

# Healthy Communities Scrutiny Sub-Committee

Tuesday 22 November 2016

7.00 pm

Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1  
2QH

## Supplemental Agenda

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9.	<b>Workplan</b> The workplan is enclosed.  A number of GP surgeries have been merged or have been inspected by the CQC recently – please see attached documents. There will be a GP review looking at re-organisation of GPs and the inspection of surgeries by the CQC over the following two meetings.	15 - 28

### Contact

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Date: 15 November 2016



## HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE

MINUTES of the Healthy Communities Scrutiny Sub-Committee held on Tuesday 26 July 2016 at 7.00 pm at Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

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**PRESENT:** Councillor Rebecca Lury (Chair)  
Councillor David Noakes (Vice-Chair)  
Councillor Anne Kirby  
Councillor Sunny Lambe  
Councillor Maria Linforth-Hall  
Councillor Martin Seaton  
Councillor Bill Williams

**OTHER MEMBERS PRESENT:** Councillor Maisie Anderson - Cabinet Member for Public Health, Parks and Leisure

**OFFICER SUPPORT:** Kirsten Watters - Consultant in Public Health, Southwark Council  
Dick Frak - Interim Director of Commissioning, Children's and Adults' Services  
Andrew Billington - Lead commissioner for Public Health commissioning Lambeth Council  
Ali Young - Head of pathway Commissioning Southwark Clinical Commissioning Group  
Michelle Binfield - Associate Director, Integrated Commissioning (Public Health and Disabilities), Lambeth Council  
Andrew Bland - Southwark NHS Clinical Commissioning Group (CCG) chief officer  
Barbara Hill - Guys & St Thomas' service manager  
Sarah Willoughby - Stakeholder Relations Manager, Kings College Hospital  
Dr Michael Brady - Clinical Lead for Sexual Health, Kings College Hospital  
Maureen Salmon - Service Manager for Sexual Health and HIV Service, Kings College Hospital  
Sukainah Jauhar - Africa Advocacy Foundation Trustee  
Jeannine Noujaim - Project Manager of Family Project, Indoamerican Refugee & Migrant Organization  
Catherine Negus - Healthwatch

## 1. APOLOGIES

1.1 There were no apologies for absence.

## 2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were no urgent items of business.

## 3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 Councillor Bill Williams declared that he sits on the council of governors for Guy's & St Thomas' Hospital Foundation Trust and Councillor Sunny Lambe declared that his wife works for the NHS.

## 4. SEXUAL HEALTH CHANGES

Dick Frak, Interim Director of Commissioning, Children's and Adults' Services; Kirsten Watters, Consultant in Public Health; Southwark Council Cllr Maisie Anderson, Cabinet Member for Public Health, Parks and Leisure and Andrew Billington, Lead commissioner for Public Health commissioning Lambeth Council presented the paper.

They explained that the changes are being made largely because money from public health is reducing.

Guy's and St Thomas' Trust (GSTT) will be conducting a consultation starting the third week of August on the delivery of sexual health services. As part of this they will be doing "soft" testing of sending asymptomatic patients online - about 20%. Burrell Street will stay as a flag ship seven days a week service, but the centre in Streatham, Lloyd, may close. The Sexual Health team would like to come back with results in September.

RESOLVED

Provide:

- An update on the consultation.
- Data on trends and infection rates, to include graphs and commentary on behaviours driving infection such as chemsex and more partners.

**LINK TO VIDEO/LIVESTREAM**

<http://bambuser.com/v/6386472>

## 5. HIV CHANGES

Andrew Bland, chief officer, Southwark NHS Clinical Commissioning Group (SCCG); Ali Young, Head of pathway commissioning, SCCG ; Kirsten Watters, Consultant in Public Health, Southwark Council; Michelle Binfield, Associate Director, Integrated Commissioning (Public Health and Disabilities), Lambeth Council; Andrew Billington, Lead commissioner for Public Health commissioning Lambeth Council provided a presentation on HIV care and support. This was followed by a discussion.

### LINK TO VIDEO/LIVESTREAM

<http://bambuser.com/v/6386493>

## 6. SEXUAL HEALTH & HIV ROUNDTABLE

The committee and the following officers, partners and voluntary sector representatives contributed to the discussion:

- Kirsten Watters - Consultant in Public Health, Southwark Council
- Dick Frak - Interim Director of Commissioning, Children's and Adults' Services
- Cllr Maisie Anderson - Cabinet Member for Public Health, Parks and Leisure
- Andrew Billington - Lead commissioner for Public Health commissioning Lambeth Council
- Ali Young - Head of pathway Commissioning Southwark Clinical Commissioning Group
- Michelle Binfield - Associate Director, Integrated Commissioning (Public Health and Disabilities), Lambeth Council
- Andrew Bland - Southwark NHS Clinical Commissioning Group (CCG) chief officer
- Barbara Hill - Guys & St Thomas' service manager
- Sarah Willoughby - Stakeholder Relations Manager, Kings College Hospital
- Dr Michael Brady - Clinical Lead for Sexual Health , Kings College Hospital
- Maureen Salmon - Service Manager for Sexual Health and HIV Service , Kings College Hospital

- Sukainah Jauhar - Africa Advocacy Foundation Trustee
- Jeannine Noujaim - Project Manager of Family Project, Indoamerican Refugee & Migrant Organization
- Catherine Negus - Healthwatch

#### **LINK TO VIDEO/LIVESTREAM**

Part one <http://bambuser.com/v/6386530>

Part two <http://bambuser.com/v/6386573>

#### **7. KING'S COLLEGE HOSPITAL BED PROPOSALS**

The paper was noted.

#### **8. WORKPLAN**

The workplan was noted.

#### **LINK TO VIDEO/LIVESTREAM**

<http://bambuser.com/v/6386587>

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 22 November 2016	<b>Meeting Name:</b> Healthy Communities Sub-Committee
<b>Report title:</b>		Southwark Mental Health Social Care Implementation Plan	
<b>Report Author</b>		Richard Adkin-Co-ordinator Southwark Mental Health Social Care Implementation Plan	
<b>Cabinet Member:</b>		Councillor Richard Livingstone, Adult Social Care and Financial Inclusion	

## 1. Purpose of Report

The purpose of the report is to update members of the Scrutiny Committee on the implementation of changes to the delivery of Adult Mental Health Social Operations, following the review of Southwark Mental Health Social Care.

## 2. Summary

**2.1** The implementation of the Mental Health Social Care Review has provided an opportunity to transform the delivery of Mental Health Social Care and ensure that the London Borough of Southwark is Care Act compliant. The transformed Service will commence on the 28 November 2016. There will be a period of transition and reflection as the Service evolves and develops to most effectively meet the needs of those people with long term mental health problems, at the same time providing a much wider universal preventative offer for the wellbeing of the residents of Southwark.

## 3. The Review

**3.1** Southwark Council commissioned a Review of Mental Health Social Care in February 2015, which was completed in August 2015 making a series of recommendations.

**3.2** The key priority areas to implement effective change in transforming Mental Health Social Care, as outlined in the *Southwark Mental Health Social Care Review* undertaken by Dick Frak (August 2015), are:

- Establish a comprehensive Joint Mental Health and Wellbeing Strategy and Integrated Commissioning
- Agreement on reform of integration to bring Social Care nearer to the front of the system
- Reduce the high number of social care managers in the Mental Health Service and have a balanced workforce going forward
- Support people with long-term conditions in the community. To improve support arrangements for this specific cohort in community settings, including crisis support. Parity of Esteem between physical and mental health promoted. A personalised and recovery focused approach
- Increase scope and use of Reablement as part of the Social Care Offer through

increasing take up and enabling recovery and self-management

- Significantly increase the take up of personal health and social care budgets for improved prevention, early intervention and social inclusion
- Committing to healthier, safer and fairer communities
- Children's and Young Person's Transformation

#### **4. Background**

**4.1** In line with implementing the Care Act 2014 and in strengthening the Social Care Offer, the transformation of Mental Health Social Care in the London Borough of Southwark, it is proposed that this implementation will take place in phases, with the first phase to commence on 28 November 2016.

**4.2** There is a need to move on from the current position, where the integrated nature of operational delivery in secondary mental health care has been limited in meeting key Social Care outcomes and in meeting the Local Authority's legal duties and responsibilities under the Care Act 2014. To deliver on Social Care outcomes and to significantly improve on performance required, a shift from a narrow care co-ordination role within a diagnostic medical/Clinical Academic Group (CAG) model is required. The result would be to agree firm integration of the Service and Pathway with the CCG and South London and Maudsley Hospital (SLaM), at the front end of the system. This integration would focus on the working relationship of the Assessment and Reablement Team and particularly the Assessment and Liaison Service. Reform of integration would bring Social Care to the front of the system in the interface between primary and secondary care whilst developing a stronger wider commitment to people with long term mental health problems.

**4.3** The Review is clear that Social Work and Social Care, to be most effective in integrated multi disciplinary settings, must retain its distinct professional identity and be located where there can be the greatest benefit at the front end rather than buried in secondary care. This is where Social Care would be more accessible. Greater emphasis will be given to reablement and personalisation. At the heart of the Care Act 2014 is the principle of promoting wellbeing through prevention, early intervention, reduction and delay in the need for greater levels of care and support and better mobilisation of individual, family and community capacity.

**4.4** In order to strengthen the Social Care offer, the management of LB Southwark Social Care funded posts will no longer be delegated to the Mental Health Provider Trust (SLaM), with staff being managed directly by LB Southwark.

**4.5** The intention is to strengthen integration and wider partnership at the front end of the service, at the interface between primary and secondary care. Integration of Health and Social Care would include a shared pathway into and out of secondary care services, with the Social Care offer situated at the front end, in colocation with SLaM, where it can be most effective in achieving social care outcomes and change. The rationale for the changes is set out in the Southwark Mental Health Social Care Implementation Plan.

**4.6** Social Workers in the Start Homeless Outreach Team, Supported Living Team, Home Treatment Team, Forensic and National Services funded by NHS England or the CCG are **not** in scope and are not affected by this Implementation Plan.

**4.7** Enhanced Voluntary Redundancy (EVR) was offered and taken up by 3 Team Managers, 4 Advanced Practitioners, 2 Social Workers, 1 Business Support Officer and

1 Senior Admin and Finance Officer. A Team Manager Post was deleted along with a Senior Admin and Finance Officer and Business Support Officer. The last working day for staff who opted for the EVR scheme was 30 September 2016.

**4.8** SLaM offered 6 month interim contracts funded by the CCG to this group of staff. This offer was accepted by, the Team Managers and Advanced Practitioners and one of the Social Workers. These staff held key roles in the delivery of CAG Services.

**4.9** Transferring from the integrated secondary care CAGs into the new Service i.e. the enhanced Assessment and Reablement Team and the Long Term care Team and other established parts of the Service such as the AMHP Service will be 1 part-time Service Manager and 7.5 experienced practitioners, in addition to the envelope of money for those taking EVR. This is a move of 18 relatively senior and experienced Social Care funded staff posts out of integrated working within the CAGs.

**4.10** Approval of the Southwark Mental Health Social Care Implementation Plan by the Strategic Director for Adults and Children, took place at the Children and Adults Board (CAB) on 14 September 2016. An action plan following CAB requested an Equality Impact Assessment, which has been finalised. CAB endorsed the way forward that included progressing involvement with the development of Local Care Networks; stronger working with the Voluntary Sector and coproduction with Users and Carers; Housing and Mental Health Social Care working much more closely as part of the Local Authority offer; partnership with SLaM being essential with integration and co-location at the front end of the system; providing in-reach to Guy's and St.Thomas' and King's College Hospital; and the imperative on being Care Act compliant.

## **5. Consultation**

**5.1** A key element of the approach has been the engagement of Social Care Staff, Team Managers and Senior Social Care Staff with input from the Principal Social Worker for Adults to own and develop the transformed Social Care model.

**5.2** A Community Service User Group was established at the outset and facilitated through the Wellbeing Hub. This was a significant initial step to establish a user community group, particularly for those people who may have a social care need and not been able to access Services.

**5.3** The involvement of Experts by Experience has been commissioned to ensure that the voice of people who use services is at the heart of service development and transformation. Experts by Experience have a successful track record locally in development and engagement work with people who use services.

**5.4** Experts by Experience are core members of the Steering Group for implementing the Review and have run focus groups with users from the Wellbeing Hub, the CAGs, Black African Minority Ethnic Groups (BAME), Southwark Council Substance Misuse /Lifeline Users with dual diagnosis, Dragon Café, Carers and 2 SLaM User Groups.

**5.5** Experts by Experience also ran a stakeholders event with Healthwatch, given an update to SLaM and Southwark Managers and have submitted a report that is going on the Experts by Experience website and provides challenge to mental health services and informs transformation of Mental Health Social Care.

**5.6** A Steering Group for implementing the Southwark Mental Health Social Care



Review was also established at the outset meeting every six weeks since December 2015. It is a multiagency group working closely with partners including the CCG, SLaM, GPs, Experts by Experience, Healthwatch, the Voluntary Care Sector, Children and Families, Housing (and other Local Authority Departments for a much stronger Local Authority offer), to take forward the development and implementation of the model. Key partners, including Housing, Lifeline (Substance Misuse) and the Voluntary Sector have confirmed their commitment for stronger partnerships and closer working. The Steering Group will continue to meet to review progress and issues arising from implementation.

**5.7** Constructive dialogue has been sought with SLaM and NHS Southwark CCG. For the last 3 months, weekly meetings have been taking place with Operational Managers for SLaM and the Local Authority as well as a Meeting with Service Managers to look at the details of case transfer, joint working, colocation and operational issues. A strong and detailed project and mobilisation plan is in place to achieve safe and meaningful transition in partnership and that provides assurance around risk. Discussions have also taken place with SLaM and the CCG at Director level.

**5.8** Consultation events are currently taking place on the proposed changes. This has included a full day workshop with all Social Care staff. A session is to be run with SLaM for Health and Social Care staff re the proposed new model. A session for Council staff is taking place, particularly with the Housing Department, Adult Social Care, and Children and Families; and also a wider event for the Public, Users and Carers. A session is also being planned with local GPs.

**5.9** There is a commitment to the Joint Wellbeing and Mental Health Strategy stakeholder events and process and a commitment to promoting the Mental Health Social Care Implementation Plan within this Strategy as part of the Social Care offer.

**5.10** Full Trade Union consultation has taken place throughout with several meetings, and agreement is on the point of being finalised, with the provision of an issues log and assurances that the delivery of the Implementation Plan will be reviewed in a year's time.

## **6. Teams being established through Transformation**

**6.1** The '**Long Term Care Mental Health Team**' is to be established within the first phase of transformation, and is now scheduled for 28 November 2016. This team will work with people that have a Social Care need who are within secondary care. The team will ensure that people's Social Care needs are being met, and that individuals are supported to move out of secondary care, or prevented from returning to secondary care. The team will also provide some in-reach into the CAGs and GPs to maintain a Social Care perspective and to sustain partnership working. The **Carers Assessment Team** will join this Team.

**6.2.** The **Substance Misuse Team** will join the AMHP Service and Assessment and Reablement Service at Camberwell Road and provide a stronger focus on dual diagnosis.

**6.3** The Reablement Team will be enhanced to become the '**Assessment and Reablement Team**' and will work closely with the Wellbeing Hub and SLaM in particular and be the point of entry of the new Service. The intention would be to collocate with SLaM and to establish integrated working with SLaM. The effective reablement programme will be built on.

**6.4** The **Approved Mental Health Professional Service (AMHP)** will be strengthened

with an experienced AMHP/Best Interest Assessor to help manage the scale of AMHP referrals, in addition to other service pressures including the potential location of a centralised Place of Safety within the Maudsley Hospital site and the loss of some experienced AMHPs through the EVR Scheme. The **Safeguarding** Lead will work closely with the AMHP and Assessment and Reablement Service.

**6.5 The Move on Support Team (MOST)** are working with people with complex mental health needs who have required residential care or supported living; a reablement focused approach and peer support are enabling more people to live independently, reducing reliance on residential and nursing care.

**6.6 The Wellbeing Hub** has become firmly established in the Voluntary Sector in providing a universal offer and accessible community support and signposting/advice, peer support, education and 1-1 interventions.

## **7. Risks and Mitigation**

**7.1** Non compliance within the Care Act e.g. around non-assessment, when there is eligibility to be assessed, exposes the Local Authority to significant risk of legal challenge for failure to assess and failure to address the requirements to meet unmet needs and to deliver strong social care outcomes early intervention and prevention and wellbeing for Southwark citizens.

**7.2** Any Service change must be carefully planned and managed to mitigate risk to Service Users and Carers. It must also take full account of the views of affected staff and other key stakeholders, including the Mental Health Trust, CCG as well as Council Directorates.

**7.3** Concerns have been raised formally by the CCG Director of Integrated Commissioning and by the Mental Health Trust about system disruption, the knock on effect of staff change and loss, and requesting assurance that there is sufficient mitigation in relation to safety. In addition, SLaM has concerns that there is a requirement to change their systems and the CCG are concerned of extra costs to be met.

**7.4** After initial delay in engagement, these operational matters have been and are currently being actively addressed through careful detailed work between Southwark Council and SLaM Managers. Meetings take place twice a week and with additional working groups, working to a strong project and mobilisation plan. This looks at issues of information sharing, caseload and transfers, joint allocation, colocation and collaboration, eligibility and point of access and shared processes, building works etc. to achieve assurance around a safe transition. Shared bases will be at Camberwell Road and Lordship Lane with a central partnership base at Castlemead planned to replace both buildings.

## **8. Issues & Analysis**

**8.1** The Implementation Plan presents a challenge in seeking to reconfigure the Social Care provision currently delivered in secondary care Clinical Academic Groups (CAGs), and secure integration with SLaM at the front end of the system.

**8.2** The Wellbeing Hub has developed the essential role in engaging BAME Users and young people. BAME users have been significantly over-represented in secondary Services. Young people and BAME and minority groups, as the Equality Impact highlights, have not been successfully engaged by Adult Mental Health Social Care.

This needs to be addressed in the new Service. The Hub is providing a personalised first access point to mental health services.

**8.3** Transformation of Mental Health Social Care will take place within the same financial envelope and be within budget. The savings target for 2016/17 and 2017/18 will be met.

**8.4 The All Party Parliamentary Group on Social Work 2016** confirms that there needs to be *“the re-emergence of a strong social model of mental health to drive effective personalised assessment and support”*. This can build on the preventive, early intervention and community focus of The Care Act 2014 and be based on personalised assessments.” The NHS *“Five Year Forward View”* provides the same vital opportunity as The Care Act 2014, such as promoting prevention, early intervention, wellbeing, and personalization.

## 9. Next Steps

**9.1** Moving forward, there would also be scope in developing **A&E Liaison and Inreach** with the two local Acute Trusts (Guy’s and St Thomas’ and King’s College Hospital).

**9.2** In the second phase, in order to progress transformation, it is proposed that a **Multi-Agency Intake Service** is established at the front end of primary care, with representation from key partners such as SLAM, Housing, Income Maximisation, Substance Misuse Services and the Voluntary Sector would work closely with the Wellbeing Hub and CASC and would look to further develop the role of Local Care Networks, enhance working with GPs and strengthen working with SLAM.

**9.3** In the third phase, a **Complex Care Team**, which will be a multi-agency team, is proposed when the Long Term Care Team is fully established. This is a potential assertive out-reach team for those Users of Service who are difficult to engage and have complex needs around dual diagnosis and offending.

**9.4** These further phases of Service Development will be given consideration as part of the Joint Mental Health and Wellbeing Strategy, which is now fully underway.

## 10. Background Documents

Background Papers	Held At	Contact
Southwark Mental Health Social Care Implementation Plan 2016	Adult Social Care Southwark Council	Richard Adkin Project Implementation Lead
Southwark Council-Mental Health and Substance Misuse Service (Southwark Adult Social Care) 2016	Adult Social Care Southwark Council	Simon Rayner Assistant Director Adult Social Care

## Southwark Council Mental Health Social Care Review Implementation

### Overview and Scrutiny Committee

### Response from South London and Maudsley NHS Foundation Trust

Firstly, I would like to thank the Overview and Scrutiny Committee for offering this opportunity for the South London and Maudsley NHS Foundation Trust to comment on the implementation of the Southwark Council Mental Health Social Care Review. As you are aware, the Trust works across Southwark and three other London boroughs (Lambeth, Lewisham and Croydon) where we have strong, positive and deepening integrated partnerships with social care. As an organisation we are committed to close partnership working and our organisational strategy is very clearly focused on the development of local community partnerships and on the social determinants of mental distress and ill health alongside the provision of high quality services for those who need them.

South London and Maudsley and Southwark Council have had integrated partnership arrangements in place for many years now, with council social workers working as valued colleagues alongside Trust staff within community multi-disciplinary teams (MDT). Under a Section 75 agreement, South London and Maudsley has managed social workers and delivered statutory duties in relation to community care legislation (now the Care Act 2014) on behalf of the Council. It is therefore, of real regret to me and the Trust Board that these historical partnership arrangements are now being dissolved. It remains our view that local residents are best served through integrated services as we believe these offer the best outcomes and safest care for our service users, carers and local people.

The key recommendations of the original review were that the social care offer and professional social work in mental health teams should be more closely aligned with the emerging local care networks and focussed on early

intervention and prevention to meet the requirements of the Care Act 2014. We fully supported the aspiration of the review to work towards a transformation of social care and were keen to work collaboratively with Southwark Council partners to this end. The South London and Maudsley Trust Board were fully sighted on our delegated duties in relation to the Care Act and had tasked our jointly appointed (between the Trust and the four core boroughs with whom we work) Director of Social Care to manage the implementation of the Care Act within the Trust and to develop a social care performance dashboard in order to make necessary improvements in the delivery of social care outcomes. It has been a disappointment, therefore, that in the move towards implementation the review recommendations have been translated into the withdrawal of all Local Authority employed social workers from the integrated partnership arrangements in secondary care. Indeed Roger Paffard, the Chair of our Trust, wrote formally to the Leader of the Council earlier this year to express concerns about the way in which the implementation of the review was being conducted and the distress of Southwark social work staff that he and other non-executive directors had witnessed first-hand. Nevertheless, we are where we are and our main concerns now relate to how, together, we support this transition in a manner that minimises the risks entailed and that maximises potential benefits to local people.

Over the last few months, the implementation has progressed and South London and Maudsley Trust managers have been engaged in a steering group to work through the disaggregation of the integrated teams and functions to form separate health and social care teams. We remain concerned, however, about a number of potential unintended consequences that I will set out below and are keen to work with the Council on how best these might be mitigated.

The disaggregation of mental health and social care teams in Southwark will impact directly upon the assessment and liaison, treatment, promoting recovery and the 'STEP' early intervention teams. This will result in a significantly higher number of transfers of care and changes of care coordinators with the likelihood of an increased clinical risk and dissatisfaction or disengagement of service users and carers who may have had long-standing relationships with individual social workers. Regrettably, there has already been a significant impact on the morale of staff in both health and social care. This is of particular concern as the link between staff engagement and morale and the quality of practice is well-evidenced in, for example, the Frances report into practice at the Mid Staffordshire NHS Trust.

The pace of dis-integration has, we believe, progressed in advance of shared implementation planning around agreed models to manage these potential risks. Consequently, there remains a significant amount of detailed work to separate out what are currently shared functions, before the full implementation date of the 28<sup>th</sup> November 2016.

In separating out health and social care functions that have been integrated for many years, it is certain that there will be grey areas between health and social care responsibilities. Together, we need to ensure that this does not impact upon entry criteria to the respective teams with the attendant risk of service users falling between the two services. We have a particular concern about the new model having two entry points: one via the Trust community teams and another via the single point of access to social care. If unmanaged this is likely to introduce inefficiency, unnecessary bureaucracy and delays in response times as one service transfers to the other for their input, as opposed to a holistic, integrated approach at the first point of contact. It is obviously important that service users are not subjected to unnecessary duplication of assessments and we will need to plan together in detail to mitigate against the risk of increasingly fragmented services and poorer quality experience for service users and carers.

Together, we share responsibility for supporting the health of local people. This includes both those within the community with perhaps lower levels of mental health need, but also that smaller number who are unfortunate enough to suffer from more severe and enduring mental health difficulties. One of the challenges we face is to balance our resource to meet the needs of both. I believe that what we should be seeking to achieve here is a proper rebalancing of the system to that effect. We need to be wary of replacing one imbalance with another; that is of a focus on prevention and early intervention being to the significant detriment of service users with more established mental health difficulties.

Together, we also need to pay very close attention to the risks in relation to effective communication. When health and social care professionals are located in separate buildings, communication between the MDTs may become impaired with a consequent increase in clinical risk. Communication will also be affected by the move to two separate recording systems, with health and social care staff having 'read only' access to each other's clinical and information systems but each recording separately. It is important, therefore, that proper and detailed plans are in place to ensure that poorer

communication over time, consequent on disaggregation of the MDT, does not lead to an increased risk of serious incidents and/or safeguarding concerns.

Social workers are also highly valuable partners within MDTs and bring a social perspective to balance and complement health models and provide expertise and advice to the clinical team on a range of issues: mental health law, safeguarding adults and children, recovery and social inclusion, for example. The doctors in the Medical Advisory Committee in Southwark have expressed their regret in writing on the removal of social workers from their teams with the consequent loss of this important contribution.

We also need to be mindful of examples of other services which have disaggregated in this manner (e.g. Bristol mental health services) where rates of delayed transfers have risen to as high as 12% in acute and crisis in-patient care, attributed at least in part to the separation of social care from health care. Again, a significant risk that we need to mitigate through detailed shared planning and implementation.

In conclusion, I and the South London and Maudsley NHS Foundation Trust Board fully support the findings of the Social Care Review in Southwark, recommending as it did a shift in emphasis and focus towards prevention and primary care. In partnership, however, we believe this could have been achieved without the now planned dis-integration of health and social care, protecting the benefits to local people in holistic, seamless care and support. While our disappointment is evident in the direction of travel that has now been set in train we remain absolutely committed to working collaboratively and in partnership with our Southwark partners to mitigate and minimise the above risks to the benefit of our service users and carers and to local people. We believe, however, that this work needs to be reflected in detailed shared planning and protocols to ensure that we achieve maximum value for local people whilst minimising the not insignificant risks still associated with the current level of planning.



**Dr Matthew Patrick**

**Chief Executive**

**November 2016**

**Health Communities scrutiny sub-committee workplan for meetings for 2016/17**

<b>Date</b>	<b>Topic</b>	<b>Stakeholders</b>	<b>Outcome</b>
Tuesday 26 <sup>th</sup> July 2016	Sexual Health		Scrutiny review report
<del>Wednesday 14<sup>th</sup> September 2016</del>	Cancelled		
Tuesday 22 <sup>nd</sup> November 2016	<p>Social Care Review Public Health Priorities</p> <p>Sexual Health scrutiny report and consultation update</p> <p>Maternal deaths at King’s College Hospital – briefing</p>	<p>CLr Richard Livingstone SLaM David Quirke-Thornton LAS</p>	Scrutiny review report
Wednesday 18 <sup>th</sup> January 2017	<p>Free Swim and Gym</p> <p>London Ambulance Service (LAS) ?</p> <p>Cabinet member interviews</p> <p>GP Surgeries: Quality of provision, changes to local arrangements and link to Local Care Networks</p>	<p>Leisure and Public Health department &amp; cabinet leads Leisure centre providers</p> <p>CLr Maisie Anderson</p> <p>CCG chair, Dr Jonty Heaversedge and Chief Officer , Andrew Bland Local Medical Committees (LMCs are practising GPs and practice staff elected by local GPs) OHSEL / SPT local care networks ( background paper)</p>	Scrutiny review report



<p>Tuesday 21<sup>st</sup> February 2017</p>	<p>GP Surgeries: Quality of provision, changes to local arrangements and link to Local Care Networks</p> <p>Cabinet member interviews</p>	<p>NHS England CQC : update on CQC review of Southwark GP surgeries Healthwatch Regeneration Department &amp; cabinet lead</p> <p>Interview with Cllr Peter John (Health &amp; Wellbeing Board)</p>	<p>Scrutiny review report</p>
<p>Tuesday 11<sup>th</sup> April 2017</p>	<p>Cabinet member interview Independent Vulnerable Adult Safeguarding interview</p> <p>Quality Accounts and other statutory reports</p>	<p>Cllr Richard Livingstone Safeguarding Board Chair</p>	

## TRIGGER TEMPLATE

<b>NHS Trust or body &amp; lead officer contacts:</b>	<b>Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:</b>
<p>Current GP practice partnerships:</p> <ol style="list-style-type: none"> <li>1. Albion Street Group Practice (ASGP)</li> <li>2. Surrey Docks Health Centre (SDHC)</li> </ol> <p>Lead officer contacts:</p> <p>Dr Raj Nair GP, Albion Street Group Practice <a href="mailto:rajnair@nhs.net">rajnair@nhs.net</a></p> <p>Dr Patrick Holden GP, Surrey Docks Health Centre <a href="mailto:patrick.holden@nhs.net">patrick.holden@nhs.net</a></p>	<p><b>NHSE (London).</b> Jill Webb, Head of Primary Care Email: <a href="mailto:jill.webb3@nhs.net">jill.webb3@nhs.net</a></p> <p><b>NHS Southwark CCG.</b> Andrew Bland. Chief Officer. Email: <a href="mailto:andrewbland@nhs.net">andrewbland@nhs.net</a></p> <p>NHS England and NHS Southwark CCG (CCG) entered joint commissioning arrangements for primary care on 1 April 2015 and have a joint responsibility for decision making as it relates to the commissioning of general practice services. The statutory responsibility remains with NHS England, the contract holder for the current and future (proposed) contracts</p>

Trigger	Please comment as applicable
<b>1 Reasons for the change &amp; scale of change</b>	
<p>What change is being proposed?</p>	<p>A merger of 2 current general practice partnerships listed above into a single partnership to continue to deliver general medical services from the 2 current practice sites.</p> <p>This will result in a merged list size of about 25,000 patients.</p> <p>Currently ASGP are a PMS practice SDHC are GMS practice operating from one site.</p> <p>The proposal is to have one PMS contract with NHS England (London), the GP services contract holder, as 1 new partnership. This PMS contract will reflect the PMS contract that will be in use locally within Southwark with other local GP practices.</p>
<p>Why is this being proposed?</p>	<p>To maintain and improve provision of high quality primary medical care consistently to our registered patients, training for future primary care practitioners and ensuring the sustainability of general practice in Southwark providing care tailored to our local population.</p> <p>Our aim is to improve the quality of primary care services we offer to patients by:</p> <ul style="list-style-type: none"> <li>• offering consistent excellent primary care across 2</li> </ul>

	<p>sites</p> <ul style="list-style-type: none"> <li>• increasing access using 2 sites</li> <li>• providing a more skilled multidisciplinary team by maximising skill mix and innovative working responding to health care changes and needs</li> </ul> <p>Working at scale from the existing 2 sites will allow us:</p> <ul style="list-style-type: none"> <li>• maximise room use across 2 sites</li> <li>• plan for and develop services for the expected population growth of 10,000 in the Surrey Docks area</li> <li>• work closely with the north Southwark GP federation Quay Health Solutions</li> </ul>
<p>What stage is the proposal at and what is the planned timescale for the change(s)?</p>	<p>The partners of both practices have agreed to pursue a merger.</p> <p>The partners are in discussion with NHS England and the CCG as co-commissioners regarding the approval process to merge general practice contracts.</p> <p>It is proposed that the merger will take place from 1 April 2017.</p>
<p>What is the scale of the change? Please provide a simple budget indicating the size of the investment in the service and any anticipated changes to the amount being spent.</p>	<p>The combined value for the two existing partnerships is £2.25 million</p> <p>As SDHC will be going from a GMS to a PMS contract, the merged partnership will benefit from the increased income available within the PMS contract offer. The new PMS contract will incorporate any changed from the PMS review taking place in Southwark during 16/17.</p>
<p>How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.</p>	<p>A patient engagement plan will be in place before, during and after transition phase.</p> <p>The practices are developing a patient engagement plan which will include:</p> <ul style="list-style-type: none"> <li>• Consulting and discussing the merger with the Chairs of both PPGs to plan the engagement process and to develop a focus group to design the key messages for patients.</li> <li>• Using a variety of methods to consult with patients such as posters, web sites, flyers, texts, messages on prescriptions, emails, open meetings and surveys.</li> <li>• Proactively seeking views of patients who may traditionally be underrepresented by PPG (e.g. parents, those with serious mental health problems, housebound, young adults, patients whose first language is not English and the elderly).</li> <li>• Consulting and attending local community forums (e.g. Canada Water forum, Community council, Time and Talents, dockland settlement).</li> </ul>

	<p>The engagement plan will also include communication with local stakeholders including:</p> <ul style="list-style-type: none"> <li>a) Local voluntary and other citizen forums</li> <li>b) Southwark Health Watch</li> <li>c) Local ward councillors</li> <li>d) Local acute and community care providers (KCH and GSTT) and SLAM</li> <li>e) Out of hours services and 111</li> <li>f) Local GP practices and the GP federations</li> <li>g) Local faith and community group</li> <li>h) Local Medical Committees in Southwark</li> <li>i) Local MPs</li> <li>j) Health Education England</li> <li>k) Staff</li> </ul>
<b>2 Are changes proposed to the accessibility to services? Briefly describe:</b>	
Changes in opening times for a service	No reduction in current opening times planned for implementation.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	None
Relocating an existing service	None in next 10 years as part of this proposed merger. ASGP are discussion with the council, CCG, and NHSE about plans to relocate to a new site in the area to meet the expected increase in population. This is separate to the merger business case.
Changing methods of accessing a service such as the appointment system etc.	There is no current proposal to change the way patients access the practices.
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	Current access to these groups will be maintained as there will be no reduction of current services offered.
<b>3 What patients will be affected? (please provide numerical data) Briefly describe:</b>	
Changes that affect a local or the whole population, or a particular area in the borough.	<p>24,186 patients registered with existing practices at 2 sites in Southwark*:</p> <ol style="list-style-type: none"> <li>1. Albion Street Group Practice = 13,500 patients at 87 Albion St, London SE16 7JX. Rotherhithe ward</li> <li>2. Surrey Docks Health Centre = 10,683 patients at Blondin Way, London SE16 6AE. Surrey Docks</li> </ol>

	<p>ward.</p> <p><b>*Note:</b> wards indicated are where sites situated, the area where patients live will be a wider geographical area often over a number of wards.</p>
Changes that affect a group of patients accessing a specialised service	None
Changes that affect particular communities or groups	None
<b>4 Are changes proposed to the methods of service delivery? Briefly describe:</b>	
Moving a service into a community setting rather than being hospital based or vice versa	N/A
Delivering care using new technology	<p>The merged partnership will explore new methods of consulting, including but not exclusive to email and video consultations (e.g. Skype) and the increased use of telephone access.</p> <p>The ambition is to provide one click/one contact access for same day telephone triage, utilising integrated IT and telephony</p>
Reorganising services at a strategic level	<p>With a combined list size of 24,000, expected to rise to 35,000 in ten years, we have an opportunity to:</p> <ul style="list-style-type: none"> <li>• deliver holistic services in novel ways e.g. combined patient focused clinics for patients with more than one chronic disease rather than disease focused chronic disease clinics, using a multidisciplinary team</li> <li>• work closely, share staff and the delivery of services with the GP federation (QHS) and other local practices</li> <li>• work with Local Care Networks (LCN) and other staff as part of the local Five Year Forward View</li> </ul> <p>The new partnership will work with the LCN to help deliver emerging priorities. We already have strong links with the LCN (one partner is chair). We also have robust links with the federation (1 partner is chair; 3 others work within the federation). Due to our increased size, we would be able to directly deliver or pilot agreed pathways and will continue to work with both the LCN and federations.</p> <p>The combination of population will provide opportunities to increase the specialisation of staff e.g., home visits for people with a learning disability, care navigators and specific case management.</p> <p>There is opportunity for the practices to centralise back office functions such as HR, finance.</p>

Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	No.
<b>5 What impact is foreseeable on the wider community?</b>	<b>Briefly describe:</b>
Impact on other services (e.g. children's / adult social care)	No impact on other services will result. Over time there is more potential to work with work with LCN and other staff as part of the population based contracts.
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	None.
<b>6 What are the planned timetables &amp; timescales and how far has the proposal progressed ?</b>	<b>Briefly describe:</b>
What is the planned timetable for the decision making	Date proposed for merger start date is 1 April 2017.
What stage is the proposal at?	Development of a business case to be submitted to NHSE (London) and Southwark CCG for approval. Development of patient and stakeholder engagement plan.
What is the planned timescale for the change(s)	6 months
<b>7 Substantial variation/development</b>	<b>Briefly explain</b>
Do you consider the change a substantial variation / development?	No, the partnership will ensure that patients can access all services including enhanced and additional services at both sites.
Have you contacted any other local authority OSCs about this proposal?	No

## TRIGGER TEMPLATE

<b>NHS Trust or body &amp; lead officer contacts:</b>	<b>Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:</b>
<p>Current GP practices:</p> <p>1. Acorn and Gaumont House Surgery</p> <p>Acorn Surgery, 136 Meeting House Lane, SE15 2UA and Gaumont House, 153 Peckham High Street, SE15 5SL</p> <p>2. Queens Road Surgery, 12 Queens Road, SE15 2PT</p> <p>Lead contacts:</p> <p>Dr Salau GP Partner, Acorn and Gaumont Surgery <a href="mailto:ademola.salau@nhs.net">ademola.salau@nhs.net</a></p> <p>Susan Sinclair CEO, AT Medics <a href="mailto:susan.sinclair8@nhs.net">susan.sinclair8@nhs.net</a></p>	<p><b>NHS England (London).</b> Jill Webb, Head of Primary Care. Email: <a href="mailto:jill.webb3@nhs.net">jill.webb3@nhs.net</a></p> <p><b>NHS Southwark Clinical Commissioning Group (CCG).</b> Andrew Bland. Chief Officer. Email: <a href="mailto:andrewbland@nhs.net">andrewbland@nhs.net</a></p> <p>NHS England and NHS Southwark CCG entered joint commissioning arrangements for primary care on 1 April 2015 and have a joint responsibility for decision making relating to the commissioning of general practice services. The statutory responsibility remains with NHS England, the contract holder for the current and future (proposed) contracts.</p>

Trigger	Please comment as applicable
<b>1 Reasons for the change &amp; scale of change</b>	
What change is being proposed?	<p>Acorn and Gaumont Surgery is currently located over two sites in Peckham; Acorn Surgery and Gaumont House. Both locations are purpose built buildings.</p> <p>Queens Road Surgery is located in a converted Victorian House which is considered not fit for purpose.</p> <p>The three sites are located 0.2miles from each other. See appendix 1.</p> <p>It is proposed that the Acorn and Gaumont Surgery consolidates onto Gaumont House site, utilising unused space on the first floor and Queens Road Surgery moves onto the Acorn Surgery site. It is proposed that the move of both practices will be completed by early December 2016.</p>
Why is this being proposed?	There has been a long term strategic plan to relocate Queens Road Surgery to the Acorn Surgery site, and consolidate Acorn and Gaumont House surgery onto one

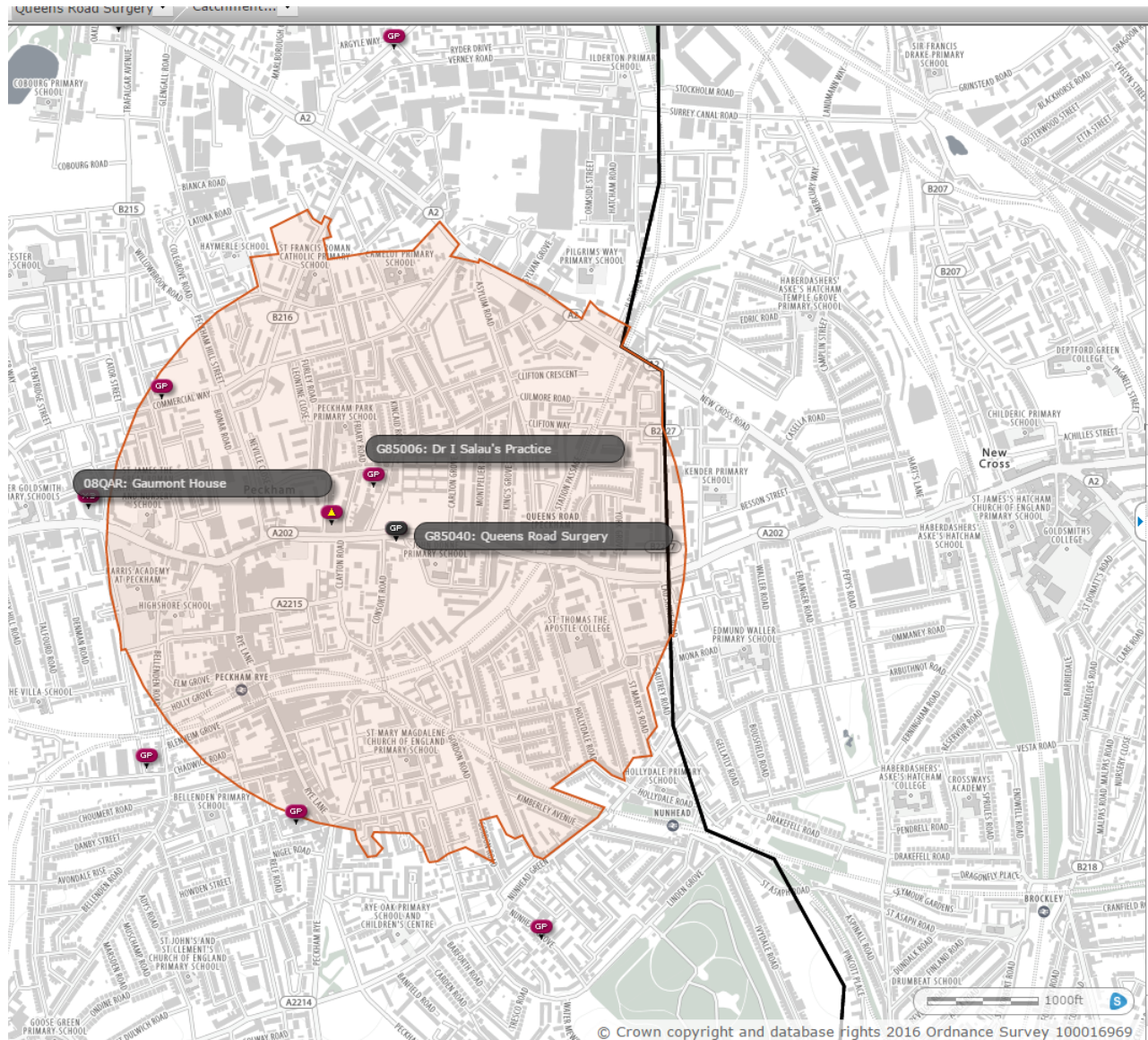
	<p>site at Gaumont House, which is identified in the CCG's Estates Strategy.</p> <p>The proposal will support Southwark CCG and NHS England to provide statutory and contractually (including DDA) compliant premises for the steadily growing number of patients registered with Queens Road Surgery. This will fully address their current inadequate premises and improve the facilities for, and capacity of, GP practice services in the neighbourhood.</p> <p>The consolidation of Acorn and Gaumont Surgery will;</p> <ul style="list-style-type: none"> <li>A. Allow full integration of the clinical and non-clinical teams;</li> <li>B. Avoid duplication of function and staffing;</li> <li>C. Streamline and maximise accessible clinical space</li> <li>D. Provide capacity to deal with the anticipated increase in patient population over the next 25 years</li> </ul>
<p>What stage is the proposal at and what is the planned timescale for the change(s)?</p>	<p>Both the GP Practices involved support this move. There are two phases to the project. The first is the planned move of Queens Road Surgery and the consolidation of Acorn and Gaumont Surgery onto one site.</p> <p>The joint business case by the practices for phase one was approved by the London Capital Committee on 11 October 2016, prior to which the Southwark Primary Care Joint Committee made a decision to approve the business case. It is proposed that the move of both practices will be completed by early December 2016.</p> <p>The second phase of the project includes the reconfiguration of Gaumont House, increasing the number of clinical consulting rooms at ground level.</p>
<p>What is the scale of the change? Please provide a simple budget indicating the size of the investment in the service and any anticipated changes to the amount being spent.</p>	<p>Phase one will be funded through NHS England (London) primary care capital funding as agreed by the London Capital Committee. Phase two will be funded by the Estates and Technology Transformation Fund (ETTF). £550k of ETTF funding has been confirmed for phase two of the project.</p>
<p>How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.</p>	<p>There has been a long term strategic plan to relocate Queens Road Practice to Acorn Surgery site, and consolidate Acorn and Gaumont House surgery onto one site at Gaumont House, which is identified in the CCG's Estates Strategy. Key stakeholders have been consulted with during the development of the CCG's Estates Strategy.</p> <p>Both practices have engaged with their patient participation groups; outlining the benefits that the moves will realise for the practices and how this will improve services for patients. Both practices have a clear communications plan to inform patients of the change in</p>



	locations. All patients will receive a letter to inform them of the changes. The practices will also display information on their website, telephone messages, posters in waiting areas and text messages. Information of the practice move and new location will be displayed at Queens Road Surgery to direct patients to the new premises.
<b>2 Are changes proposed to the accessibility to services? Briefly describe:</b>	
Changes in opening times for a service	No reduction in current opening times.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	None
Relocating an existing service	The community midwife service will move out of Gaumont House in to Acorn Surgery as part of the project.
Changing methods of accessing a service such as the appointment system etc.	There are no proposals to change the way patients access the practices. Telephone numbers of the practices will remain the same.
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	Current access to these groups will be maintained as there will be no reduction of current services offered.
<b>3 What patients will be affected? (please provide numerical data) Briefly describe:</b>	
Changes that affect a local or the whole population, or a particular area in the borough.	<p>The registered population of Acorn and Gaumont Surgery and Queens Road Surgery.</p> <p>Acorn and Gaumont Surgery (Peckham ward) – 10,681 registered patients</p> <p>Queens Road Surgery (Nunhead and Queens Road ward) – 5,184 patients</p> <p><i>*Note: wards indicated are where sites are situated; the area where patients live will be a wider geographical area often over a number of wards.</i></p>
Changes that affect a group of patients accessing a specialised service	None
Changes that affect particular communities or groups	None

<b>4 Are changes proposed to the methods of service delivery? Briefly describe:</b>	
Moving a service into a community setting rather than being hospital based or vice versa	N/A
Delivering care using new technology	N/A
Reorganising services at a strategic level	The reorganisation of services is in line with the CCG's premises strategy for the Peckham neighbourhood. The consolidation of Acorn and Gaumont House will utilise empty space at Gaumont House and will resolve the capacity and quality of current premises in the area.
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	No.
<b>5 What impact is foreseeable on the wider community? Briefly describe:</b>	
Impact on other services (e.g. children's / adult social care)	The community midwife service has agreed to move from Gaumont House to Acorn Surgery.  There may be slight temporary reduction to the capacity for the podiatry service in phase 2 of the project, but this is not confirmed.
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	None.
<b>6 What are the planned timetables &amp; timescales and how far has the proposal progressed ? Briefly describe:</b>	
What is the planned timetable for the decision making	The business case for phase one of the project was approved by the London Capital Committee on 11 October 2016.  An decision was taken by the Primary Care Joint Committee in October prior to this, to allow the reorganisation of services to be completed by early December
What stage is the proposal at?	The business case for phase one of the project was approved by the London Capital Committee on 11 October 2016.  Practices have started to inform patients of the change in practice locations.
What is the planned timescale for the change(s)	2 months
<b>7 Substantial variation/development Briefly explain</b>	
Do you consider the change a substantial variation / development?	No
Have you contacted any other local authority OSCs about this proposal?	No

Appendix 1. Map of practices with 0.5 mile travel distance from Queens Road Surgery.





**22 September 2016**

## **GP practice closed after CQC inspection**

A south London GP practice has had its registration cancelled after the Care Quality Commission published findings after an inspection in July. It was rated as Inadequate overall.

The practice was also rated as Inadequate for being Safe, Effective and Well-led. It Required Improvement for being Caring and Responsive.

CQC inspectors carried out the announced comprehensive inspection at Dr David Zigmond's Southwark practice on 5 July 2016 and as a result applied to magistrates to cancel the provider's registration a few days later - on the basis that there was a serious risk to people's life, health or well-being.

Dr David Zigmond was part of Southwark Clinical Commissioning Group (CCG) and served approximately 1,420 patients. The practice population had a high proportion of male patients and lower proportion of female patients compared to the national average. There were a higher number of patients of working age and over the age of 75 when compared nationally.

Regulation breaches found by CQC inspectors included:

- Lack of emergency equipment
- Staff did not adequately assess patient consent and capacity
- The methods for prescribing patient medication were unsafe
- The practice's procedures around child and adult safeguarding did not ensure that vulnerable people were kept safe
- The practice did not comply with a number of current medical guidelines and best practice

Other key findings of the inspection team found that there was no oxygen or defibrillator on the premises. Staff at the practice said that there had been two instances where patients had collapsed – but nobody working there had completed basic life support training in the previous 12 months. Staff had also not received fire safety training within the last year and the fire alarm was broken.

Systems around medicines management and treatment of patients with long term conditions or mental health concerns were inadequate. There was no effective system in place to ensure that patients were called for reviews and treatment provided often did not reflect current best practice. This was reflected in the practice's poor performance in a number of clinical areas relative to other practices nationally and locally.

There were inadequate systems in place to safeguard people against abuse or harm and a number of staff had no DBS certificates.

Staff were not clear about reporting incidents, near misses and concerns. CQC identified several instances where significant events were not acted upon in accordance with practice policy.

While patients were positive about staff and said they were treated with compassion and dignity, there was no evidence of patient or staff feedback being used to drive improvement. Patients did say they found it easy to make an appointment with a named GP and there was continuity of care with urgent appointments available the same day. However, the practice only had a female nurse on site once a month and only provided nursing services twice a week between 9.30am and 12.30pm.

Ursula Gallagher, Deputy Chief Inspector of General Practice in CQC's London region said: "Whilst we absolutely appreciate how important continuity, kindness and compassion are for patients and carers, many additional things are required to ensure that patients are actually receiving the high quality care they have a right to expect. Unfortunately in this case we found that many of these elements were either absent or inadequate requiring us to take the action we did."

CQC has worked closely with NHS England to make sure patients have access to other GPs in the area.

You can read the report at <http://www.cqc.org.uk/location/1-495556335>

Ends

For media enquiries, contact Ray Cooling, Regional Engagement Manager (London), on 020 7448 9136 or call the press office on 020 7448 9401 during office hours. Journalists wishing to speak to the press office outside of office hours can find out how to contact the team here <http://www.cqc.org.uk/media/out-media-office>. (Please note: the duty press officer is unable to advise members of the public on health or social care matters). For general enquiries, please call 03000 61 61 61.

## **Notes to Editors**

### **Why CQC carried out this inspection**

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### **About the Care Quality Commission**

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. We make sure health and social care services provide people with safe, effective, caring, well-led and responsive care, and we encourage care services to improve. We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find to help people choose care.

**HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE  
MUNICIPAL YEAR 2016-17**

**AGENDA DISTRIBUTION LIST (OPEN)**

**NOTE:** Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

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Councillor David Noakes (Vice-Chair)	1	Andrew Bland, Chief Officer, Southwark CCG	1
Councillor Ann Kirby	1	Malcolm Hines, Southwark CCG	1
Councillor Sunny Lambe	1	Jin Lim , Director of Public Health (acting)	1
Councillor Maria Linforth-Hall	1	Jay Stickland , Director Adult Social Care	1
Councillor Martin Seaton	1	Jennifer Denton-Gavaghan, Business support officer	1
Councillor Bill Williams	1	Shelley Burke, Head of Overview & Scrutiny	1
<b>Health Partners</b>		Sarah Feasey, Legal	1
Matthew Patrick, CEO, SLaM NHS Trust	1	Chris Page, Principal Cabinet Assistant	1
Jo Kent, SLAM, Locality Manager, SLaM	1	Niko Baar, Liberal Democrat Political Assistant	1
Zoe Reed, Director of Organisation & Community, SLaM	1	Julie Timbrell, Scrutiny Team SPARES	10
Marian Ridley & Jackie Parrott Guy's & St Thomas' NHS FT	1	<b>External</b>	
Lord Kerslake, Chair, KCH Hospital NHS Trust	1	Rick Henderson, Independent Advocacy Service	1
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Geraldine Malone, Guy's & St Thomas's	1	Fiona Subotsky, Healthwatch Southwark	1
Sarah Willoughby, Head of Stakeholder Relations King's College Hospital KCH FT	1	Sec-Chan Hoong, Healthwatch Southwark	1
		Kenneth Hoole, East Dulwich Society	1
		Elizabeth Rylance-Watson	1
<b>Electronic agenda (no hard copy)</b>		<b>Total:44</b>	
<b>Reserves</b>		<b>Dated: November 2016</b>	
Councillor Jasmine Ali			
Councillor Gavin Edwards			
Councillor Tom Flynn			
Councillor Eliza Mann			
Councillor Leo Pollack			