

SUMMARY OF QUESTIONS AND RESPONSES – July 2014

Question:	From:	Response:
<p>It seems grossly unfair to me that doctors can elect their representatives to the board but patient reps are appointed. Why should not patients, like GPs, elect those they want to represent them. There seems nothing in the legislation to prevent this.</p>	<p>M Squires</p>	<p>The Lay Members of the CCG governing body hold important positions, one with responsibility for overseeing the main elements of governance (including audit, remuneration and conflicts of interest) and one for championing patient participation. As well, both positions require the post-holder to embrace all the corporate responsibilities that are shared by every member of the governing body and must possess the range of attributes and skills as outlined in the 2012 guidance.</p> <p>During the assurance process, as part of authorisation, the CCG was required to describe a clear process whereby Lay Members would be identified as fulfilling all the requirements. An appointments process was deemed to be the most appropriate mechanism, and was deemed robust by the authorisation panel.</p> <p>There is a Healthwatch representative on the governing body who has been chosen through the Healthwatch systems, which are independent of the CCG processes.</p>
<p>1. Why GPs and Health Care professionals are not trained in spotting the first signs of Allergies? (Training GPs and Health care professionals will prevent long waiting lists in hospitals in these areas.)</p> <p>2. How does CCG define the word Mental Health and why there are so many people that have been turned away for NHS counselling services and their GPs with anti-depressants?</p>	<p>D Makwana</p>	<p>2. The Mental Health Joint Commissioning Plan includes a needs analysis which sets out the links between health, both mental and physical, and links to “No Health, without Mental Health”.</p> <p>The following is an extract from our Vision:</p> <p>“Our vision is for the Wandsworth population to experience long, fulfilling and productive lives. Ensuring the health and well-being of individuals, families and communities is critical to achieving this goal. We believe that there is no health without mental health and as such this joint commissioning plan will become the mechanism for achieving a thriving and resilient society where individuals are less likely to encounter mental disorder and more likely to recover if they do.”</p> <p>In relation to mental ill health the needs analysis refers common mental health disorders such as anxiety and depression as well as severe mental</p>

		<p>illness (psychoses, schizophrenia & bipolar).</p> <p>With regard to the question regarding people being turned away from NHS counselling services or GPs with anti-depressants, further investigation would be required in order to gain a full understanding of any potential problem. The CCG has undertaken a review of psychological/talking therapies and plans are being put in place to increase the numbers of people accessing these services.</p>
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<p>Questions received in previous meetings:</p>		
<p><u>Mental Health section of the Draft 5-year Plan (June 2014)</u></p> <p>Why is there:</p> <ul style="list-style-type: none"> - no survey of mental health problems in South West London. The detail is important; - no analysis based on evidence of where the pressure –points are in the service; - no clarification of the model of mental disorder being used; - no reference to the fact,that the document introduces the <u>third</u> year of cuts in the mental health budget nationally; - no reference is made to the cuts in the C.A.M.H.S.service. Surely this is a part of the service which needs to be supported fully -no reference to the now- regular stream of reports of the national system being broken or near to breaking –point [Community Care survey2014; College of Social Work survey2014,for example] The report from the Royal College of Psychiatrists issued this week confirms the evidence of others. -a refusal to acknowledge,that C.M.H.T.s are able to function as risk-takers,only if they are assured,that in-patient treatment will be available,if it is assessed as necessary. -an undermining of the seriousness of the subject by some of the document,which has the traces of Price Waterhouse Cooper all over it: e.g. the presentation of constrictions on appropriate action being described as an “opportunity”; some excerpts reading like parodies of management-speak. 	<p>G Horner</p>	<p>Survey - Each Public Health directorate across South West London has a responsibility to develop a Joint Strategic Needs Assessment (JSNA) and these documents include a chapter about mental health needs which informs commissioning decisions.</p> <p>The team developing the strategy for South West London have established a working group to support the development of the Mental Health chapter. Drawing on the information in JSNAs and CCG Commissioning Intentions, the team developing the Mental Health chapter have also held a series of meetings with commissioners, mental health GP leads, providers, members of the public, service user and carer groups, Healthwatch and other stakeholders to inform the work.</p> <p>The team developing the Mental Health chapter feel that this level of baseline information from the JSNAs and the work with stakeholders are an effective way of surveying the need profile in South West London.</p> <p>Analysis – The mental health challenges outlined in the strategic plan are a summary of the key issues identified both nationally and across South West London. We will progress this work to include a detailed analysis of current pressure points and how we will address these. The information, once received and agreed will be critical for developing a full implementation plan. There are already plans in place to undertake this important piece of work.</p> <p>Model – The Mental Health chapter in the strategic plan has a primary focus on the common priorities in mental health. The model for implementation will be based on developing strong clinical pathways and delivering more service</p>

		<p>in the community with less emphasis on hospital based services. We also need to develop crisis services to ensure that everyone has access to a responsive service during either times of actual mental health crisis or emerging crisis.</p> <p>Cuts – The initial strategy document will be supported by a financial assessment of the investment required to turn the plan into reality.</p> <p>CAMHS – The Mental Health chapter does not cover Child and Adolescent Mental Health Services (CAMHS), these are included in the Children’s chapter.</p> <p>We have checked with South West London and St George’s Mental Health NHS Trust, who confirm that they are making changes to their investment in CAMHS services under their cost improvement plans (CIPs) and this work will result in a major transformation in the way services are delivered. CAMHS commissioners and a nominated GP lead are working closely with the Trust to ensure the quality and safety of these services is maintained.</p> <p>National system – The plan references a number of serious challenges facing current services and there is consensus amongst all CCGs that we need to radically change the way care is delivered to improve access and quality.</p> <p>CMHTs – One of the key priorities for CCGs is to reduce the number of people who need inpatient care by treating them earlier and more effectively in their homes and the community. This is part of the challenge about radically changing the way care is delivered (as above).</p> <p>We will ensure that there is always specialist inpatient care available to those who require it.</p> <p>Documents – We will make sure that we will reduce our use of jargon and management speak in the future and apologise if you felt this when you read the document. Your feedback is really useful as we wish the document to be readable to the general public.</p>
<p>Dementia and Nutrition (April 2014) Proposed cuts in Dementia provision regarding care plans and nutrition services</p>	<p>Member of the public</p>	<p>St George’s Healthcare NHS Trust has confirmed that there is no reduction in nutrition and dietetics service for Dementia patients within the community. They have recently introduced additional assessments and monitoring, within</p>

		<p>existing resources, in order to identify and treat malnutrition in this high risk client group.</p>
<p><u>Arts Therapies</u> (April 2014)</p> <ol style="list-style-type: none"> 1. How does non-verbal psychotherapies fit into to the review of Talking Therapies, and what is the rationale for the CCG's decision to de-commission the Wandsworth Arts Psychotherapies Service? 2. Staff had been told that the Wandsworth Arts Psychotherapies Services had been decommissioned, which, was causing a high level of concern as currently the service provided over 800 in-patient contacts, and 1500 out-patient contacts. 	<p>Rachel Bell, Music Therapist/ Anna Baines, Art Psychotherapist Wandsworth Arts Psychotherapies Service, SWL&StG Mental Health NHS Trust</p>	<ol style="list-style-type: none"> 1. Wandsworth CCG's Mental Health Clinical Reference Group prioritised a review of talking therapies as part of its work programme in 2013/14. The scope of this review was predominantly focussed within Primary Care and included the following services: <ul style="list-style-type: none"> • Improving Access to Psychological Therapies (IAPT) commissioned through SWLSTG • Big White Wall on-line service • In-house GP counselling • Integrated Drug and Alcohol Service (IDAS) • Third Sector provision (Family Action, Together & Wandsworth Bereavement Service) <p>The review aim was to investigate the impact of these services and identify the primary care based talking therapies that the CCG would wish to commission in the future. The scope of the review did not include in-depth consideration of psychological therapies within secondary care settings and in such did not consider any recommendations relating to the Arts Psychotherapies Service within the inpatient mental health services. The rationale around CCG decisions relating to Arts Psychotherapies Service is contained within Response 2.</p> 2. As part of NHS England's current funding review Wandsworth CCG faces particular financial challenges with reducing funding allocations. The CCG's analysis of the impact of these funding allocations is that there will be little or no available growth in commissioning budget. Therefore it will be crucial for financial sustainability to develop Quality, Innovation, Improvement & Prevention (QIPP) programmes and transform community services to meet the unfunded increased costs of care for the population of Wandsworth. <p>WCCG commissioners are required to seek efficiencies and savings across all NHS contracts. Working closely with Providers, including SWLondon and St George's Mental Health NHS Trust to identify how</p>

		<p>such efficiencies and savings could be achieved, whilst improving or not impacting detrimentally on core services, was a key focus of contract negotiations for 2014/15.</p> <p>Within this context, the CCG has worked with the Trust and asked them to manage services in a different more cost effective way in 2014/15, benchmarked against services for other CCGs. The CCG has asked for a range of ward based therapeutic interventions and activities to be delivered through the existing multidisciplinary staff group in line with all other South West London Borough services.</p> <p>When seeking additional clarification on the proposals it was noted that the existing stand-alone service commissioned by WCCG, delivered Art, Music and Dance therapy interventions. As a result of this the CCG have asked that the Trust confirm that such an alternative method of service delivery will be achievable and NICE compliant. SW London and St George's Mental Health NHS Trust has now confirmed that it has developed plans to ensure that the Trust is NICE compliant for the delivery of non-verbal therapies on a Trust wide basis. Furthermore the Trust confirmed that there would be access at Trust to a central specialist arts therapy service.</p> <p>Unfortunately seeking this clarification has resulted in some delays in the CCG being able to respond to the questions raised. However it was important that the CCG and its Mental Health Clinical Reference Group could make decisions with all the relevant information and assurances available to it.</p> <p>The CCG will now require the Trust to take responsibility for leading an internal staff consultation process with all the affected staff as part of the process of change. Alongside this, the CCG has requested that SW London and St George's Mental Health NHS Trust monitor and regularly report on the impact of this change to service delivery and patient outcomes.</p>
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