

Overview & Scrutiny Committee

Monday 10 March 2014

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

List of Contents

Item No.	Title	Page No.
5.	Impact of Regeneration on Leaseholders	1 - 15
7.	Final Scrutiny Report: Access to Healthcare Services (Health, Adult Social Care, Communities & Citizenship)	16 - 48
8.	Final Scrutiny Report: Community Wardens (Housing, Environment, Transport & Community Safety)	49 - 57



The redevelopment of Earls Court and West Kensington

Moving to a new home - What will happen and when



Introduction

This booklet provides important information about the redevelopment of Earls Court, how it affects you and your family and when new homes are likely to be available for qualifying tenants, leaseholders and freeholders.

In April the Government gave its consent to the land transfer of West Kensington and Gibbs Green estates to developer EC Properties LP, a wholly-owned subsidiary of Capital & Counties Properties PLC (Capco).

This means that work is likely to start soon on the redevelopment of the area, rebuilding homes that are currently on the estates while bringing many other improvements to the area, such as new job opportunities, improved transport infrastructure, a school, parks, a health centre and new sports facilities.

The developer, EC Properties LP has now submitted to Hammersmith & Fulham Council a draft construction timetable, which includes information on when people are anticipated to move into their new home. Construction will happen in phases to ensure old homes can only be demolished when new homes are built and ready to move into.

The construction timetable is intended to ensure that residents on the estates are rehoused within ten years, rather than the original 20 year estimate.

Who is a qualifying resident?

Secure Council Tenants or tenants of Family Mosaic, London and Quadrant or Shepherds Bush Housing Association.

Resident home owners who have lived in the property for at least 12 months prior to the Effective Date, excluding people who submitted a Right to Buy application after June 2011.

Please note: if you submitted your Right to Buy application after June 2011 (the date EC Properties LP submitted their planning applications) you will be classed as a non-qualifying homeowner for the purposes of the benefits package that you will receive - see page 10 for more details.



All qualifying residents living on the estates will be offered new homes as well as compensation. You will only have to move when your new home is ready. You will be able to decide the internal look and feel of your new home.

New homes will be built in phases, allowing old homes to be demolished. This information pack tells you when this will happen and provides you with other information on how you will be affected.

EC Properties LP is holding exhibitions in July and September where you will be able to see for yourself the types of homes that will be built and the wider neighbourhood improvements. Officers from the Council will be on hand to answer your questions.

The July exhibition will be happening at the Museum Hall, Earls Court Exhibition Centre on July 8, 9 and 10th between 4pm and 8pm.

Officers from Hammersmith & Fulham Council will be visiting residents on the estates, starting with those in phase one, in the coming months to explain this in detail and to find out what type of home you are likely to be provided with.

What is the effective date?

The effective date is when the Council has certainty that the development is going ahead. For this date to be triggered, EC Properties LP must obtain all necessary planning consents for the development, including legal agreements.

if you are a qualifying homeowner at this point you can either:

- purchase a new home in the development or
- ask the council to buy your property



Bringing new homes and jobs to the area... the story so far

We are now able to talk to qualifying residents about when your new home is anticipated to be ready to move into.

This follows more than four years of talking to local residents and weighing up the advantages of including the estates in the redevelopment.

In January 2013 Hammersmith & Fulham Council signed an agreement to include the Gibbs Green and West Kensington estates in the redevelopment of Earls Court, believing that redevelopment will bring many benefits to local people, the neighbourhood, the borough and London as a whole.

In April 2013 the Government gave its consent to the transfer of the estates to developer EC Properties LP.

In June 2013 Hammersmith & Fulham agreed what is called a 'Local Lettings Plan' for the area, which helps us allocate homes according to eligible tenant's needs.

We believe redevelopment will bring a brighter future for young people, bringing the jobs, homes and community facilities that are badly needed. The Council recognises that there are local people who have concerns about the redevelopment and will do our best to answer your concerns and work

What needs to happen next?

The outline planning application and draft legal agreement needs to be considered by the Mayor of London. He will consider this in July 2013.

The draft legal agreements include a substantial developer's contribution to improving transport infrastructure, building a new school, health



with you to make sure we bring real benefits to the community.

A resolution to grant outline planning consent for the redevelopment of the estates was approved by the Council's Planning Applications Committee in September 2012.

The Royal Borough of Kensington and Chelsea granted outline planning consent for their element of the scheme in November 2012.

A detailed planning consent to build the first homes that will be needed on the former Seagrave Road car park was approved in March 2012. Further detailed planning applications for additional replacement homes to support the early phases of development will be submitted later this year.

In the first phase, it is anticipated that the majority of new homes will be reprovided on the Seagrave Road site, with additional homes provided at Mound Street, Lillie Road and Farm Lane.

centres, other community facilities and support for people who want to gain new employment skills in preparation for the estimated 9,500 jobs. The scheme will generate approximately £100 million per year spend in the local area to the neighbourhood and wider area.

Where and when will I move?

The plans show the draft phasing plan provided by developer EC Properties LP.

It shows that 151 homes will be in the first phase with people moving to either Seagrave Road, Mund Street, Lillie Road or Farm Lane. People in this phase are expected to move between 2016 and 2018.

New sites (Farm Lane, Lillie Road and Mund Street) have been added in or near the redevelopment area to speed up the redevelopment process, with the intention that everybody will be rehoused within ten years rather than the original 20 year timeframe.

Where you will move will be dependant on what kind of home you need or require. Replacement houses, maisonettes and flats will be built on Mund Street, Lillie Road, Farm Lane and Seagrave Road, subject to planning permission.

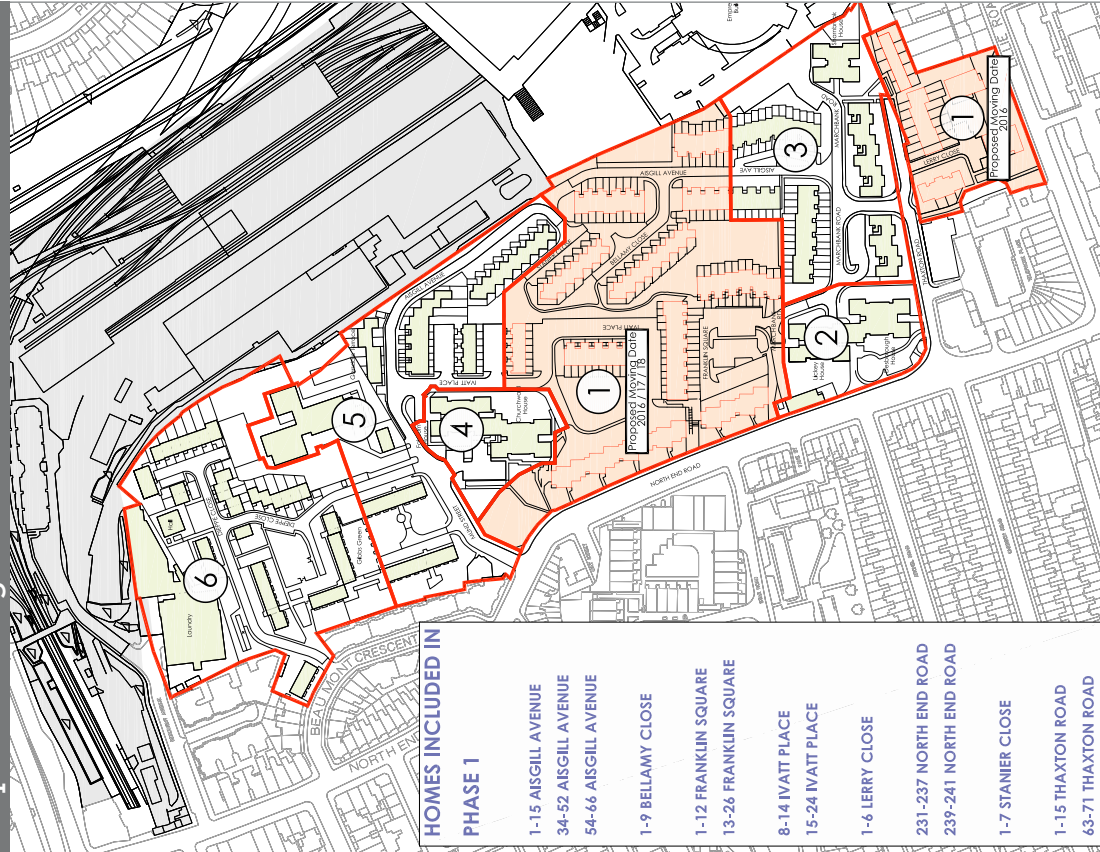
People will only have to move once, when their new home is ready to be occupied.

Rehousing officers will be visiting everybody in Phase One over the coming months to talk about your individual housing needs and requirements

From this we will be able to determine the type of home that you need or require. We should be able to tell you this early in the New Year

For people in later phases we will be coming to talk to you next year

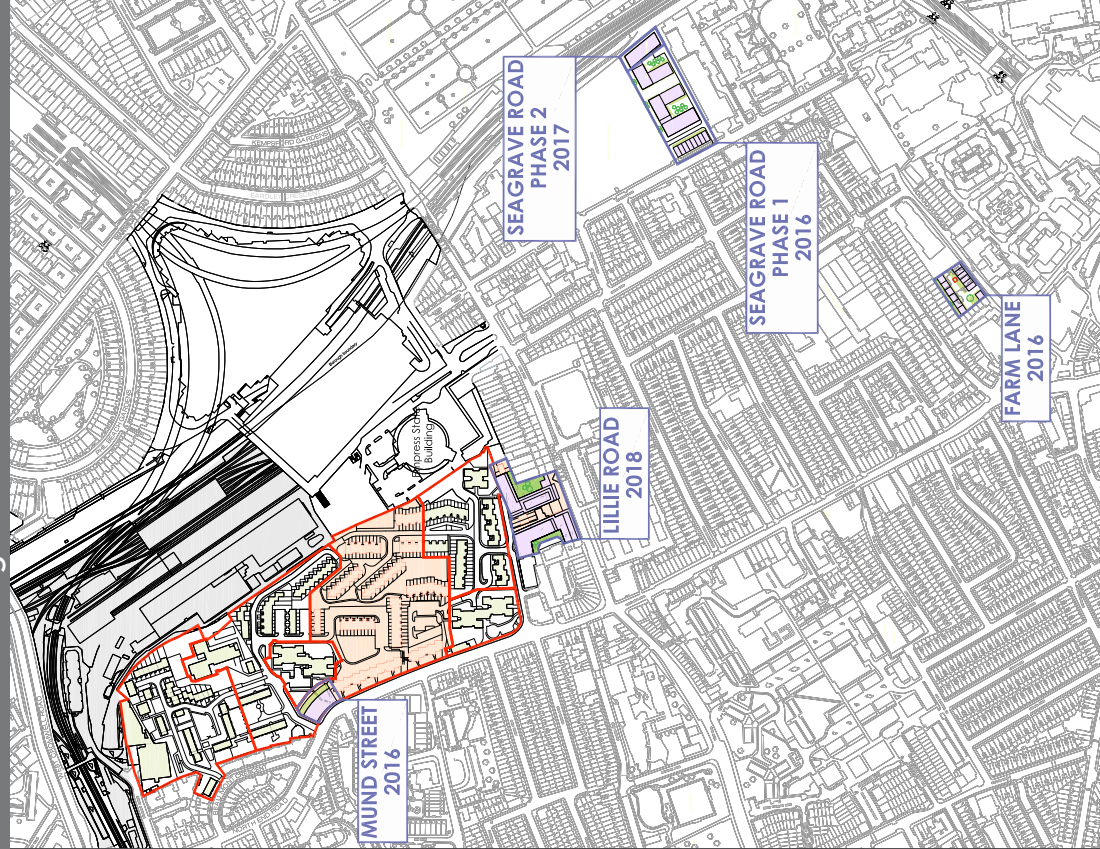
Proposed moving dates - Phase One



HOMES INCLUDED IN PHASE 1

- 1-15 AISGILL AVENUE
- 34-52 AISGILL AVENUE
- 54-66 AISGILL AVENUE
- 1-9 BELLAMY CLOSE
- 1-12 FRANKLIN SQUARE
- 13-26 FRANKLIN SQUARE
- 8-14 IVATT PLACE
- 15-24 IVATT PLACE
- 1-6 LERRY CLOSE
- 231-237 NORTH END ROAD
- 239-241 NORTH END ROAD
- 1-7 STANIER CLOSE
- 1-15 THAXTON ROAD
- 63-71 THAXTON ROAD

Resident rehousing sites - Phase One





Design your own home

- People will be able to design the internal look and feel of their home
- You will have a choice of floor coverings, the colour of walls, curtains or blinds and a choice of white goods
- You will be able to decide whether you prefer an open plan kitchen/living area or a separate kitchen and living area

The phasing plans on the previous pages show proposed moving dates.



Home owners

The Council will make an offer to purchase all leasehold and freehold properties on the estates from what is known as 'The Effective Date' (see page 2)

From the 'Effective Date' you will have 12 months to decide whether to sign the leaseholder and freeholder contracts. Acceptance does not mean you will have to move immediately, because the development will happen in phases over several years.



Contracts for qualifying tenants and home owners

For well over a year we have been discussing contracts for qualifying tenants and home owners with residents across the estates.

The Council has also worked with tenant, leaseholder and freeholder representatives from the West Kensington and Gibbs Green Residents' Steering Group to draft the final contracts. Terms have now been finalised and form an important part of the Conditional Land Sale Agreement (CLSA), signed between Hammersmith & Fulham Council and the developer EC Properties LP.

The Council is confident that residents are benefiting from one of the best deals ever negotiated compared to similar regeneration projects across the country.

The information below sets out the major terms for qualifying tenants and home owners.

Secure Council Tenants:

- Will remain Secure Council Tenants
- If you have lived in your property for at least a year, you will receive home loss compensation, currently at £4,700
- All reasonable moving costs will be covered, including removal vans (which the council will organise), redirection of mail, disconnections and reconnections of gas, electricity and water supply
- You will be assisted to move by your new, dedicated rehousing officer. If you choose to move to a new home within the redevelopment area, your new home will come with a new fridge freezer, washing machine/dryer, dishwasher and oven/hob along with new carpets and curtains. This will not be deducted from your home loss compensation

- If you are allocated a home without a garden and you currently have one, you will receive £5,000 compensation
- If you have exclusive use of off-street parking, you will be provided with a secure car parking space in the new development and £5,000 compensation
- If you have lived on the estates for more than 20 years when you move you will receive an additional sum of compensation

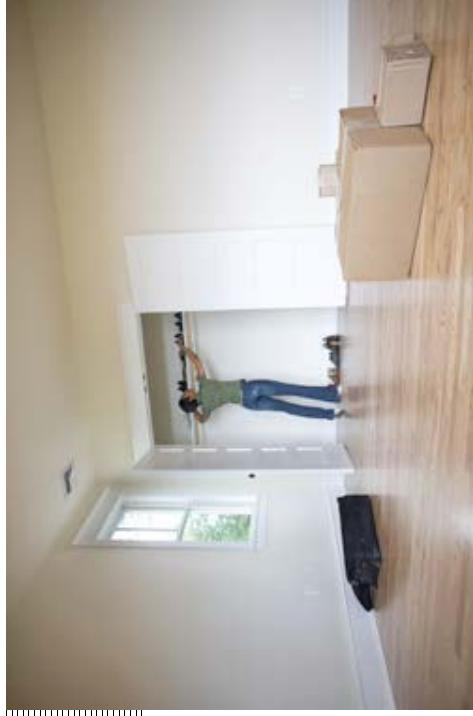
Tenants of Family Mosaic, London and Quadrant or Shepherds Bush

- You will have the choice on whether you want to become a Secure Council Tenant
- You will receive the same guarantees as Secure Council Tenants

If you would like to talk to your landlord contact:

Shepherds Bush Housing Group

- Kirsty Martin
Tel: 020 8996 4200
- London and Quadrant
Paul Bott
Tel: 08444 069 000
- Family Mosaic
Ben Campbell
Tel: 020 7089 3356



Homeowners

What type of contract will I be offered?

The precise terms of the offer will depend on which of the three categories you fall in:

A Resident homeowner. You have lived in and owned your property for at least 12 months prior to the 'Effective Date', excluding Right to Buys post June 2011. Please note: If you submitted a Right to Buy application after June 2011 (the date EC Properties LP submitted their planning applications) then you would not classify as a resident owner.

B Non resident homeowner. You own a home but do not live in it.

C Non qualifying owner. You have neither owned nor lived in the property for 12 months prior to the 'Effective Date'. Please note: If you submitted a Right to Buy application after June 2011 (the date EC Properties LP submitted their planning applications) then you will be classified as a non-qualifying owner.

If you are in any doubt as to which category you are in, please feel free to contact us on the phone numbers highlighted later in this booklet.



Resident home owners

- You will get the full market value of your home
- In addition to market value, you will receive Home Loss compensation of 10% of the value of your home. This is capped at £47,000
- If you choose to move to a new home in the redevelopment you could also receive a 10% discount, if you sign up early
- You will need to use the full value you receive for your old home and your Home Loss Compensation to purchase your new home in the redevelopment area
- If, after the 10% early purchase discount you still cannot afford to purchase a home in the redevelopment outright, the Council will hold the remaining equity. Providing your equity equates to a minimum of 25% you will not have to pay any rent on the Council's equity
- You will be entitled to an independent valuation
- You will be compensated for any reasonable costs as a result of moving, such as legal fees, removal expenses and redirection of mail. The council will organise and pay for your removal van
- Service charges for all existing resident leaseholders will be capped at the existing level for five years after you purchase your new property
- Service charge for existing resident freeholders will be capped at a maximum of £1,000 per annum for five years after you purchase your new property





Non resident home owners

- You will get the full market value of your home
- You will receive a Basic Loss Payment of 7.5% of the value of your home
- You will be entitled to an independent valuation
- You will be compensated for any reasonable costs of purchasing an equivalent property elsewhere in the UK
- At any time from the 'Effective Date' that the Council needs your home for redevelopment, you will be able to serve a notice on the Council requiring them to purchase your property within 10 weeks



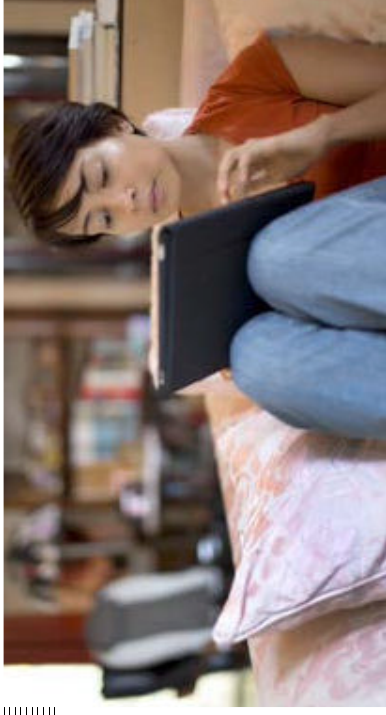
What type of home will I be offered?

- Qualifying owners will be offered a brand new home that matches your current number of bedrooms. Your new home will meet the space standards set out in the London Housing Design Guide published by the Mayor of London
- If you would like your new home to be smaller or larger than your existing home, the Council will discuss this with you, but it may not always be possible to accommodate your wishes, depending on when your new home is to be provided. If a larger property is available you will need to put in more money to make up the difference
- All new homes will be registered with a reputable warranty provider, such as the National House-Building Council, generally used by builders to guarantee new homes

For more details on the layout and sizes of new homes please refer to the information pack that was sent to you in October 2012. This is also available online at www.lbhf.gov.uk/westken
You can also contact the team using the details on page 15.

Non qualifying home owners

- You will get the full market value of your home
- You will receive a Home Loss Payment of 10% of the value of your home
- You will be entitled to an independent valuation
- You will be compensated for any reasonable costs as a result of moving, such as legal fees, removal expenses and re-routing of mail
- At any time from the 'Effective Date' that the Council needs your home for redevelopment, you will be able to serve a notice on the Council requiring them to purchase your property within 10 weeks



Tenants

What type of home will I receive?

QUALIFYING TENANTS
The table below sets out the types of homes that will be allocated according to your needs.

Officers from Hammersmith & Fulham Council will be visiting every property in the first phase over the coming months to talk to people about individual needs. This will help us establish what type of home you will be allocated.

Your new home will meet the space standards set out in the London Housing Design Guide published by the Mayor of London.

Under-occupying tenants will receive a new home that meets their housing need, plus one extra bedroom if they want it.

Size of household	Size of property
Single person	1 bedroom
Couple without children	1 bedroom
Two adults of the same sex and generation for example flat sharers or two siblings	2 bedroom
Couple expecting a child or with a child, including an adult son or daughter	2 bedroom
A couple with two children of the same sex	2 bedroom
Two adults of opposite sex who do not live as a couple for example, brother and sister	2 bedroom
A couple with two children of opposite sex and both under 10	2 bedroom
A couple with two children of opposite sex one of whom is over 10	3 bedroom
A couple with three children	3 bedroom
A couple with four children (all of the same sex or two of each sex)	3 bedroom
A couple with two children of the opposite sex under 10 and one dependent relative (for example widowed mother)	3 bedroom
A couple with four children (three of one sex and one of the opposite sex)	4 bedroom
A couple with more than 4 children	4 bedroom
A couple with 3 children and one dependent relative	4 bedroom



Your questions answered

Tenants

The redevelopment of Earls Court and West Kensington

Q I am a secure council tenant, will I remain so?
Yes.

Q I am elderly and on my own – what help will I get?
Your rehousing officer will help you every step of the way. We will be able to provide extra support, including all aspects of the move and packing and unpacking belongings, if you are unable to do this.

Q My son is disabled and my home has been specially adapted. Will my alternative home be the same?
Yes. Any adaptations required for your new home will be made before you move in, assisted by an occupational therapist.

Q I am currently overcrowded. Will I move into a larger new home?
Yes. The Council will ensure that your new home meets the legal number of bedrooms for your family.

Q I am in Phase One of the move. Can I choose which of the five sites I can move to?
The site you move to will be determined by the needs of your household.

Q I am interested in moving elsewhere in the borough. Will I be given priority on the transfer list?
Yes, we will help you move out of the redevelopment area if that is what you prefer.

Q My son is unemployed. How will he benefit through the employment opportunities?
There will be training and employment support for people who wish to gain new skills.

Q Will I have to pay more rent?
If you move into the redevelopment area, your rent will continue to be calculated in the same way as it is now, for the new property.

Q Do I have to pay a service charge for my new home?
Yes. Service charges for new homes will be calculated in the same way as service charges are now.

Q I like where I live now, what happens if I don't want to move?
We understand that change is difficult. However, we are confident that the redevelopment will provide a better place for you to live with new, modern and energy efficient homes.

Homeowners

Q How do I know that I will receive a fair price for my home if I sell it to the Council?
Your home will be valued, free of charge, by an independent valuer as part of the process when the Council comes to buy your home. The valuer will be a member of the Royal Institution of Chartered Surveyors - The recognised profession for such work.

Q Do I have to pay a service charge for my new home?
The basis on which the valuation will be made will be set out in the leaseholder/freeholder contract. You should not receive a lower price for your home than you would if your home had been acquired by the Council, under a Compulsory Purchase Order.

Q If you do not agree with the valuation and you believe your home is worth more, then you will have the opportunity to challenge this, either by reference to an independent panel of valuers or by reference to a formal tribunal (known as the Upper Tribunal Lands Chamber) established by the Government.

Q What if I paid more than my home is worth when the Council comes to buy it?
If you do decide that you do not want a new home in the redevelopment and you bought your home before February 2011, then the Council will, as a minimum, pay the price you paid for your home.

Q What if I don't want a new home in the development but want the Council to buy my home, when will this happen?
At any point after the 'Effective Date', (see page 2) subject to having signed the contract, you can require the Council to purchase your home within 10 weeks.

Q If I sign up for a new home in the redevelopment area am I bound by this decision or can I change my mind later on?

When the time comes for the Council to purchase your home, we will give you time to reconsider whether you still want a new home in the redevelopment. You will be able to decide at that point if you want to proceed or not.

Q If I am entitled to a new home in the redevelopment, what will it be like? What assurances are there that it will be a good quality home?

You will be offered a brand new home that matches your current number of bedrooms. Your new home must meet the space standards set out in the London Housing Design Guide published by the Mayor of London.

If you would like your new home to be smaller or larger than your existing home, the Council will discuss this with you, but it may not always be possible to accommodate your wishes, depending on when your new home is to be provided. If a larger property is available you will need to put in more money to make up the difference.

All new homes will be registered with a reputable warranty provider, such as the National House-Building Council, generally used by builders to guarantee new homes.





Living on the estate during construction

- The Council will ensure the estates continue to function normally during construction and will not allow any work to start until we are satisfied that proper plans to minimise disruption will be put in place.
- The construction plan will ensure that there is sufficient space between construction and the nearest homes
 - The construction site itself will be hoarded up
 - We will ensure there is no disruption to services, such as bin collections
 - We will ensure that vehicles can easily access all areas
 - Builders will belong to the nationally recognised 'Considerate Construction Scheme' with agreed hours of work
 - We will be talking to people in later phases about this next year



We are here to help you

Please come to the exhibition that has been organised when officers from Hammersmith & Fulham Council and EC Properties LP will be on hand to answer your questions. The details of this are enclosed in the letter.

Officers from Hammersmith & Fulham Council will be visiting every property in the first phase over the coming months to answer your questions and to discuss your housing needs.



Contact us

We are opening an Estates Regeneration Office at 11 Mund Street, which will open immediately after the exhibition.

You can also email your questions to westken@lbnf.org.uk

Come and meet the team



Tomasz Kozlowski
Head of Area
Regeneration
Earls Court
Tel: 020 753 4532



Janey Haigh
Project Manager
(joining in August)
Tel: 020 8753 6756



Christine Donnelly
Community
Engagement Officer
Tel: 020 8753 6445



Paula Sterling-Lawless
Rehousing Officer
Tel: 020 8753 6984



Carmel Benson
Rehousing Officer
Tel: 020 8753 5571

Join your resident group

Residents active in lobbying the Council to ensure that they get the best possible deal formed the West Kensington and Gibbs Green Residents' Steering Group over 3 years ago. This Steering Group is open to any resident on the estates who wishes to join. **If you would like to join the group you can contact them by phoning 0754 7020170 or by emailing them on westkensteeringgroup@hotmail.co.uk.** You can also join the West Kensington Tenants and Estates Residents Association or the Gibbs Green Tenants and Residents Association

West Kensington Tenants and Estates Residents Association

Sally Taylor
c/o Flat 7, 231 North End Road,
W14 9UQ

Gibbs Green Tenants and Residents Association

Diana Belshaw
c/o Flat 7, 231 North End Road,
W14 9UQ

This is a document about your home and your neighbourhood. If you would like this in large print, Braille or any other format please contact 020 8753 5571

Arabic

هذا مستند يتعلق بمنزلك وبالحي الذي تسكن فيه. إذا كنت
تود الحصول على نسخة مترجمة من هذا المستند بلغتك،
فيرجى الاتصال برقم 020 8753 5571

Albanian

Ky është një dokument në lidhje me
shtëpinë tuaj dhe lagjën tuaj. Nëse
dëshironi ta keni këtë të përkthyer në
gjuhën tuaj, ju lutemi kontaktoni në
telefonin 020 8753 5571

Bengali

এটি আপনার ঘর ও নেইবারহুড নিয়ে লেখা একটি ডকুমেন্ট।
আপনি যদি এটি আপনার ভাষায় অনুবাদ চান তাহলে দয়া
করে 020 8753 5571 নাম্বারে যোগাযোগ করুন।

Farsi

این متن سندی راجع به منزل و محله شماست. اگر می
خواهید به زبان شما ترجمه شود، لطفاً با شماره
020 8753 5571 تماس بگیرید.

French

Ce document concerne votre logement
et votre voisinage. Si vous souhaitez qu'il
soit traduit dans votre langue, appelez le
020 8753 5571 .

Polish

Jest to dokument dotyczący mieszkań i
okolicy, w której się zamieszkuje. Aby uzyskać
przetłumaczenie na swój język, proszę zgłosić
się pod nr: 020 8753 5571 .

Portuguese

Este documento diz respeito à sua
casa e ao seu bairro. Se desejar obtê-lo
traduzido para a sua língua, ligue para o
número 020 8753 5571 .

Somali

Dukumintigaani wuxuu ka hadlayaa
gurigaaga iyo xaafaddaada. Haddii
aad jeclaan lahayd in dukumintiga
luqaddaada laguugu turjumo fadlan la
xiriir 020 8753 5571 .

Spanish

Este documento trata sobre su vivienda y
su barrio. Si desea una versión traducida
a su idioma, llame al 020 8753 5571 .

Tagalog

Ito ay isang dokumento tungkol sa
inyong tahanan at kapitbahayan. Kung
nais ninyong maisalin ito sa sariling wika,
pakitawagan ang 020 8753 5571.

Turkish

Bu eviniz ve oturduğunuz semt ile ilgili bir
belgedir. Dilinize tercüme edilmesini isterseniz
lütfen 020 8753 5571 'i arayın.

Urdu

یہ دستاویز آپ کے گھر اور قرب و جوار کے بارے میں ہے۔ اگر آپ
اس کا ترجمہ اپنی زبان میں چاہتے ہیں تو براہ مہربانی فون نمبر
020 8753 5571 پر رابطہ کریں۔

Presentation of Homeowners case to Scrutiny and Overview – A brief overview of the impact of regeneration on Southwark Homeowners

In October 2013, the Homeowners Council (HOC) presented a deputation to the cabinet . The key issues that affect Homeowners were highlighted in that deputation.

1. In particular, HOC was concerned about the impact of regeneration on those homeowners who have come under tremendous pressure to sell their homes at significantly less than the value those homes are worth, to give way to the regeneration of affected areas. For example, the Aylesbury and Heygate estates.
2. In those areas, the market value of those homes are depreciated by as much as 32% less than their open market value to allow developers to acquire them. In the case of Terry Redpath, his home was devalued by 28%. In the case of another homeowner in the same area, her home was devalued by 34%. The open market value is £240k for a five bedroom flat in the same area. However, the homeowner was being ‘forced’ to sell her home for £172k; a net loss of £58k.
3. The usual persuading argument is that the homeowner faces hefty major works bill if they stayed or be forced to sell via compulsory Purchase order (CPO). Many of them who have not sold are facing as much as £15 – 20K major works bills in the next few years, on top of annual service charges averaging around £3,000 attributed largely to rising cost of energy bill and astronomical maintenance cost of outdated boiler room that supplies this areas. It has been shown that 60% of the energy cost is attributed to the maintenance of the outdated boiler which is more than 30 years old. Future plan to update this facility will generate more major works bill that will run into tens of thousands for affected homeowners.

The solution proposed by HOC

HOC recognise that growth may be necessary through infill and densification but believe that **homeowners within estates must not lose financially as a consequence.**

The Homeowners Council proposes the following to be effected immediately:

4. **Amenity land value** – and opportunity to compensate homeowners for loss of amenity through reduced major works costs. In the case of Aylesbury those homeowners who are losing out should be compensated for the loss or offered like-for-like value replacement asset.
5. **Suspension of service costs during works**, recognising that construction works will have temporary but major impact on our environment and propose the transparent incorporation of all relevant estate service costs into construction costs for new developments and refurbishment
6. Opportunity for **same size equity share** replacement ownership. The value of equity must be based on open market value. For example Mr Redpath should have been offered equity worth £220k and not £172k.
7. **True market value of current accommodation** to ensure a fair equity share in new accommodation. The true value must be based on current open market value.
8. **In-borough homeowners transfer to new and existing developments** to facilitate redevelopment of current estates. Those who transfer should be given the option to return.
9. **Provide guarantees for the reduction of estate service costs** on completion of refurbishment and development works

OVERVIEW AND SCRUTINY COMMITTEE 10 MARCH 2014

COMPARISON OF DISCRETIONARY ASSISTANCE GIVEN TO RESIDENT LEASEHOLDERS

The Schedule sets out a comparison of discretionary assistance by a selection of London councils to leaseholders where it is necessary to acquire their home from them.

These measures only apply to leaseholders that have occupied the property concerned for at least twelve months prior to purchase as their only or principal home.

These assistance measures are in addition to the statutory entitlement of the leaseholders concerned namely:

- Market Value
- Home Loss 10% of market value
- Disturbance
- Legal fees
- Surveyor fees.

The table shows Southwark is in the only Council that does not have a policy of offering shared equity products for displaced leaseholders. This is recognised and a full report will shortly be made to Cabinet recommending that this product be available for occupying leaseholders that are to be displaced.

Some Councils offer equivalent exchange whereby a leaseholder swaps his/her property for another of the same value. This has been considered but the properties being regenerated in this Borough tend to be at the lowest level of the value scale. There are unlikely to be similar equivalents that aren't part of regeneration schemes so such an offer would be hollow.

In the draft policy for the Earls Court regeneration Hammersmith and Fulham propose to allow leaseholders that enter into early agreements to sell their homes to receive a 10% discount on the purchase of a new replacement home built as part of the regeneration. Such an initiative will be at a cost to the Council either in terms of a direct subsidy to leaseholders or a reduced offer for the land being sold. It should also be mentioned the affordable housing under this regeneration is 20% of the total new homes being built which enables more money to be made available for the initiative. Should that Borough take forward this policy it will be monitored in terms of its success in bringing forward early agreements, costs and potential issues (i.e. what happens if the value of the new property falls between the leaseholder committing and the property being constructed).

OVERVIEW AND SCRUTINY COMMITTEE 10 MARCH 2014

COMPARISON OF DISCRETIONARY ASSISTANCE GIVEN TO RESIDENT LEASEHOLDERS

Authority	LB Southwark	LB Newham	LB Hackney	LB Hammersmith & Fulham	City of Westminster	LB Camden
Scheme	General Regeneration schemes	Canning Town and Custom House	Woodberry Down	Earls Court	General housing regen schemes	Bacton Low Rise
Source document	Leaseholder Toolkit	Regeneration Programme Residents' Charter 2011	Leaseholder Options April 2012	Draft Principles for consultation	Draft Policy Jan 2013	Step-By-Step Guide: Lease Buy Back (updated June 2013)
Shared ownership	Yes	No	Yes	Yes	Yes	No
Shared equity	No but under consideration	Yes	Yes	Yes	Yes	Yes
Secure tenancy	Subject to qualification	Not covered	Where vulnerable	To satisfy housing need obligations	In exceptional circumstances	No
Equivalent exchange	No	Where available	Where available	Can be explored	No	Where available
Early agreement 10% discount	No	No	No	To purchase replacement home in regeneration	No	No

OVERVIEW AND SCRUTINY COMMITTEE 10 MARCH 2014

SURVEYOR'S FEES

Prior to the confirmation of a Compulsory Purchase Order the Council has not liability to reimburse the fees incurred by a leaseholder in being represented by a surveyor. However to enable negotiations and to proceed and agreed purchases to be made prior to a compulsory purchase order even being made the Council undertakes to reimburse to leaseholders reasonable costs incurred in being represented by a surveyor. In order to mitigate this liability and to discourage unnecessarily protracted discussions a cap on the level of fee that is reimbursed is applied. This is applied to all regeneration schemes. In special circumstances where there is justification the cap will be increased by agreement and following consultation.

Many surveyors do not have a problem with this approach; a minority however seek to have their fees reimbursed on a hourly basis. Such a basis incentives them to maximise meetings, communications and to drag matters out as much as possible because the more time that is spent on matters the more money the surveyor in question will earn. This is contrary to the interests of the public purse. Indeed, The President of the Supreme Court, Lord Neuberger said at the Tom Sargant Memorial Lecture on 15 October 2013 in relation to legal fees and the costs of justice "where the service is legal advice or representation, there is a public interest in keeping the charge as low as possible. In this connection, the centrality of the hourly rate appears to me to be malign." He continued "it encourages inefficiency or worse: if a lawyer is short of work, it can be surprising how much time a particular task takes. And paying by reference to the hourly rate rewards the slow and the ignorant lawyer at the expense of the speedy and knowledgeable lawyer." It is contended this rationale should also apply to surveyors fees in land compensation matters that ultimately are met from the public purse.

OVERVIEW AND SCRUTINY COMMITTEE 10 MARCH 2014

COMPARISON OF DISCRETIONARY ASSISTANCE GIVEN TO RESIDENT LEASEHOLDERS

The Schedule sets out a comparison of discretionary assistance by a selection of London councils to leaseholders where it is necessary to acquire their home from them.

These measures only apply to leaseholders that have occupied the property concerned for at least twelve months prior to purchase as their only or principal home.

These assistance measures are in addition to the statutory entitlement of the leaseholders concerned namely:

- Market Value
- Home Loss 10% of market value
- Disturbance
- Legal fees
- Surveyor fees.

The table shows Southwark is in the only Council that does not have a policy of offering shared equity products for displaced leaseholders. This is recognised and a full report will shortly be made to Cabinet recommending that this product be available for occupying leaseholders that are to be displaced.

Some Councils offer equivalent exchange whereby a leaseholder swaps his/her property for another of the same value. This has been considered but the properties being regenerated in this Borough tend to be at the lowest level of the value scale. There are unlikely to be similar equivalents that aren't part of regeneration schemes so such an offer would be hollow.

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OVERVIEW AND SCRUTINY COMMITTEE 10 MARCH 2014

COMPARISON OF DISCRETIONARY ASSISTANCE GIVEN TO RESIDENT LEASEHOLDERS

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Southwark Health, Adult Social Care, Communities and Citizenship Committee

Inquiry into Access into Health Services in Southwark

Introduction

Access to health services throughout the Borough of Southwark is varied, with differing issues presenting at each access point.

Each of these issues is interlinked, and an under-performance in one sector will necessarily impact on other health services.

With increased, sustained pressure on health service it is important, now, more than ever, to have services which are truly delivering for our residents.

This Committee therefore decided to consider the range of health services provided in Southwark, and the ways in which our residents interact with these. In doing so, we found a number of key issues which are leading to strains being placed on other health services.

In this report, we set out a number of recommendations to help alleviate some of this pressure and ensure that Southwark residents are able to access the highest quality of healthcare services.

Terms of the inquiry

The inquiry focused on four areas of concern:

1. **Access to out of hours care** – specifically the 111 Service and rollout in Southwark
2. Understanding the reasons for **increased use of A&Es** over winter and how this could be reduced
3. **Access to individual GP surgeries and walk-in centres**
4. The **implications of the TSA and KHP merger** on access to emergency and urgent care

Oral evidence session attendees

Evidence was received from:

- Kings College Hospital
- Guys and St Thomas' Hospital
- South London and Maudsley (SLaM)
- Southwark Clinical Commissioning Group
- Public Health, Southwark & Lambeth
- Healthwatch
- Southwark Council Cabinet Member for Health
- NHS England
- London Ambulance Service
- Local Medical Committee
- Southwark Residents through an online survey

The following appeared in person before the Health, Adult Social Care, Communities and Citizenship Committee:

- Harjinder Bahra, Equality and Human Rights Manager (SCCG)
- Andrew Bland - Chief Officer, (SCCG)
- Kevin Brown, Assistant Director Operations for South London, London Ambulance Service
- Steve Davidson, Service Director, Mood Anxiety and Personality Clinical Academic Group, SLaM
- Angela Dawe - Director of Community Services, GST
- Dr Roger Durston, GP Clinical Lead for Mental Health (SCCG)
- Dr Katherine Henderson - Clinical Lead, Guy's & St Thomas' NHS Foundation Trust (GST)
- James Hill - Head of Nursing for the Emergency Dept, GST
- Dr Patrick Holden - Urgent Care clinical Lead, Southwark Clinical Commissioning Group (SCCG)
- Tamsin Hooton, Director of Service Redesign (SCCG)
- Gwen Kennedy, Director of Client Group Commissioning (SCCG)
- Alvin Kinch, Healthwatch
- Sarah McClinton, Director of Adult Care, Southwark Council
- Cllr Catherine McDonald, Cabinet Member
- Keith Miller, Ambulance Operations Manager at Waterloo, London Ambulance Service
- Hayley Sloan, 111 lead, (SCCG)
- Briony Sloper - Deputy Divisional Manager for Trauma and Emergency Medicine, King's College Hospital (KCH)
- Dr Ruth Wallis, Public Health Director, Southwark and Lambeth
- Jill Webb Deputy Head of Primary Care (South London) NHS England
- Nicola Wise, General Manager, Guys and St Thomas'
- Dr Amr Zeineldine, Chair of the NHS Southwark Clinical Commissioning Group (SCCG)

Contents

1. Summary of recommendations.....	4
2. The 111 Service.....	7
3. Accident and Emergency Departments.....	8
a. Problems with A&E departments	
b. Types of people presenting at A&E departments	
4. Access to General Practitioner Services.....	25
a. Pressures on GP services	
b. Access to GP services	
5. Kings Health Partner Merger.....	33

1. Summary of recommendations

The 111 Service

1. We recommend that the Clinical Commissioning Group should report an update when there are next discussions on the potential rollout of the NHS 111 Service in Southwark.
2. We recommend that the Clinical Commissioning Group should provide clarity on the telephone numbers that residents can use to access out of hours healthcare services in the borough.
3. We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group places signposting to healthcare services as a key priority for 2014/15, with key activities to reach all communities throughout the Borough.

Accident and Emergency Departments

4. We recommend that the Trusts regularly report to the Committee on current staffing levels and the ways in which they are working to ensure that they are adequate.
5. The Committee recommends that Hospital Trusts should report quarterly on the number of beds available to A&E patients and how this compares to the number of beds needed, with particular reference to emergency admissions for older people and people in mental health crisis.
6. The Committee commends the 'Not Always A&E' campaign and recommends that it is rolled out throughout the year to help promote public awareness of the alternative healthcare services that residents can access.
7. We further recommend that Public Health supports the CCG in their campaign, ensuring that public awareness of the alternative healthcare services increases.
8. We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group make raising the public awareness of the healthcare services available to Southwark residents a priority for the next year.
9. We recommend that the Clinical Commissioning Group continues its programmes working specifically with older people and that Public Health identifies the further support that we, as an Authority, can be giving them.
10. This Committee commends the work of the CCG, jointly with the Local Authority and community services to help people stay well at home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.

11. This Committee welcomes the work being taken forward by the Adult Social Care department. We recommend an update report on the services provided for older people with high needs to be made to the next Committee.
12. We recommend that further work is done by the Adult Social Care team within the Council, looking specifically at the ways in which we can identify and support older people to prevent admissions to A&E.
13. We remain concerned however that there seems to be a lack of co-ordinated action by the health community to tackle the issue of increased acuity of patients. The Committee recommends that the Health & Wellbeing Board place this as a priority for 2014/15 and that Public Health carries out a piece of research into the reasons behind the increased acuity in Southwark.
14. We also recommend the establishment of a joint working group, led by the CCG, and including the Council, Hospital Trusts, Public Health and Healthwatch to look specifically at the ways in which we can support those people with long-term conditions in the community, and reduce presentations at A&E wards.
15. We recommend that the Mental Health sub-group of the Lambeth and Southwark Urgent Care Board presents its final Action Plan to the Committee for further comment.
16. We recommend that the final draft of the Joint Mental Health Strategy is presented to the Committee ahead of publication for further scrutiny.
17. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.
18. We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.
19. The Committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.

Access to GP Services

20. We recommend that the CCG and Hospital Trusts work together to reduce the time taken for GP surgeries to receive outpatient reports. We also recommend the CCG look into the ways in which they can provide template forms and support to GPs to help them reduce the time taken on administrative tasks related to patient consultations.

21. We recommend that the Housing Options & Assessment and the Disabled Travel Team should carry out a review looking at the ways in which to influence customer signposting to ensure that residents are aware of the services that the Council provides in terms of assessing residents for blue badges and receipt of benefits.
22. This committee has actively followed and partaken in the consultation around the future provision of health services at the Dulwich Hospital site. We have welcomed the work done by the CCG, and the Committee recommends that the CCG provides an update as necessary.
23. We recommend that the CCG report back to the Committee on the Lister Urgent Care Centre once more work has been done on the preferred option for the provision of urgent care services in the south of the borough.
24. We recommend that GP services promote the SELDOC service within their local practices, to signpost patients to out of hours services.
25. We recommend that NHS England report to the Committee with an update on proposed opening hours of GP surgeries.
26. We recommend that NHS England, with the support of the Clinical Commissioning Group undertake a study into the best method for providing appointments consistently across the borough and consider a Southwark offer that ensures minimum standards of access for patients in Southwark in regards to contact with a GP if appropriate following NHS England's Call for Action response.

The Kings Health Partners Merger

27. The Committee noted with interest that this process has now been delayed and recommends that when a Full Business Case is developed, King's Health Partners should return to the Committee for further scrutiny.

2. The 111 Service

The NHS 111 Service was set out by the Secretary of State for Health as

'[an] underlying concept...that everyone can agree with: it is a simple number that everyone can remember; the fact that you are connected directly to a clinician, if you need to speak to one, rather than being called back is something people like; the idea that you are triaged only once and do not have to repeat your story lots and lots of times is a good one; and the fact you have a service that is broader than the old NHS Direct.' (House of Commons, Health Select Committee Report: Urgent and emergency services, 24 July 2013, p.41)

However, there have been a number of problems with its initial rollout. The initial provider of the 111 service, NHS Direct, was not financially sustainable, although it performed relatively well after initial teething problems. Performance in Southwark's surrounding boroughs - Bexley, Bromley and Greenwich, was below national standards for clinician referrals and call-backs.

In Southwark, the decision was taken to delay the rollout of the 111 Service in Southwark, Lambeth and Lewisham while the new provider, London Ambulance Service (LAS), became established. As the CCG highlighted in their report to this Committee, 'A stable, high standard of service is what we wish to be available for our patients across the whole area' (CCG Submission, South East London NHS 111 service update, July 2013).

At the same time the NHS Direct 111 service ended the NHS Direct number (0845 4647) was also switched off in March 2013. As the CCG set out in their evidence, a Southwark resident who calls the NHS Direct number will be advised to call 111. The call handler will be able to deal with the call, and redirect Southwark residents to the local out-of-hours provider (SELDOC) if they require GP out of hours services. This has obviously led to some complications, with residents having to phone multiple different telephone numbers in order to be able to access the right service. Southwark Healthwatch has been monitoring the feedback provided on the NHS 111 Service and highlighted in their evidence a number of key issues, including access and awareness of GP out of hours service (SELDOC) and the process by which residents are redirected to the NHS 111 Service. (NHS 111 Feedback Report, Healthwatch, 30 August 2013). It is reassuring that the new provider for South East London (SEL) of the 111 service is in the top 5 for 111 providers in the country.

We recommend that the Clinical Commissioning Group should report an update when there are next discussions on the potential rollout of the NHS 111 Service in Southwark.

The Committee is concerned with the process by which patients have to access out of hours services. We recommend that the Clinical Commissioning Group should provide clarity on the telephone numbers that residents can use to access out of hours healthcare services in the borough.

We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group places signposting to healthcare services as a key priority for 2014/15, with key activities to reach all communities throughout the Borough.

3. Accident and Emergency Departments

Problems in Accident and Emergency Departments

It is fair to say that there is an increased pressure on Accident & Emergency (A&E) departments in Southwark. Whilst the number of attendees has not changed significantly over the past two years, there are a number of problems, which when combined together are affecting the way in which the service operates. There has been an increase in the volume and acuity of both older people presenting at A & E and in demand for emergency mental health services.

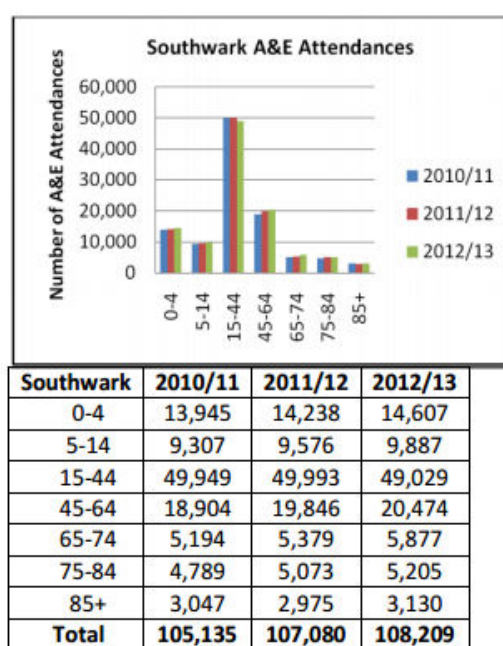


Figure 6. (Source: Local SUS data)

Figure 1: Trends in Acute Care Usage in Lambeth and Southwark: Public Health Analysis, Public Health Southwark, January 2014

As the Lambeth and Southwark Urgent Care Board noted in their evidence to the Committee, both Kings College Hospital and Guys and St Thomas' have experienced issues with capacity.

Briony Sloper from Kings College Hospital said in her evidence that Denmark Hill A&E was not well set up for the volume and acuity of patients with mental health needs, and this was confirmed too by Guys and St Thomas' who said that a lot of their overspend is around mental health issues. Both hospitals also raised the issue of increased economic pressures contributing to the rise in acuity of patients. Clinical staffing was also raised as an issue, with Kings College Hospital noting that there was a particular problem with approved social workers.

i. Staffing levels in hospital A&E departments

There have been increasing reports of the number of locum doctors that are being drafted in to support A&E departments. On 14 January 2014, the BBC reported that spending on locum doctors to plug the gaps in A&E units in England had risen by 60% in the last three years. Spending rose from £52million in 2009-10, to £83.3m last year. (Sharp rise in spending on A&E locum doctors, 14 January 2014, <http://www.bbc.co.uk/news/health-25713374>)

This same issue was raised as part of the Committee's inquiry. As a result, the Lambeth and Southwark Urgent Care Board, in their evidence to the Committee told us that both Hospital Trusts are implementing large scale emergency department developments over the next two years which will create additional physical capacity.

This Committee notes with concern that staffing levels are an issue in Accident & Emergency departments. We recommend that the Trusts regularly report to the Committee on current staffing levels and the ways in which they are working to ensure that they are adequate.

ii. Numbers of beds for admissions

The numbers of beds for hospital admissions has been reducing consistently over the past two and half decades. This is not a new problem. As The Guardian reported in January 2014 '*successive governments have closed over 50% of NHS beds. In 2013/14 there were 135,000 NHS beds compared with 297,000 in 1987/88.*' (Why A&E departments are fighting for their life, 14 January 2014, The Guardian) However reductions in bed capacity can be warranted by reductions in length of stay, which is the objective of the CCG admission avoidance programme and investment in community capacity.

The Lambeth and Southwark Urgent Care Board noted in their evidence that there were issues with numbers of beds. Sufficient bed capacity in acute hospitals is linked to A&E capacity and their ability to manage pressures. Guy's & St Thomas' bed capacity is historically less pressured than at King's College Hospital.

The issue of not having enough beds for patients is a worrying one. The Committee recommends that Hospital Trusts should report quarterly on the number of beds available for admissions from A&E and how this compares to the number of beds needed, with particular reference to emergency admissions for older people and people in mental health crisis.

iii. Length of stay and discharge processes

Matthew Cooke, an academic and clinical director of Heart of England Foundation Trust suggested in the Health Services Journal in October 2013, that the reason for increased pressure on A&E services was in fact down to delayed discharges from hospitals. (Delayed Hospital Discharge to blame for A&E pressure, October 2013, http://www.hsj.co.uk/acute-care/exclusive-delayed-hospital-discharge-to-blame-for-ae-pressure/5063876.article#.UwSNqPI_tnE)

Public Health in their evidence, told the Committee that the proportion of short (1-2 day) admissions had increased in Southwark, whilst the proportion of long-stay admissions had decreased. Dr Wallis suggested that one possible explanation for this was a lower number of delayed discharges.

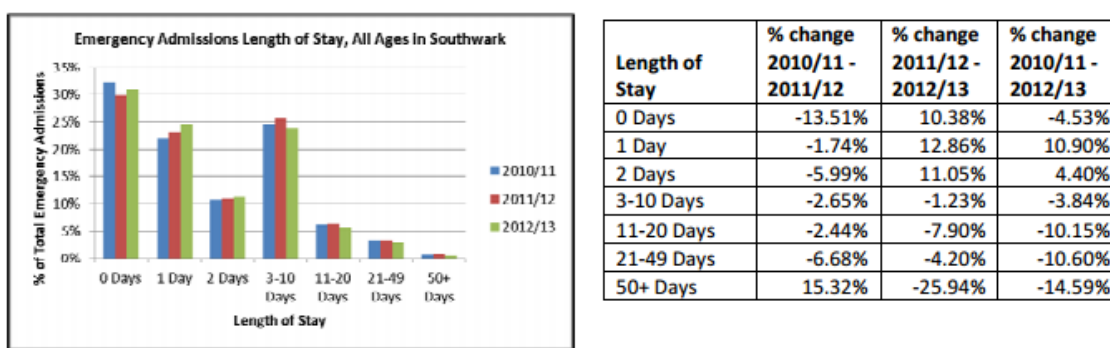


Figure 17. (Source: Local SUS Data)

Figure 2: Emergency admissions length of stay, all ages in Southwark, Public Health, January 2014

However, she also noted that whilst hospital data suggested that delayed discharges have reduced, it is important to ensure that pressures in the system do not lead to premature discharges.

The Hospital Trusts addressed this in their evidence to the Committee. Kings College Hospital told the Committee that they had initiatives such as 'home for lunch' and a discharge suite, to help speed up the process.

And Guy's and St Thomas' told the Committee that they had plans to further improve discharge planning, looking at the ways in which they can use community support to help patients outside of hospitals. They also hoped that this would help to reduce readmissions in the future.

Type of people presenting at A&E departments

i. People presenting with non A&E conditions

Both Guy's & St Thomas and King's College Hospital emergency staff reported that around 20% of presentations at A&E are more minor ailments that could be treated outside of A&E or urgent care.

However, their concern was that it is hard to turn people away, especially when they are presenting in person at the A&E department. For those that present at an A&E department without an urgent medical condition, they will get streamed to a GP or emergency nurse. This has a cost implication for the hospitals, who said in their evidence that a hospital may get paid the lower tariff for providing care, but none of the emergency tariffs actually covers the cost of providing the service.

The London Ambulance Service also gave evidence as part of this review, explaining that the calls that they receive have been increasing by about 3% year on year. However, around half of all patients are not being taken to A&E.

London Ambulance Service suggested that there are people dialling 999 when it is not an emergency, because they don't know what to do and don't know how to access help and support from other parts of the healthcare system.

The Committee notes with interest the high proportion of people contacting, or presenting at A&E departments who do not have an immediate medical emergency. We believe that there is continued confusion about where residents can access minor care, versus urgent care.

The Clinical Commissioning Group in Southwark have taken steps to help educate residents about when to access A&E services through the 'Not Always A&E' campaign, launched in Winter 2013.

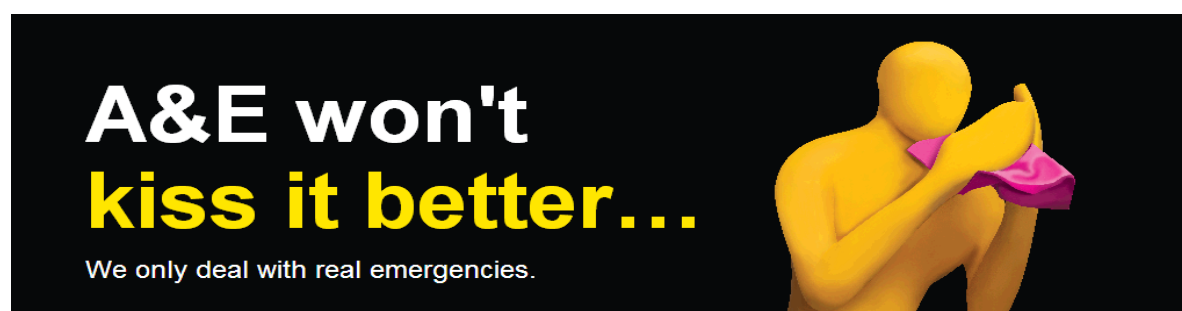


Figure 3: Not Always A&E Campaign

The NHS campaign explains that people should only go to A&E when it is absolutely necessary and reminds people of the alternative services that are available. The campaign is focused around yellow men, with different minor ailments, highlighting the alternative places that they can go to get expert advice and treatment if they need it.

The Committee commends this campaign and recommends that it is rolled out throughout the year to help promote public awareness of the alternative healthcare services that residents can access.

We further recommend that Public Health supports the CCG in their campaign, ensuring that public awareness of the alternative healthcare services increases.

We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group make raising the public awareness of the healthcare services available to Southwark residents a priority for the next year

ii. High acuity patients

The Public Health function of the Council has looked into the changing demographic of Southwark and found that GLA predictions indicate that the population of Southwark will grow by 15% by 2025, but the age structure will stay similar, with approx. 7% of the population between 65 and 84.

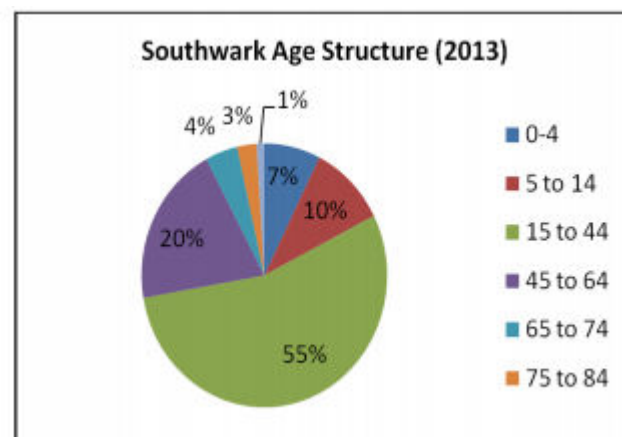


Figure 4: Southwark Age Structure, 2013, Public Health Southwark and Lambeth, January 2014

As part of their evidence, they suggest that A&E attendance and admission rates increased amongst 65 - 84 year olds, but fell amongst younger groups.

This was reinforced by the Lambeth and Southwark Urgent Care Board which noted that there is an increase in activity amongst the over 65 age group across Lambeth & Southwark in accessing A&E services. (Lambeth and Southwark Urgent Care Board Briefing, September 2013)

The Council took over responsibility for Public Health in April 2013, which means that we as an Authority now have responsibility to ensure that the right services are available for our residents for public health related concerns.

Dr Ruth Wallis, Director of Public Health for Southwark & Lambeth set out in her evidence a number of ways in which the Council should be focusing its efforts on public health concerns, especially for older people.

Focusing on issues that affect people as they become older may be one way in which increased older people A&E admissions can be combated. Dr Wallis suggested that long-term conditions need care and there should be an increased focus on diabetes and flu immunisation. In doing so, the causes of accessing A&E services by older people can be prevented through intervention by another part of the healthcare system.

The committee notes with interest that public health drivers can play a part in reducing admittance to A&E's. We recommend that Public Health continues to support the work of the CCG in this and that the CCG, with Public Health support, undertakes a programme to look specifically at older people and the further support that we, as an Authority, can be giving them.

Alongside an increase in the number of older people presenting at A&E departments, Hospital Trusts reported an increase in the acuity of these patients.

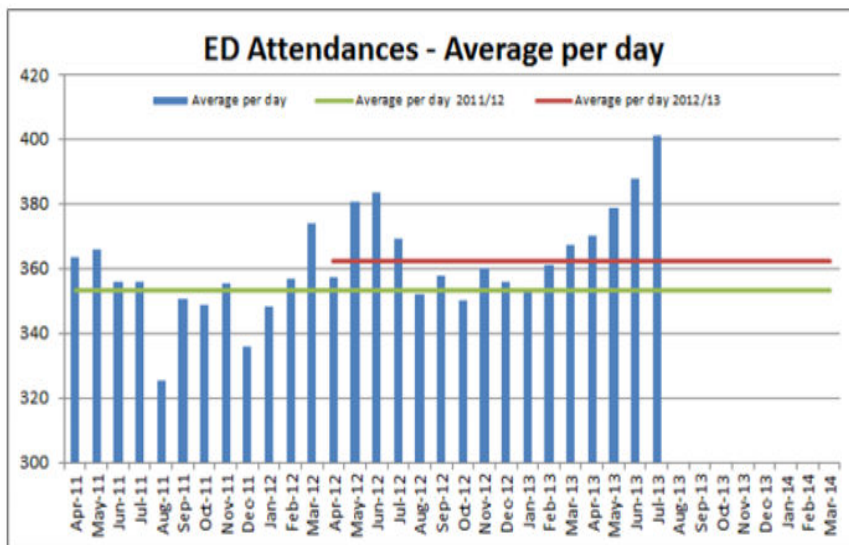
In Southwark, the number of emergency admissions in 2012/13 was 1.5% lower than in 2010/11, but the rate per 1,000 population fell by a more significant 4.66%. However A&E attendance rate per 1,000 population had risen by around 10% in both 65-74 and 75-84 age groups since 2010/11, but the emergency admission rate per 1,000 population actually fell by 2.50% in the 65-74 age group, whilst rising 11.56% in the 75-84 age group.

This may indicate that the increase in attendances by 65-74 year olds is predominantly amongst less seriously ill individuals, whereas the increase in the older 75-84 year old age group consists of more seriously ill individuals who then require admission.

Age group	% change 2010/11-2011/12	% change 2011/12-2012/13	% change 2010/11-2012/13
0-4	-4.92%	0.18%	-4.74%
May-14	-3.45%	-0.31%	-3.75%
15-44	-3.39%	-6.58%	-9.74%
45-64	-4.79%	-5.36%	-9.90%
65-74	-1.37%	-1.15%	-2.50%
75-84	11.25%	0.28%	11.56%
85+	2.43%	-2.03%	0.35%
Overall	-1.47%	-3.24%	-4.66%

Figure 5:CCG data on older people and acuity February 2014

In their evidence, Kings College Hospital said that this increase in patients with acute conditions presenting at A&E departments meant that the number of people being admitted to the hospital was increasing, and they were staying longer. This necessarily puts more pressure on hospitals.



	A&E attendances	Average Daily
Jan-13	10944	353
Feb-13	10106	361
Mar-13	11400	368
April-13	11112	370
May-13	11747	379
Jun-13	11651	388
Jul-13	12443	401

Figure 6: Report to the Southwark Health and Adult Social Care Scrutiny Sub-Committee on Emergency Care, Emergency Department Attendances, Kings College Hospital, September 2013

As Public Health set out in their evidence, the proportional increase in attendance of patients of older age may mean a greater proportion of patients with co-morbidities as elderly patients are more likely to present with a number of conditions. Managing chronic conditions during an acute illness presents challenges, and this could be part of the explanation for the increased 'acuity' noted by local clinicians.

Providing support for those with high acuity in hospitals

Hospital Trusts however have set up a number of programmes to try and relieve the pressure caused by patients presenting with high acuity. The CCG in their evidence suggests that the provision of 'soft care' can help to keep people at home. They talked in their evidence to the Committee of an increased focus on community based admission avoidance schemes.

As part of the Southwark and Lambeth Integrated Care Programme's (SLIC) frail elderly pathway, the CCG has worked with the Local Authority and community services to keep people well and cared for in the home. This plan includes enhanced rapid response and home wards, which allow people to be discharged from hospital earlier.

However, when probed, the CCG admitted that whilst the use of 'rapid response' has been very good, the effectiveness of 'home wards' was less effective.

Guys and St Thomas' further detailed their work as part of the frail elderly pathway, highlighting a focus on simplified discharge process, enhanced seven day working arrangements, redesign of the falls pathway, Community Multi-Disciplinary Team registers, holistic checks and case management.

This Committee commends the work of the CCG, jointly with the Local Authority and community services to help people stay well at home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.

Providing support for those with high acuity conditions in the community

The Adult Social Care Department also presented evidence on their actions to support those older people with high needs in our community.

Sarah McClinton highlighted that *'risk of hospital admission is a key factor in assessing eligibility for social care, and services are put in place to minimise the risk.'* (Adult Social Care, Access to Health Services, January 2014)

A key objective of the social services that the Authority provides is to prevent, delay or avoid the need for people to access more intensive health and care services including A&E, by helping people to live independently and safely in the community.

Sarah McClinton went on to say that:

'for older people identified as at risk of admission we take a multi-disciplinary team approach with a single lead professional co-ordinating support from different agencies that should help prevent avoidable admissions through A&E. This priority is recognised nationally and will be taken forward in 2014/15 through the Better Care Fund which necessitates pooled funding and joint working in areas that will reduce pressure on health and care services.'(Adult Social Care, Access to Health Services, January 2014)

This Committee welcomes the work being taken forward by the Adult Social Care department. We recommend an update report on the services provided for older people with high needs to be made to the next Committee.

Southwark Council provides a large number of services as part of its social care package, which further helps to enable people to remain safely and independently in the community. This includes a 24 hour 7 day social care service, increased telecare resources, support for care homes to manage the health of residents, occupational therapy service and community equipment services.

Councillor Catherine McDonald, Cabinet Member for Health, in her annual scrutiny interview with the Committee also highlighted the work being done by GPs to provide assessments for older people

to prevent demand at a later point in time - for example recommending the installation of grab rails to prevent falls in the home.

She also talked about the council's work looking at housing policy, including the re-introduction of wardens and the plans for expansion of extra care, which would provide nursing on-site.

The Committee is pleased to know that the Adult Social Care teams within the Council are working hard to ensure that Southwark residents are receiving the best levels of care to help them stay safely and independently in the community. We recommend that further work is done to specifically look at the ways in which we can identify and support older people to prevent admissions to A&E.

We remain concerned however that there seems to be a lack of co-ordinated action by the health community to tackle the issue of increased acuity of patients. The Committee recommends that the Health & Wellbeing Board place this as a priority for 2014/15 and that Public Health carries out a piece of research into the reasons behind the increased acuity in Southwark.

We also recommend the establishment of a joint working group, led by the CCG and including the Council, Hospital Trusts, the Public Health and Healthwatch to look specifically at the ways in which we can support those people with long-term conditions in the community, and reduce presentations at A&E wards.

iii. Helping people with mental health conditions

In 2011, the Department for Health published 'No Health without Mental Health', a cross-government mental health outcomes strategy for people of all ages.

The report emphasised the importance of mental health, stating this: *'Mental health is everyone's business...good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.'* (No Health without Mental Health, February 2011, p.5)

The impact of mental health problems is estimated to continue to increase. As the CCG set out in their evidence, there are suggestions that the cost of treating mental health problems could double over the 20 years from the current estimated cost of £105billion per year. (NHS England statistics)

The Committee established that there are two distinct working groups looking at addressing the issues around mental health in Southwark.

First, a sub-group of the Lambeth and Southwark Urgent Care Board has recently been formed, which includes Gwen Kennedy, Director of Client Group Commissioning at the Clinical Commissioning Group, with representatives from the hospital trusts. This group is looking directly at supporting patients who present with mental health conditions at A&E.

The group is currently working on an Action Plan, which sets out the activities the Trusts will be undertaking to help relieve the pressures.

We recommend that the Mental Health sub-group of the Lambeth & Southwark Urgent Care Board presents its final Action Plan to the Committee for further comment.

Secondly, the Council and the Clinical Commissioning Group commissioned a review of the partnership arrangements that were in place for delivering mental health services in the borough. The review made a number of recommendations, including the developments of a new Mental Health Strategy for Southwark.

The initial thoughts on this document were presented to the Committee by the Clinical Commissioning Group in October 2013.

We recommend that the final draft of the Joint Mental Health Strategy is presented to the Committee ahead of publication for further scrutiny.

Numbers of people presenting at A&Es

The Committee heard from the Hospital Trusts specifically about the increasing numbers of people presenting at A&E departments with mental health conditions, alongside increased acuity and increased co-morbidity.

Hospital Trusts reported the worrying statement that the number of mental health patients presenting at A&E departments requiring assessment and appropriate interventions has increased significantly. In terms of numbers of presentations, Kings College Hospital reported that there was a 10.2% increase in assessments between 2011-2012 and 2012-13 (3370 to 3717). At the same time, there was a 32% increase in MHA admissions in the same time period from 88 to 117.

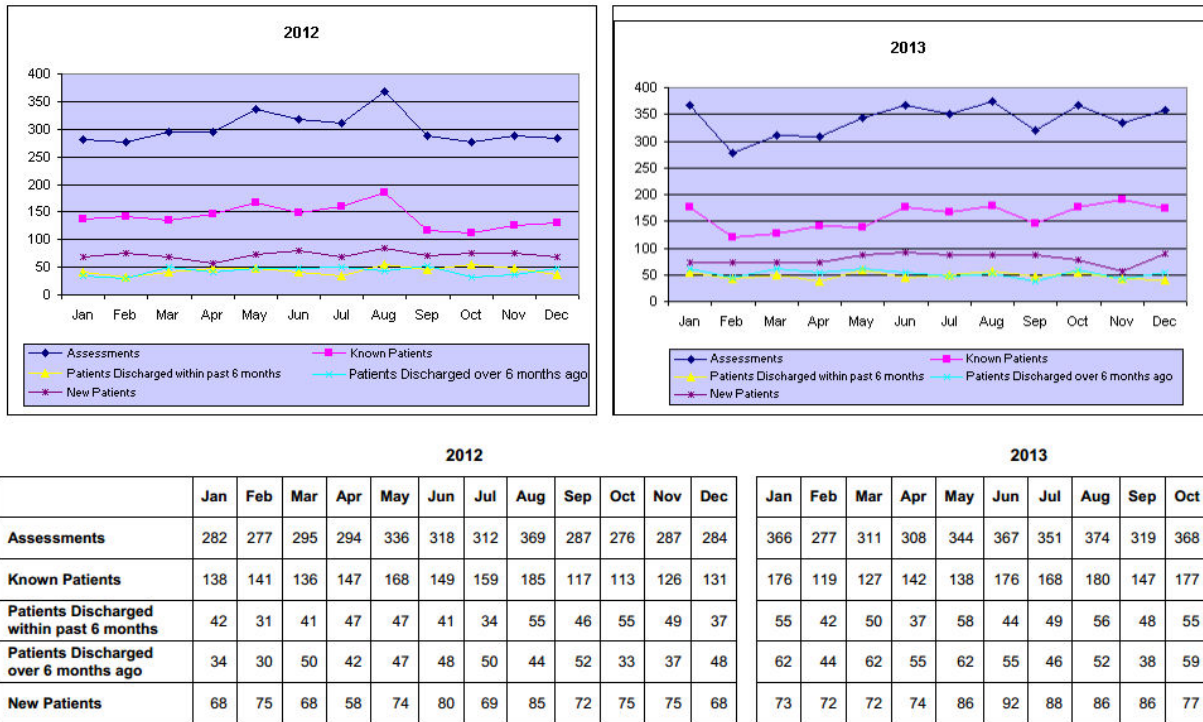


Figure 7: Kings College Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014

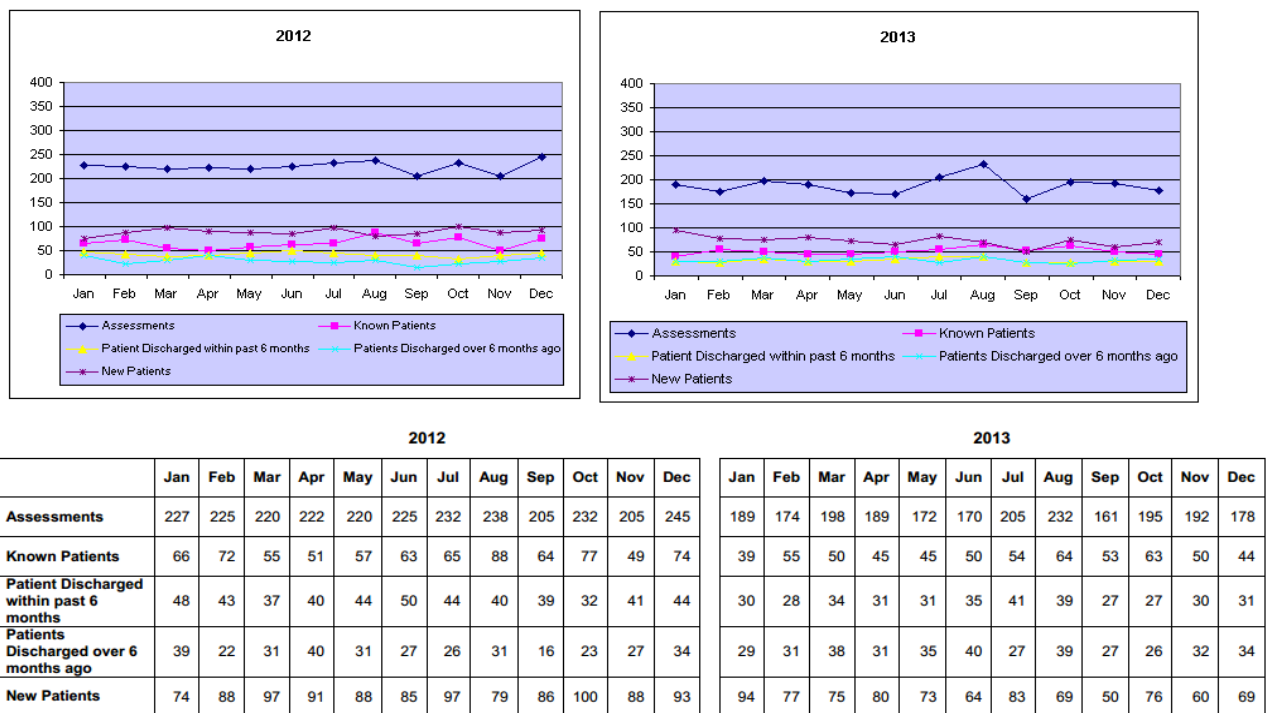


Figure 8: Guys and St Thomas' Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014

The Trusts also noted that there was an increase especially amongst local people who are unknown to the service and this is further complicated by the complexity of the social problems that these individuals are facing.

South London and Maudsley also told the Committee that they do not have detailed records of the numbers of different classifications of presentations to Emergency Departments, but are now in the process of collating this information.

The Committee finds these statistics concerning, especially in light of the comments that this increase seems to be amongst local people who are unknown to the service. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.

Providing support for those with mental health conditions in hospitals

Individual Trusts also told us about the work that they are doing to support patients presenting with mental health concerns. Kings College Hospital has a KPI that all patients are to be seen by the specialist psychiatric team within 30 minutes from referral. It is also encouraging to see that they are up-skilling their staff through specialist psychiatric training and increase provision of Psychiatric Liaison Nurses (PLN).

Guys and St Thomas' also have PLNs available 24/7, in conjunction with SLAM to ensure that patients are receiving the highest levels of care at all times. They currently also have two cubicles which can be separated from some of the noise and the lights can be dimmed, but this is not an ideal situation.

The main issue raised by both Trusts was the provision of beds to admit patients to, and physical spaces within A&E departments to treat those presenting with mental health conditions.

As Guys and St Thomas set out in their evidence, this is a key issue, with patients from across the country utilising mental health bed provision in South London. In their experience, patients can wait for up to 24 hours to gain access to an appropriate bed in their local area, and during this time they are in a suboptimal environment for their condition.

	April	May	June	July	August	
Abertawe					1	1
Barking & Dagenham	1					1
Barnet	3	2	2		1	8
Bedford		1			1	2

Berkshire East			3	2	1	6
Bexley	1		1	2	2	6
Blank / Unknown	12	12	11	12	4	51
Bournemouth	1					1
Bradford		1	1			2
Brent	1	2	2	2	3	10
Brighton		2				2
Bristol		1		1	1	3
Bromley	1		1	1	2	5
Bucks		1				1
Cambridge					1	1
Camden	1	3	1	2	4	11
City & Hackney	1	3		1	1	6
Cornwall & Scilly	1			1		2
Cumbria				1		1
Cwm Taf		1			1	2
Ealing	1	2	1	2	2	8
East & North Herts		1				1
Eastern & Coastal Kent				2	1	3
East Sussex Downs					1	1
Enfield		1				1

Gateshead					1	1
Glasgow		1				1
Gloucs		1				1
Great Yarmouth	1	2	1			4
Greenwich	1		3	4	2	10
Hammersmith & Fulham			1	1		2
Haringay	1		2	1	2	6
Harrow		1	1		1	3
Hastings			1			1
Havering			2	1		3
Herts	1				2	3
Hillingdon					1	1
Hounslow				1		1
Islington	1	2	1	1	1	6
Kensington & Chelsea	4	1	2	2	2	11
Kingston	1		1		1	3
Leeds			1		1	2
Lincolnshire West					1	1
Liverpool		1				1
Luton	1				1	2
Medway	1		1			2
Newcastle			2	2	1	5
Newham		1	1	2		4

North East Essex	1					1
North Lancs			1			1
Nottingham				2		2
Portsmouth					1	1
Redbridge	1	1		1	2	5
Richmond & Twickenham	1	1		2		4
Sheffield		1		1		2
Somerset				1		1
South Birmingham			1		1	2
South East Essex	2					2
South West Essex		1		1		2
Surrey	5	1	1	2	1	10
Sutton & Merton		6	4			10
Tower Hamlets	1	4	1	3	2	11
Waltham Forest			1	2	2	5
Wandsworth	8	6	4	5	3	26
West Essex				1		1
West Kent	2	1	1	1	2	7
West Sussex		3	2			5
Western Cheshire				1		1

Westminster	16	11	14	20	12	73
Wiltshire		1			1	2
Worcester			1			1
Total	73	80	74	87	71	385

Figure 9: Guys and St Thomas' Hospital, Mental Health Paper, January 2014

Both Hospital Trusts however are taking steps to change the way in which they provide support for mental health patients.

Kings College Hospital is in the process of an organisational reconfiguration in their outpatients department. This will support the final phase of the mental health assessment suite which will then provide a separate space for the treatment of these patients.

Guys and St Thomas' are also in the process of a rebuild for the emergency floor which is due to begin in early 2014. This will lead to the creation of two specifically designed and located cubicles for the treatment of mental health patients in the Major Treatment Area.

The Committee notes with concern the current facilities for patients presenting with mental health conditions at A&E wards. We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.

Providing support for those with mental health conditions in the community

The Council's Adult Social Care team currently has a number of initiatives to support people with mental health conditions in the community, which aim to help keep them safe in the community and away from A&E wards.

The mental health services in Southwark are provided by integrated health and social care teams, under the auspices of SLaM. They use a holistic approach which enables teams to support all health and social care needs under one service. These teams also 'in-reach' onto wards to enable earlier discharges.

The Adult Social Care team in their evidence, told the Committee about the services that are provided, including

- Home Treatment Teams (HTT) who provide 24/7 care to service users in a crisis in their own homes, accept out of hours referrals from GPs, provide peer support for people in leaving HTT.
- Psychiatric Liaison Nurses (PLN) who are based in A&E and provide 24/7 mental health triage, as well as assessing for HTT.

- 13 weeks support through reablement with a Recovery and Support Plan aimed at avoiding future mental ill-health episodes leading to a crisis situation.
- Maudsley's 'place of safety' which is open 24/7 and where those with mental illness who are picked up by the police can be taken to instead of A&E
- AMHP team who can undertake assessments under the Mental Health Act without a need for referral to A&E
- Emergency Duty Workers (EDT) who provide rapid assessment under the Mental Health Act as well as care planning.

The Committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.

General Practitioner Services

Pressure on GP Services*i. Bureaucracy*

GP services are experiencing ever-increasing pressures, particularly in terms of bureaucracy. The Local Medical Committee (LMC) in their evidence to the Committee said that the Department of Health recognises that there is a 35% administrative 'tail' for every consultation. For every hour a GP sees patients, there is a further 20 minutes administration. Alongside this, clinical information following outpatient consultations is not sent to GPs in a timely manner, leading to further time spent chasing for information.

This extra time spent on largely bureaucratic tasks is concerning to this Committee. We recommend that the CCG and Hospital Trusts work together to reduce the time taken for GP surgeries to receive outpatient reports. We also recommend the CCG look into the ways in which they can provide template forms and support to GPs to help them reduce the time taken on administrative tasks related to patient consultations.

ii. Local Authority Support

The LMC reported to the Committee that as part of their GP Workload Survey, which was conducted Londonwide in August 2013, there were reported that whilst not contractually obliged to undertake the work, GPs are spending time dealing with local authority related issues such as assessments for blue badges and housing assessments.

The Committee requested further information on this from Council officers directly. Southwark Council told the Committee that if a resident does not qualify for automatic entitlement for a blue badge, they will need to see an occupational therapist. The Council employs two OT contractors to provide this service, to prevent redirection to GP services.

Southwark also carried out housing assessments for residents requesting re-housing. NMC registered nurses are employed to undertake these assessments, using the criteria as set out in Southwark's housing allocation policy.

The Committee is pleased to see the Local Authority supporting its residents directly, rather than directing them to healthcare services. However, we remain concerned that some residents may not know that these services exist within the Council. We recommend that the Housing Options & Assessment and the Disabled Travel Team should carry out a review looking at the ways in which to influence customer signposting to ensure that residents are aware of the services that the Council provides in terms of assessing residents for blue badges and receipt of benefits.

iii. Walk-in centres and Urgent Care

Dulwich Hospital, Dulwich

A consultation was carried out by the Clinical Commissioning Group on future health service provision in Dulwich and the surrounding areas. Between 28th February and 31st May 2013, NHS Southwark CCG undertook a formal consultation, where people were asked to comment on a proposed service model for health services in community settings and two options for how these might be delivered.

Key findings from the consultation included:

- 80% of respondents were in agreement with the overall model of delivering healthcare in the community
- Respondents were supportive of more accessible settings for healthcare in the community rather than hospital
- Having healthcare delivered locally was an important issue for many respondents
- That health care should be joined up
- That provision of out of hours care was a concern for many respondents with 92% of respondents rating access to evening and weekend primary care as an important issue

This committee has actively followed and partaken in the consultation around the future provision of health services at the Dulwich Hospital site. We have welcomed the work done by the CCG, and the Committee recommends that the CCG provides an update as necessary.

Lister Urgent Care Centre, Peckham

The LMC further highlighted the reports in the media about reductions in the number of walk-in centres nationally. They believe that this will impact in terms of capacity and workload.

In January 2014, the CCG presented to the Committee proposals for the Lister Urgent Care Centre in Peckham. The Lister Walk-in Centre has been operating since May 2009, and the contract is due to come to an end in September 2014. The CCG agreed to review the current service, but wanted to use the opportunity to review the commissioning of urgent care across Southwark on the whole.

As part of the review into the Lister Walk-in Centre, a meeting was held on 26 November 2013, which aimed to engage the public about access and urgent care and provide information about the proposed plans for changes at Lister.

Four options for the provision of urgent primary care services were presented to the Southwark Commissioning Strategy Committee (CSC) for consideration in December 2013

- Re-commission the Walk-in Centre service in line with the existing specification

- Commission limited Walk-in Centre service – unregistered patients and Kings re-directed patients only
- De-commission Lister Walk-in Centre and focus upon improvements in primary care access
- Commission alternative model of urgent primary care access based on extended access to GP practices on a locality basis

The Committee is pleased that this was brought to their attention by the CCG, and is grateful for the time taken to attend the scrutiny meeting. We recommend that the CCG report back to the Committee once more work has been done on the preferred option for the provision of urgent care services in the south of the borough.

Access to GP services

There is an ongoing perception within Southwark that there are difficulties in accessing GP services. This is not a view confined just to Southwark, but is being seen throughout England.

Reasons for this include the increase in patients presenting with complex conditions, which require more time to be spent by GPs in appointments, rather than the 10 minute slot allocated. At the same time, patients whose first language is not English often require extra time in consultation, which further extends the time spent with patients outside of the 10 minute slot.

Both local and national NHS policy is to promote more care out of hospital, which will mean that sicker patients are being cared for in primary care settings, placing further pressures on GP surgeries.

There are 45 GP practices in Southwark, with a combined registered patient list of 305,841 (as at 1 April 2013). All Southwark practices are required to be open from 08.00 – 18.30 and the majority of Southwark practices have not opted out of responsibility for Out of Hours Care and are members of South East London Doctors' Co-Operative (SELDOC), a co-operative organisation of member practices which provides Out of Hours Services across Lambeth, Southwark and Lewisham CCGs, including telephone advice, GP consultations and home visits.

In addition to SELDOC, there is an 8am-8pm GP Led Health Centre at the Lister Health Centre in Peckham, which provides walk-in based care for registered and un-registered patients, 7 days a week.

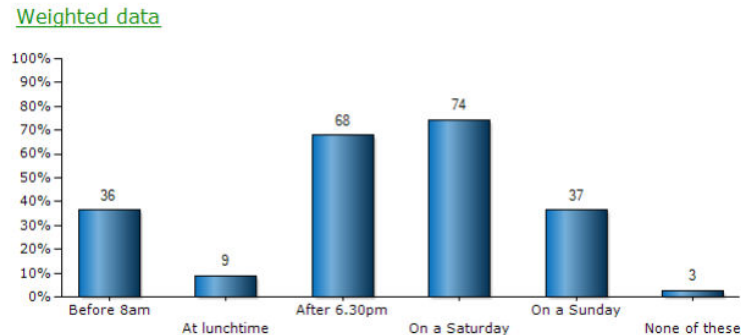
NHS England carried out a survey into access to GP services for the whole of England. They found that people's overall experience of GP surgeries across England showed 87% of people thought they were overall good, whilst only 82% of residents in Southwark agreed with this view.

i. Opening hours of GP surgeries

The CCG in their Community Care Strategy notes that whilst they found there to be sufficient capacity in terms of number of appointments across the borough and across days of the week, this masks the differences between practices and across days of the week.

The NHS England Access Survey looks at when patients would like to have more access to GP services, finding that this was primarily after 6.30pm, and on Saturdays and Sundays.

Additional times that would make it easier for you to see or speak to someone



GP Patient Survey July 2012 to March 2013

Figure 10: GP Patient Survey, Additional times that would make it easier for you to see or speak to someone, July 2012 – March 2013, NHS England Access to GP Services, October 2013

The LMC reported that most GP practices in Southwark are now offering extended hours for patients, alongside providing out of hours care through SELDOC (South East London Doctors' Co-operative).

The Committee welcomes the provision of the SELDOC service, especially in light of the delay in the rollout of the 111 Service in Southwark. We recommend that GP services promote the SELDOC service within their local practices, to signpost patients to out of hours services.

NHS England's GP Survey found that the percentage of people who were satisfied with the opening hours of GP surgeries was 80% for the whole of England, and 79% of Southwark residents.

As part of the Community Care Strategy, the CCG set out that it would be working to action clear arrangements for extended hours care in primary care. Jill Webb of NHS England also said as part of her evidence that 8am to 8pm opening will be considered in 2014.

The Committee welcomes this move. We recommend that NHS England report back to the committee with an update on proposed opening hours of surgeries when appropriate.

ii. Appointment booking services

The Committee's own survey showed that a large percentage of respondents found it fairly difficult/very difficult to get a timely appointment with a GP.

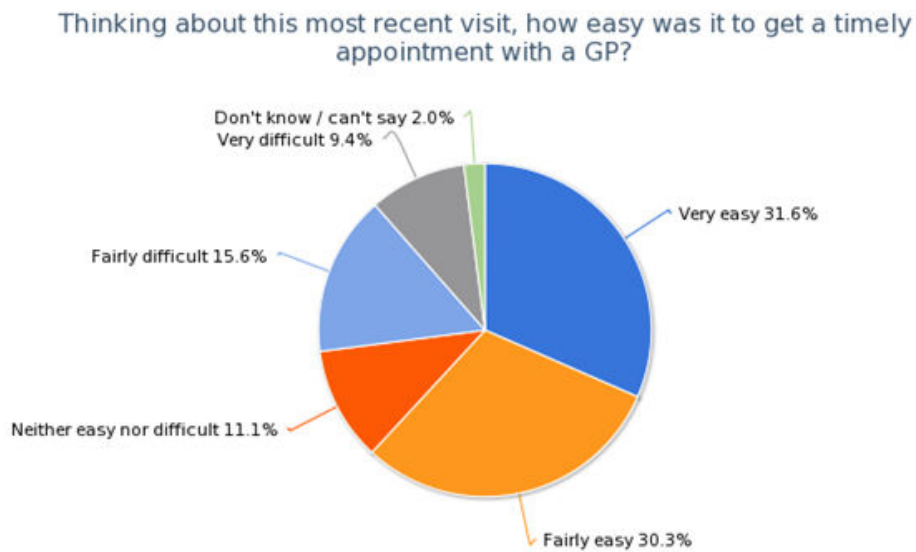


Figure 11: Access to GP appointments, Health Committee Survey, January 2014

GP practices throughout the borough do not have a consistent way of providing appointments for patients. These range from the ability to book appointments in advance, to having to call on the morning of the day you would like an appointment, through to calling for cancellations if you want an appointment on a specific day.

NHS England's Access Survey compared the responses for Southwark and the rest of England.

	Yes	Yes but had to call back	No	Can't remember
Southwark	70%	12%	13%	5%
England	74%	13%	10%	3%

Figure 12: Able to get an appointment or speak to someone, NHS England GP Patient Survey July 2012 – March 2013, NHS England Access to GP Services, October 2013

The Committee collated a number of comments from individuals who expressed their frustration with the appointment services.

"No appointments available in the next month, unless you call for an emergency one, plus they only take bookings for the next four rolling weeks"

"No appointments available unless you can call at the crack of dawn - impossible for working people who can't take time off without clearing it in advance"

“You have to call right at 8am - if you're lucky you'll get something that day. Making appointments for any date in the future is absolutely impossible”

- Comments from Southwark residents

The Committee went on to look at where those who could not access a GP appointment went to for medical assistance.

From the survey conducted by the Health Scrutiny Committee, we found that a large proportion of people either went to walk-in centres, or to A&Es, thereby putting unnecessary pressure on other parts of the healthcare system.

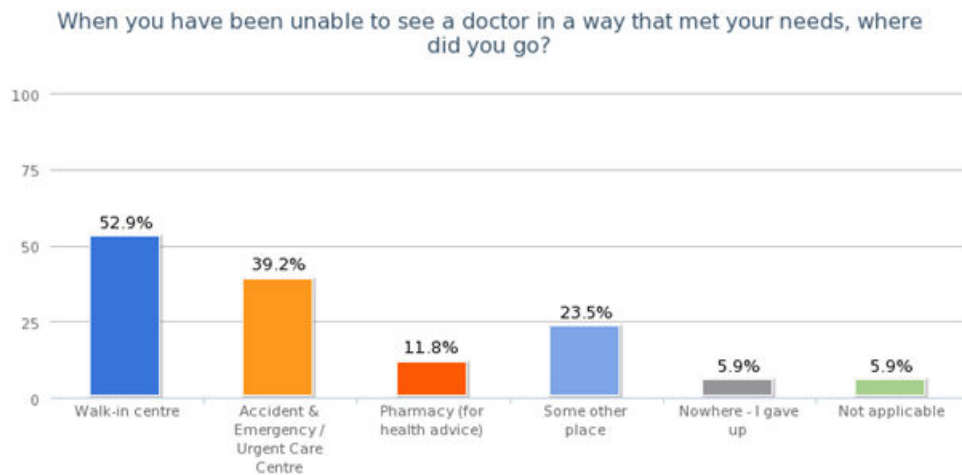


Figure 13: Health services accessed when unable to attend GP surgeries, Health Committee survey, January 2014

The Southwark CCG Health Survey, which will be more reliable, as it spoke to a larger sample of people, asked a similar question, about what a resident would do if they were not offered a convenient appointment. In that case, 13% of people went to A&E or an urgent care centre. Whilst this figure is less than the one from the Health Scrutiny Survey, it is still concerning to see 13% of people turning to urgent care services when they cannot access a GP appointment at a convenient time, thereby placing pressure on emergency services.

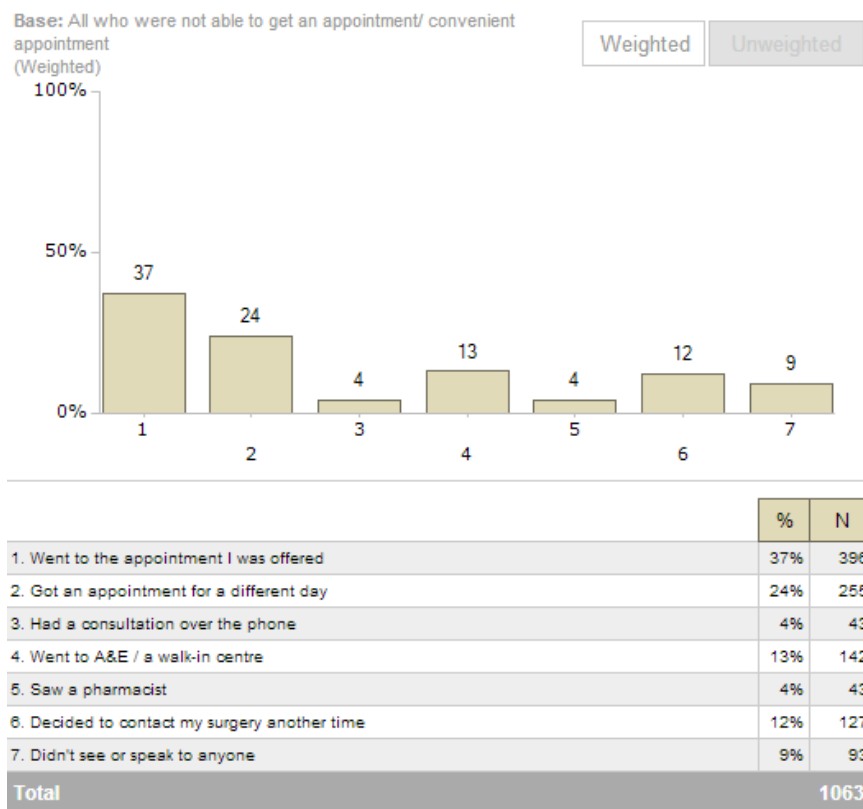


Figure 14: GP Patient Survey: Southwark CCG. What you would do if you were not able to get an appointment/convenient appointment (December 2013)

We are also aware from the Health Committee's own survey, that there is a significant proportion of people who use GP services for managing their long-term conditions. In these cases, many patients would like appointments with their named GP, who understandably has more of an understanding of their ongoing medical needs.

The appointments system seems to be creating difficulties for many of these individuals.

"Appointments with your preferred GP have to be booked about 4 weeks in advance."

"When I try and book an appointment for more than four weeks ahead I'm told they only take bookings for the next few weeks and to call back in a week. When I do all the appointments are filled so I'm told to call again in a week. I do and again there are no appointments."

"Difficult to get an appointment with the same GP because you seem to have to always ring back as they release more appointments. This is despite them asking me to try to see the same person. It works for urgent problems but is not set up well for people like me with chronic health problems who would like to book well ahead for review."

- Comments from Southwark residents

The issue of not being able to access GP services as required is a worrying one. The Committee is concerned that whilst we are assured that there are enough appointments available within the

system, patients are struggling to get them at times they would like. This is leading to extra pressure on other healthcare services.

We recommend that NHS England, with the support of the Clinical Commissioning Group undertake a study into the best method for providing appointments consistently across the borough and consider a Southwark offer that ensures minimum standards of access for patients in Southwark in regards to contact with a GP if appropriate following NHS England's Call for Action response.

The King's Health Partners Merger

The previous Committee last received an update on the King's Health Partner merger in May 2013. At that point in time, King's Health Partners were continuing with the idea of a partnership. They noted that their partnership currently is complicated, with three different NHS organisations, with different structures, cultures and ways of doing things.

The Strategic Outline Case was published in July 2012, with a more detailed Full Business Case due to be developed, which would test a range of organisational models, including creating a single academic health organisation by merging the trusts, alongside looking at alternatives short of a three way merger.

They hoped to publish the Full Business Case in autumn 2013 and this Committee was committed to scrutinising that process. However, in November 2013, it was announced in a statement that the proposed merger would be progressing less quickly than anticipated.

In their statement, King's Health Partners stated that

"The further work we have been doing points us to the conclusion that only a merger between the NHS foundation trusts as well as closer integration with the university would enable us to maximise the benefits of our AHSC to patients.

Organisational change on this scale and complexity would need to take place at a measured pace, informed by clear evidence of the benefits for the patients and communities we serve.

If we are to proceed towards a merger then the next step would be to develop a full business case, for consideration by our boards, and in the case of the NHS partners, our councils of governors.

"This is not the right time to take that step, not least because we will only do this if we are confident that a case for merger is likely to be approved by the regulators and we have made further progress in coordinating our services." (Kings Health Partners Statement, November 2013)

Since the merger was proposed, the Committee has taken an active interest in the decision-making process. The Committee noted with interest that this process has now been delayed and recommends that when a Full Business Case is developed, King's Health Partners should return to the Committee for further scrutiny.

Southwark Community Wardens Service

Report of the Housing, Environment, Transport and Community
Safety Scrutiny Sub-Committee

March 2014



Contents

	Page
Introduction	3
Methods used in this scrutiny	3
Key performance statistics	4
Summary of interview with officers responsible for running the Community Wardens Service	4
Summary of the Chair's day patrolling with Community Wardens	5
Key issues identified	6
Recommendations	7

Introduction

1. In October 2013 the Housing, Environment, Transport and Community Safety Scrutiny Sub-Committee began a short focussed scrutiny of Southwark's Community Warden service to check on the value for money and to see if any changes could be made to improve the service.
2. The Southwark Community Warden Service started in 2001 when the Bermondsey scheme was formed in response to rising crime, hate crime and anti-social behaviour. Since that time the service has been reorganised in various ways in response to community feedback and funding considerations.
3. Wardens have a range of delegated police powers under the Community Safety Accredited Scheme (CSAS) in addition to enforcing local authority bye laws and legislation.
4. In January 2012 these powers were increased to include all Fixed penalty Notices (FPNs) being issued under the scheme. Using the Clean Neighbourhoods and Environment Act 2005 wardens now have the power to issue FPNs for the following offences:
 1. Littering
 2. Dog fouling
 3. Cycling on pavements
 4. Fly posting
 5. Graffiti
5. The warden service currently focuses on three town centres: Elephant and Castle, Camberwell Green and Peckham, a separately funded Better Bankside team and parks (via a smaller parks team). However the service also includes borough wide response to emergencies and particular reported issues outside the three town centres and planned events. There are thirty-one patrolling wardens and six team leaders.
6. The service operates a single shift pattern where the teams work eight hours Monday – Friday from 9.30am- 10.30pm. There is a Saturday rota with wardens working between 10am and 6pm. There is a rota providing one team on a Sunday as well the parks liaison officers. However the wardens service is flexible and can provide cover for planned events over the weekends and Bank Holidays.
7. The total cost of the wardens service for 2013/14 is £2.3m. However the direct general fund contribution to the service is just over £1m with the remaining funding from the Better Bankside bid area, Public Realm for the Parks Service and the Housing Revenue account.

Methods used in this scrutiny

8. To carry out this scrutiny the Housing, Environment, Transport and Community Safety Scrutiny Sub-Committee used the following methods:
 - The sub-committee interviewed the Cabinet Member responsible for the service (Councillor Richard Livingstone)
 - The sub-committee interviewed the senior officers responsible for managing the service. These are Jonathan Toy, Head of Community Safety & Enforcement and Ken Matthews, Wardens, LTRC & Emergency Planning Manager

- Both the Chair (Councillor Gavin Edwards) and Vice-Chair (Councillor Michael Bukola) of the sub-committee spent at day on patrol with wardens in various town centres and other parts of the borough.
- The Chair spent some time with the officer responsible for collating the statistics which are used to manage the service and monitor performance. This allowed him to see how the statistics are brought together and used by managers.
- The Chair also collected further information via email communication with officers. Particular thanks to Ken Matthews and Ruth Backhurst, Area Manager Community Wardens, for providing this information.

Key performance statistics

9. All warden activity is recorded for performance monitoring purposes. There are a number of key service performance indicators which reflect community concerns. These are summarised in the table below.

Key Performance Indicators (KPIs)	11/12	12/13	13/14 FYTD*
Fixed Penalty Notices (FPNs) issued	538	696	1,006
FPNs paid	326	455	695
FPN Payments via warden control room	NA	397	611
Environmental reports	11,061	13,321	10,325
Crime/ASB reports	6,268	6,045	4,755
Southwark byelaws	81	277	209
Community Safety Accredited Scheme (CSAS)	1,040	1,720	1,339

* April – Dec 2013

Summary of interview with officers responsible for running the Community Wardens Service

10. Officers stated that, in their opinion, the people who use the service value it and feel that the service is very good and the opposite can be said for people who have not used the service.
11. Ken Matthews, Wardens, LTRC & Emergency Planning Manager, reported that the wardens were very hard working and would like to focus on estates and patrol more often to build on this service and develop it with additional powers, but there are only thirty-one officers and resources are limited.

12. Officers said that, with the changing profile of the police, the council should look at the advantage we have in our wardens service and how best to use it for the future.
13. In response to a question regarding a day as a warden the officer replied that each and every day is different, during the summer the officer would start at midday and work until anywhere from 8 p.m. to 10.30 p.m.
14. The day would start with a briefing with team leaders followed by a patrol of highlighted estates. Wardens would then patrol around the schools from about 3 to 4 p.m. then back to the estates before final checks of the area and possibly visits to vulnerable people that are known to officers.
15. The Chair asked how the wardens were supervised. The officer stated that the supervisor would patrol with wardens or would check where they were and what they were doing from the Warden Control Centre.

Summary of the Chair's day patrolling with Community Wardens

16. The following is a report from the Chair of the sub-committee on the day he spent with Community Wardens:

"On 27th November I spent the day out on patrol with Southwark's Community Wardens.

On the 9.30am to 1pm patrol, I went out with two wardens around Elephant and Castle. They knew the area extremely well and it quickly became clear that a big part of their job is dealing with issues arising from drug abuse and homelessness. What impressed me was that the wardens did not simply see their job as 'moving on' rough sleepers. In the subways of Elephant and Castle they did their utmost to make homeless people aware of the support and advice which was available, and to encourage them to attend forthcoming appointments or meetings.

This is not an easy job. On a daily basis they are interacting with people who often have complex psychological problems and have fallen on the hardest of times. Most of the people we spoke to had drug and alcohol related issues and the wardens were trying to get them to safer places where they would find it easier to get help.

During the shift the two person patrol called in around ten pieces of information ranging from fly-tipping which needed to be cleared and graffiti which needed to be cleaned. Quite rightly, they see themselves as the eyes and ears of the council.

On our way back to the Queens Road Peckham Control Room at 1pm, the wardens helped avert what could have been a violent incident. One of the wardens spotted that there was a large amount of scrap metal lying in a back alley off a main road. Three men in a van had just pulled over and another man was standing by the metal gesticulating. The wardens approached this man and found out that he had collected together the scrap and was intending to sell it at another location. The men in the van,

it turned out, were highly likely to take it away from him in their van, without his permission.

The wardens handled the situation very well. They confronted the men in the van and ensured they left the scene, taking a note of their number-plate. The man who had been threatening violence to defend his scrap metal was calmed down and instructed to remove it within the hour.

In the afternoon I spent time patrolling with the Camberwell team, who were equally diligent. One thing to highlight is a visit we made to an elderly resident who had been recently defrauded. The visit was simply to check he was OK and to reassure him that there were people looking out for him. He clearly appreciated the visit. We also visited a local shop which had recently been the victim of shop-lifting.

Finally, I spent an hour with the wardens information analyst, who does an excellent job of collating the incident reports from the wardens so that the intelligence can be analysed and so those managing the service can ensure the right areas are being patrolled.

The wardens' patrols are informed by tasking sheets which they are given at their morning briefing. These come from reports from members of the public, the police and councillors. This formal system of reporting gave me greater confidence that wardens are responding to concerns from Southwark residents, and not just doing the same patrols day in and day out."

Key issues identified

17. Statistics suggest that, since the cuts made in 2007 and 2011, performance of the wardens service has not deteriorated. However, the obvious difference now is that most wardens are focussed on particular town centre areas, and so there is inevitably less coverage of other areas of the borough. In short, the service is doing a good job, given the limited resources available to it.
18. It may be necessary to review whether the balance of patrols is about right. The impression the Chair gained from patrolling Elephant and Castle and Camberwell is that the Camberwell patrol was under less pressure (although still busy). The service is heavily structured around the town centres which is understandable given the financial pressures. But there may be room for more flexibility than is currently being used.
19. One other key issue appears to be that members of the public have very little knowledge about the work of the Wardens service. This has two negative impacts. Firstly, it means they do not value the service as much as they might. Secondly, it means that they are less likely to report issues to the service.

20. It is also the sub-committee's view that local councillors are very well placed to pick up issues from the local community and pass them on to the Wardens Service. Councillors, rather than the council, are often the first port of call for people when they have a concern about environmental issue or anti-social behaviour. However, it is also the sub-committee's view that most councillors are not aware of the briefing and tasking process that takes place within the wardens service on a daily basis. This process allows them to be intelligence led and to respond quickly to community concerns.
21. It is also essential that community wardens are fully trained and up to date with the most recent developments in countering terrorism and extremist activity. If community wardens are to participate in such things as weapons sweeps, cordon control, evacuation, traffic diversion and crowd control, they must also be trained regularly and educated about counter terrorism as well as crime prevention. In particular, the North of the borough now hosts iconic buildings such as the Shard which bring new challenges.
22. It may be that Southwark Community Wardens could be included in "Project Griffin". This is a police initiative which brings together and coordinates the resources of the police, emergency services, local authorities, business and the private sector security industry.
23. During his visit to the Wardens Service the Vice-Chair reported the "impression that reporting by Wardens was not matched by the amount of issues resolved by their partners in different Council departments, especially, incidents relating to public realm or environmental queries. Incidents raised several months ago by Wardens had still to be dealt with by other council departments. To that end, would co-locating staff responsible such matters alongside the warden service bring enhanced performance in this area."
24. A particular issue was identified regarding Peckham Town Centre Car Park. The Vice-chair reported that because of the "general upkeep or maintenance" the car park is "becoming a venue for rough sleeping, urination, and general inappropriate behaviour. There was no visible on-site presence and I am unaware of any functioning CCTV in that immediate area. I believe this and other sites involving tunnels and subways, (particularly in the Elephant & Castle area) to be genuine areas of public concern."

Recommendations

25. The Community Wardens service is functioning well. It is a well-managed service which operates under significant pressure, both in terms of finances and demand. Community Wardens themselves carry out a difficult and sometimes dangerous job and deserve to be commended for this. It is noticeable that there is a gap between the reality of their working lives and the outside perception of the role they carry out. It is not uncommon for people to question the usefulness of Community Wardens or even to describe the service as a "waste of money". This is categorically not true, but it does show there may be a problem with the way the service is engaging with other bodies and the wider public. Some of the recommendations below focus on this issue:

Recommendation 1 – local police team meetings

Although Community Wardens do sometimes attend local police team meetings, this is patchy and is by no means seen as an essential part of their role. The sub-committee considers police team meetings to have been a successful innovation in bringing the work of the police closer to the public they serve. We believe they provide an opportunity for the wardens service to effectively engage with the public. This is particularly the case in the areas of the borough where the warden service is not focussed. The police team meetings are useful chance to pick up further intelligence from the local community which can shape their work. Community wardens (not managers) should attend local police team meetings as a matter of routine.

Recommendation 2 – publicly available performance information

To address the lack of knowledge about what Community Wardens do for the borough, Performance information posted on the [Community Wardens website](#) on a monthly basis. This should be advertised via social media (see recommendation 4)

Recommendation 3 – Quarterly newsletter

Managers should produce a quarterly newsletter on the work of the wardens service which should be made available online. Such a newsletter should take very little time to produce but would help let people know what the service has been doing, but more importantly, remind them that it is a service available to them which they can contact to report various issues.

Recommendation 4 – Social media

The sub-committee is aware that social media is not a magic wand which solves all communication problems (although it is often presented in this way). However, we believe that Southwark Wardens Service would be helped to engage with the public if it maintained a Twitter and Facebook account. Not only would this enable them to push out information about the service (see recommendations 2 & 3) but it would mean that people could report into the service via their own social media accounts. This is not something they can currently do. These reports could then be fed into the tasking meetings held each morning. Social media is increasingly the form of communications which Southwark residents use in order to point out environmental/ASB issues. Southwark Community Wardens service should seek to meet them where they are, not just hope that they will pick up the phone or send an email. The accounts would need to be maintained and updated on a daily basis. Clearly, there are resource implications for this in terms of officer time. The sub-committee feels this form of communication would be a worthwhile investment.

Recommendation 4 - More direct communication with councillors

It is the sub-committee's view that local councillors are very well placed to pick up issues from the local community and pass them on to the Wardens Service. Councillors, rather than the council, are the first port of call for most people when they have a concern about

environmental issue or anti-social behaviour. However, it is also the sub-committee's view that most councillors are not aware of the briefing and tasking process that takes place within the wardens service on a daily basis. The sub-committee recommends that the warden service regularly emails all councillors with performance information and prominently advertising the reporting routes.

Recommendation 5 - More direct communication with tenants and leaseholders

The community warden service should seek to communicate more directly with Tenants and Residents Associations. This should take the form of attending TRA meetings where it is possible and displaying posters about the service on estate notice boards

Recommendation 6 –Annual review

It is important that the flexible nature of the service is maintained. The service is heavily structured around the town centres which is understandable given the financial pressures. But this must be kept under constant review. Each year managers should review the current allocation of wardens to different parts of the borough and consider if changes are needed. This written report should be submitted to the Cabinet member who can then decide if changes are needed.

Recommendation 7 - Co-ordinated push on Peckham Town Centre Car Park

As the vice-chair has noted in his contribution above, problems relating to Peckham Town Centre Car Park have become an issue of concern for some local residents. Clearly there is a need to ensure the area is kept safe and in good condition. This is not just an issue for the Wardens service. The council needs to make a determined push to sort out these issues as a matter of urgency. The sub-committee recommends that a meeting between managers from the wardens service, street cleaning and other interested departments takes place and produces an action plan. The action plan should be reported to the Cabinet member and the sub-committee.

Recommendation 8 – Project Griffin

It is essential that Community Wardens are fully trained and up to date with the most recent developments in countering terrorism and extremist activity. If Community Wardens are to participate in such things as weapons sweeps, cordon control, evacuation, traffic diversion and crowd control, they must also be trained regularly and educated about counter terrorism as well as crime prevention. Southwark Community Wardens should be included in "Project Griffin". This is a police initiative which brings together and coordinates the resources of the police, emergency services, local authorities, business and the private sector security industry.

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