

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 4th July 2012

Agenda item: 7

Wards:

**Subject: South West London and St George's Mental Health NHS Trust:
Public consultation on application for Foundation Trust Status**

Lead officer: Mike Naylor, Trust Finance Director, South West London and St Georges Mental Health NHS Trust

Lead member: Councillor Suzanne Evans, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

Contact officer: Stella Akintan, Scrutiny Officer, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That the Panel comment on the consultation proposals for Foundation Trust Status.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. Senior representatives from South West London and St Georges Mental Health Trust have been invited to outline their consultation proposals and take comments from the Panel.

2 DETAILS

2.1. The Health and Social Care Act 2012 stipulates that all NHS Trusts must become, or be part of a Foundation Trust by 2014. South West London and St George's is aiming to form an independent Trust.

2.2. Trust representatives will be coming along to discuss the presentation attached at Appendix A that sets out the main provisions within their Foundation Trust application.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2012/13

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None relating to this covering report. . Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

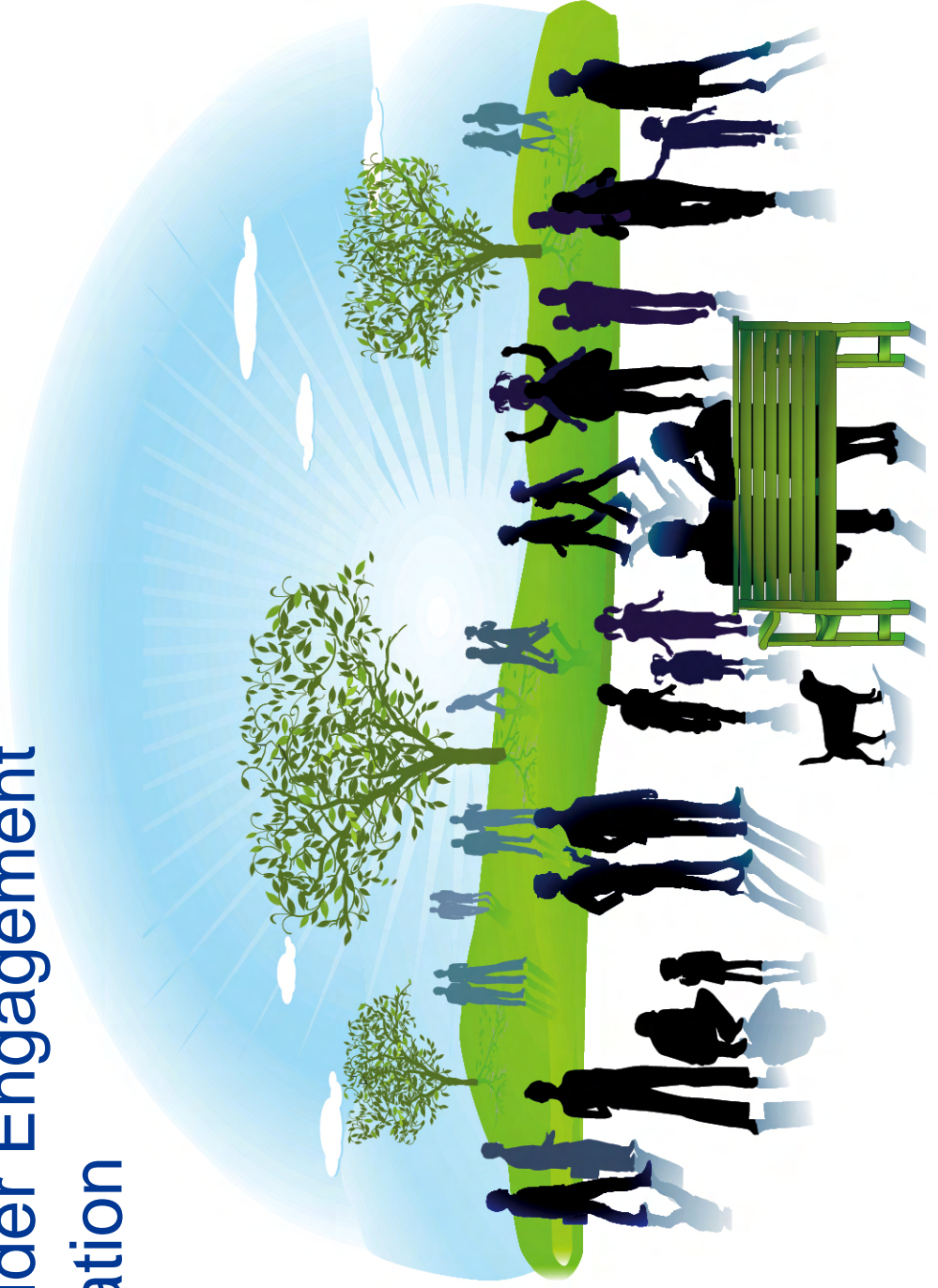
11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Appendix 1 – South West London and St Georges Mental Health Trust Stakeholder Engagement Presentation

12 BACKGROUND PAPERS

12.1.

Stakeholder Engagement Presentation



Our Future

- The provider of choice for South West London
- To achieve that, we will:
 - Pioneer innovation
 - Import best practice
 - Open to criticism
 - Actively redesign our services to meet modern needs



Our Future

- Raised expectations
 - Commissioners and Patients
 - Our Own
- New Care Pathways
 - Clinically led
 - Service User and Carer Involved



Our Future – Integration

- Other providers offering outcomes at lower cost:
 - Partnership to the benefit of patients and the health economy
- Support smaller agencies to reduce their overheads.
For example:
 - Human Resources
 - Accountancy
 - Emergency Planning
 - Training



Our Future

- Integrated with the whole system
- Seeking community and not for profit partners
- Not precious about who does what
- Accessible services at front line
- Trusting relationships – free flow



Our Future – Inpatient to Community

- Changing medical practice and better psychological treatments:
 - Less time in our hospitals
 - More time being supported in the community
 - Higher acuity = smaller wards
- Redirection of resources – inpatient beds to community based services
- Funding excellent outpatient facilities
- Not abandoning communities



Our Future – Inpatient to community

- Are closures are inevitable?
- Driven by:
 - Falling numbers of commissioned inpatient beds
 - Reduced length of stay
 - Increasing acuity of patients in those beds
 - Ward proximity for instantaneous back up
 - Economies of scale and saving on estate costs
 - Development of smaller wards
 - Single sex



Our Future – Inpatient to community

- Reduce the number of inpatient sites – Queen Mary's, Roehampton, and Springfield
- Community services – close to the best nationally. For example:
 - Sutton Older Adults Community Team
 - Twickenham Community Mental Health Team
 - Sutton, Merton and Kingston Crisis Home Treatment Teams
- Linked to Universities and research
- Co-produced with service users and carers
- Challenging less successful services



Our Future – Springfield Development

- New state-of-the-art facilities both for Adults, Specialist Services and CAMHS.
- Queen Mary's Hospital – Kingston and Richmond
- Springfield new build - Sutton, Merton and Wandsworth
- Specialist services:
 - Best internationally
 - New facilities



Our Future – Next few years

- Pursue all options - Kingston and Richmond in-patients
- Work with private sector providers, where necessary
 - deliver better alternatives for our service users
 - Springfield refurbished wards - for patient safety
- Clear and transparent communication with local communities about constraints
- Co-operate with commissioners to:
 - Reduce inpatient costs
 - Develop excellent community services



Mission

Making life better together



Vision

“To work with people with mental health conditions to enable recovery in their health and well-being and the realisation of their potential”



Values and Behaviours

Values

Openness

Creating and maintaining valued relationships
Sharing information

Respect

Creating equal partnerships
Treating people with dignity and respect
Encouraging diverse perspectives and views

Fairness

Treating people as we would like to be treated ourselves

Collaboration

Working in partnership in everything we do
Listening and taking a genuine interest in others
Welcoming and valuing diverse opinions

Excellence

Championing a strong service ethos
Continuous improvement through innovation
Creating national best practice



Strategic Objectives

- To deliver high-quality integrated mental health services for our service users and carers



Strategic Objectives

- To work with service users and carers in the design and delivery of prevention and care



Strategic Objectives

- To deliver recovery outcomes in the community by developing integrated approaches to prevention and care



Strategic Objectives

- To develop new relationships, alliances and business opportunities to strengthen our range of services



Strategic Objectives

- To develop the capacity and capability of our workforce so care is delivered by skilled and compassionate staff



Strategic Objectives

- To be a well governed Trust that provides value for money and inspires confidence



Thank you

ian.wilson@swlstg-tr.nhs.uk

camilla.hugheshunt@swlstg-tr.nhs.uk

