

# 1 Background

## Drug and Alcohol Services in Southwark

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

Increasing emphasis is also being placed on the management of appropriate cases of drug and alcohol misuse within primary care services such as general practices.

Blackfriars Community Drug and Alcohol Team (CDAT) and Marina House are two specialist drug and alcohol agencies provided by the South London and Maudsley NHS Foundation Trust (better known as SLAM). Both agencies provide a range of community-based services from their respective locations in Southwark - CDAT in the North of the borough (Blackfriars Road) and Marina House in the South (Camberwell).

## The History of SLAM Substance Misuse Services in Southwark

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

In 1999 the two Health Services were merged as part of the creation of SLAM but CDAT and Marina House continued to operate from two separate sites.

## Current Service Provision

Substance misuse services are currently provided as follows:

Service	Marina House	CDAT
Community Detox – Drugs/Alcohol	√	√
Community prescribing by specialist	√	√
Stimulant Service	√	√
Harm Reduction Service	√	√
Psychology Service	√	√
Structured counselling	√	√
Keyworking	√	√
Advice and Information	√	√
Advice on safer drug use and safer sex	√	√
Coffee morning	√	√
Service user group/coffee morning	√	√
Complementary therapies	√	√
Liaison ante natal clinic	√	√
Art Group	√	
Injecting clinic	√	
On-site dispensing	√	√
Needle exchange for clients		√
Alcohol group		√

RESTRUCTURE OF SLAM AND ALCOHOL SERVICES

IN CASE ANY DETAILS HAVE BEEN MISSED, I THOUGHT IT MIGHT HELP TO SEND YOU A REVIEW OF THE CONSULTA THAT NEVER WAS! I WOULD ASK YOU TO REMEMBER THAT ALL THE WORDS USED ARE ALL EITHER SLAM OR THE PCT AND ALL IN BLACK AND WHITE FROM OFFICAL DOCUMENTATION FROM SLAM AND THE PCT. IN JULY 2009, I WAS TOLD THE MARINA HOUSE STAFF HAD BEEN TAKEN TO A HOTEL WHERE THEY WERE TOLD MARINA HOUSE WAS MOVING ITS SERVICES TO BLACKFRIARS RD (EXCEPT "Riot" DRUG SERVICES, NOT THAT IT WANTED TO, BUT I KNEW THAT THE TERMS OF THE LEASE STATED THAT SOME FORM OF DRUG SERVICE HAD TO BE PROVIDED! AT THIS TIME SOUTHWARK NHS HELD A MEETING AT MILLWALL FC, A SORT OF CONFERENCE TO EXPLAIN WHAT NHS SOUTHWARK WERE DOING. A FRIEND OF MINE ASKED THE QUESTION "IS IT TRUE THAT MARINA HOUSE WERE MOVING ITS SERVICES, AND WHY HAD THEY NOT HAD A CONSULTATION THE COMMISSIONER FOR SERVICES SAID THIS WAS NOT TRUE NO DECISION HAD BEEN MADE, AND THERE WILL BE A CONSULTATION! OBVIOUS LIES, BECAUSE I HAD ONE OF THE POSTERS IN MY HANDS STATING "MARINA HOUSE IS MOVING, ON THE POSTER IT ALSO STATED THERE WOULD BE A MEETING IN MARINA HOUSE ON THE 28<sup>TH</sup> OF JULY. WE WERE GIVEN DOCUMENTATION FROM NHS SOUTHWARK STATING "CONSULTATION ON CHARGES TO SERVICE PROVIDOR. TO MY AMAZEMENT THE DOCUMENT STATE IN HEAVY PRINT " THE CONSULTATION PROCESS. WHAT WE ARE NOT CONSULTING ON. WE ARE NOT CONSULTING WHETHER OR NOT WE SHOULD PROVIDE ALL OUR DRUG AND ALCOHOL SERVICES FROM ONE SITE INSTEAD OF TWO TIME FRAME (THE LAST DAY RESPONSES WILL BE ACCEPTED WILL BE FRIDAY THE 14<sup>TH</sup> <sup>AUGUST</sup>) JULY THE 28<sup>TH</sup> TO AUGUST 14<sup>TH</sup> MUST BE THE SHORTEST OR RECORD! GOVERNMENT GUIDE LINES FOR CONSULTATIONS STATE 3 MONTHS!

I INFORMED SOUTHWARK HEALTH SCRUTINY COMMITTEE, WHO ONLY ASKED THE PCT AND SLAM TO ATTEND A MEETING AT THIS MEETING THEY WERE HARSHLY TOLD THAT THE ACTIONS THEY HAD TAKEN WERE APPALLING! THEY ASKED THAT THERE SHOULD BE A PROPER CONSULTATION, AND SUGGESTED THAT THE PCT AND SLAM SHOULD CONSULT WITH SCRUTINEE TO GET EVERYTHING WORDED PROPERLY. AT THIS MEETING, THE KEY WORRY WAS THAT SLAM AND THE PCT WANTED TO WITHDRAW SELF-REFERRAL. SO IT WAS AGREED THAT THEY WOULD ALL CONFIRM. THE NEXT SCRUTINEE MEETING WAS HELD IN JANUARY, 2010 AT THIS SCRUTINEE MEETING, CLLRS WERE SURPRISED THAT THE PCT AND SLAM HAD PRODUCED ANOTHER CONSULTATION PROCESS DOCUMENT, AND INSTEAD OF CONFIRMING, HAD IN FACT STARTED ANOTHER CONSULTATION, IGNORING THE ADVICE OF SCRUTINEE, WAS ALSO GOING AGAINST QUITE A FEW GOV AND DEPT OF HEALTH GUIDELINES. THE CONSULTATION LASTED ONLY 9 WEEKS, IGNORING GOV GUIDE LINE THAT THEY SHOULD AT LEAST BE 3 MONTHS! TO THIS DATE SCRUTINEE AND OTHERS HAVE NOT BEEN TOLD OF THEIR FINAL DECISION! HOWEVER, THEY INFORMED THE LOCAL PRESS THAT THEY WERE GOING WITH THEIR PREFERRED OPTION, THE ONE THAT WAS OPPOSED BY MPS, COUNCILORS OF ALL PARTIES, EXECUTIVE MEMBER FOR HEALTH, AND OTHER ORGANISATIONS LIKE OURSELVES! THEY ALSO TOLD THE PRESS THAT SELF-REFERRMENT HAD NOT BEEN CONSULTED ON. THIS IS BECAUSE IN 2008, THE PCT CONSULTED, AND SET OUT THE NEW CARE PATHWAY WHICH HAS A MUCH GREATER EMPHASIS ON GPs MANAGING THEIR PATIENTS HEALTH, INCLUSIVE OF SUBSTANCE MISUSERS. REGARDING THIS, ON PAGE 131 OF SCRUTINY MEETING OCT 2009, IT STATES, THE PRIMARY CARE STRATEGY WAS DEVELOPED FOLLOWING EXTENSIVE CONSULTATION WITH SERVICE USERS,

INCLUDING THE SUBSTANCE MISUSE COUNCIL. THIS IS NOT A PROPER CONSULTATION, ITS A CHAT WITH A FEW FRIENDS (BRING YOUR ATTENTION TO PAGE 77, ANOTHER PART OF NHS SOUTHWARK, IT STATES. IN JUNE 2009, AN IMPLEMENTATION STEERING GROUP WAS ESTABLISHED TO TAKE THE PROJECT FORWARD. HOWEVER, WHILST SOME WORK HAS BEEN UNDERTAKEN ON THIS, PROGRESS ON A KEY ELEMENT - THE CLOSURE OF THE SELF-REFERRAL SERVICE AT SLAM - HAS BEEN DELAYED PENDING THE OUTCOME OF THE CURRENT SLAM CONSULTATION. THIS PROVES QUITE CLEARLY THIS WAS PART OF THE CONSULTATION TO TAKE IT OUT IS OUTRAGEOUS! I AM INCLUDING THE RELEVANT EVIDENCE, I SAID ALL THE WORDS I WOULD USE ARE NOT MINE - ONLY SLAM OR THE PCT. ON BEHALF OF SPAG, I HAVE WRITTEN TO SOSSANA WHITE, AND THE CHAIR OF THE PCT, PLUS THE CHIEF EXECUTIVE OF NHS. WE ARE ASKING THAT NOTHING SHOULD CHANGE UNTIL THERE IS A PROPER CONSULTATION. IF THE GOVERNMENT ALLOWS THIS TO GO THROUGH, WE SHALL BE SAYING TO THE WHOLE OF THE COUNTRY, DO NOT WASTE YOUR TIME JOINING IN ON A CONSULTATION.

YOURS SINCERELY

TOM WHITE

SOUTHWARK PENSIONERS

ACTION GROUP

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March 16<sup>th</sup> 2010

Dear Ms White,

**Restructuring Drug and Alcohol Treatment Services in Southwark**  
I am writing to formally complain about the process adopted by the PCT in relation to your plans to introduce a significant variation in services for users of drug and alcohol services in Southwark.

At a meeting of Southwark Health Scrutiny Panel in December 2009, members of the OSC made it clear to the PCT and SLAM representative that the curtailment of self-referral and other drug and alcohol services at Marina House was a matter of great concern to the OSC. Tessa Jowell has also written to you and the Secretary of State for Health expressing her considerable concern that services would be curtailed.

As I am sure you know, those who self-refer are more likely to be vulnerable and many have chaotic lives. The capacity for effective self-referral and access to services is of great importance in reducing harm to this client group and those who care for them.

Although self-referral was part of the consultation, which began on November 16<sup>th</sup> 2009, when the consultation finished on January 15<sup>th</sup> 2010, the PCT announced to the local press that self-referral had not been consulted on.

We are concerned about the following issues:

- The consultation only lasted for two months giving insufficient time for the community to get fully involved. As you know Cabinet Office guidance is that consultation should last for at least three months.
- There has not been a full needs assessment amongst service users to determine how their needs would best be met in a reconfigured service.

- Primary care services generally do not have the capacity or expertise to take on the service currently provided at Marina House.
- The Blackfriars service is too far from South Southwark and users are much less likely to travel to Blackfriars than Marina House. This will result in many users falling away from the service.

After the 2008 consultation finished the PCT reported to the PCT Board that MPs, councillors and users and other voluntary sector organisations did not support the termination of self-referral and other services at Marina House.

In reality, there has never been an appropriate and adequate consultation process relation to self-referral and other drug and alcohol services at Marina House.

We believe that you have failed to carry out involvement and consultation as required by the legislation. We thought we were being consulted, but now believe we have been robbed of the consultation process and that you are trying to rob users of the services they need at Marina House.

As you know the duties of the PCT to involve the public and to undertake public consultation is very clearly laid out in Section 242 of the NHS Act 2006 as amended in Section 233 "Duty to involve users of health services" of the Local Government and Public Involvement in Health Act 2007. This requires you to make arrangements to ensure that users of services are fully involved in the planning of the provision of services, the development and consideration of proposals for changes in the way services are provided, and decisions to be made affecting the operation of services; if any proposed changed would have an impact on—

- the manner in which the services are delivered to users of services,  
or
- the range of health services available to users.

The PCT has clearly failed to comply with your duties in this respect.

Furthermore, the obligation of the PCT to involve the public is reinforced in World Class Commissioning competency 3, which states that the PCT must: "Engage with public and patient: Proactively seek and build continuous and meaningful engagement with public and patients to shape services and improve health".

In view of the serious breaches of your duties under these Acts of Parliament and WCC 3, I would be grateful if you would immediately withdraw all and any plans that you have for the closure or the termination of drug and alcohol service at Marina House. Furthermore, we request that in consultation with patients, carers, the local voluntary and community sector and clinicians, that you establish the means by which you will involve patient and the public in any plans to vary or close services at Marina House,

provided for patients who live in or benefit from services commissioned by Southwark PCT.

I also wish to remind you that your actions undermine the PCT's duty to ensure that patient safety is your highest priority. As you know NPSA Step 2 requires you to establish a clear and strong focus on patient safety throughout your organisation and Step 5 requires you to involve and communicate with patients and the public - this includes "listening to patients." which you have clearly made little serious attempt to do.

I look forward to receiving your assurance that the PCT Board at its meeting on March 25<sup>th</sup> 2010, will abandon its plans to close or vary self-referral and other drug and alcohol services at Marina House, and follow the procedures outlined above to secure fully, patient and public involvement and consultation in any future proposals for the service.

Yours sincerely  
Tom White  
Southwark Pensioners Action Group

Copies to:

- Tony Lawlor, Substance Misuse Commissioner, Southwark Drug and Alcohol Action Partnership (NHS Southwark)
- Donna Kinnair, Director of Commissioning
- Tessa Jowell, MP

THE RT. HON. TESSA JOWELL M.P.  
Member of Parliament for Dulwich & West Norwood



14 January 2010

HOUSE OF COMMONS

Our Ref: 01100101

LONDON SW1A 0AA

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Rt. Hon. Andy Burnham MP  
Secretary of State  
Dept. of Health  
Richmond House  
79 Whitehall  
London SW1A 2NS

Dear Andy,

The Restructuring of Drug and Alcohol Services in Southwark

NHS Southwark is nearing the end of a consultation on the restructuring of drug and alcohol services. I enclose a copy of its consultation document and background information for your ease of reference. There is an issue that has arisen from this consultation process that I hope you will consider and which is detailed in the penultimate paragraph of this letter

The restructuring of drug and alcohol services is set against the context of a changed national funding formula which has reduced funding by 4%. By way of a response to this, NHS Southwark is proposing:

- Reorganising South London and Maudsley's (SLaM's) specialist services
- Establishing the Integrated Offender Management Service (IOMS)
- Completing the rollout of the Primary Care Strateg.

This will mean that SLaM's Community Drug and Alcohol Teams will be based in one site at Blackfriars Road in the north of Southwark whilst the IOMS service will operate from Marina House in Camberwell (close to King's College Hospital and the Maudsley Hospital).

My primary concern is one of access for my constituents in the south of Southwark to the community teams which will be based at the opposite end of the borough. The proposed compensation - the expansion of the use of community pharmacies and satellite clinics in GP practices - is something that has been met with some resistance in the past among my constituents. This is a factor that, I feel should be taken into account as part of this process.

I am also concerned that the ease of self-referral will be curtailed. This is a user group which includes vulnerable and often chaotic individuals. Any further obstacle in their path to seeking treatment would simply reduce the likelihood of such treatment being sought. This would be highly regrettable.

NHS Southwark has suggested, as part of its consultation, that a non-preferred option would be to make no changes to SLaM services whilst finding the savings elsewhere. The consultation document notes that "In effect, this is likely to be alcohol-related programmes".

continued....



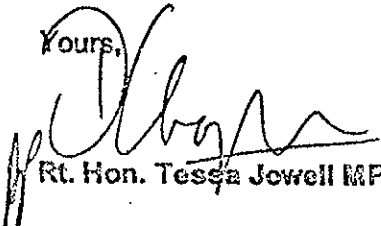
The benefits to the community of drug treatment is well established with every £1 spent resulting in the community receiving £9.50 in benefits such as uncommitted crimes.

I do not believe however, that we should look at the provision of drug and alcohol treatment as an 'either or' argument as seems to be the case here. In the past decade, the death rate from chronic liver disease, including cirrhosis, has risen by one third across the country but by 500% in Southwark. I cannot accept, given these statistics, that there is any scope to reduce the funding to alcohol related care.

I am aware that your Department intends to appoint a national clinical director for liver disease which demonstrates the high priority that you place on taking action in this field. I would request that you consider whether a direct and imaginative approach might be taken in the interim which the new national clinical director could build upon. This would bring extra funding to Southwark by building on local work and developing a centre for expertise and study that could inform the work that is required in this extremely important area. There can be no doubt that Southwark is an area of extreme need and this strategy makes logical sense given the presence nearby of King's College Hospital which has one of the finest liver units in the country, if not the world. I will, of course, support any local initiatives that might be taken to identify increased funding for these services, but I would be grateful if you might give consideration to the suggestion I have outlined above.

I look forward to hearing from you on this matter which I would, of course, be happy to discuss with you in more detail.

Yours,



Rt. Hon. Tessa Jowell MP

# MARINA HOUSE IS MOVING

Because of budget cuts, SLAM's (South London and Maudsley) services have to be streamlined and it had been decided recently to move Marina House (except RIOTT, which will stay here) to CDAT at Blackfriars Rd. The two clinics are to be merged, but you will still get the services you have been getting here at the same times as here at the new location. The Primary Care Trust and Marina House, together with Southwark User Council, are holding 2 meetings to consult with service users here about how these changes will affect them and what can be done to help.

On:

**TUESDAY 28<sup>th</sup> JULY**

at: **12 midday and 6pm**

**HERE at Marina House**

**COME AND TALK TO US!  
ASK QUESTIONS!  
HAVE YOUR SAY!!**

## **Marina House/Blackfriars CDAT Service Users Questionnaire**

The Southwark User Council would like to take this opportunity to inform you of changes in drug treatment in Marina House and CDAT.

Because of budget cuts, SLAM's (South London & Maudsley) services have to be streamlined and it has been decided recently to move Marina House (except RIOTT which will stay at Marina House) to CDAT on Blackfriars Road.

The two clinics are to be merged, but you will still get the services you have been getting here at the same times in the new location. It is possible that provisions such as satellite clinics will be also be developed for people with particular difficulties, but no decisions will be made on these until we are clear what those difficulties are likely to be.

To that end, we would encourage you to complete the questionnaire below and return it as soon as possible (there is a list of ways you can return it at the end of the questionnaire). **Please note this survey is anonymous: we do not require your name or any other personal details.**

1. Where do you currently receive your treatment?

**Blackfriars CDAT**

**Marina House**

2. What issues are there for you when the two services merge into one?
3. What issues does this raise for you regarding the change in location?
4. How would you like to be kept up to date and informed about these changes?
5. How do you think these changes will affect your treatment?

6. How do you think these changes will impact on other areas of your life?
  
7. What could be done to lessen the impact of these changes?
  
8. Is this the first time you have heard about the changes? If so what have you heard?
  
9. During this time, do you think you will need extra support?
  
10. If so, which support would be useful to you?
  
11. Do you have any further comments?

**Please make sure you return this questionnaire by Friday, August 14<sup>th</sup> 2009.**  
You can do this in one of the following ways:


- BY HAND. Drop it into the box in the reception areas of either Marina House or Blackfriars CDAT.
- BY FAX. Fax it to Colin Clews at Southwark PCT on 020 7981 9756.
- BY EMAIL. If you have completed this on the internet, email it to Colin Clews at [colin.clews@nhs.net](mailto:colin.clews@nhs.net). (Please put 'SLAM Survey' in the subject box).
- BY POST. Post it to Colin Clews, Unit 208, Great Guildford Business Square, 30 Great Guildford Street, LONDON SE1 0HS.

**Thank you for your time**

### Consultation Activity

A formal consultation document was drawn up detailing the proposed new model. This was distributed to local drug and alcohol services, general practices, Southwark LINK, the Mental Health Partnership Board and the OSC. The proposal was also advertised on the 'Get Involved' website and in the Southwark PPI newsletter,

A member of the Substance Misuse Commissioning Team also attended service user meetings at various drug and alcohol services with representatives from the Service User Council to discuss the proposal.

 In June 2009 an Implementation Steering Group was established to take the project forward. However, whilst some work has been undertaken on this, progress on a key element – the closure of the self-referral service at SLAM – has been delayed pending the outcome of the current SLAM consultation.

### Costs

There have been no significant costs involved with this consultation other than officer time and small room hire fees.

THE RE-STRUCTURING  
OF DRUG AND ALCOHOL  
TREATMENT SERVICES  
IN SOUTHWARK

CONSULTATION ON  
CHANGES TO SERVICE  
PROVISION



**Southwark**



## **2 The Need to Re-structure SLAM Drug and Alcohol Services**

Funding for drug and alcohol treatment services has been affected by a number of issues in recent times.

Since 2008/09 the national substance misuse budget has been allocated on a new performance-based system. Key features of this system are:

Funding is linked directly to numbers in treatment.

Funding is also linked directly to the type of drug misuse being treated: twice as much money is allocated for each user of crack cocaine and/or heroin in treatment as it is for users of other drugs such as cannabis and powder cocaine.

Prior to 2008/09, the national treatment budget took into account other factors such as local levels of deprivation and the differing costs of providing treatment in different parts of the country. This is no longer the case.

Additionally, NHS Southwark, which allocates and oversees funding to all local health services, is also subject to budget pressures and is seeking to make cost savings in response.

These funding pressures mean that SLAM is seeking to provide the same level and standards of service with a reduced budget.

## **3 What Are We Going to Do?**

The central feature of the re-structure is to move the majority of Marina House services to the CDAT premises in Blackfriars Road. In practice this means all of the services listed in the table above with the sole exception of the RIOTT injecting clinic, which will remain at Marina House. (RIOTT will remain where it is because it is funded from different sources to all the other services).

No services will be cut, nor will there be any reduction in opening hours.

## **4 The Consultation Process**

### **What We Are Consulting On**

We know that moving all of SLAM's community-based drug and alcohol services to CDAT will affect service users. However, we also know that different people will be affected in different ways. Some people may feel that there is little difference; for others the changes may raise all kinds of issues.

We need to know as much as possible about these issues so that we can look at the best way of dealing with them.

### **What We Are NOT Consulting On**

We are not consulting on whether or not we should provide all SLAM drug and alcohol services from one site instead of two.

We are not consulting on whether or not CDAT should be the site from which we provide SLAM drug and alcohol services.

### **How We Are Consulting**

We have asked Southwark Substance Misuse Service User Council to help us develop an effective consultation process. So far we have decided to run service user meetings at both CDAT and Marina House and also to distribute a questionnaire (which is also attached to the end of this document).

SLAM and Southwark NHS managers will attend the service user meetings, which will be held as follows:

#### **CDAT**

12 noon (after the coffee morning) on Thursday 30<sup>th</sup> July.

#### **Marina House**

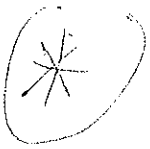
12 noon (after the coffee morning) on Tuesday 28<sup>th</sup> July and again at 6pm on Tuesday 28<sup>th</sup> July.

Representatives of the Service User Council will also be involved in meetings between SLAM and NHS Southwark to discuss the finer details of the new service at CDAT. In order to best represent service users' views it is essential that they have the clearest possible picture on how the changes will affect people. They will be available to talk to people at the above meetings and also the regular service user meetings and coffee mornings at CDAT and Marina House.

## **5. Time Frame**

We would appreciate a response from you as soon as possible. This will give us as much time as possible to feed service users' issues into the decision-making process. **The very last day that responses will be accepted is Friday, 14th August 2009.**





- 6.8 The Executive member added that the adult safeguarding board is very aware of the problems caused by financial abuse, which is the biggest area of abuse affecting vulnerable adults. He stated that any referrals are investigated, with the view to prosecute where appropriate, and that this is a priority issue on the adult safeguarding agenda.

Question 4.

Can the Executive Member for Health and Adult Care give an update on NHS Southwark and SLaM's proposals to re-structure substance misuse services?

- 6.9 The chair informed members that the related information requested at the previous meeting had not yet been received, and that the consultation period and dates had been agreed and that the consultation had already started, without the sub-committee being notified.
- 6.10 The chief executive apologised that the consultation was not submitted to the sub-committee before being published. She felt sure that the final document addressed all of concerns that members had raised at the last meeting and commented that her understanding was that the proposed 8 week period for the consultation had not been an issue of contention.
- 6.11 A member commented that the concerns raised had centred on the clarity of the wording used and the options, and that members still wanted a list of everyone to be consulted.
- 6.12 The vice-chair observed that relevant officers and health professionals had attended a recent Camberwell Community Council meeting, as this is a significant local issue for the area, and that there had similarly been assurances that the points raised at the meeting would be addressed and that officers would follow up with the Community Council on these and the plans for the consultation. She commented that to date no one had reported back. She added that her first impressions of the consultation document was that it was not very user-friendly. [Copies were tabled that had been received that day.]
- 6.13 Councillor Mitchell cited a document from July 2009 that had been given to people who were accessing services at Marina House for substance mis-use. He highlighted that it made evident that the decision regarding the re-location had already been made, prior to any attempt to consult with local elected representatives or with the sub-committee. The chief executive responded that the document should not have not been produced or published in that way and that it has been made clear to staff that proper consultation is requisite for such issues.
- 6.14 The chair asked what outcomes from the consultation would be necessary to make officers rethink the preferred option. The chief executive responded that a different way of re-structuring the services would need to be proposed that still delivered the savings.
- 6.15 A member asked that if 100% of the consultation feedback favoured option 2, would officers implement their preferred option anyway? S White replied that officers would be obliged to re-assess their preference in light of such a result,

but that no amount of discussion will be able to replenish the required funds. Members therefore queried whether the alternatives listed were genuine options. S White responded that options were requested, but it does not make all options affordable.

6.16 A member remarked that he had heard that the number of staff at Marina House had already been reduced. Paul Calaminus, SLAM, explained that Marina House had provided services for residents of both Lambeth and Southwark, but that all Lambeth users have since been invited to access services from a different location, which may have affected staff numbers.

6.17 Councillor Noakes commented that he sees this as a significant issue that concerns him as the relevant Executive member and as a ward member for the area. He emphasised that the last outcome he would like to see would be any changes that would reduce the number of people who could be treated.

#### Question 5.

6.18 Members asked what were the key outcomes of the debate. The Executive member explained that the government is now at the phase between the green and forthcoming white paper. He recounted that he had been keen for a local care debate and that an event was therefore held at Kingswood House which attracted a good range of residents and representatives from the voluntary sector. He said it was interesting to note that most people were not happy that the option of direct taxation had been ruled out, and that there was little favour for the other options which revolved around voluntary contributions.

#### Question 6.

6.19 The chair queried how judgements were reached about people with the most need and at the highest risk. Councillor Noakes explained that the council has a statutory responsibility to provide for people with a particular level of need and that the focus now is on those whose needs are critical and substantive. He reiterated that much of the way that the budget is allocated is already prescribed, and that the relatively few discretionary services are those more susceptible to cuts when finances get tight.

#### Supplementary question

6.20 Please give us an update as to what is happening at the Dulwich Community Hospital Site (Eastern End) setting out what is presently happening to the buildings;

- Aside from the GP services, what other functioning health services are being provided in the Eastern Section of the Central Block, and what proportion of the space there is being used for health purposes;
- Do you intend to put any new building on the empty site at the Eastern end, and are you presently negotiating with any builders for any new health service

- 2.11 Recent letters from Guy's and St Thomas' and Kings College Hospital regarding the scale of impending changes due to changing financial circumstances are also strongly welcomed. Similarly, the short briefing from Susanna White, NHS Southwark chief executive, at our 7 October 2009 meeting about imminent cuts and consequent changes was a useful signal of the likely volume of forthcoming consultation issues.

**Lessons to be learned / further good practice to establish**

**Timing**

- (2)\* 2.12 The sub-committee's experience as a consultee that has prompted the most concern relates to the consultation on the proposed re-structuring and relocation of drug treatment and addiction services based at Marina House.
- (3) 2.13 This issue first came to the attention of this sub-committee at its July 29 2009 meeting. One member had become aware by chance of a consultation document posted at the Marina House premises, prior to any notification of the proposed changes to the sub-committee or local elected representatives. The paper was later identified by officers as a pre-consultation document, designed to seek the views of current users. It took as its premise, however, that Marina House would no longer be a location for addiction counselling and the related treatments currently provided, and included the following statement: "We are not consulting on whether or not we should provide all SLAM drug and alcohol services from one site instead of two." It therefore seemed evident that a decision had already been taken without appropriate consultation.
- (4) 2.14 The above citation also reflects an apparent officer misperception, that as the re-structuring intends a change to the location of some services and not to the actual services provided, it was not considered necessary to bring the issue to the sub-committee. This is contrary, however, to the Department of Health guidance on section 7 of the Health and Social Care Act 2001 (now section 244 of the NHS Act 2006), which outlines four key issues that should prompt officers to confer with scrutiny members when deciding whether proposed changes are substantial and what could comprise the appropriate scope of consultation. The first of these issues is change to "service accessibility", which in this case would be affected by the relocation.
- (5) 2.15 We therefore wrote formally to NHS Southwark, requesting, - at the earliest opportunity - details of the scope and timeframe for the discussions with service users; and the estimated timing for formal consultation with the sub-committee, with the view to decide whether the changes would be deemed a substantial variation, and to agree an appropriate consultation process.
- (6) 2.16 Officers highlighted at the sub-committee's subsequent 7 October 2009 meeting that the purpose of the related agenda item that evening was to seek the sub-committee's agreement on the proposed consultation, as had been agreed by the PCT Board at their 24 September 2009 meeting.
- (7) 2.17 Following the discussion, we agreed with officers that they undertake as follows:

require assessment", and that this option was not included in the consultation, despite previous suggestions that it be added.

- 2.3 The sub-committee consequently recommended that "the needs of patients with mental health issues be carefully considered in final design factors and that no decision is taken until mental health service users groups are in agreement with the proposed changes." Members also made clear that they would like "to be satisfied that the issues raised by such groups have been fully addressed."
- 2.4 At our 29 July 2009 meeting, current members of the sub-committee requested an update on the proposed redesign of the ED, having heard that the proposals affecting mental health patients were being altered. It was reported that there had been considerable positive feedback on the overall model of care, but that responses about the provision for mental health patients (and for paediatric users) had generally been negative and that these comments had impelled a revision of the action plan. KCH had decided, for example, to expand the footprint of the new development into its Jubilee Wing, giving greater flexibility on how to provide for mental health and paediatric patients.
- 2.5 It was also explained that a mental health working group would be helping to plan patient flows, and working with the architects and user groups to effectively plan the ED redesign for mental health users.
- 2.6 At the our subsequent 7 October 2009 meeting, we were informed that the redesign plans had been revised to include separate space for ambulatory and mental health patients; that the meet and greet area for all patients would be the same, but that mental health patients would then be directed immediately to a separate waiting area directly off the main atrium.
- 2.7 Members were also encouraged to hear that Southwark Mind had been speaking very favourably to the press about the proposed changes for mental health patients, and that the new plans had been unanimously well received. We believe that this outcome merits attention as an example of a genuine consultation.
- 2.8 While we recognise that health scrutiny committees have a statutory right to require information and attendance from senior council officers and staff, we would similarly like to highlight the consistent cooperation from all trust partners to send relevant senior officers and board members to attend scrutiny meetings in order to present proposed services changes and respond to member questions.
- 2.9 In response to a letter on behalf of the sub-committee (17 August 2009), requesting further information, NHS Southwark arranged an informal meeting with several senior staff members from SLaM and the PCT regarding the restructuring of community drug and alcohol services. This was a useful means for conveying a professional understanding of the proposed changes and provided an opportunity to discuss what additional information could assist members in our consideration of the key clinical, financial and social issues.
- 2.10 We have also found considerable benefit from the opportunities to make site visits to affected trust premises, and have appreciated the willingness of LINK members to attend.



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- i. to clarify the wording used in the proposals, and clarify the consultation options;
- ii. to outline the proposed length of the consultation period;
- iii. to provide a list of the groups and individuals with whom the PCT will consult, and a list of the groups that are likely to be impacted by the changes;
- iv. to address the concerns raised in the September 24 2009 letter from Councillor Noakes to the PCT Board.

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2.18 Despite further contact, we first received a copy of the revised consultation document at the sub-committee's next meeting (18 November 2009) which was also when we first learned from officers that this had been published and that the consultation period had been finalised and had in fact started.

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2.19 We therefore emphasised that we should be made aware of proposed changes as early as possible: This would be in keeping with Department of Health guidance, - but more significantly, the sooner members are informed about problems that are likely to trigger changes and about proposals themselves, the more likely we will be inclined to respond as constructively as possible rather than critically.

2.20 To be promptly and properly informed would also help us to effectively respond to related issues of difficulty with service users, and to feed back to the trusts evidence of any issues of sensitivity.

2.21 Given the prospect of immense changes necessary by each of our local NHS partners, we would likewise request that the sub-committee is made aware of any changes being considered as early as possible to give us time to consider the extent to which we wish and are able to become involved. This will allow members to assess where we can best add value to such decisions and agree on suitable criteria that the sub-committee can use for selecting those issues which they can most effectively influence.

#### Basic data

2.22 In order to effectively respond to service user and related constituent issues, there is a span of core information that would help us to more swiftly understand and assess the likely impact of the proposed changes. At times this has either been absent or unclear in consultation documents and related briefing papers. We would therefore request that basic information, such as the following, be consistently included and clear:

- An outline of who and how people are expected to be affected, including a list of the likely most affected wards or areas in the borough; the predicted number of residents / service users affected; and whether particular communities or age groups etc will be impacted more than others;
- An outline of any specific research/ surveys undertaken or commissioned by the trust that underpin or have significantly influenced the consultation options; including any that have been critical of the proposals or equivalent proposals elsewhere;

- An explanation of whether the changes result from policy or financial imperatives etc;
- An equalities impact assessment.

### Consultation content and genuine options

2.23 At its 24 June 2009 meeting, the sub-committee was briefed on the report that synthesised and analysed the consultation feedback on the Transforming Southwark's NHS strategy, regarding a five to ten year strategy about the shape and constellation of local health services. We also used this as an opportunity to discuss aspects of the consultation methodology.

2.24 While members realised that the objective of the consultation had been to obtain feedback on the proposals at a broad strategic level, we believe that the consultation survey was overly simplistic, to the effect that this undermined the consultation's validity:

- Many of the survey questions were very general and devoid of context, to the extent that they seemed designed to elicit responses that could only favour the proposals;
- The survey failed to substantiate why respondents supported or doubted the merit of the proposals: For instance, where as many as 30% of respondents stated that they did not know whether the proposals would improve local healthcare, and approximately 8% believed that improvements would not be achieved, no further questions were asked to establish the reasons behind such reservations;
- As the consultation presented new plans about where and how to allocate resources, the survey should have made clear what alternatives exist, and particularly what services may be reduced or relocated.

2.25 As stated in the consultation report, respondents were not asked about their preferences for intermediate care, and this issue was deliberately omitted from the proposals and survey: "Intermediate care is due to be further reviewed and thus has not formed a major part of this consultation." (p. 63) In effect, the issue of intermediate care was left in a vacuum and respondents were left insufficiently informed about the broader outcomes of the proposals, and the implications for a key element of healthcare. We expect that the respondents could have answered in a significantly different way, had the relevant proposals for intermediate care been incorporated.



2.26 Regarding the content of the consultation document on the re-structuring and relocation of drug treatment and addiction services, we sought assurance from officers at our 7 October 2009 meeting that the document would reflect the needs of the local communities and not lead respondents to a preferred answer.



2.27 We queried again in November what outcomes from the consultation would be necessary to make officers rethink the preferred option, and were told that a different way of re-structuring the services would need to be proposed that still delivered the savings. While we acknowledge that the changes are impelled by the need to achieve savings to the value of £340,000 from SLaM,

and to redirect appropriate elements of the services back into primary care, we were concerned to learn that only one of the options outlined in the consultation document was actually viable and could potentially achieve these outcomes.

\* 2.28 We think it should be basic that consultation documents are clear about a trust's proposed changes and equally clear about what viable alternatives or variations on the changes have been identified that could achieve similar outcomes. The range of feasible options should also be outlined as objectively as possible, without leading respondents to a preferred answer.

\* 2.29 Moreover, alternative proposals should not be presented as options, where a trust does not in fact believe such an option to be practicable – unless this is transparent in the consultation document and respondents are invited, for example, to identify how such alternatives could be made viable.

2.30 As referred to above, we are grateful to have been informed early of the scale of savings that our NHS partners are compelled to achieve over the next financial year and onwards. Particularly in such cases, where the spectrum of services to be affected is so broad, we would like to receive details of where savings achieved beyond the requisite budget percentage will be re-directed. For example, where savings in one service area are achieved above the obligatory 10% at Guy's and St Thomas', - for instance to the value of 25% - how would the 15% 'surplus savings' in this case be re-directed?

2.31 We would similarly be grateful for an outline of the feasible trade-offs that would affect the consultation proposals, such as options to extend patient waiting times for certain treatments rather than relocate services.

### Consultation feedback

2.32 While we have particularly welcomed the revisions to the King's hospital ED re-design that resulted from the consultation, members of the sub-committee first heard of these improvements for mental health patients via the local media, and subsequently sought further details from officers.



\* 2.33 At our 20 January 2010 meeting, we agreed with officers that, at the Southwark PCT board meeting the following day, the sub-committee's request be relayed that the decision regarding the re-structuring of drug and alcohol services be delayed for a few days, to give the Health Secretary, Rt. Hon. Andy Burnham MP, the opportunity to respond to the related letter of January 14 2010 from the Rt. Hon. Tessa Jowell MP. To date we have not been informed whether the board agreed to this request and/or of the board's final decision regarding the re-structuring.

2.34 We recognise that the King's ED plans were subject to the assessment and input of streamed steering groups, as well as project and trust board approval before their finalisation, and that such processes can duly prolong the usual decision period. We believe it would be an appropriate courtesy, however, that we receive written notification of trust decisions on consultation issues for which we have submitted a written response, within a few days of the decision having been made. These should also include replies to the sub-committee's key recommendations, in particular where these are refused.

**Recommendations:**

1. That the sub-committee be informed of proposed changes to health services by the local NHS trusts as early as possible, in order to have a reasonable opportunity to contribute to plans for consultation and to be able to respond effectively to constituent queries.
2. That consultation documents or related briefing papers to the sub-committee include the following information:
  - An outline of who and how are people expected to be affected by the proposed changes, including a list of the likely most affected wards or areas in the borough; the predicted number of residents / service users affected; and whether particular communities or age groups etc will be impacted more than others;
  - An outline of any specific research/ surveys undertaken or commissioned by the trust that underpin or have significantly influenced the consultation options; including any that have been critical of the proposals or equivalent proposals elsewhere;
  - An explanation of whether the changes result from policy or financial imperatives etc;
  - An equalities impact assessment.
3. That consultation documents are clear about a trust's proposed changes and equally clear about what viable alternatives or variations on the changes have been identified that could achieve similar outcomes.
4. That the range of feasible options be outlined as objectively as possible, without leading respondents to a preferred answer.
5. That consultation documents do not include options for the proposed changes, where a trust does not believe the option(s) to be practicable.
6. That the sub-committee be invited to help shape service change options, where these are not impelled purely by clinical considerations, and in particular where they involve trade-offs with other services, or service levels, etc.
7. That the NHS trusts are more pro-active about informing community councils of proposed changes that would affect their local communities, and ensuring that the issues are aired in public.
8. That the NHS trusts inform the sub-committee of consultation outcomes and provide feedback on the sub-committee's response recommendations, where this is reasonable, and particularly where these are refused.

## Health and Adult Care Scrutiny Sub-Committee

Councillor Lorraine Zuleta (Chair)  
 Councillor Dora Dixon-Fyle (Vice-chair)  
 Councillor Aubyn Graham  
 Councillor Michelle Holford

Councillor Lorraine Lauder  
 Councillor Jonathan Mitchell  
 Councillor Caroline Pidgeon