

Healthy Communities Scrutiny Commission

Tuesday 2 April 2019

7.00 pm

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

Supplemental Agenda

List of Contents

Item No.	Title	Page No.
4.	Minutes To approve as a correct record the Minutes of the open section of the meeting on 3 December 2018.	1 - 5
6.	Nexus Health Group - CQC report Nexus Health Group is a provider registered with CQC. The provider has eight sites with one sites used at the CQC registered location. The sites were previously independent GP practices which merged to become Nexus Health Group in 2016. The individual sites have retained the names from the historic partnerships.	6 - 14

The CQC carried out an inspection at the head office site, Princess Street Group Practice, on 1 November 2018 as part of our GP provider at scale pilot. This was to assess the centralised functions within Nexus Health Group. The individual sites were then individually inspected :

Contact

Julie Timbrell email: julie.timbrell@southwark.gov.uk

Date: 1 April 2019

List of Contents

Item No.	Title	Page No.
	Princess Street Group Practice – 14 November 2018	
	Surrey Docks Health Centre – 15 November 2018	
	Aylesbury Medical Centre – 20 November 2018	
	The Dun Cow Surgery – 21 November 2018	
	Commercial way Surgery – 22 November 2018	
	Decima Street Surgery & Artesian Health Centre - 28 November 2018	
	<p>The CQC have rated this practice as inadequate overall and requires improvement for all population groups. They based their judgement of the quality of care at this service on a combination of:</p> <ul style="list-style-type: none">• what was found when they inspected• information from ongoing monitoring of data about services and• information from the provider, patients, the public and other organisations.	
	<p>The full CQC report is enclosed. The CCG have provided the enclosed and will be in attendance.</p>	
7.	Health Inequalities scrutiny review	15 - 39
	The draft report is enclosed.	



Healthy Communities Scrutiny Commission

MINUTES of the OPEN section of the Healthy Communities Scrutiny Commission held on Monday 3 December 2018 at 7.00 pm at Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Barrie Hargrove (Chair)
Councillor David Noakes
Councillor Jack Buck
Councillor Radha Burgess
Councillor Gavin Edwards
Councillor Leanne Werner
Councillor Maria Linforth-Hall

OTHER MEMBERS PRESENT: Councillor Evelyn Akoto, cabinet member

OFFICER SUPPORT: Kevin Fenton, Strategic Director

1. APOLOGIES

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

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. MINUTES

The minutes of the meeting on 8 October 2018 were approved as an accurate record.

5. PUBLIC HEALTH PRESENTATION AND REPORT

The item started with a Public Health presentation by Kevin Fenton, strategic director, with input from lead cabinet member Cllr Evelyn Akoto, based on the paper circulated with the agenda.

The chair then invited questions from members and the following issues were raised:

Air Quality

Members asked about the links between pollution levels and inequality; have these been mapped this out? Officers said while there is not detailed data, there appear to be a correlation as many more deprived people live near busy roads. There is a concentration in the midst of the borough, the most deprived segment.

How much focus is there on air pollution? The strategic director responded this is identified as an important issue that the council need to address in his report. The council are monitoring and educating people; most of the solutions lie outside at regional and national level so elected members advocacy here is important. Cllr Akoto added the council is looking at tree planting to reduce pollution on the Old Kent Road.

Lambeth are considering an emission free zone across Brixton, is this something the council could consider? This is something that could be raised with Cllr Livingston as the cabinet lead.

What data is available? The council monitors flows, but does not gather detailed data on pollutants (particulates , Nitrogen Dioxide).

What about radical solutions to tackle air pollution like banning car driving? Are we prioritising our interventions in areas that experience most health inequalities? What if we increased the price of cars parking, as currently cars are only used 2% of the time? Car parking is still free on estates. Do we have a public conversation about the levels of pollution and the harm, and the kinds of actions that are needed to tackle this? Places like Amsterdam didn't nudge; they took drastic issues. Should the council end parking and instead plant on our streets? The strategic director said that places like Stockholm have been working on this agenda for many decades as part of the post war plan . As well incentives we need to nudge with transport.

Cllr Akoto said the council are doing anti idling programmes and many of the new developments are now car free .She will talk to Cllr Livingston about what more is planned. Members welcomed this, given air pollution public health crisis .The strategic director agreed that air pollution is concerning ; the data on dementia is very worrying if showing significant risks 50 metres from a major road.

Nurseries are being monitored by the Mayor, which is good, however not on the Old Kent Road where the need seem highest.

A member from St George's ward mentioned the success of a temporary road closure which made a big difference. This is part of creating a 'tranquil triangle' and was achieved just by putting in a gate in a strategic place.

Regeneration

Old Kent Road provides an example of making regeneration work for public health; for example through the provision of parks the provision of gyms. The strategic director said he had a remit to work across the council on social regeneration; and that will be a healthy communities element to all regenerations schemes.

Precarious employment

Could the council look at precarious employment, as there is evidence that this is linked to more adverse mental health than unemployment? The strategic director responded precarious employment is a new issue and one that members are right to focus on. Council data is also limited as we do not track this specifically. There are ad hoc studies and which demonstrate problems . This is an area the council could focus on and it could be worthwhile.

Food growing

Poverty indicators are showing that increasing problems with food insecurity, this is concerning.

Members suggested establishing a food growing culture and asked how community gardening can be promoted to tackle nutritional poverty; because there is a big appetite for this. There is capacity on the Aylesbury.

Cllr Akoto said that one of the issues on the plots is lack of knowledge about how to garden; community gardens could tackle this. The strategic director said that there is a vital role for community and voluntary groups here and a plan to create a network across the borough .The chair endorsed this and mentioned another group, Bankside Trust, which has set up food growing. There is enthusiasm from community groups; however these do need to be well resourced. The strategic director said that these initiatives ought to link to the school garden programmes.

A member commented that we need to connect children with nature; there is a community kitchen in Bermondsey.

The chair recommended sending appropriate resources to CGS (Cleaner, Greener, and Safer) to promote this work.

The London Mayor is proposing to create a garden city, so there may be an opportunity here. There are also national parks initiatives, which may come with new money; Southwark is blessed with parks.

Health Checks

It was noted that more deprived communities are taking health checks, which is reassuring.

Gender, men, women & girls health

Ought the council to be focusing on men's health? The strategic director said it is not a choice though between men and women. He agreed that men's health has been neglected; there are problems with mental health, bowel cancer screening checks. We need to target women and men. Members commented men are more reluctant to go to the

doctors often and men's poor health is related to stigma and less positive attitude to health. The strategic director added that women engage with the NHS service because they are asked too because of health checks and giving birth. Men really do not have this earlier in life; it tends to kick only at 40, unless they have an STI. We can look at other times and approaches; such as workplace time to talk programmes to improve mental health. We need to introduce a health engagement programme.

Male mortality rates are much higher. The strategic director said this is a national trend here with late diagnosis. There is less screening programme for men. There needs to be a focus on early intervention and raising awareness.

A member said that there is a need to look at heart attacks in women which present differently. She also rises concerned about girls and their poor health, and damaging concepts of gender.

The strategic director said that this conversation highlights some limitations to Public Health's freedom to initiate. 90% of money is committed to mandated programmes (smoking / sexual health). Most of the mental health programme is with CAMHS at the more acute end rather than upstream on prevention; the council are working with schools to tackle self harm. He added that concerns around gender are being flagged up; particularly toxic masculinity and domestic abuse. The money to tackle gender and health is very tight; the Public Health budget is being cut by 2.5 % per year. Cllr Akoto added that the financial challenges are very big.

Public Health priorities

Members asked the strategic director for to name three priorities and he mentioned getting kids to move more, through initiatives that close streets down and improve access to parks. The council need to create safe spaces such as play streets. Improving mental health and wellbeing is important ; the council is looking at peer reviews, support and interventions. Addressing social isolation is another top priority.

Social isolation

Members asked if we were doing enough to combat social isolation, and about the role of halls in council estates. The council are developing a strategy to tackle this.

6. REVIEW: REDUCING HEALTH INEQUALITIES THROUGH COUNCIL SERVICES

The Commission considered the scoping document circulated with the agenda.

Members suggested honing down on key issues, localising and considering where the council can make most difference.

Tackling air pollution effectively requires better data, including an understanding of the links to inequality, and a more joined up approach; this could be a recommendation. Officers agreed the air quality data is not as good as it could be.

7. WORKPLAN

The following were identified as potential lines of enquiry:

- Visit Tennant Halls, allotments and community gardens
- Consider how this work could link with the Great Estates initiative.
- Look at use of amenities and Free Swim and Gym
- Contact TRAs and survey tenants



Nexus Health Group

Inspection report

2 Princess Street
Elephant and Castle
London
SE1 6JP
Tel: 020 7928 0253
www.princessstreetgrouppractice.co.uk

Date of inspection visit: 1 November 2018 to 28 November 2018
Date of publication: 26/02/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

Nexus Health Group is a provider registered with CQC. The provider has eight sites with one sites used at the CQC registered location. The sites were previously independent GP practices which merged to become Nexus Health Group in 2016. The individual sites have retained the names from the historic partnerships.

We carried out an inspection at the head office site, Princess Street Group Practice, on 1 November 2018 as part of our GP provider at scale pilot. This was to assess the centralised functions within Nexus Health Group. The individual sites were then to be individually inspected as part of our regularly scheduled inspection programme.

Due to concerns identified at the provider level inspection on 1 November 2018 we issued a letter of intent (informing the provider of our intention to take enforcement action) and allowed the provider to submit a response. The provider submitted an action plan in response to the letter of intent. We undertook an unannounced inspection of Manor Place Surgery on 7 November 2018 on the basis of concerns raised at the provider level inspection and information submitted by the provider before and after the inspection on 1 November 2018. After the inspection on 7 November 2018 we issued warning notices for breaches of regulation 12 (Safe Care and Treatment) and 17 (Good Governance) of the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Details of the concerns raised and enforcement action taken can be found at the end of this report. We then proceeded to inspect the remaining sites as follows:

Princess Street Group Practice – 14 November 2018

Surrey Docks Health Centre – 15 November 2018

Aylesbury Medical Centre – 20 November 2018

The Dun Cow Surgery – 21 November 2018

Commercial way Surgery – 22 November 2018

Decima Street Surgery & Artesian Health Centre - 28 November 2018

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as inadequate overall and requires improvement for all population groups.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have appropriate systems in place for the safe management of medicines at all sites.
- Staff did not all have safeguarding, fire and infection control training.
- Necessary recruitment information had not been retained for all staff and the practice had not undertaken DBS checks for all staff who required them.
- Not all staff had evidence of their immunisation status on file.
- There were 1023 results dating back to 2 July 2018 which had either not been filed or not been viewed and filed. Four hundred and forty-two of these results were marked as being abnormal. Of the sample of 30 outstanding results we reviewed we found that five of these results had not had appropriate action taken. There were 4187 outstanding clinical tasks dating back to 13 February 2017 which had not been actioned. Of 40 unactioned tasks we reviewed four highlighted concerns related to the quality of clinical care being provided by the service. The provider put an action plan in place to review the outstanding tasks and results and put systems in place to prevent this from reoccurring.
- There was no global oversight of a separate electronic system for incoming results and correspondence.
- Necessary tasks were not being completed at some sites due to a multitude of reasons including staffing shortages and lack of effective governance
- Some sites did not have a system in place to monitor non-medicine safety alerts.
- We found some expired medical emergency equipment at some sites and the systems for checking equipment and vaccines was not consistent across all sites.
- Risks associated with the premises were not adequately mitigated at some sites including those risks associated with legionella and fire.
- The practice did learn and make improvements when things went wrong at site level but there was little evidence of cross site learning from significant events.

We rated the practice as **inadequate** for providing well-led services because:

Overall summary

- There was a lack of effective centralised oversight and governance in respect of key areas of the organisation including the management of test result and other clinical correspondence.
- Leaders could not show that they had the capacity and skills to deliver safe and effective care as at this stage of the merger process they did not have adequate oversight of risks within the organisation and lines of responsibility were not always clear.
- While the provider had a clear vision, and was in the process of developing a strategy to implement this; transitional arrangements put in place during the development of the merger were not sufficient to ensure that high quality care was being consistently provided across all sites.
- The practice culture aimed to support the delivery of high quality sustainable care. However, deficiencies in governance limited the practice's ability to achieve this aim.
- The practice did not have clear and effective processes for managing risks, issues and performance. For example, in relation to risks associated with legionella, fire safety risks and medical emergencies.
- The provider had tried to institute a Nexus-wide patient participation group across all sites but this was not operating effectively.
- The practice did not always act on information appropriately. For example, the practice had previously identified the concerns related to clinical correspondence but had failed to put adequate systems in place to address this issue prior to our inspection. The provider took action following our provider level inspection to put systems in place to address this concern.
- We saw evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as **requires improvement** for providing effective services because:

- Due to concerns related to the lack of oversight of clinical correspondence we could not be assured that patients were receiving consistently high quality and effective care.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles as not all staff had received an appraisal or completed mandatory training.

However

- There was evidence that outcomes of care and treatment were being monitored.
- The practice demonstrated that staff obtained consent to care and treatment.
- Performance data was comparable to local and national averages in most areas with the exception of cervical screening and uptake of childhood immunisations.

We rated the practice as **requires improvement** for responsive services because:

- Although the practice organised and delivered services to meet patients' needs. Patient feedback from the national GP patient survey indicated that patients could not always access care and treatment in a timely way. Although the practice was taking steps to improve access; action had not been implemented. The practice had not undertaken their internal feedback exercise to see if access had improved.

These areas in effective and responsive services affected all population groups so we rated all population groups as **requires improvement**

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- There were a lack of formalised systems and processes in place to support carers and patients who had experienced bereavement at some sites.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report). Note: Warning notices were issued to the provider following the inspection undertaken on 1 and 7 November. This was to ensure that the provider was aware of our concerns and that action was taken quickly to address these concerns and mitigate risks to patients. Requirement notices were issued for the additional

Overall summary

concerns which related to breaches identified at the end of the inspection cycle. The level of risk stemming from these concerns was not deemed to be sufficient to require additional enforcement action.

The areas where the provider **should** make improvements are:

- Continue with work to improve the uptake of childhood immunisations and cervical screening rates.
- Review staffing levels across the organisation to ensure that there is sufficient capacity to complete all necessary tasks.
- Review systems for sharing learning from significant events across the organisation.
- Review systems in place to support patients with caring responsibilities and those who have suffered bereavement.
- Review systems related to the security of patient records.
- Continue with plans to address patient satisfaction around access and review the impact of these actions once implemented.
- Review and improve the systems in place to engage with patients and obtain feedback.
- Consider ways to provide information in different languages and in alternative formats for patients with learning disabilities.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a second inspector. The team included CQC national GP clinical advisors, CQC national nursing

advisor, GP specialist advisers and practice management specialist advisers. The composition of the team varied on each inspection depending on resource requirement and availability.

Background to Nexus Health Group

Nexus Health Group head office address is located at 2 Princess Street, Elephant and Castle, London, SE1 6JP. The eight sites are located at the following addresses:

Princess Street Group Practice - 2 Princess Street, Elephant and Castle, London, SE1 6JP

Manor Place Surgery - 1 Manor Place, London, SE17 3BD

Surrey Docks Health Centre - 12-13 Blondin Way, London SE16 6AE

Aylesbury Medical Centre - Thurlow Street, London SE17 2XE

The Dun Cow Surgery - 279 Old Kent Road, London, SE1 5LU

Commercial way surgery - 109 Commercial Way, London SE15 6DB

Decima Street Surgery -

Artesian Health Centre -

We were told that the intention was to organise services in a way that enabled patients to be seen at multiple sites and to undertake joint working across sites. However, this was still in development and at present patients were linked to a particular practice or group of practices that worked together historically. For example, Aylesbury

Medical Centre, Dun Cow Surgery and Commercial Way Surgery had previously merged into the Aylesbury partnership and shared staff and back office functions across sites. Decima Street Surgery and Artesian Health Centre operated in the same way under Bermondsey and Lansdowne Medical Mission 2.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury. These are delivered from all eight sites.

Nexus Health Group's eight sites are situated within Southwark Clinical Commissioning Group (CCG) and provide services to approximately 74,000 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership comprised of 15 partners including two non-clinical partners. Authority is delegated from the partnership which is comprised of a chair, the Chief Officer and board members; including clinical leads for each site. Authority is then delegated to locality managers who have responsibility for a number of sites and lead on a number of areas across Nexus. At

site level there are operations managers covering between one and two sites and each site has a team leader. There was a vacancy for a team leader and an operations manager at the time of our inspection.

The staffing at each site is:

Surrey Docks – 43 GP sessions including six locum sessions, 3-part time Health Care Assistants (HCA) and a part time nurse working 23 hours per week.

Princess Street – 44 GP sessions, 1 full time HCA, 1 full time Advanced Nurse Practitioner, 2 full time nurses and 2 part time nurses.

Manor Place surgery – 25 GP sessions, full time and part time nurse and two-part time HCAs

Aylesbury Medical Centre, Dun Cow Surgery and Commercial Way – 70 GP sessions plus 12 registrar sessions, three part time pharmacists, an advanced nurse practitioner who works 42 hours per week an elderly Care Nurse working 30 hours per week, one full time and one part time HCA and six full time nurses.

Decima Street Surgery and Artesian Health Centre – 79 GP sessions, two full time practice nurses, a part time nurse and a full-time nurse practitioner, part time HCA and full time clinical pharmacist

The practice is a member of Quay Health Solutions Federation.

There are a higher than average number of patients of working age registered with Nexus Health Group compared with the national average and lower numbers of patients over the age of 65. The age demographics were comparable to those of other practices within the CCG. The percentage of patients not in employment was over double the national average and the practice has a slightly lower proportion of patients with long standing health conditions. The National General Practice Profile states that 21% of the practice population is from a black ethnic background with a further 15% of the population originating from Asian minority groups, 10% of patients are from mixed or other non-white ethnic groups. This information is historic and likely only relates to Princess Street Group Practice location. Information published by Public Health England rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice is rated a three on this scale and has almost double the levels of deprivation affecting children and older people compared to the national average. Again, this information is historic and only relates to the Princess Street location. The provider told us that annual patient turnover across the eight sites ranged from 10 – 20%.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"> • Certain recruitment and monitoring information was either not available or up to date for all staff; both in respect of those who joined the organisation and those who transitioned to different roles. • Stocks of vaccines were not being checked consistently across the organisation to ensure stock was in date. • Fire drills and alarm testing was not being undertaken at one site. • There was no evidence about some staff member's immunity to common communicable diseases. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Warning notice How the regulation was not being met: <ul style="list-style-type: none"> • Not all risks to patients had been mitigated. For example, reviews of records showed that patients prescribed ACE inhibitors and asthma medicines were not having regular reviews. Reviews of the records of vulnerable and complex patients indicated deficiencies in care which had the potential to compromise the safety of these patients. • There were instances where clinical correspondence not be acted upon in a timely or appropriate manner placing patients at potential risk of harm. • Not all emergency equipment was being regularly checked to ensure that it was working properly. • Action had not been taken in response to water temperature testing which showed temperatures were at levels where legionella bacteria could grow. • We found some uncollected prescriptions that were over three months old which had not been reviewed by any member of staff and no action had been taken to contact the patients concerned. • The two week wait referral process was not failsafe and there was no mechanism to ensure that results from two week wait referrals had been received. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Warning notice

How the regulation was not being met:

- There was no effective system in place to oversee incoming clinical correspondence and clinical tasks on the patient record system to ensure that correspondence was reviewed and acted upon in a timely manner and that appropriate action was taken.
- Effective systems were not in place to ensure that patient who required medication reviews had these undertaken in accordance with guidelines and that vulnerable patients were consistently provided with the required support.
- Systems were not in place to ensure emergency equipment was being regularly checked to ensure that it was working properly.
- Systems were not in place to ensure that action was taken to prevent the development of legionella bacteria.
- The systems for reviewing uncollected prescriptions were inconsistent.
- The practice did not have effective oversight of training.
- The two week wait referral process was not failsafe.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Reducing health inequalities through council services and partner organisations.

Report of the Healthy Communities Scrutiny
Commission

April 2019

Contents	Page
INTRODUCTION AND BACKGROUND	3
EVIDENCE CONSIDERED & METHODOLOGY	4
HEALTH INEQUITIES	5
<ul style="list-style-type: none"> • Encouraging social cohesion and combating isolation • Estate maintenance: security, rubbish disposal, damp & mildew, noise • Air quality • Active play for children • Cycling & walking • Green space • Poverty and Food insecurity • Healthy, nutritious and affordable food • General practice, health checks , long term conditions • Use of leisure centres and Free Swim and Gym 	
GREAT ESTATE OPPORTUNITES	X
RECOMMENDATIONS	X
APPENDICES	X

INTRODUCTION AND BACKGROUND

- 1.1 This is the final report of the review into health inequities by the Healthy Communities Scrutiny Commission, who decided to conduct this review in the autumn of 2018. The aim of the review is to make recommendations to the Cabinet and partner agencies.
- 1.2 The review set out to ensure that the planning process, local estates management, and wider social regeneration agenda plays its part in improving the health of residents, particularly for those experiencing multiple social and economic disadvantages. It chose to focus on improving community cohesiveness and the uptake by disadvantaged communities of the following council and health services:
- free swim and gym offer
 - parks and green spaces
 - walking and cycling routes and pathways
 - community activities
 - community activism
 - improved neighbourhood connections, relationships and mutual support
 - General Practice
- 1.3 The Commission chose this subject because Southwark has some very high levels of health inequalities. Whilst there has been significant regeneration in Southwark in recent years, the borough remains one of the most deprived in the country. Southwark is the 40th most deprived of 326 local authorities in England and ninth most deprived out of 32 local authorities in London. Two in five Southwark residents live in communities ranked in the 20% most deprived areas nationally. By contrast, only two in one hundred residents live in communities considered the least deprived nationally. There is also considerable disparity between people living in more affluent areas of Southwark and those in the most deprived: at age 55 44% of people with no qualifications will have a physically limiting health condition, but only 6% of people with a degree will do so.
- 1.4 As well as universal services the council and its partners have a number of important levers to improve health and wellbeing: the council has some innovative public health programmes that the council has pioneered, particularly Free Swim and Gym and Free Healthy School Meals. There is also an ambitious programme of regeneration, which is operating at both a large scale and also within estates to increase the social housing capacity via the recently initiated Great Estates programme. The borough also benefits from many parks, open spaces and has an active community and voluntary sector.
- 1.5 In order to focus the review it was decided to choose an estate to do a small piece of community research. Bells Garden Estate was chosen as a relatively deprived area but where there is good engagement through the Tenant and Residents Association (TRA) and local community

organisations, which might offer some examples of good practice in supporting people to engage with health and wellbeing opportunities. Fortuitously it is also undergoing a small regeneration programme, as part of the Great Estates programme, with the planned provision of more social housing and some private housing, which will enable the rebuilding of the existing community centre and multi use games area (MUGA). Bells Gardens Estate is located in Peckham, in the centre of the borough where there is a concentration of deprivation.

- 1.6 The review offered a timely opportunity to explore 'health and wellbeing' at a local estate level with the Great Estates work running parallel. The intention is to explore if this could be a possible template for replicating and developing the scheme elsewhere.

EVIDENCE CONSIDERED & METHODOLOGY

- 2.1 Officers from Southwark Council environment department gave an overview of parks and leisure, as well as of uptake on Free Swim and Gym (FSG) and how the related referral programme is targeted to those most in need
- 2.2 Public Health gave a comprehensive overview of health inequalities and the strategies and initiatives Southwark council and Southwark NHS has in place to reduce these. Many of these are joint initiatives and involve a range of outside partners, including schools.
- 2.3 Resident Involvement and Public Health assisted with conducting the community research on the Bell Gardens estate by :
- Providing data on health check take ups and disease prevalence in the locality compared to national averages
 - Mapping the available air quality information
 - Undertaking research on use of liberates and leisure centers by residents of the estate
 - Identifying community groups operating in the area and seeking anecdotal evidence
 - Outlining food insecurity and poverty in the locality
 - Giving an overview of smoking cessation services
- 2.4 Engagement was a key approach. In addition to the above resident views were gathered by:
- Holding a session with members TRA on how they would like to tackle public health, in conjunction with King's College London public health researcher based at Guys.
 - Asking residents about their health and wellbeing priorities during a consultation event on the proposed on estate regeneration
 - Considering the Bells Gardens midway consultation questionnaire results on proposed changes to the estate

2.5 The Commission considered three reports:

- A matter of justice: Local government's role in tackling health inequalities <https://www.local.gov.uk/matter-justice-local-governments-role-tackling-healthinequalities>
- Making Every Adult Matter MEAM <http://www.themeamapproach.org.uk/>
- Be Active Birmingham <https://theaws.co.uk/>

2.6 Academic research on the theme was also considered.

Encouraging social cohesion and combating isolation

3.1 Bell Gardens has good community facilities, including a purpose built community centre, and a multi use games area (MUGA) .The TRA is active and effective, running social events and lobbying the council for improvements to the estate and local environment. The following community groups also use the facilities or have held events there:

- Southwark Law Centre
- Southwark Trade Union
- The Ernest Foundation
- Apostolic Church
- Learning Curve Group
- Ivoiriens Unis UK
- Southwark Trade council
- KIDS Southwark
- Cubs & Scouts youth groups
- Bags of Taste

3.2 Despite the above, TRA members interviewed said Bell Gardens is not a particularly close knit estate and they suspect there is an issue with loneliness. They thought a resource was needed to identify and help lonely people, which would ideally come from embedding health workers in the community center, but could also come from making better use of the estate officer who knew isolated residents.

3.3 Residents at the consultation event also said that they are keen for more opportunities to meet their neighbours. A number remarked on the importance of their current good neighbourly relationships. The current community services and TRA activities are valued. A few older people said that more activities geared to their age group would be welcome. The TRA wanted more funding for sustainable and consistent activities and advertising for neighbourhood events. They said over time events can reach more people if they occur regularly.

3.4 Social isolation and loneliness are increasingly being recognized as having a major impact on our health and wellbeing; both the quantity and quality of our interactions make a huge difference. 'Social Isolation' and 'Loneliness' are often used interchangeably, but they are different. It is possible for people who are not socially isolated to experience loneliness. Social isolation refers

to the inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment). Loneliness is an emotional perception that can be experienced by individuals regardless of the breadth of their social networks. The Campaign to End Loneliness say that research indicates that lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity. Southwark is developing a strategy to combat a social isolation.

- 3.5 The Commission received evidence from Public Health that the built environment can be a barrier to social connections, especially in deprived areas that may lack good public transport links and adequate provision of green and public spaces where people can socialise. Most Bell Gardens residents responding to the questionnaire on proposed changes to the estate considered that the present community centre, multi use games area (MUGA) were important for community events and the latter particularly for children. The green spaces were also particularly highly valued, both for the enjoyment of nature and perceived health benefits, as well as being space for people to come together. A few people thought pathways did not work well, lighting was inadequate and the *'present landscaping prevents people from coming together as a community'*.
- 3.6 There were a number of compliments on the present community centre flexibility and as well as suggestions for improvements when the community centre is re-provided. Anti Social Behaviour was mentioned, though not over emphasised. A few residents said that the presence of people provided a feeling of safety.

Recommendations:

1) When re-providing community centres, MUGA and building new housing through the Great Estates programme the council ought to:

- ***Ensure the architects use the Sport England active design guideline guild lines***

Active Design ¹ is a guidance document produced by sports England on how to encourage and promote sport and physical activity through the design and layout of the built environment. It is recommended that this guidance is considered by the architects when designing the new community centre. The guidance recommendations include:

- Manage facilities and open spaces to encourage a range of activities to allow all to take part, including activities for all genders, all ages and all cultures
- Opportunities should be explored to create public spaces that encourage users to interact including seating areas, multi-use landscaping and safe and attractive public spaces.

¹ Active Design ,Sports England 2015

Sports facilities should be located in prominent positions in the local community, raising awareness of their existence, inspiring people to use them and ensuring they can become focal points for the community and social interaction.

- ***Ensure the green and public space, including pathways, promotes and provides for social interaction and community gatherings , and the permeability of the estate is improved e.g. signage and wayfinding, lighting***
-
- ***Ensure that community centres cater to the needs of local residents, providing opportunities for healthy activities to take place which promote social cohesion.***

2) Explore how the council can further support and empower resident groups to organise activities & events to meet each other

3) Explore ways to communicate to residents what health and wellbeing services and activities are on offer.

4) Investigate the capacity to embed local health workers in local estates and for the housing estate officer to work to combat social isolation, given their local knowledge of residents who may be isolated and potential to signpost vulnerable residents to health & social provision

Estate maintenance: security, rubbish disposal, damp & mildew, noise

3.7 Residents said that present arrangements for disposing rubbish and recycling are not working for residents and that this was creating concerns over hygiene. The TRA members consider this was about education, but did not want to patronize people. Respondents to the survey identified problematic disposal arrangements.

3.8 Damp and mildew is a problem for some residents .TRA members said the process to report and tackle this is onerous for some people and support is needed. Residents responding to the consultation said they thought it was unfair that new homes were being built when current residents' housing conditions were poor.

3.9 There are some concerns with security and door arrangements.

3.10 Both TRA members and the respondents to the online survey remarked on the adverse impact of noise. This seemed to be mainly coming from the community centre activities, such as parties and other social gatherings and could be solved by introducing sound insulation in the re-provided hall, however there may be other sources. Noise is known to impact on people's

health and the Housing Health and Safety Rating System (HHSRS) notes that late night time noise is particularly aggravating and can cause conflict and emotional stress. The Act associated with the HHSRS imposes a duty on local authorities to take appropriate action in relation to hazards causing most harm, and noise is considered to particularly harmful.

Recommendation:

5) Identify present estate problems that impact on health through the Great Estate programme (e.g. noise, security, rubbish disposal, damp & mildew) using the HHSRS and resident feedback to prioritise. If these are minor issues they can be dealt addressed through the repair programme, with the support of the estate officer. If these require major works then investment ought to be made available through the Great Estates programme.

Air quality

- 3.11 The Commission was very concerned about the impact of air quality on residents in Southwark. Members cited concerns about the impact of pollution on children and heard about the elevated risk of dementia for people living near a major road. The London Air Quality network state that children are more likely to be affected by air pollution due to relatively higher breathing and metabolic rates as well as a the immaturity of their lung and immune system. The elderly are also vulnerable due to the decline in organ function with age and an increase prevalence of age-related disease. In 2008, the UK's Committee on the Medical Effects of Air Pollutants (COMEAP) reported that the burden of human-made particulate matter on the human population was approximately a loss of 340,000 years of life in 2008, and that this loss of life is equivalent to 29,000 deaths.
- 3.12 Air quality is worse for people living near busy roads, in the centre of the borough, where communities are most deprived. Bell Garden Estates is located in Peckham. Two major roads adjoin the estate and one road bisects the corner.
- 3.13 There are no air quality monitoring sites on the estate, the nearest site is at 88A Peckham Road. The Environmental Protection Team has provided an extract of information below from the London Atmospheric Emissions Inventory (LAEI) 2013 update 2017. The estate is shown (in blue) with the local roads. The major roads can be identified to help navigate the LAEI map on air quality map. These abstracts do not provide detailed modelling information.



Further information is available here: <https://data.london.gov.uk/dataset/london-atmospheric-emissions-inventory-2013>

- 3.14 Members and officers agreed that more accurate data on air pollution is needed.
- 3.15 The Commission discussed whether the council ought to be taking more radical steps to tackle air pollution, including charging for estate parking, gating some roads to reduce traffic, planting in roads so they become green walking and cycling routes.
- 3.16 No Bell Gardens residents mentioned this as a concern; however that could be awareness is low. Currently there are no government public awareness programmes, although the Public Health reported that they are educating residents.
- 3.17 Local monitoring would establish the air quality on the ground in Bells Garden.
- 3.18 Local solutions include gating roads to reduce traffic flow, and planting trees and bushes to reduce pollution.

Active play for children

- 3.19 The strategic director for public health and wellbeing said one of his top priorities was getting children moving, through the provision of better play facilities, such as play streets.
- 3.20 Rates of childhood obesity in Southwark are high. There is a significantly higher prevalence of excess weight in Peckham school children than the Southwark average at both Reception and Year 6. In Peckham 30.4% of Reception children have excess weight and 47.4% of Year 6 children have excess weight. As a borough the prevalence of excess weight is 26.3% and Reception and 43% for Year 6 children.

- 3.21 Alongside this most children do not get enough access to exercise. Nationally 23% of boys and 20% of girls met the activity guidelines in 2015². This may be worse in Peckham as activity levels are lower amongst deprived urban populations with less access to green space.

Cycling and walking

- 3.22 Six out of 10 Southwark residents do at least 2.5 hours of physical activity a week with much of this coming from transport alone. Exercise rates in Southwark therefore correlate highly with the mode of transport used, with people who walk and cycle much more likely to be meeting the exercise requirements.
- 3.23 Over the last several years walking rates have improved somewhat (from 31 - 37% of journeys), in Southwark however cycling has stayed static at 3%. People who cycle to in Southwark are usually located near cycle routes. It therefore makes sense to increase access to safe and attractive routes and promote cycling and walking to increase activity levels and reduce pollution.
- 3.24 Residents in Bell Gardens were most likely to mention walking as an activity, rather than cycling. Dog walking featured as a topic.

Green space

- 3.25 Estate regeneration will involve trade-offs as land will need to be found to build more housing. Though a small sample residents in Bell Garden priority was green space. If this is to be retained then other space and land will need to be found. From a health perspective roads and non disabled parking have the most adverse impact on wellbeing given the impact diesel and petrol has on air quality, the detrimental effect car driving has on health, when compared to more active forms of transport, and the long term impact driving has on fuelling climate change and environmental degradation. The council recently declared a climate emergency; and pledged to increase efforts to be carbon neutral by 2030.
- 3.26 Only 2% of cars are used at anyone time. They are therefore an inefficient use of space. An alternative and more ecologically friendly solution, is car sharing. The council could promote the use of car sharing, particularly electric cars with zero emissions.
- 3.27 It is unclear how aware residents are of the negative impact air quality has on health, and how this could be contributing to the current high rates of diseases in certain parts of Southwark associated with air pollution: lung cancer, COPD, asthma, dementia. The results of the midway consultation show saving green space as the highest priority rating (13) with parking given rating towards the low end of the spectrum (8). If public awareness was higher on the impact of air pollution on health then willingness to build housing on space currently used for parking and roads, and turn streets in the pathways and play spaces, may rise even further.

² Statistics on Obesity, Physical Activity and Diet, England 2017

Recommendations:

6) Conduct detailed air quality monitoring of sites undergoing estate regeneration and share the information with residents so they are able to make informed decisions on retention / reduction to parking, gating access, and turning roads into play streets.

7) Conduct a public health awareness programme on air quality pollution aimed at informing residents of the risks and solutions

8) Explore introducing an emission free zone across an area of Southwark, such as Peckham while increasing cycling and walking provision.

9) Consider using the Great Estates programme to invest in electrical charging points for pooled cars, provide more cycle storage, and invest in walkways.

Poverty and Food insecurity

3.28 The indices of multiple deprivations (IMD) show that the Bells Garden is in an area that is within the 20% most deprived nationally. Splitting this down into the different domains of deprivation shows that the area is in the:

- 10% most deprived for Income
- 20% most deprived for Employment
- 40% least deprived for Education, Skills and Training
- 30% most deprived for Health and Disabilities
- 20% most deprived for Crime Rates
- 20% most deprived for Barriers to Housing
- 20% most deprived for Living Environment

3.29 Bell Gardens residents gave money and debt problems as one of the top issues at the consultation exercise at Bell Gardens. It is estimated that there are 53,600 people (aged 16+ years) in Southwark experiencing food insecurity at some level. Southwark's two largest foodbanks received 2613 referrals this year. Research has shown that only 20% of food insecure people will use a foodbank. Problems with benefits, due to delays or changes in the system, were the referral reason given in over 50% of cases. Residents at the consultation event said that delays to Universal Credit meant people were going hungry on the estate.

3.30 Locally, in Bells Garden estate, PECAN food bank have given us the number of referrals and visits they have had from residents on the estate. This data is only from one foodbank and does not establish the full extend of food insecurity on the estate.

- | | |
|-------------------------------|-----------------------|
| • Angelina House SE15 5UB | 1 |
| • Bunbury House SE15 1AA | 3 (one client) |
| • Edwin House SE15 5UD | 9 (3 clients) |
| • Hastings Close SE15 6TY | 0 |
| • Leontine Close SE15 1AA | in with Bunbury House |
| • Neville Close SE15 5UE | 0 |
| • Wentworth Crescent SE15 5UG | 4 (1 client) |
| • Wilmot Close SE15 6UA | 0 |

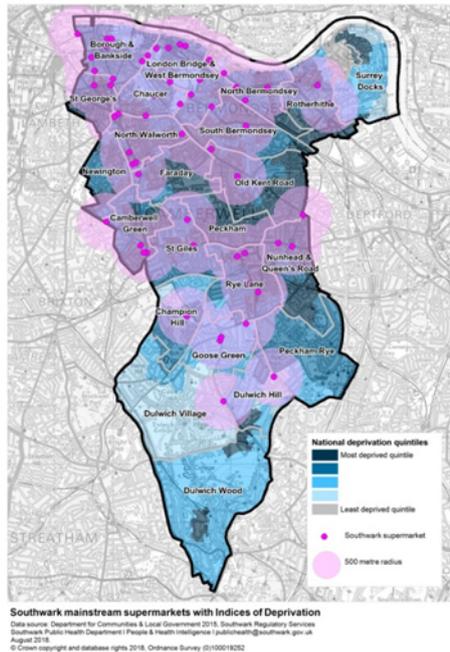
- 3.31 The Public Health presentation highlighted the significant levels of food insecurity in London and the impact on children's future health. Hunger in childhood increases the risk of developing asthma, depression and suicidal tendencies in adolescence and early adulthood.
- 3.32 A third of London children have problems concentrating at school due to hunger. A study conducted for the GLA on child hunger showed that among 8-16 year olds, 34% had problems concentrating at school due to hunger and 9% of children went to bed hungry. Applying these percentages at the borough level, could mean that:
- Over 9,600 Southwark children are having problems concentrating at school due to hunger
 - Over 2,500 Southwark children are going to bed hungry at night.
- 3.33 In Southwark a high percentage of foodbank recipients are children:
- 46% of those fed by the CSCH Foodbank in 2017/18 were children.
 - 38% of those fed by the Southwark Foodbank in 2017/18 were children
- 3.34 Southwark does provide Free Healthy School meals which are probably having a significant impact on reducing hunger in children. The Central Southwark Community Hub Foodbank saw 128 users in July 2017 and 198 in August 2017. This compared to a mean of 40 users during the months of April, May and June 2017. Southwark is planning to introduce more provision during school holidays.

Recommendation:

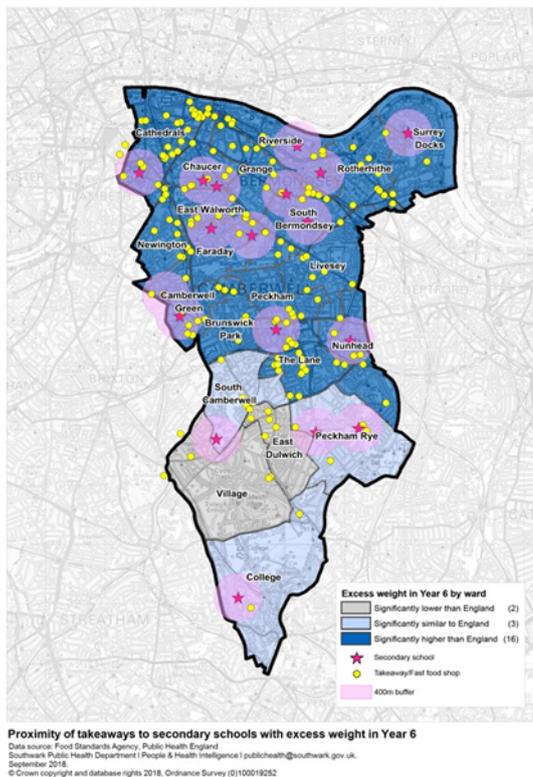
10) Prioritise food initiatives for children in the holidays as part of the food insecurity action plan, which is being drafted in collaboration with the Southwark Food Action Alliance.

Healthy, nutritious and affordable food

- 3.35 As part of an initiative to improve food resilience Public Health have mapped out food deserts and food swamps. A 'food desert' is a geographical area where there is a lack of accessible options for buying fresh, nutritious, affordable food. Residents at risk of food insecurity are normally disproportionately hit by the effects of food deserts as they lack the funds for bus fares or cars to travel to competitively priced supermarkets and street markets further afield. The map below shows the food desert areas in the borough: Generally, people in 'food deserts' rely on convenience stores and corner shops where prices are higher than in competitively priced supermarket chains and market stalls and the range of fresh, healthy foods is less. This is known as the 'poverty premium' where the most socio-economically disadvantaged end up paying more for goods.
- 3.36 The dark blue areas on the map show where there are deprived parts of the borough which are potential food deserts. The north of the estate is in a food desert.



3.37 'Food swamps' are areas where there is a high density of establishments selling fast and junk food in relation to healthy options. The yellow dots on the map below are fast-food outlets. The map shows that there are a number of fast-food outlets surrounding the estate.



3.38 There are a number of food focused initiatives in Bell Gardens:

- Bags of taste (Cook and Eat) – have been operating from Bells Garden previously
- PECAN and Central Southwark Community Hub Food banks
- Holiday Hunger programme (CSCH)

- Garden Organic (Master gardeners programme)
- Food Action Alliance (39 organisations mostly grass roots) often meet at Bells garden and are working with Public Health to develop a Food Insecurity Action Plan

Case Study: CooksForce

- 3.39 In March 2018, Brixton People's Kitchen delivered Cooks Force – a three week cooking course at Bells Garden community centre. The aims of the course were to increase participant's general confidence and cookery skills and introduce a wide variety of healthy and affordable food. At the end of the course participants were given a recipe book packed full of cooking ideas including how to grow, source and store food. They were also given the opportunity to volunteer or attend our Be Enriched community canteens.

The participants

- 3.40 11 participants attended the course. All the participants were female from a wide range of backgrounds. 73% were renting social housing with 55% having had or were planning work on their kitchen as part of the Kitchen Regeneration Scheme. 64% answered yes to at least 2 of the poverty scale questions. This involved asking about dietary needs and whether they have access to food at home

The benefits

- 3.41 All participants agreed that: They had learnt something new about food safety and hygiene. They had discovered new types of food, improved their cooking skills and discovered cheaper ways to eat healthily. They course had helped them make new friends in the community.

Testimonial

- 3.42 'My daughter and I had an amazing time and enjoyed meeting other local residents. I can truly say it has been life changing for me. I have cooked and eaten vegetables that I've never cooked with before and every dish was so healthy and easy to make. I feel confident to make these dishes myself at home and be able to feed myself and children with healthy and delicious dishes'.

Community Gardens

- 3.43 The Commission were interested in the ability of Community Food gardens and growing initiatives to impact positively on food and community. Members suggested establishing a food growing culture and considered that community gardening could have a significant role in nurturing this, particularly as many people do not have the skills, or access to the land, to garden individually.
- 3.44 There is a local Community Garden located fairly close to Bells Garden: [Burgess Park Food Project at Glengall Wharf](#). This aims are to work with the local community to increase the understanding of healthy, local and fresh food. The project aims are to:

- Promote food growing, organic horticulture, permaculture and other ecological issues through skill sharing and volunteering.
- Bring people together, building links within the community for groups and individuals.
- Help improve the local green environment in Burgess Park and the surrounding area.
- Help regenerate the local community, contribute to sustainable development in London and enhance the life of the park.

3.45 The Commission thought there was a vital role for community and voluntary groups in delivering community food growing initiatives and other health and wellbeing initiatives. Officers said there is plan to create a network across the borough; these initiatives ought to link to the school garden programmes.

3.46 There is enthusiasm from community groups; however these do need to be well resourced. CGS (Cleaner, Greener, and Safer) could be used to promote this work.

Recommendations:

11) Map 'Food Oasis', like community gardens, so the council can build and amplify community assets to address food insecurity and nurture a healthy food culture.

12) Promote community gardens and food growing projects through Cleaner, Greener Safer, particularly targeting community engagement programmes working with economically deprived residents.

General practice, health checks, long term conditions

Disease & Poor Health

3.47 Peckham performs the same or better than England for coronary heart disease, stroke, heart attack. It is worse on chronic obstructive pulmonary disease (COPD), lung cancer, and prostate cancer but better on breast cancer.

Smoking cessations services 2017/18

3.48 Across Southwark there were 949 initial contacts in 2017/18, with the highest number in January 2018. Of the 949 clients who accessed the Smoking Cessation Services 25 were in the ward of Peckham (2.6%). Smoking cessation services ought to ideally be seeing above 40 clients ³ from the Peckham ward.

Health checks

3.49 Across Southwark Health checks are being accessed by people who need it most. Within the estate, 55% are currently eligible for an NHS Health check, compared to 67% in other areas. The 'whole population' uptake of Health Checks in the estate is 27% compared to 32% outside the estate. The lower eligibility could be due to a younger population on the estate or due to more people being

³ There are 23 Wards in Southwark. Southwark has a population of approximately 256700 with 15010 people living in Peckham ward, making this ward larger than normal.

excluded due to pre-existing health conditions. A potential area to focus on is ways to improve uptake of the health checks offer.

- 3.50 The Commission heard evidence that men's mortality is lower than women's, in part because they do not access the NHS so regularly. Prostrate cancer is significantly higher in Southwark and Peckham is significantly higher than this. A focus on prostate cancer prevention in Bell Gardens could be worthwhile.

Peer Support for long term conditions

- 3.51 The TRA focus group suggested peer support for long term health conditions would be helpful to help navigate the system and optimise health. Research shows that peer support for conditions such as COPD, which is high locally, impact positively on health. There are voluntary groups that run these such as [Breath easy](#). Nesta says that an evaluation of the British Lung Foundation's volunteer-led Integrated Breathe Easy groups has shown that people with COPD who attend the groups will gain knowledge, skills and confidence that will help them to stay well. Being part of Breathe Easy increases wellbeing and reduces the likelihood of medical emergencies and crises. Peckham has 25% more hospital admissions for chronic obstructive pulmonary disease (COPD) than England.

Recommendation:

13) Looking at hyper local health data and anecdotal evidence could be used to drive service provision and improve disease prevention and management of long term health conditions.

In Bells Garden ward of Peckham there is evidence that promoting health checks, prostate cancer awareness, smoking cessation courses, and encouraging local GP practices to start a Breath Easy peer support group would all be worthwhile.

Use of leisure centres and Free Swim and Gym

- 3.52 Bell Garden estate has a number of active members of the Leisure centre. Between 1 August and the 31 January 2019 125 residents used Southwark facilities, approximately 10 % of the population.

Usage by Specific Postcode (non-FSG)	Unique Members	Usage
Angelina House	14	143
Bunbury House	12	123
Edwin House	22	224
Hastings Close	12	225
Neville Close	20	369
Wentworth Crescent	30	244
Wilmot Close	15	228

- 3.53 Local figures on FSG were not provided, however data was given on Southwark usage. As of October 2018 there were 29,291 live members and nearly 600k visits since the schemes inception. As well as the standard offer of

Friday weekend afternoons there is also open access for disabled people and targeted programmes for older people and exercise on referral. Data is available sex, ethnicity, disability and age. However participants are not asked about income. The Commission discussed whether asking would help monitor and target the scheme at people experiencing most economic deprivation, and thus at one of the highest risk groups for poor health, however there were concerns about this being intrusive and off-putting .

Recommendation:

14) Explore asking about income at sign up for FSG in a non intrusive manner, perhaps by doing a pilot with Southwark employees, and seeking feedback.

GREAT ESTATE OPPORTUNITES

- 4.1 Last December's opening cabinet paper of our 'Great Estates' programme set out the council's fundamental approach to the long-term future of our council estates – to 'expand and enrich' our estates by a) identifying appropriate sites on our estates for building new council homes, and b) finding new ways of working with residents to improve the look, feel and lived experience of our estates.
- 4.2 The recent 'Estate Improvement Plans' March cabinet report focused on the 'enrich' part of the programme, setting out the principal routes towards improving the shared living experience of our estates, creating new opportunities for residents to come together, and to begin a process of upholding our estates as properly privileged parts of the city. The council has reoriented how the often challenging task of building new council homes on existing estates is approached ,by framing it as part of a wider 'estate improvement plan' approach. This means in practice that resident project groups and architects have a brief beyond the red line of the development plot, to think about how new homes can sit comfortably as part of the existing estate as well as how the process of development can capture wider visible improvements throughout the estate. The council is already starting to see some of the early fruits of this approach with residents' better welcoming development proposals that offer a more tangible account of what's in it for them.
- 4.3 The March cabinet initiated a series of Estate Improvement Plan pilot projects over the coming year, covering all parts of the borough, older and younger estates and estates with or without active resident associations. Via workshops, drop-ins, wish list ballots and other methods of engaging and involving residents, the opening year's pilots will trial different ways of devising and delivering improvement works on a range blocks and estates with residents at the centre of the process, and a license for creativity and risk-taking. The projects will also seek to maximise resources available by drawing on external funding and partnership opportunities, with a new advisory group helping to frame the process to ensure they have the greatest possible impact.
- 4.4 The pilots featured in the report place a great emphasis in food growing, gardening, lighting and using art to make the place more beautiful, and using the process to create social mobilisation and cohesion.

- 4.5 Scrutiny welcomes the above; the evidence from the review endorses this approach. In addition this review recommends that Public Health are explicitly involved in the process and that they contribute intelligent data (including additional air quality monitoring) help conduct community research and join relevant project groups to ensure that the opportunities for wellbeing realised.
- 4.6 As well as improvements to the physical infrastructure estate regeneration ought to be mindful of how the fabric of the estate can promote social integration, protect green space, promote active transport, and help tackle food insecurity, through food growing. The Great Estates work is an opportunity to focus on social regeneration alongside physically regeneration.
- 4.7 The community research work undertaken by the Commission has been limited due to the available resources and time constraints. No young people were contacted and the residents spoken to were already all somewhat engaged. The views will be informed by their engagement and representative role (e.g. TRA members), and useful, but the sample is not broad or diverse enough to truly represent the estate. A larger piece of work would need to take place to do this. Nevertheless this is a taster of what could be achieved and how coinciding community research with the Great Estate consultation work, when there are additional resources available, could amplify and mutually reinforce the achievable physical and social outcomes.

Case Study: Poplar HARCA

- 4.8 Possible further research could mirror that done by Poplar HARCA – a housing association in Poplar, Tower Hamlets. In 2017 they commissioned Kaizen to carry out a wide ranging community consultation in order to better understand community views and perspectives on health and happiness. This informed the development and implementation of a health strategy. They spoke to over 1000 people to ask those questions on their current health and happiness, what residents currently do to improve their health and happiness what more they would like to do, motivations and barriers to improved health and happiness, and health activities and interventions that residents would utilise if available. They found that isolation and loneliness are very important causes of poor health and happiness, the importance of social networks to health and happiness, the vital role that mothers have as an influence on their children, employment has a strong correlation with happiness and those aged 15-24 were most likely to be very unhappy.

Recommendation

15) Involve public health in Great Estates programme and as part of one of the pilots, ideally with a TMO; undertake a larger research project similar to Popular HARCA, supplemented by a community profile mapping out health data, local air quality, and current community assets, activities and gaps. The aim ought to be to work with residents and local community organisations to impact positively on social regeneration, alongside physical regeneration.

Funding from GSTT may be available for this : <https://www.gsttcharity.org.uk/>

RECOMMENDATIONS

- 1) When re-providing community centres, MUGA and building new housing through the Great Estates programme the council ought to:
 - Ensure the architects use the Sport England active design guideline guidelines
 - Ensure the green and public space, including pathways, promotes and provides for social interaction and community gatherings, and the permeability of the estate is improved e.g. signage and wayfinding, lighting
 - Ensure that community centres cater to the needs of local residents, providing opportunities for healthy activities to take place which promote social cohesion.
- 2) Explore how the council can further support and empower resident groups to organise activities & events to meet each other
- 3) Explore ways to communicate to residents what health and wellbeing services and activities are on offer.
- 4) Investigate the capacity to embed local health workers in local estates and for the housing estate officer to work to combat social isolation, given their local knowledge of residents who may be isolated and potential to signpost vulnerable residents to health & social provision
- 5) Identify present estate problems that impact on health through the Great Estate programme (e.g. noise, security, rubbish disposal, damp & mildew) using the HHSRS and resident feedback to prioritise. If these are minor issues they can be dealt addressed through the repair programme, with the support of the estate officer. If these require major works then investment ought to be made available through the Great Estates programme.
- 6) Conduct detailed air quality monitoring of sites undergoing estate regeneration and share the information with residents so they are able to make informed decisions on retention / reduction to parking, gating access, and turning roads into play streets.
- 7) Conduct a public health awareness programme on air quality pollution aimed at informing residents of the risks and solutions
- 8) Explore introducing an emission free zone across an area of Southwark, such as Peckham while increasing cycling and walking provision.
- 9) Consider using the Great Estates programme to invest in electrical charging points for pooled cars, provide more cycle storage, and invest in walkways

10) Prioritise food initiatives for children in the holidays as part of the food insecurity action plan, which is being drafted in collaboration with the Southwark Food Action Alliance.

11) Map 'Food Oasis', like community gardens, so the council can build and amplify community assets to address food insecurity and nurture a healthy food culture.

12) Promote community gardens and food growing projects through Cleaner, Greener Safer, particularly targeting community engagement programmes working with economically deprived residents.

13) Looking at hyper local health data and anecdotal evidence could be used to drive service provision and improve disease prevention and management of long term health conditions.

14) Explore asking about income at sign up for FSG in a non intrusive manner, perhaps by doing a pilot with Southwark employees, and seeking feedback.

15) Involve public health in Great Estates programme and as part of one of the pilots, ideally with a TMO; undertake a larger research project similar to Popular HARCA, supplemented by a community profile mapping out health data, local air quality, and current community assets, activities and gaps. The aim ought to be to work with residents and local community organisations to impact positively on social regeneration, alongside physical regeneration.

Funding from GSTT may be available for this : <https://www.gsttcharity.org.uk/>

APPENDICES

Notes of consultation events:

- Appendix 1 Bells Garden drop in consultation on health & wellbeing on the estate during the consultation on proposed changes to the estate
- Appendix 2 Notes of meeting with TRA members on Public Health, with Kings Collage London researcher and Public Health officers
- Appendix 3 Bells Gardens midway consultation questionnaire summary on proposed changes to the estate

Bells Gardens estate – Consultation summary, 14 March 2019

There have been 14 responses so far to the Bells Gardens consultation questionnaire, midway through the period that it is open –

Question 3: Please tell us your thoughts about the potential development of this site -

- 12 residents are broadly in favour
- 2 are opposed

Question 4: What do you want to see retained on the site?

Landscaping - trees, open space	13	Parking provision	8
Green space	10	Multi-use games area	7
Provision of play area	8	Services	9

Any other comments – what do you want to see retained on the site:

- The community building.
- Also views, and security.
- Some flats already have sunlight from one direction and it's important that it will be retained.
- Privacy.
- It's crucial that no services are lost – trees/ light etc.
- Access to refuse collection.
- Access to emergency services
- More lighting.
- The trees have served us very well for over 40 years as a lung in our urban space and must be retained. You have to build creatively round them but they must be retained.
- All these are essential. I accept some loss of green space and trees, but it should be minimised.

Question 5: what would you like to see improved on the site?

- Basic footpaths – directions of footpaths are very inconvenient; and planters
- A new improved community centre
- All anti-social behaviour; bikes riding up and down the estate
- Cleanliness, security, noise (especially from the community centre)
- Play area; upgrade to community centre: general care of the estate; bins area of Leontine
- Lighting
- The sensory and herb garden; the lack of benches and a café
- The way the rubbish, refuse and recycling area is laid out and managed;
- More parking areas for residents;
- Better play space for young ones and the youth;

- A better equipped and multifunctional Tenants Hall; with enough parking space; children's play area big enough to accommodate the increase that will take place; youth area.
- Restrict motorbike access from Buller Close and Commercial Way; access control to MUGA; soundproofing for the Community Centre;
- People encouraged to come together to improve communal areas;
- To allow people enough air and space to breathe;
- The positive thing about people always on site is that they are watching what happens on the estate.

Question 6: What aspects of the design of the new homes are important to you?

- Height and openness – the lower the better;
- I like houses with their own doors (front doors);
- None at all;
- Views, access, green spaces, open spaces; no wind tunnels; LIGHT; PRIVACY;
- The height of the new homes;
- Spacious, plenty of light introduce vertical growing of vegetables;
- The size of the bedrooms should be of a good size and structure;
- The new council homes;
- None. It's highly unlikely present residents will be offered any of the new properties. What I will say is that I hope the properties are not as 'ugly' as the properties close to the Baptist church in Peckham Park Road;
- It shouldn't tower over the existing buildings and should not block out the light;
- Security. Open spacious feeling at ground level. Avoiding overshadowing existing blocks. Bring existing blocks up to par, with solid main doors and a good paint and trim and fix longstanding damp issues;
- That people have enough light and space. We should all be given the opportunity to improve our homes, our boilers don't always work and the idea of seeing new homes built while ours are rotting seems unfair.

Question 7: Do you use the community centre? What do you like about it? What could be improved?

- Used for TRA, nothing else. Could be better advertised – events, etc. – and generally better maintained.
- Yes, I use it. Good to meet people. Good IT and sports facilities.
- I used the computer for my own job search.
- Yes, I come to TRA meetings.
- I only come for TRA but good to have events like this – council information.
- Yes – but not often.
- I use the community centre, I have attended sewing, keep fit, community meetings. More awareness needed for the population of Bells Gardens to enjoy all the facilities.
- The activities on offer that are interactive for young people.

- Yes, I do. More halls in the centre for hiring for parties, e.g. birthdays, marriage, etc,
- It serves its purpose. If you knock down the old you must replace it with new and all current tenants and users who want to continue to use it must not be compromised.
- I find it a bit small. Function rooms could be bigger and better equipped. Projectors and screens. They should have fully equipped kitchens. Parking.
- Yes I do. I like that it is available to all on the estate. Rooms are genuinely multi-purpose, from sport to church to meetings.
- Three sizes of room; conference, medium and large hall. Kitchen accessible from two rooms.
- Lobby is welcoming and encourages socialising.
- Improvements: Soundproofing, controllable ventilation, more power sockets.
- Yes! The SGTO does good work. I attend their meetings, updates, get printing done and encourage people I know across Southwark to do the same. I regularly use the resource room and the workshops that take place in the community centre. The late night parties could be improved and church groups. I would like to see the community centre become a hub for housing for SGTO as it does great work that should be preserved so people go there, especially as all the service centres close.

Question 8: Do you use the multi-use area or playground? What do you like about it? What could be improved?

- Do not use. MUGA needs updating with better locks and lighting. Play area is very run down;
- My great-grandchildren use the playground a lot and they love it;
- Yes - out of date, needs upgrading, like the park up the road;
- No;
- Some kind of locking feature at night time, it can be quite noisy;
- Presently, I do not use it but I have in the past when my children were small;
- No. But the children do and i like to see and hear them using the facility;
- My grandchildren play there, It's one of the highlights they look forward too in these area;
- I see a lot of children let of steam here. We can't deny them this;
- A more durable material to be used;
- For the flooring;
- I do not use it but like that it is well used and improves community sprit. Lighting is currently unreliable;
- Access control is important;
- Noise is an issue;
- No, I do not have young children but lots of people on the estate do. It is fantastic to see people playing there in the holidays, full families go there. It can sometimes be frustrating when people come with loud music in the summer months until late - but it also makes me feel safe as people are all doing some thing positive and watching over the estate - although it is noisy.

Question 9: Do you use the grassed areas? What do you like about them? What could be improved?

- Not used. Designed to prevent use or walking - could be much better.
- No, I don't.
- It's a lovely grassed area - kids play football on the grass, and the young families from school and on Sundays. The trees are beautiful.
- Not "use" but like the view of the greens.
- Yes, and like the trees
- I like to see grassed areas because it is about nature and fresh air and oxygen to purify our bodies and homes.
- Yes. We need as much green space as possible in urban areas
- The grassed areas we use as a community. When we come together for our outdoor functions.
- Other families use it.
- I love the grassed areas. The one by the CC is currently ruined by constructors access & fencing, overdue to be made good.
- It would be nice to have a green area where dogs are kept out so you can lie on the grass.
- Yes, I like the hills in the grass area. I walk my dog there and feel very safe

Question 10: Please tell us about your experience of living in this area:

- Love the diversity but the buildings and landscaping prevent people from coming together as a community.
- It's a good area and location.
- Routes into London central area
- No good
- The young people round here haven't got any respect
- It's been here since 1980 - I have lots of friends the estate is peaceful, walking out is not a problem.
- It's well supported by TRA members/ council housing officer.
- Some noise issues and a bit of ASB but overall quite nice place to live.
- Excellent - friendly neighbours.
- Can be interesting at times, you may want to incorporate security into your design.
- I have lived in this area for 20 years - I like it because of the proximity to the town centre because of my mobility disability. Also I have over the years established a good relationship with my neighbours.
- Good amenities growing up - playground and activities at the council community centre.
- It is a nice place to live, but the problem to taking drugs, people come from other places and mess the estate, e.g. they wee/ poo on the stairs. The security doors are destroyed permanently / frequently.
- I have live here for nearly 39 years what do you want to know?
- I have lived in this area for about 18yrs.
- I must say things have deteriorated in the last 5 to 6 years.

- Having a lot of challenges with rough sleepers.
- The area dirtier and a lot of parking space challenges.
- It is a good community, Mostly people who have been here many years.
- there are problems of ASB but those should decrease when Edwin House gets new doors. I wish people in my block were more careful when dumping rubbish.
- It is hard when you see all of other bits of the borough being improved where the yellow brick gets nothing. There should not be a division in tenure and everyone should have decent housing.

Additional comments

- I hope this isn't a waste of our time. And our concerns will be attended to.

Project group member numbers are included in a spreadsheet. We have gathered 13 people so far.

**HEALTHY COMMUNITIES SCRUTINY COMMISSION
MUNICIPAL YEAR 2018-19**

AGENDA DISTRIBUTION LIST (OPEN)

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

Name	No of copies	Name	No of copies
Health Partners		Council Officers	
Matthew Patrick, CEO, SLAM NHS Trust	1	David Quirke-Thornton, Strategic Director of Children's & Adults Services	1
Jo Kent, SLAM, Service Director, Acute CAG, SLAM	1	Andrew Bland, Chief Officer, Southwark CCG	1
Sarah Willoughby, Head of Stakeholder Relations King's College Hospital KCH FT	1	Malcolm Hines, Southwark CCG	1
Members		Kevin Fenton, Director of Health and Wellbeing	1
Councillor Davis Noakes (Vice-Chair)	1	Jin Lim, Consultant Public Health	1
		Jay Stickland, Director Adult Social Care	1
		Sarah Feasey, Legal	1
		Chris Page, Head of Cabinet Office and Public Affairs	1
		Steffan John, Liberal Democrat Office	1
		Julie Timbrell, Scrutiny Team SPARES	10
		External	
		Tom White, Southwark Pensioners' Action Group	1
		Aarti Gandesha Healthwatch Southwark	1
		Elizabeth Rylance-Watson	1
<u>Electronic agenda (no hard copy)</u>		Total:27	
Members		Dated: September 2018	
Councillor Barrie Hargrove (Chair)			
Councillor Jack Buck			
Councillor Radha Burgess			
Councillor Gavin Edwards			
Councillor Leanne Werner			
Councillor Maria Linforth-Hall			
Reserves			
Councillor Damian O'Brien			