Cllr Mark Williams Chair, Health & Adult Social Care Scrutiny sub-Committee 160 Tooley Street London SE1 2TZ

Date: 16 March 2012

Council

Scrutiny Team

Direct dial: 020 7525 0514

Dear Stuart Bell

## SLaM: consultation on Changes to Psychological Therapy Services

Southwark Council's Health and Adult Social Care scrutiny committee met on Wednesday 14 March and considered the proposed changes to Psychological Therapy Services. Evidence was considered from:

- SLaM senior managers responsible for the service reorganisation
- SLaM senior consultants and an honorarium personally affected and concerned about the reorganisation outcome
- National psychotherapy and psychoanalytic professional organisations United Kingdom Council for Psychotherapy (UKCP) and the British Psychoanalytic Council (BPC).

Members of the committee considered documentary evidence from all the above three parties and questioned senior managers and clinical staff from SLaM in person.

The following concerns were raised:

Limited initial consultation and engagement with service users had taken place, and in particular staff raised concerns that users of this service had not been uniformly consulted. It was noted that early modelling had taken place with a small number of service users. In response to concerns raised by the Lambeth Lewisham and Southwark stakeholder reference group senior managers reported that recent steps had been taken to widen participation with the establishment of a wider service users reference group and regular meetings with LINks. However the evidence received indicated that this was focused on monitoring the impact to take mitigating action if needed, rather than consulting on the current proposed reorganisation. It was also noted by the committee that the consultation to date had not put forward any alternative way of achieving the aims of the reorganisation.

The adequacy of the Equality Impact Assessment. Evidence from SLaM indicated sexual orientation and transgender information was not collected, as is required by law. Concerns were raised by staff that the changes would adversely affect patients with complex psychological and social needs who do not fall into 'standard' diagnostic groups. Committee members highlighted that both these shortfalls could potentially breach equalities legislation and would open the Trust to legal challenge (examples were given of recent cases involving the Secretary of State for Education and Building Schools for the Future, and Birmingham City Council's changes to Adult Social Services, which were both ruled against by the High Court).

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Members reiterated concerns that the proposed changes could lead to the unintended consequence of disproportionately affecting individuals suffering from different types of conditions (duty to consider disability), and that this had not been considered by SLaM when drawing up their proposals, as required by law.

The risk that cuts to consultants of around 10% could have a significant effect on service level and result in a service reduction of up to 45 %. This would be a very significant reduction in service. Evidence received from senior managers and consultants was contradictory. The main concern centred on the possible impact on unpaid honorariums through a change in location, loss of hours and specialist clinical skills through the reorganisation and the members raised concerns that this significant risk had not been considered sufficiently and would benefit from more extensive and thorough staff consolation.

**The scale and speed of the change.** Concerns were raised by consultants that the front loading of the cutbacks could be destabilising and that a slower change would be less risky to service continuity.

The committee resolved that the potential scale and impact of the proposed changes made this a substantial variation and as such strongly recommended that the service reorganisation be immediately paused and a full 12 week consultation be held with all concerned parties, including service users and staff.

As you will be aware SLaM, being a Foundation Trust, is required to consult the committee on a substantial variation. These requirements are set out in regulation 4 of The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. Having consulted the committee the concerns are as set out above.

In addition there is Section 242 of the NHS Act 2006 (as amended) which places a legal duty on NHS trusts, Primary Care Trusts, Strategic Health Authorities and Foundation Trusts to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes. This is a statutory duty, which means consulting and involving: not just when a major change is proposed, but in ongoing service planning; not just in the consideration of a proposal, but in the development of that proposal; and in decisions about general service delivery, not just major changes.

The committee would be very concerned if the proposed changes went ahead without addressing the concerns above and would prefer to work with SLaM in a constructive manner to ensure that, in the interests of the residents of Southwark, the concerns of the committee are fully addressed.

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Should SLaM be unwilling to agree to undertake a 12 week consultation (without responding adequately to the concerns raised) then the committee will give urgent consideration to referring its concerns to the Secretary of State. This would be a last resort for the committee, however, one that we are not prepared to rule out.

Since the meeting I have been informally advised that you do intend to carry out a full consultation, which is welcome, but that interviews for positions as set out under the original proposals are continuing. I find this deeply concerning as it potentially shows you have not taken the committee's concerns seriously. I hope that the consultation is genuine and will not be prejudiced by your preparations. Again, if the consultation is not deemed to be meaningful the Trust is opening itself to potential legal challenge which could cost time, money and delay improvements which we all want to see.

The regulations require that the Trust responds to this letter within 28 days, however, given the late stage at which the committee has been consulted and the advanced stage of the reorganisation we consider that it is reasonable to require a response within seven days.

I would like to emphasise that the committee wishes to work in a constructive manner with all elements of the NHS in Southwark to achieve the goal of improved patient outcomes which we all want to see. We also understand the difficult financial settlement that the NHS (and all public bodies) find themselves in; however, this is not an excuse for poor consultation and ignoring the concerns of locally elected members. As I stated at the committee meeting this is the start of a process, not the end.

If you have any gueries please contact Julie Timbrell, scrutiny project manager, in the first instance via email: julie.timbrell@southwark.gov.uk or by telephone on 02075250514.

Yours faithfully

Cllr Mark Williams

Chair, Southwark Health and Adult Social Care Scrutiny sub-committee

Steve Davidson; Service Director. Mood Anxiety and Personality CAG. Cc

Dr Jonathan Bindman, SLaM

Zoë Reed Executive: Director Strategy and Business Development.

Councillor Dora Dixon-Fyle, Southwark Cabinet member for Health and Adult Social

Councillor Ed Davie, Chair Lambeth Health Scrutiny Committee

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