medicine.'*

**Professor Fiona Watt,  
Director of the Centre for Stem Cells and Regenerative Medicine,  
King's College London**

## **Our achievements:**

Our liver transplant outcomes are among the best in the UK, and our renal and bone marrow stem cell transplant programmes aim to improve our already excellent clinical results.

We have made significant advances combining expertise in basic immunology and transplantation biology.

We manage some of the largest transplant-patient cohorts in Europe, delivering excellence in research and clinical trials.

Research for use of stem cells in treatment, and stem cell and islet transplantation, makes us one of the most prestigious centres in the UK for the treatment of liver and pancreas disorders.

## **In the next five years, we will:**

- conduct a series of first-in-man trials of novel immunotherapies designed to improve transplant and patient survival
- develop a programme of regenerative medicine, growing tissues from stem cells to repair organ damage
- implement a personalised medicine approach for transplantation based on genotyping recipients and donors

# Our 21 Clinical Academic Groups (CAGs):



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@kingshealth

## 'Just CASking' Personalisation Survey Results

Between 15th July and 29th August 2014, Community Action Southwark (CAS) ran a survey on organisations' **experiences** and **expectations** around **personal budgets**. This was disseminated via our CAScade e-bulletin, website, and two focused emails to voluntary and community organisations. Out of 296 members we received responses from 31 - a response rate of **10.5%**.

### Key points

- **Only a small number of service users seem to be using personal budgets.**  
Only 20% of respondents have half or more service users paying via personal budgets. Only 13% (all of which have an income of £100k or more) have a majority doing so.
- **Information and advice is the most common personal budget support service provided by respondents.**  
Several organisations also provide support planning and budget management services.
- **Nearly half of organisations expect to lose contract or grant money because of personalisation.**  
49% of responding organisations expect to lose some of or their entire council or NHS contract or grant as a result of personalisation. Larger organisations (with more than £500k) were more likely to expect this; smaller organisations often had no council/NHS funding to start with.
- **Many organisations already have, or anticipate, problems with personal budgets.**  
Only 16% of organisations, all of which do not have any service users paying by personal budgets, said they do not have or anticipate any problems with the system. Even among those organisations without any service users paying by personal budgets, half anticipate problems in future.
- **Several organisations which expect no decrease in, or never had, council or NHS funding have some service users paying with personal budgets.**  
This might indicate that the system enables users to access new services, and/or that certain organisations receive new revenue streams.
- **A majority of organisations think personal budgets don't provide enough cash to cover prior levels of support.**  
68% of respondents said that personal budgets were not enough to cover the previous level of support given to each individual, and 65% said that not all service users will be supported in future as they are not all eligible for a budget at all.
- **Issues with marketing and cashflow were widespread at 55% and 52% respectively.**  
Other problems noted by more than one organisation included administrative costs, personal budgets not being enough to cover core/back office costs, confusion at the council regarding who is and is not on a personal budget, lack of understanding of the system by the organisation, and confusion and stress for particular client groups.
- **Demand for CAS support around personalisation was high, especially among the smaller organisations.**  
58% of respondents requested representation of concerns to the council/NHS (though some of these might be national issues), 42% wanted detailed information on the shift to personal budgets, 39% training on cashflow/costing/finance issues and 35% training on marketing and publicity. Other training topics suggested were supported employment and budget advocacy work.

### 1.1 Breakdown of responding organisations by size

Income band	Number of organisations in this income band	% of organisations in this income band
Less than £5k	4	13%
£5K – less than £25k	0	0%
£25k - less than £100k	1	3%
£100k - less than £500k	16	52%
£500k - less than £1million	1	3%
£1million+	7	23%
Don't know	2	7%
<b>TOTAL</b>	<b>31</b>	<b>100%</b>

Smaller organisations are under-represented, perhaps because they had less capacity to respond or felt this issue was not relevant to them.

### 1.2 Breakdown of responding organisations by potential personal budget user group

User group	Number of organisations serving this user group	% of organisations serving this user group
Children or young people with special educational needs or disabilities (SEND) and/or their families	10	32%
Adults with social care needs	20	65%
Adults with health conditions	11	35%
People with mental health issues	18	58%
Other (please specify)	5	16%

*Note that most organisations serve more than one user group so figures do not total 31. Because of this, it was not meaningful to break down results by the types of service users served by responding organisations.*

Personal budgets have been available to **adults with social care needs** for many years, and must be completely implemented by April 2015. At present **94%** of those eligible in Southwark have personal budgets.

From April 2014, **people eligible for NHS Continuing Healthcare** have had the right to request a personal health budget, and they will have the right to have such a budget from October 2014. From April 2015 there will be a further rollout of personal health budgets in the NHS, including to people with mental health issues.

From September 2014, all **families of children with SEND** with an Education, Health & Care Plan should be offered a personal budget.

## 2. Proportion of organisations' service users paying for services using a personal budget

Proportion of service users	Number of organisations with this proportion of users paying via personal budgets	% of organisations with this proportion of users paying via personal budgets
All	1	3%
Majority	3*	10%
Half	2	7%
Minority	15	48%
None	10	32%
<b>Total</b>	<b>31</b>	<b>100%</b>

*\*Note that one organisation which ticked 'majority' added "This applies to our home care services, our other universal services are free."*

*Organisations were asked to include those people paying with a personal budget but through a third party.*

**Few respondents** as yet have a large proportion of service users paying via personal budgets, even though this survey is likely to have attracted more respondents who have experience in this area.

All four of the organisations which had more than half of their service users paying via personal budgets were organisations with **more than £100k income per year**. However, the sample of smaller organisations was small so this may not be entirely representative.

Some organisations explained why the proportion of their service users paying via personal budgets is low:

- One which had no personal budget paying users said they were currently block funded instead but that this would be reviewed soon.
- One which had no personal budget paying users said that this is because they have not been implemented yet for children's services, and in any case personal budgets in principle do not apply to advice services like their own.
- Another with few users paying via personal budgets said that this was because it is 'so difficult' to apply for a personal budget, implying that more people would like to have one if they could.



### 3. Services provided by organisations to help people with their personal budgets

	Number of organisations currently providing this service	Number of organisations intending to provide this service	Total mentions	% of organisations providing or planning to provide this service
Information and advice	13	7	20	65%
Support planning	7	5	12	39%
Budget management	5	4	9	29%
Advocacy for a budget	5	1	6	19%
Help with legal/financial aspects e.g. employing carers	4	0	4	13%
Employment support	0	2	2	6%
Wrote 'no' or left blank or gave unclear answer	10			32%

**Information and advice** is the most common service provided (in at least one case as part of a generic advice service), with several organisations also providing **support planning** and **budget management** services.

Two organisations did not tick 'legal/financial support' but wrote in 'employment support', implying that they would provide a more holistic service around employment issues.

One organisation which provides several services works together with the Social Services team to do this.

#### 4.1 Changes to organisations' funding from the council or NHS as a result of moves towards personal budgets

Changes to council/NHS funding	Number of organisations	% of organisations
Not Applicable - we don't receive any statutory funding	5	16%
No changes expected	8	26%
Contract/grant has decreased/will decrease	6	20%
Contract/grant has ended/will end	9	29%
Don't know	3	10%
<b>Total</b>	<b>31</b>	<b>100%</b>

Nearly **half** of responding organisations **expect to lose some or their entire council/NHS contract** or grant as a result of personalisation. A quarter do not expect changes, and the remainder either do not receive statutory funding or don't know. One of the 'don't know' responders added that their block funding is under review so there may be reductions soon.

The largest organisations (with more than £500k) were more likely than those with £25k-£500k to have seen a contract decrease or end, and least likely to expect no changes. The smallest organisations (less than £25k) mostly did not receive council/NHS funding in any case.

#### 4.2 Relationship between loss/decrease in contracts and the number of organisations' service users paying via personal budgets

Two of the fifteen organisations with a **contract that has or will end/decrease** do not yet have any service users paying via personal budgets; eleven of the fifteen have only a minority of users paying via personal budgets. However this may be because not all of the contract endings/decreases have yet taken place.

Perhaps encouragingly, however, of the eight organisations which expect no decrease in council funding, five have service users on personal budgets, and of the five which did not have any council funding, two have a minority of service users on personal budgets. This may indicate that personal budgets **enable service users to access services** they would not have done previously, and/or that certain organisations **may receive new revenue streams**, though more research would be needed to confirm this.

#### 5. Problems experienced or anticipated by organisations around personal budgets

- Only five (16%) of organisations said they **do not have or anticipate any problems** with personal budgets, or did not respond. All of these organisations were among those which do not have any service users paying by personal budgets.
- Of the six organisations with half or more of their service users paying by personal budget, five (83%) have **problems already** and one anticipates problems.
- Of the fifteen organisations with a minority of their service users paying by personal budget, eleven (73%) **already have problems** and the rest anticipate problems.
- Even among the ten organisations with no service users currently paying by personal budgets, **five (half) anticipate problems**.

The number of issues raised by each organisation ranges from none to seven. An organisation which raised only one problem stated "We operate as a Managed Account Provider in 99% of the cases which makes it manageable for us."

## Types of problem highlighted:

	Number of organisations experiencing problem	Number of organisations anticipating problem	Total number of organisations experiencing or anticipating problem	% of organisations expecting or anticipating problem
<b>Problems suggested by survey</b>				
Personal budgets not enough to cover the previous level of support to each individual	8	13	21	68%
Some service users not eligible for personal budget so will no longer be supported	12	8	20	65%
Difficulty/lack of experience publicising and marketing services	8	9	17	55%
Cashflow issues	7	9	16	52%
<b>Further problems added by respondents and reflecting their concerns</b>				
Administrative costs	0	2	2	6%
Personal budgets don't cover core/back office costs	2	0	2	6%
Confusion [at/from the council] regarding who is and who isn't on personal budgets	2	0	2	6%
General lack of understanding of the system at the organisation	2	0	2	6%
Confusion/worry for clients	2	0	2	6%
Payment collection difficulties	1	0	1	3%
Difficulty with reconciliation of payments	1	0	1	3%
Impossible to project income	1	0	1	3%
No provision for increasing budgets year on year	0	1	1	3%
Staff conducting assessments are not aware of all service provision on offer	1	0	1	3%
Undermining preventative work and joint working with care coordinators (council suggest they won't pay for 'key-working')	0	1	1	3%
More competition around employment services and personal budget rates differ depending on size of organisation.	1	0	1	3%
"Miss-selling of personal budgets": they cover basic personal care/support, and for the physically disabled, social needs do not have a budget attached.	1	0	1	3%
Don't have/anticipate problems		4		13%
No response		1		3%

Worryingly, 68% of respondents said that personal budgets were not enough to cover the **previous level of** support given to each individual, and 65% said that **not all service users** will be supported in future as they are not all eligible for a budget at all (one organisation specifically noted that they may look for external funds to keep up support).

Issues with **marketing** and **cashflow** were also widespread at 55% and 52% respectively.

Some elaborated on the issues noted:

- Around marketing, the time commitment needed from staff was mentioned as too much.
- One respondent said that it can be hard to collect payments from people who are required to contribute to their costs after assessment, and that VCOs are unable to collect debts.
- One respondent stated that cashflow problems would be alleviated if users could pay up-front, though another found that cashflow was not a problem 'as personal budgets are paid at the beginning of each four-weekly period'. On a slightly contrary note, an organisation concerned about administrative costs said that they would prefer to be paid quarterly not monthly (but that users' parents would struggle with this, as they receive money monthly).
- Difficulties around managing budgets were mentioned for clients with acquired brain injury, mental health problems and dementia.

## 6. Support from CAS needed by organisations

	% of organisations with less than £25k (4 respondents)	% of organisations with £25k- less than £500k (17 respondents)	% of organisations with £500k+ (8 respondents)	Total number of organisations requesting this support	Total % of organisations requesting this support
Raising concerns with Southwark Council/NHS	50%	59%	50%	18	58%
Detailed information on the shift to personal budgets	50%	59%	0%	13	42%
Training on cashflow, costing, finance issues	75%	47%	0%	12	39%
Training on marketing, publicity	25%	47%	0%	11	35%
Other training	50%	12%	0%	4	13%
Wrote 'no' or left blank	25%	6%	50%	4	13%

Demand for most areas of support around personalisation was high.

The only service requested by organisations with **£500k+** was **representation** to the council/NHS (with 50% of respondents needing this). Thus the high demand among smaller organisations for **information, training in cashflow/costing/finance and marketing** is not fully reflected in the overall statistics, with **finance issues** particularly of concern among the smallest groups.

Some elements of the personal budgets agenda are beyond the council's control but input from the VCS could help improve the application of reforms. Details were given about the **messages organisations wanted represented to the council/NHS**:

- "Challenging their statistics on those eligible and real reduction in money spent on individual's care"
- "The difficulty of personal budgets being used for employment support - the time and money you have to spend before an outcome, in most circumstances."
- "The issue raised above about not knowing who has budgets"
- "CMHTs not informing clients about personal budgets or starting and completing applications"
- "The council were told these problems" [ineligibility of some clients, budgets being insufficient to cover both existing support and overheads, cashflow, marketing, undermining of the preventative agenda] but did not include personal budgets in the consultation on day services "even though they are central to the service's success or failure! It is a tactic to cut these services, without admitting to it. If this was not the case why exclude personal budgets and funding from the consultation?"

Several suggestions were also given about specific **types of training** needed:

- A refresher session on cashflow, costing etc.
- Topical training around this issue e.g. a discussion on supported employment
- Information on how to ensure legally that all people who need a budget get one and that it is the right amount [advocacy work]
- Full training on how the system works and what to expect for providers and service users.

The particular concerns highlighted around the **level of payments being inadequate** to cover previous service levels indicate that CAS should expect to need to assist organisations with fundraising to cover core/overhead costs and/or full cost recovery pricing.

Concerns highlighted about the **lack of eligibility** for services among many existing users and undermining of the preventative agenda reinforce the importance of the work of the Early Action Commission and assisting groups to diversify their funding.

For more information on personalisation, please contact **Rachel Clarkson, Policy Officer** at [E] [rachel@casouthwark.org.uk](mailto:rachel@casouthwark.org.uk) [T] 0207 358 7017.

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**HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE  
MUNICIPAL YEAR 2014-15**

**AGENDA DISTRIBUTION LIST (OPEN)**

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Gus Heafield, CEO, SLaM NHS Trust		<b>Total:</b> 50	
Patrick Gillespie, Service Director, SLaM	1	<b>Dated:</b> October 2014	
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Zoe Reed, Executive Director, SLaM	1		
Marian Ridley, Guy's & St Thomas' NHS FT	1		
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Jacqueline Green, Head of Stakeholder Relations , KCH	1		
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