South London and Maudsley NHS

NHS Foundation Trust

**A MEETING OF THE MEMBERS' COUNCIL OF
THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST
WILL BE HELD ON THURSDAY, 9th JUNE AT 5.00 PM
IN THE SOUTHWARK TRAINING CENTRE, MAUDSLEY HOSPITAL**

AGENDA

1	Introductions and apologies for absence.	
2	To receive any declarations of interest.	
3	To agree the minutes of the Members' Council meeting held on 10th March 2011 and to note any matters arising from the minutes.	Attachment A
4	Report from the Nominations Committee.	Attachment B
5	Members' Council bids programme - update on the 2011 programme.	Attachment C
6	Update from the recently established working groups:	Attachment D

- Quality
- Membership development and communications
- Constitution review
- Annual plan
- Social Inclusion and Recovery (to be considered)

7	Research and development.	Presentation
8	Chief Executive's report.	Attachment E
9	Directors' reports.	Verbal
10	King's Health Partners update.	Verbal
11	Forward planner – items for future meetings:	

- Alcohol policy
- New learning centre

12	Any other business.	
13	Dates of meetings in 2011:	

- Tuesday, 13th September at 3.30 pm
- Thursday, 15th December at 5.00 pm

**Please send apologies to Paul Mitchell telephone 0203 288 5376 or
email paul.mitchell@slam.nhs.uk**

South London and Maudsley NHS

NHS Foundation Trust

Attachment A

MEMBERS'COUNCIL – SUMMARY REPORT

Date of meeting:	9th June 2011
Name of Report:	Minutes of the meeting held on 10th March 2011
Author:	Paul Mitchell, Trust Secretary
Presented by:	Madeliene Long, Chair

Purpose of the report:

To agree the minutes and to note any matters arising.

**MINUTES OF THE MEETING OF THE MEMBERS' COUNCIL OF THE
SOUTH LONDON & MAUDSLEY NHS FOUNDATION TRUST
HELD ON THURSDAY 10th MARCH 2011
IN THE SOUTHWARK TRAINING CENTRE, MAUDSLEY HOSPITAL**

PRESENT	Madeliene Long	Chair
Elected members	Michelle Baharier	Elected Member
	Stephanie Correia	Elected Member
	Polly de Blank	Elected Member
	Les Elliot	Elected Member
	Stephen Hill	Elected Member
	Caroline Hough	Elected Member
	Francis Keaney	Elected Member (Staff)
	Layla McCay	Elected Member (Staff)
	Dele Olajide	Elected Member (Staff)
	Roger Oliver	Elected Member
	Gill Todd	Elected Member (Staff)
	Noel Urwin	Elected Member
Partner Organisation	Sophie Corlett	MIND
	Ian Creagh	Kings College London
	Andrew Eyres	Lambeth PCT
	Rachel Heywood	Lambeth Council
	Magda Moorey	Lewisham PCT
	Crada Onuegbu	Lewisham Council
	Tim Smart	Kings College Hospital FT
IN ATTENDANCE	Kola Abilola	Member
	Stuart Bell	Chief Executive
	Dan Charlton	Head of Communications
	Robert Coomber	Non Executive Director
	Richard Dyer	Member
	Andy Glynn	Lead governor, Kings College Hospital FT
	Kay Harwood	Head of Planning and Equality
	Hilary McCallion	Director of Nursing and Education
	Paul Mitchell	Trust Secretary
	Zoe Reed	Director of Strategy & Business Development
APOLOGIES	Martin Baggaley	Medical Director
	Derrick Bentley	Elected Member
	Charles Bland	Non-Executive Director
	Asanga Fernando	Elected Member
	Gus Heafield	Director of Finance
	Kumar Jacob	Non-Executive Director
	Jaya Kathrecha	Elected Member
	John Muldoon	Elected Member
	Louise Norris	Director of Human Resources
	Jan Oliver	Guys and St Thomas Hospitals FT
	Paul Paterson	Elected Member
	Christopher Scanlon	Elected Member (Staff)

Ref	Issue	Who	When
MC 11/01	**INTRODUCTION** Andy Glynn, lead governor for Kings College Hospital Foundation Trust, was introduced.		
MC 11/02	**DECLARATIONS OF INTEREST** Standing declarations of interest were taken.		

MC 11/03	**MINUTES OF PREVIOUS MEETING - MEMBERS' COUNCIL**
	
	The minutes of the meeting held on 16th December 2010 were **AGREED** as an accurate record.
	
	Matters Arising:
	
	10/30 Nominations Committee.
	      The vacancy on the Nominations Committee will be filled once the review of the FT Constitution has been completed.
	
	10/57 Constitution
	      A group was being established to review the FT Constitution. This review would focus on the implications for the Members' council of the proposed legislative changes but would also include consideration of the representation of partner organisations on the Members' Council, whether there should be a geographical split of the constituencies and sanctions for non-attendance at Members' Council meetings.
	
	It was asked whether the format of the Members' Council minutes could be reviewed so as not to specifically identify service user representatives.
		PM	

MC 11/04	**MEMBERS COUNCIL BIDS PROGRAMME** Noel Urwin reported on the current scheme. He confirmed that 170 bids had been assessed and 110 awards made. Monitor had requested information on the bids programme as an example of good practice for their annual report. Three specific schemes were being highlighted: • Library for children with autism (Lambeth CAMHS Neurodevelopment). • Gardening scheme (Croydon MIND). • Activities on ward (Eating Disorders, Bethlem). It was suggested that a list of awards by area / service should be collated and published.		

MC 11/05	**QUALITY GROUP** Steve Hill reported that the Group had concluded the third of three meetings focusing on the quality priorities for the year. At the most recent meeting held on 15th February 2011 discussion was led by David Watts on incident management and Natalie Warman on violence reduction initiatives. The Group will now look at the quality priorities for the coming year. Group members had also attended a Trust partners' quality consultation event on the 15th February along with colleagues from the PCTs, Local Authority Overview and Scrutiny Committees and Local Improvement Networks. Participants received progress reports of Trust quality priorities for 2010/2011, and discussed issues which were potential quality priorities for the coming year.		
MC 11/06	**MEMBERSHIP AND COMMUNICATIONS GROUP** Polly de Blank reported on the group's recent activities. There had been two meetings and the minutes of both were included with the papers. Polly de Blank highlighted: • Terms of reference had been agreed • The work schedule for the year had been agreed • Discussion had taken place on the definition of "the offer" in becoming a member. • An events diary was being populated. • Ideas for a talks / seminar programme were discussed. • The requirement to use clear language was emphasised. A brief survey had been devised by the group which was circulated to all present for completion. The results would be collated and circulated to the group.		
MC 11/07	**JOINT GOVERNORS' MEETING** Madeliene Long confirmed that the next joint governors meeting will be on 7th April 2011 at St Thomas' hospital. The programme was being produced by the three Chairs.		
MC 11/08	**ANNUAL PLANNING GROUP** The next meeting of the group will be on 15th March. Zoe Reed gave a presentation on the 2011/12 to 2013/14 annual planning process. It was noted that savings of over £50M were required over the next three years as a result of cost improvement programmes and disinvestment by PCTs. Representatives from Local Authorities, Primary Care Trusts		

	and Higher Education summarised the financial projections for their organisations.		
	Robert Coomber, Chair of the Audit Committee, expressed the view that the Trust had a good record of sound financial management. There was a need to continue planning radical changes in order to meet the financial challenges facing the organisation.		
	Stuart Bell said discussions with commissioners would be needed to plan disinvestment programmes and to minimise the impact on service users. The most immediate impact was being seen in services which were being subject to tender, such as addictions services. Francis Keaney said addictions services were being considered by commissioners as too expensive.		
	Michelle Baharier expressed concern about the impact of an increase in demand for mental health services during a period when services were being reduced.		
	Roger Oliver suggested that communication was needed with the new GP consortia so as to raise the profile of mental health services.		
	Gill Todd said that the Trust should maximise opportunities for generating income.		
	Zoe Reed concluded the presentation by looking at the possible way forward. Stuart Bell highlighted that the criteria for reduction in services were being developed; there was a strategic value in retaining some services; there was a higher expectation for savings in corporate services and it was important to start conversations with other providers.		
	Stuart Bell confirmed that ward closures may occur but the Trust must therefore manage throughput better. Some changes were already taking place such as two addictions units being combined into one. Forensic placements were being discussed with commissioners.		
	The Trust must still give priority to the quality of provision for local services. The Trust must take the opportunity to be innovative in service provision.		
MC 11/09	**CHIEF EXECUTIVE'S REPORT** Stuart Bell presented his report. He highlighted that Dame Sally Davis was now Chief Medical Officer. It was noted that there had been one reported breach of the single sex regulations. Sophie Corlett congratulated all involved in the recent Ruby Wax shows.		

MC 11/10	**NEXT MEETING**		
	Thursday 9th June 2011 in the Lecture Hall, Southwark Training Centre, Maudsley at 5pm.		

Z:\Members' Council\Meetings\

PNJM/CMS March 2011

South London and Maudsley **NHS**

NHS Foundation Trust

<div align="right">**Attachment B**</div>

MEMBERS'COUNCIL – SUMMARY REPORT

Date of meeting: 9th June 2011

Name of Report: Re-appointment of a Non Executive Director

Author: Paul Mitchell

Presented by: Madeliene Long

Purpose of the report:

To agree the recommendation of the Nominations Committee for the re-appointment of Patricia Connell-Julien for a further three years term as a Non Executive Director.

Reappointment of a Non-Executive Director

1 Introduction

The Terms of Reference of the Nominations Committee give it the responsibility to:

'receive reports on behalf of the Members' Council on the process and outcome of appraisal for the Chair and Non Executive Directors' (2.2.3) and,

' make recommendations to the Members' Council concerning the re-appointment of any Non Executive Directors at the conclusion of their specified terms of office, giving due regard to their performance and abilities to continue to contribute to the Board in the light of knowledge, skills and experience required.' (2.2.4)

2 Process for the reappointment of Patricia Connell-Julien and appraisal.

Patricia Connell-Julien comes to the end of her present term as a Non-Executive Director on the Foundation Trust Board on 30th June 2011. She was re-appointed as a Non-Executive Director in June 2008. She participated in the review of the whole Board skills conducted by KPMG in 2007, following the establishment of the Foundation Trust, and has been subject to appraisal by the Chair on annual basis. She has been the lead Non Executive Director for the Mental Health Act, and as such was particularly involved in the arrangements necessary when the Foundation Trust was formed, and has also been closely involved in the preparations for implementation of the new Act.

The Chair's review of the performance has recently been concluded and endorses Patricia Connell-Julien's continued ability to contribute to the Board in the light of the knowledge, skills and experience required.

3 Recommendation

The Nominations Committee recommends the reappointment of Patricia Connell-Julien for a further three years term as a Non Executive Director with effect from 1st July 2011.

Paul Mitchell
Trust Board Secretary

Z: members council / meeting 2011 06 09 / item 4 att b reappointment of PC-J

MEMBERS'COUNCIL – SUMMARY REPORT

Date of meeting:	9th June 2011
Name of Report:	Make me Smile Again – Members' Council's Bids Scheme 2010/11. Analysis of Successful Bids.
Author:	Carol Stevenson and David Blazey
Presented by:	Steering Group

Purpose of the report:

To agree the minutes and to note any matters arising.

Make me Smile Again – Members' Council's Bids Scheme 2010/11

Analysis of Successful Bids

Carol Stevenson and David Blazey

May 2011

Make me Smile Again – Members' Council's Bids Scheme 2010/11

The Members' Council announced its Bids Scheme 'Make me Smile Again' in September 2010, with funds being granted by the end of March 2011 for use by the end of March 2012. The scheme was open to all SLaM members, but bidders did have to be members.

This report covers analysis of the bids submitted / bids granted in this round of the Bids Scheme.

Demographics

The *new economics foundation* were commissioned to carry out an audit of the previous two rounds of the Bids Scheme ('Can Money Bring You Happiness?' and 'Make me Smile'). One of their recommendations was to gather demographic data from the bidders.

The following (optional) questions were asked of bidders to 'Make me Smile Again':
- Constituency (staff / public / service user / carer)
- Age
- Gender
- Ethnicity

The demographic data is shown below with the equivalent data for the entire membership for comparison. The two bars shown for the bidders represent all the bidders (blue), and only those bidders who were successful (red).

Comments

The only record where there is a big difference between the bidders and the membership as a whole is in the number of service users, who are over-represented in the bidders compared to their presence in the overall membership.
This may reflect a higher proportion of 'passive' members in the staff and public memberships, as well as the fact that this scheme is targeted to benefit service users.
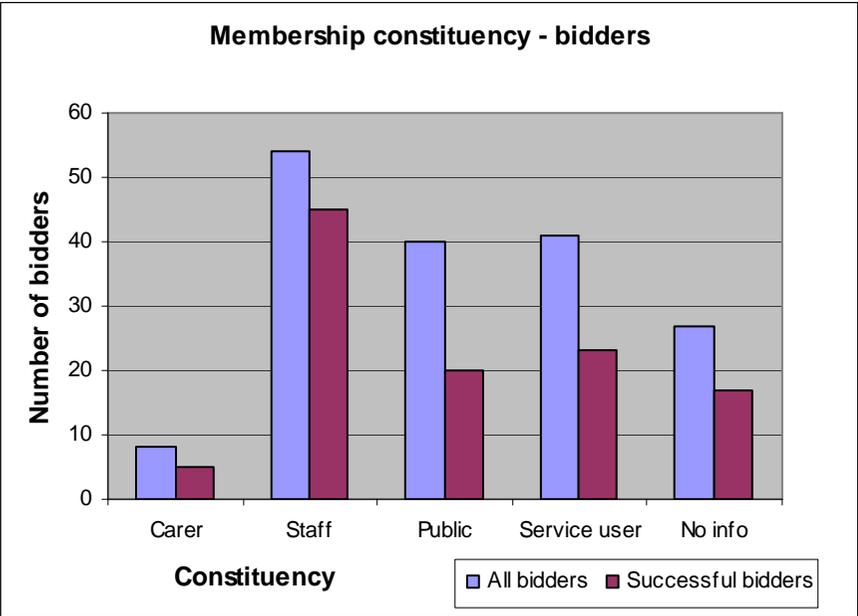
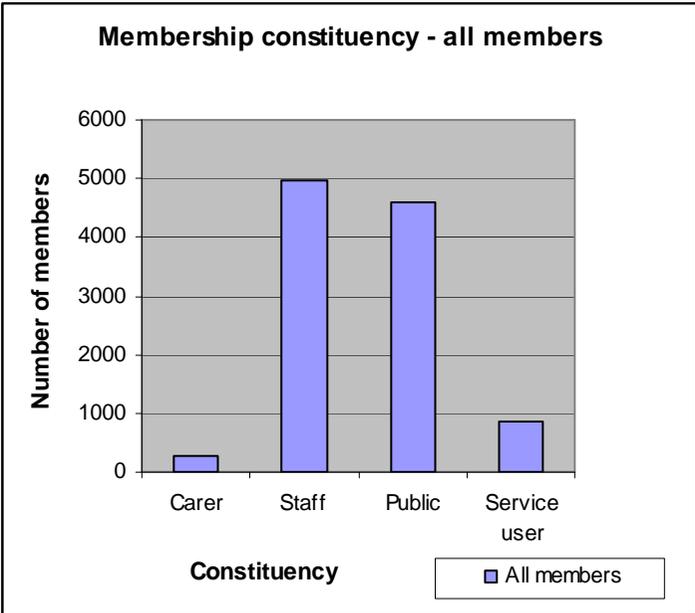**Constituency**

Table 1.1

Table 1.2

Note that all members of SLaM are assigned to a constituency (Table 1.2), however the data used for the analysis (Table 1.1) is based solely on the information that the bidders chose to supply.
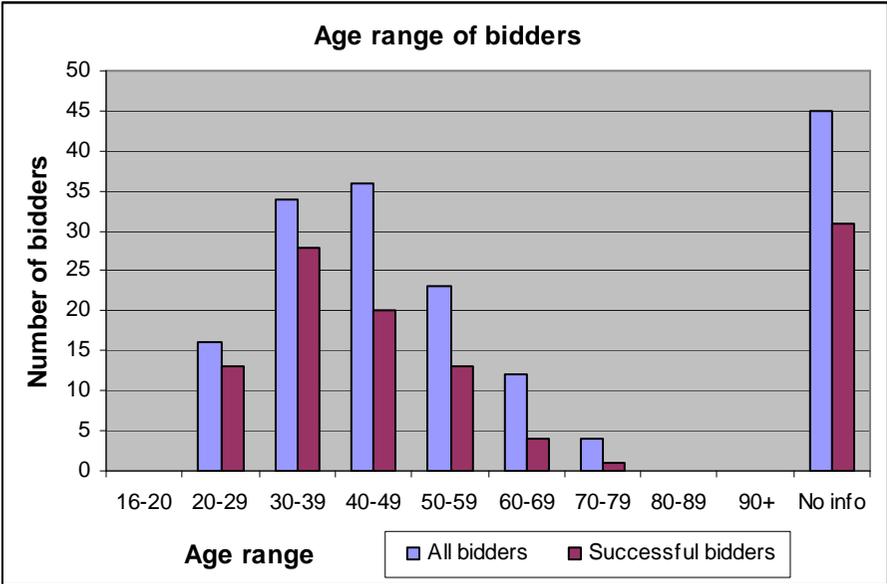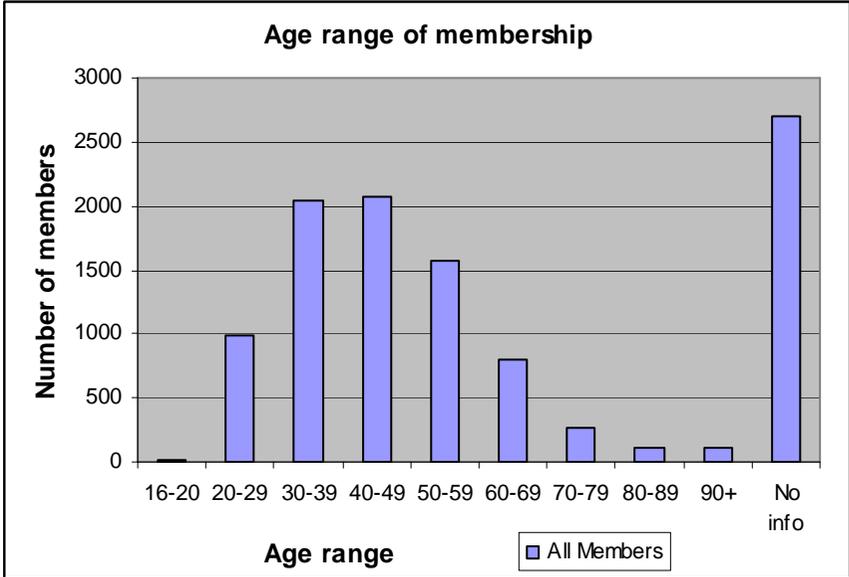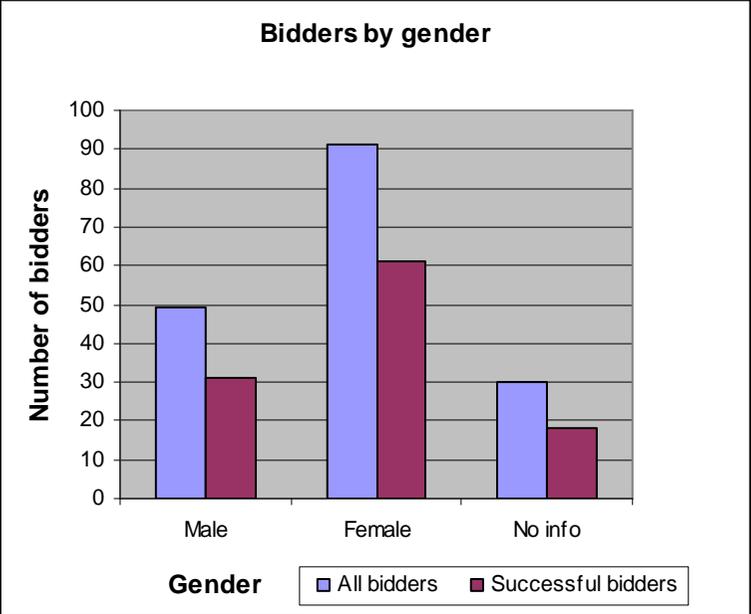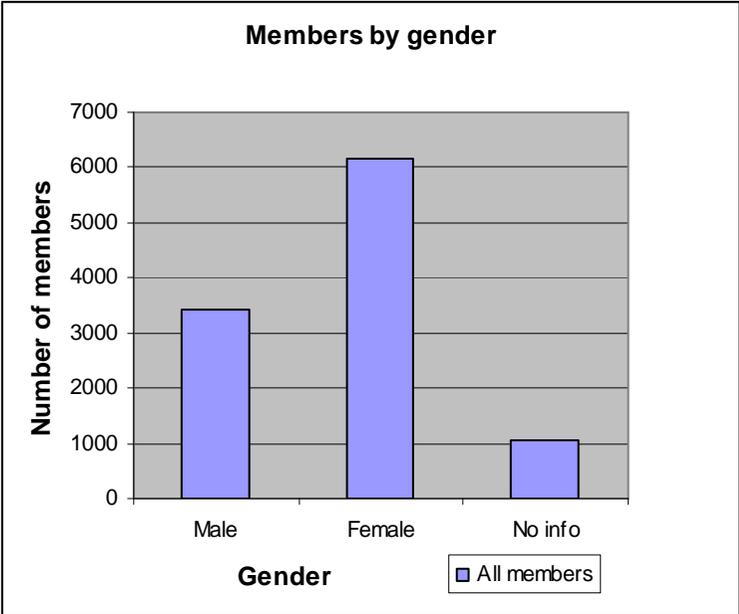
Age

Table 2.1

Table 2.2

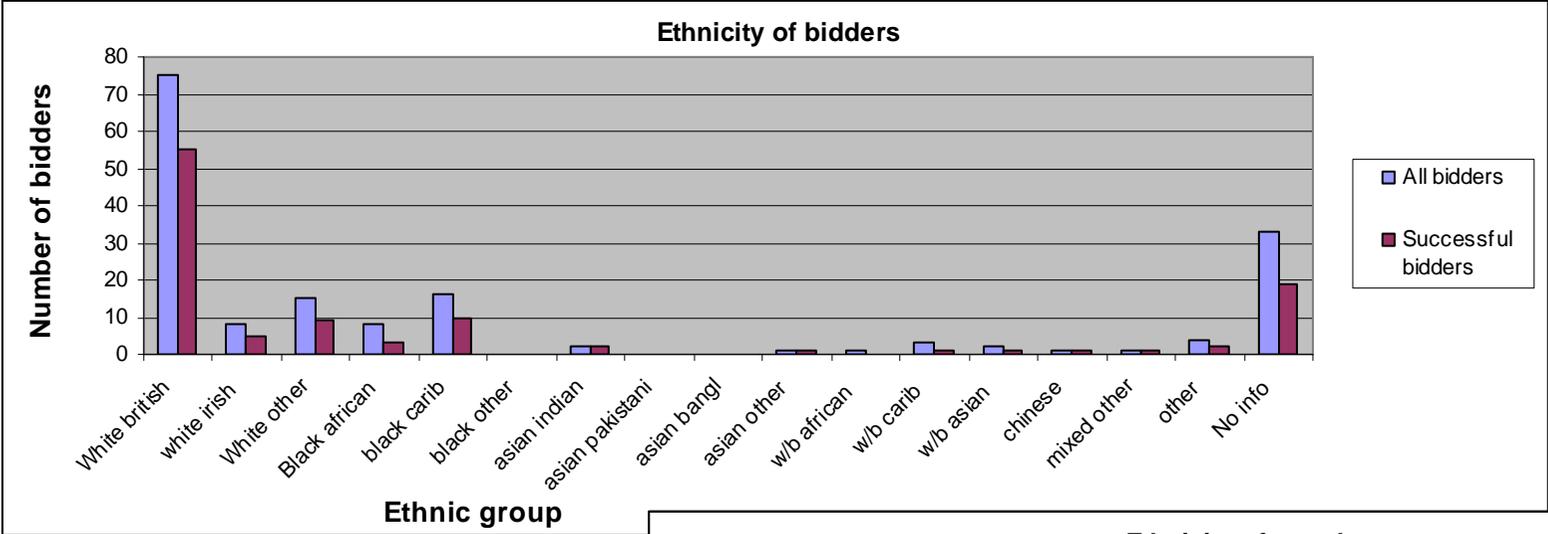**Gender**

Table 3.1

Table 3.2

Ethnicity

Ethnicity of bidders

Table 4.1
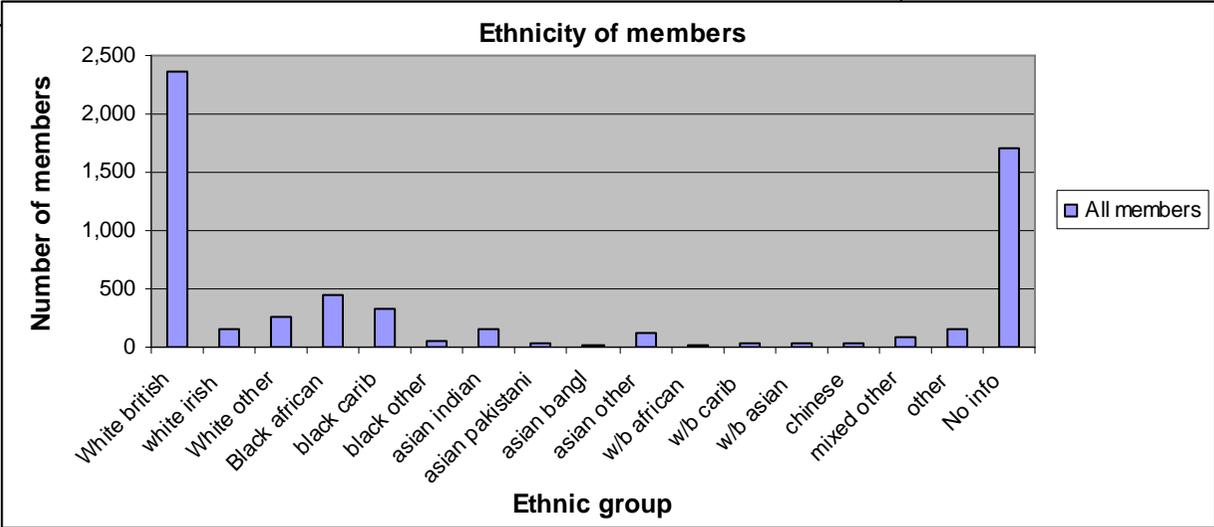
Ethnicity of members

Table 4.2

Bids Categories

Bidders are asked to categorise their bids according to three headings which are reflected in SLaM's mission statement.

These three headings are:
- improving patient experience (PE),
- promoting mental wellbeing (MW),
- social inclusion (SI).
- In addition, in this round we added the option 'Other – please specify' for any bidders who could not fit their bid into a category. Reasons bidders gave under 'other' include:
  - Service user empowerment
  - Respite care and carer's mental health
  - Promoting physical activity and healthy eating
  - Improving health and general wellbeing.
  - Increasing self-esteem
  - Promoting general well being in the work place
  - Support Group
  - Combating stigma and discrimination
  - Training
  - Celebrating service user success
  - Creativity

The charts below show the range of category options chosen for both Make me Smile Again (2010) (table 5.1) and Make me Smile (2009) (table 5.2).

Comments

It is clear that many bidders felt that their bids cannot be restricted into a single category, and in many cases to try and do so would probably reduce the quality of the bids.

In 2010 the high proportion of unsuccessful bids in the 'promoting mental wellbeing' category suggests this may be being used as a catch-all for applicants who have not thought their application through. The 'other' category also contained a number of these bids.
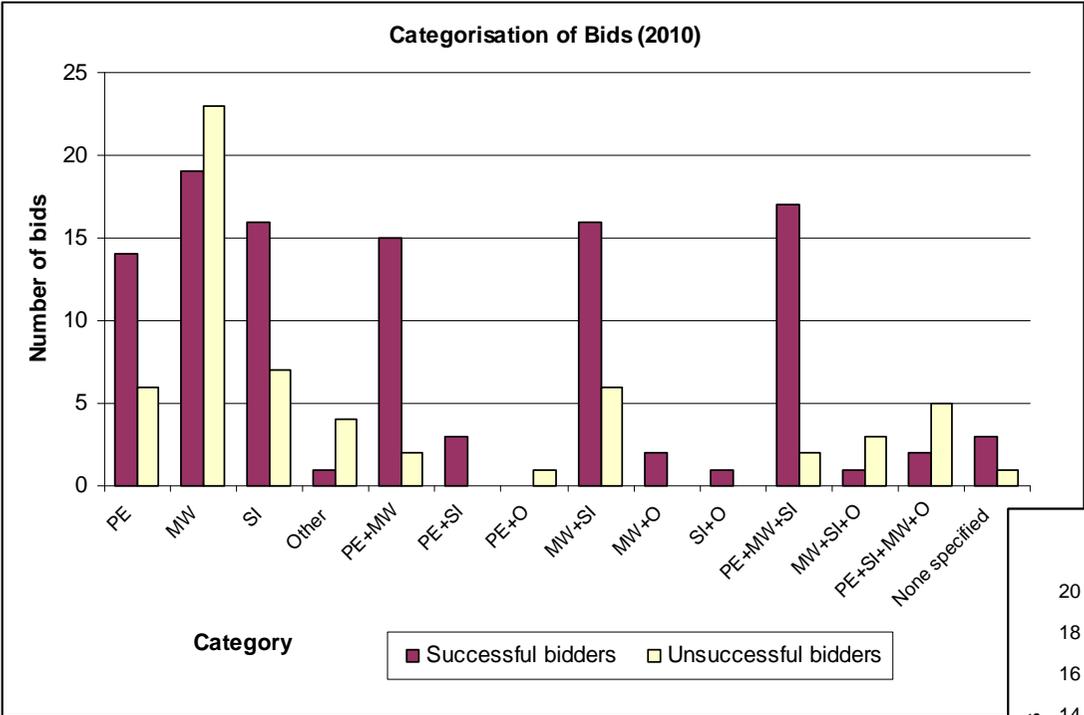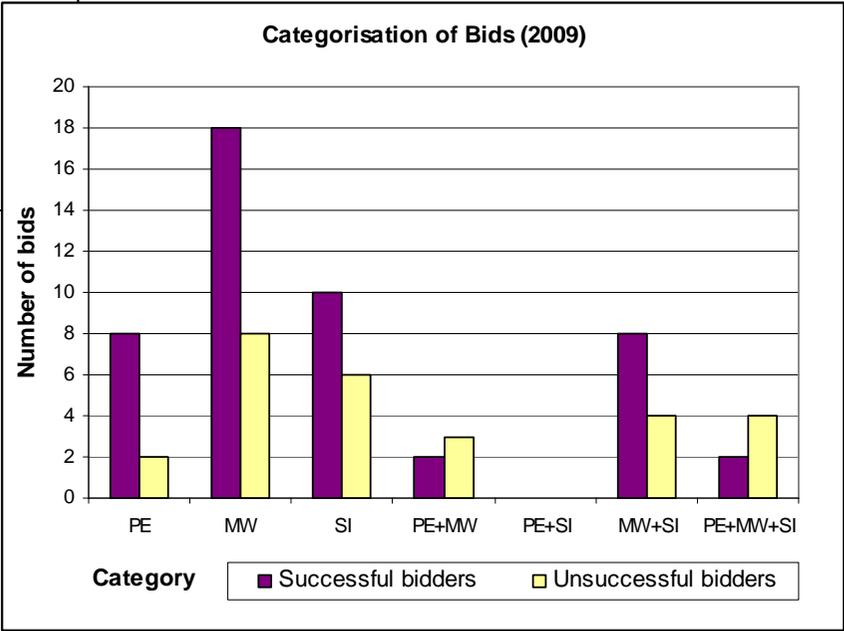
Table 5.1

Table 5.2

Geographical location of bidders

The geographical location of bidders has been charted using the first part of the postcode.
The chart below shows the distribution of all bidders for both Make me Smile Again (2010) (table 5.1) and Make me Smile (2009)

Comment

The peaks correspond to the locations of the large SLaM sites, reflecting the fact that most staff applicants use their work address when making a bid.
Noel Urwin spoke to Mind in Croydon and encouraged them to submit bids for Make me Smile (2009), giving a peak in CR0.

Distribution of bidders by postcode
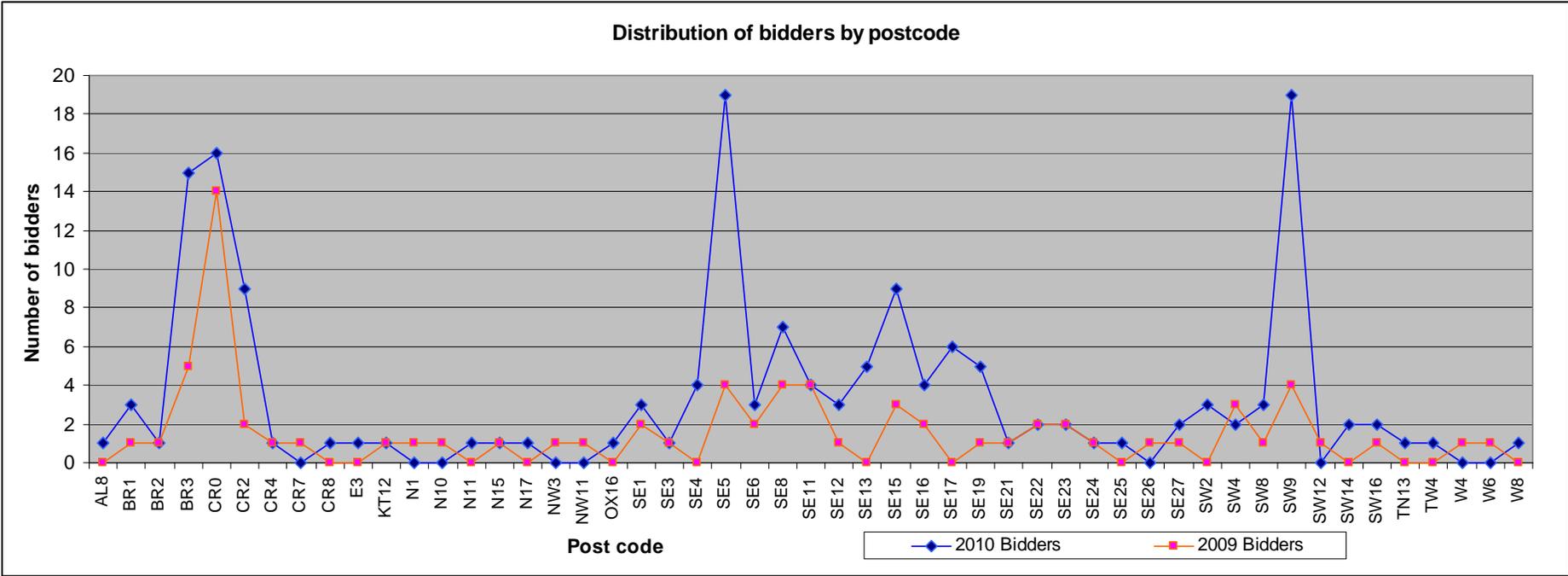
Analysis of Project Themes

110 projects were awarded funding of up to £750. The following analysis examines a number of themes running through the proposals.

Purpose of the projects – how applicants anticipate that participants will benefit

Therapeutic

Five applicants use the word "**therapeutic**" to describe the anticipated effect of proposed activities or equipment. The projects include:

- A wide range of activities such as cycling, cooking, relaxation, snooker games and film nights for adolescent inpatients
- An anthology of Survivors' Poetry
- Equipment such as chairs, beanbags, cushions, throw rugs to enhance the experience of relaxation exercises
- A community garden project to produce a nectar bar
- Portable sound equipment to support a range of activities.

Relieving anxiety, stress *etc.*

Thirty-eight projects aim to relieve symptoms of **anxiety**, **stress**, low **mood** and **emotions** and to promote **relaxation**. These include:

- Mental health self defence
- Meditation classes
- Massage
- A course in journal writing
- A series of concerts in hospitals
- A mosaic containing positive metaphors, images and words
- Laughter therapy
- Reflexology
- Specialised work chairs
- A day out in London

- Group singing sessions and recording a CD with older people
- A wide range of activities such as leisure, self-care and productive occupations, Nintendo Wii, beauty and a book club for adult inpatients
- Community choir inreach into a hospital setting
- A forum for people living with or affected by HIV/AIDS to help them address practical and emotional challenges
- Watercolour and craft workshops
- Drawing materials and stimuli.

Learning and skills

Twenty-nine projects include **learning** and acquisition of **skills** as part of their purpose. These include:

- A new computer and design software for a newsletter project
- Recording music in a studio
- Hip-hop street dance
- Designing and building an airframe to take part in a competition of the British Model Flying Association
- A photographic calendar
- A training DVD
- A film documenting personal journeys towards employment
- Vegetable growing and cooking projects
- Trips out into the community
- A knitting group
- A photography exhibition.

Engagement

Ten projects have the intention of promoting **engagement** in a variety of ways:

- A pool table for adolescents to help their participation in mainstream competitions in the community (*to encourage engagement and prevent social isolation*)
- Parent friendly publicity material (*to help parents engage with their children*)

- Football (*to improve engagement with others and services*)
- Art sessions (*to encourage engagement in other interventions*)

Fun and enjoyment

Twelve projects aim to provide **fun** and **enjoyment** for participants. These include:

- Instruments and equipment to start a music group on the ward
- Pampering sessions
- Building a wooden decking and bench area outside an Allotment shed
- A day trip out in central London to visit the best of the arts, a museum or gallery and a performance with a meal
- Providing a range of activities such as yoga, drumming and other music workshops, photography, arts and crafts, jewellery making
- Visits to galleries for an art group.

Recovery

Although the term "**Recovery**" is used relatively little in project descriptions, other terms associated with the concept of Recovery appear in 64 of the applications, showing a high level of awareness of elements that may contribute to the process. The most frequently occurring objectives are to improve people's **self confidence** (22) and **self esteem** (22). Related objectives include inspiring **hope**, providing **inspiration** and **motivation** and achieving **empowerment**. Examples of these are:

- Providing a library of games, entertainments and activities
- Cultivating a vegetable garden and cooking the produce
- Providing Ipods for motivational messages
- Making a mosaic including positive metaphors, images and words to enhance positivity and recovery from anxiety problems
- Positive activities and independent living skills programme for looked after children
- Making a film documenting personal journeys towards employment
- Gardening to grow a nectar bar within a supportive community setting
- A wide range of outings and trips
- Theatre visits – "to have a positive alternative identity – to be regarded not only as service users"
- Music performance and recording

- Trapeze
- Football equipment and clothing
- Developing group identity and coherence through membership cards, team-building outings and training
- Designing and building an airframe – working together as a team
- A range of different art and craft workshops
- Peer-run activities focussing on creativity and informal support
- Exhibitions of art work
- "Pampering" sessions
- A course in journal writing
- Group singing sessions and recording a CD
- Studio time for recording music
- Hip-hop street dance

Social interaction

The most significant purpose of projects is the promotion of opportunities for **social interaction** (77). Terms such as **social** (26), **group** (11), **friends** (10), **support** (10), **community** (9), **sharing** (5), **connect** (3) and **communication** (3) are used in describing the purpose of activities such as

- Mental health film month
- Providing a pool table and opportunities for participation in mainstream competitions in the community
- Producing a poetry anthology
- Various days out with film, theatre, gallery and museum visits and refreshments or meals
- Concerts in hospitals
- Football training sessions
- Art, photography and video workshops, plus a day trip
- Improving a garden area, growing produce and cooking it
- Drumming and music workshops
- LGBT peer support, friendship, peer advocacy and information sharing

Physical activity

Nineteen projects are designed to promote **physical activity** or **improve physical health**. These include

- Hip-hop street dance
- Football
- Trapeze
- Cycling
- Table tennis
- Nintendo Wii
- Tai chi
- Singing
- Low impact physical exercise for people living with or affected by HIV/AIDS

Stigma and discrimination

Eight projects are designed to combat **stigma and discrimination** and to raise **awareness** of mental health issues. Amongst others mentioned in other contexts above, these include
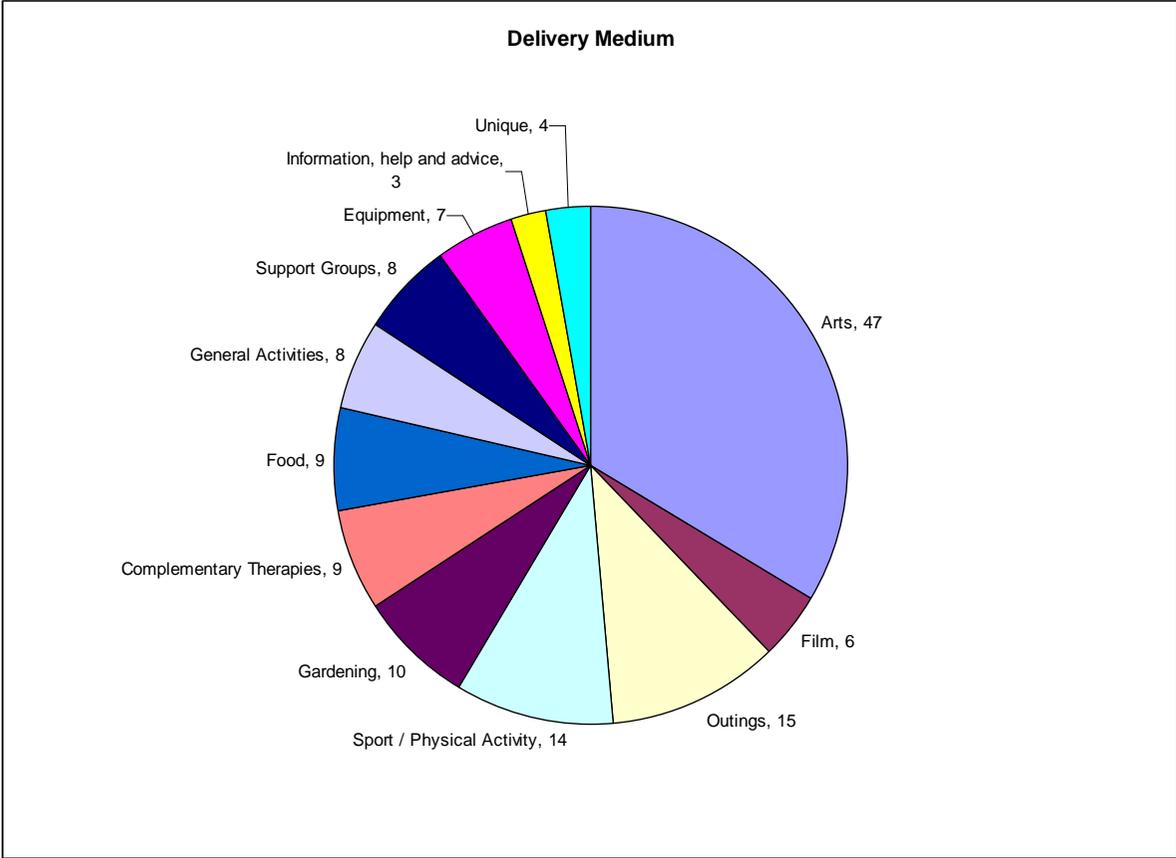
- Exhibition and open studio
- Launch of a Recovery film

These intended outcomes are summarised in the chart below: (the blue bars indicate the total number of projects addressing the category. The red bars show individual terms used within each category.)

Project Purpose
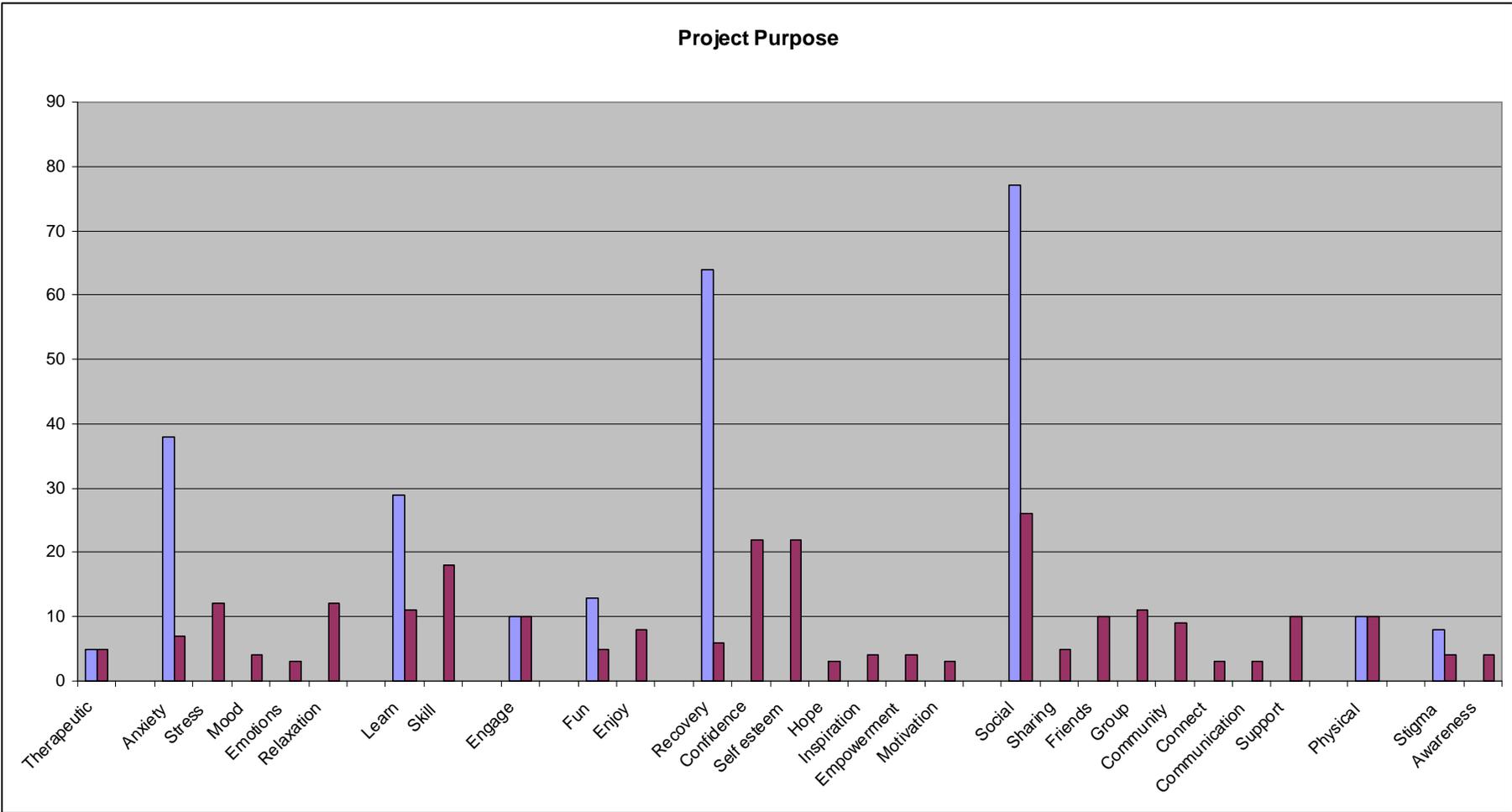
Delivery Medium

Categorising the projects according to the medium through which they are to be delivered shows the following distribution (some projects, for example those providing several different activities for the same group, appear in more than one category). From this and the chart above, it will be seen that the many different mediums are used to achieve similar outcomes.

Delivery Medium

- Unique, 4
- Information, help and advice, 3
- Equipment, 7
- Support Groups, 8
- General Activities, 8
- Food, 9
- Complementary Therapies, 9
- Gardening, 10
- Sport / Physical Activity, 14
- Outings, 15
- Film, 6
- Arts, 47

Mental Wellbeing "5 a Day"

The 2008 *new economics foundation* work for the Government's Foresight Report on Mental Capital and Well-being identified a set of evidence-based actions to improve well-being, which individuals would be encouraged to build into their daily lives. (Government Office for Science, *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century*). Analysis of the content of the project bids reveals that, overall, these "Five Ways to Mental Wellbeing" will play a significant part in making participants "smile". They encompass a wealth of stimulating activity that will encourage people to learn something new, be active, connect with others, take notice and give.

Mental Wellbeing "5 a Day"

Category	Value (approx.)
Learn something new	100
Be Active	97
Connect with others	91
Take Notice	68
Give	64
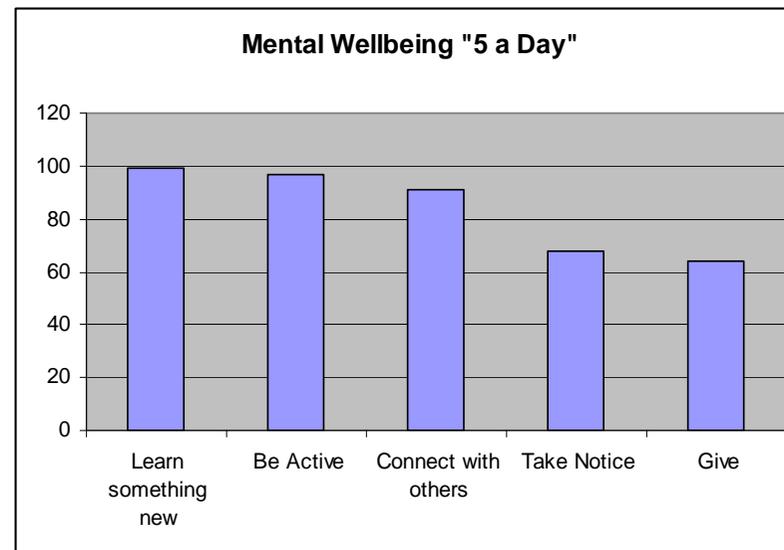
Conclusions

The diversity and originality of the exciting projects that have been proposed and funded demonstrate the effectiveness of the scheme reaching out to the Trust's membership through in a distinctive and novel way that has captivated all constituencies. As was highlighted in the analysis of projects funded in 2009, there continues to be an emphasis on activity that aims to equip people to move out of environments, systems and preoccupations that focus on illness towards positive engagement with the community and the wider world and to active participation in many day-to-day pursuits that many will have lost contact with, or even never experienced, as a result of their isolating condition.

South London and Maudsley **NHS**

NHS Foundation Trust

Attachment D

MEMBERS'COUNCIL – SUMMARY REPORT

Date of meeting: 9th June 2011

Name of Report: Report of recent working group activity

Author: Paul Mitchell, Trust Secretary

Presented by: Working Group chairs

Purpose of the report:

To update the Members' Council on current issues.

REPORT FROM WORKING GROUPS

1. QUALITY

The group considered the long list of SLaM quality priorities for 2011/12. All quality priorities listed came under the four broad heading of:

- Safety
- Outcomes
- Patient Experience
- Access

These themes had been developed at the consultation event in February and have permeated through into these priorities.

The full draft SLaM quality account for 2010/11 was circulated in mid May prior to final agreement by the Board for publication by the end of June. The Members' Council has been invited to comment on the quality priorities and annual quality account, these comments are being drafted and will be published as an annex to the account.

2. MEMBERSHIP DEVELOPMENT AND COMMUNICATIONS

The group at the most recent meeting focused on the following:

- Finalised the terms of reference.

- Finalised the membership "offer" for inclusion in membership literature during 2011/12. This was helped by the review of the questionnaires circulated and completed at the March meeting of the Members' Council.

- Planned attendance at forthcoming summer events across SLaM.

- Agreed a membership target of 12,000 for inclusion in the Trust's annual plan.

3. CONSTITUTION REVIEW

The first meeting took the opportunity to consider what major issues facing the Trust could influence the review of the FT constitution. These included:

- NHS Health and Social Care Bill
- Abolition of PCTs and SHAs
- Future role of Monitor
- Increased role for Councils of Governors
- Competition / co-operation balance
- Business development
- Size of Board of Directors and Councils of Governors
- Role of GP Consortia

- Make up of current constituencies

Further meetings will be arranged.

It was agreed to progess the election of a Vice Chair for the Members' Council.

4. ANNUAL PLAN

There has been considerable involvement of the Members' Council in the preparation of the annual plan. A commentary has been drafted and agreed on behalf of the Members' Council that will form an addendum to the plan. This is included as an attachment to this report.

5. SOCIAL INCLUSION AND RECOVERY

The Trust's Social Inclusion lead invited the Members' Council to provide a representative to join the SIRR board. It has been suggested that the Members' Council constitute a working group of interested members (those who have already expressed an interest in representing the MC on the SIRR board). The purpose of the MC Group would be:

- Jointly to consider the document.
- Discuss the role of the MC representative.
- Establish arrangements for attending the SIRR Board.
- Establish arrangements for reporting back to the MC.

Paul Mitchell
Trust Secretary
May 2011

SLaM Forward Plan

2011/12 – 2013/14

Addendum from Members' Council

1. There has been considerable involvement of the Members Council in the preparation of the Annual Plan.

2. A Members Working Group was established in January 2011, who have met regularly with the Trust's Executive Director of Finance and the Trust's Executive Director of Strategy and Business Development, plus their senior staff. This group has received and considered presentations on key issues, and commented on successive drafts of the Plan. A major and wide-ranging discussion took place as the Members' Council's March public meeting, which benefited from the added value of contributions coming from all four of the Council's elected constituencies, plus local authority, PCT and other stake-holder members.

3. The Council are especially grateful to the support and guidance provided by the two executive directors concerned. Our meetings with them have been open and constructive, and we were encouraged by instances where members' views opened up fresh lines of discussion.

4. In consequence the Council feel well-informed on all aspects of the plan. In particular, they recognize the complexities of the socio-economic and financial environment in which the Trust has to manage the provision of patient services and endeavour to maintain their quality, in the challenging circumstances of four London boroughs covering a significant part of South London. The Council endorse the Trust's flexible approach to the Plan, noting in particular the opportunities for fresh partnerships with other statutory and voluntary organisations, opening up scope for innovation in service design and clinical practice. The Council are also assured (through consultation with the External Auditors) that the management of the Trust's financial resources is robust and alert to potential risks which could arise from fresh demands on the Trust's services.

5. However, in the experience of the Council members, there is one area where they would urge the Trust to be particularly vigilant. Council discussions have revealed growing concern about the effect of changes in the social security benefit system, leading to increasing uncertainty in the minds of many service users about their personal finances. The Members' Council recommend that the Trust review their capacity to inform, advise and support those users who feel their livelihood and mental health are under increasing threat.

South London and Maudsley **NHS**

NHS Foundation Trust

Attachment E

MEMBERS'COUNCIL – SUMMARY REPORT

Date of meeting: 9th June 2011

Name of Report: Chief Executive's report

Author: Paul Mitchell, Trust Secretary

Presented by: Stuart Bell, Chief Executive

Purpose of the report:

To update the Members' Council on Trust and national issues.

Chief Executive's Report

June 2011

1. Health and Social Care Bill

On 6 April, the Government announced that they would pause, listen, reflect and improve on plans for reforming the NHS, as set out in the current Health Bill.

As part of this, the Government has established the NHS Future Forum – a group of 45 health professionals, patient and public representatives and others who have a stake in getting the health reforms right. Their remit is to take some of the principles underlying the need for reform – such as clinically led commissioning – and review how effectively the Health Bill puts them into practice. They had been asked to report back to Government by the end of May, although this is now likely to be extended.

The Chair of the Forum, has written to all Chief Executives to let them know how their organisation can get involved and make their views known.

Simon Robbins, Chief Executive of NHS South East London has selected a number of existing meetings to provide an opportunity for staff, clinicians and management to contribute to the discussions.

2. Service pressures

Adult services across the Trust have been dealing with a sustained period of high activity in acute admission beds. There are a number of factors contributing to this, including a slowing in the rate of discharge (rather than an increase in admissions), reduced flexibility in periods of pressure because of an increased amount of single sex accommodation, and the impact of the introduction of trust-wide arrangements across CAGs on long established local systems, particularly for bed management. Martin Baggaley is taking a leadership role across the Trust, and the Psychological Medicine and Psychosis CAGs in particular are working closely together to manage the system.

The steps taken to better coordinate our response to pressures on inpatient beds are beginning to take effect, with lead consultants playing a key role at each of the four main sites. Over the course of the double Bank Holiday weekends additional private sector capacity was used, and management information is gradually improving. The Lambeth Triage ward is due to open in August, and a review of the disposition of services at the Bethlem is under way to see if Triage can be introduced there sooner and without major capital works.

3. CQC Compliance Inspection

The CQC undertook an unannounced routine compliance inspection of the Ladywell Unit, focusing on two adult acute wards. It is anticipated that the CQC will inspect all registered services every couple of years, and while this is the first such visit to this Trust, they will become a regular feature. Hilary McCallion met with the inspectors to obtain immediate feedback after the visit, and a draft written report from the CQC has been received. We are currently in discussions with the CQC about the content of the report – at the moment we are responding on matters of factual accuracy.

The draft report lists 3 moderate concerns and 2 minor concerns. Action planning is already in place to address the points raised, and a detailed response will be submitted to the CQC setting out the Trust's actions to achieve compliance before the end of this month. Further details will also be notified to the Members' Council and other partner organizations.

4. Future composition of the FT board
The Nominations Committee discussed the position regarding the current NED vacancy on the board. It was agreed that this needs to be carefully considered and that no immediate decision to recruit to the position was necessary. An initial review of the corporate contribution required would be undertaken by Stuart Bell and Madeliene Long. This would take account of the current national and local position in the light of the "pause" with its' associated implications for the FT constituencies and partner organisations. An overall stocktake of the constitution by a group from the Members' Council has already commenced.

5. Personalisation
Personalisation has been on the forward planner for discussion at the Members' Council. Listed below is some background information and a brief summary as to where we are on this agenda, both nationally and locally.

Wherever it is being practised personalisation is about:
- Individuals having choice and control, being involved in decision making.
- Services being built up around an individual's needs and preferences not making the individual work around the system.
- A holistic approach, taking into account their health, personal, social, economic, educational, mental health, ethnic and cultural background and ensures that services are designed around their needs.

It's better for:
- **the individual** as they get services which suit them, improving health and wellbeing outcomes and allowing them to achieve personal goals such as such as returning to work or living independently;
- **their carers** and other family members as their needs and other commitments can be taken into account, eg by having more control over when someone (and who) comes into the family home;
- **professionals** as it enables a more holistic and proactive approach improves health outcomes and as a result can be empowering;
- **the system** as it generates some efficiency savings, for example reductions in hospital admissions, out patient appointments and GP consultations. The cost of the care package may be reduced, although more likely to be cost neutral.

Personal Health Budgets:
- Personal budgets are a potentially powerful way of personalising care, of putting patients and the public at the heart of the NHS, giving people more control over their health care wherever possible.
- They are essentially money allocated to an individual to allow them to plan how their health outcomes can be met
- Personal budgets will allow greater integration of health and social care at the level of the individual,

Four key stages of personal health budgets
- Knowing amount of money in the budget
- Agreeing the care plan which sets out:
  - health needs/outcomes,
  - money in budget
  - what goods and services will be bought and the cost of these
- Managing the plan and arranging the care e.g. by direct payment
- Monitoring and review

Nationally
Within social care personalisation has been running for several years now and there was originally a target of a third of service users being in receipt of a personal budget. There was a very varied performance by Local Authorities ranging from 10% to over 80% on a personal budget. The target of a third was reached nationally.

Locally
The 4 boroughs covered by SLaM have been working, initially independently, to ensure that some service users are accessing personal budgets. More recently the 4 boroughs have been meeting to agree a simplified process for personal budgets. Each borough still have their own outcome assessments. Lambeth was a pilot site for health and personalisation.

Stake holder events have been held involving GP's and the third sector including the Lambeth Living Well Collaborative.

Stuart Bell
Chief Executive
June 2011

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