

# Health and Social Care Scrutiny Commission

Thursday 27 February 2020

7.00 pm

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

## Membership

Councillor Victoria Olisa (Chair)  
Councillor David Noakes (Vice-Chair)  
Councillor Helen Dennis  
Councillor Paul Fleming  
Councillor Maria Linforth-Hall  
Councillor Darren Merrill  
Councillor Charlie Smith

## Reserves

Councillor Jack Buck  
Councillor Dora Dixon-Fyle MBE  
Councillor Jon Hartley  
Councillor Jane Salmon  
Councillor Bill Williams  
Councillor Leanne Werner

---

## INFORMATION FOR MEMBERS OF THE PUBLIC

---

### Access to information

You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

### Babysitting/Carers allowances

If you are a resident of the borough and have paid someone to look after your children, an elderly dependant or a dependant with disabilities so that you could attend this meeting, you may claim an allowance from the council. Please collect a claim form at the meeting.

### Access

The council is committed to making its meetings accessible. Further details on building access, translation, provision of signers etc for this meeting are on the council's web site: [www.southwark.gov.uk](http://www.southwark.gov.uk) or please contact the person below.

**Contact** Julie Timbrell on 020 7525 0514 or email: [Julie.timbrell@southwark.gov.uk](mailto:Julie.timbrell@southwark.gov.uk)

---

Members of the committee are summoned to attend this meeting

**Eleanor Kelly**

Chief Executive

Date: 19 February 2020



# Health and Social Care Scrutiny Commission

Thursday 27 February 2020  
7.00 pm

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

## Order of Business

Item No.	Title	Page No.
	<b>PART A - OPEN BUSINESS</b>	
1.	<b>APOLOGIES</b>	
2.	<b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	<b>MINUTES</b>	1 - 10
	To approve as correct records the Minutes of the meetings held on 2 December 2019 and the 21 January 2020.	
5.	<b>COMMUNITY PHARMACIES AND SUBSTANCE MISUSE SERVICES</b>	
	Pharmacy providers have been on a three year contract to provide needle exchange and supervised consumption since 1 April 2017 (ending 31 March 2020). This item will discuss plans to change the commissioning arrangements.	
	A report from the strategic director of place and wellbeing / director of public health setting out the background to the service is enclosed.	11 - 17

<b>6.</b>	<b>LAY INSPECTORS</b>	18 - 20
-----------	-----------------------	---------

Age UK Lewisham and Southwark have provided a summary of Lay Inspector work for the previous year 2019/20 and plans for 2020/21, in the enclosed letter, alongside a description of the Lay Inspectors work.

Commissioners will provide an outline of current and future funding arrangements with Age UK Lewisham and Southwark.

Proforma from Age UK used by Lay Inspectors when visiting care homes and two example reports used by volunteer Lay Inspectors when visiting care homes. The reports on care homes are contained in the closed agenda as they identify individuals.

<b>7.</b>	<b>REVIEW: CARE HOMES QUALITY ASSURANCE - FOLLOW UP BRIEFINGS</b>	
-----------	---	--

This item will cover:

A summary of current and future commissioning arrangements for care homes in Southwark for older people.

Proforma used by monitoring officers when visiting Care Homes and the last 6 months care home monitoring reports from officers. The reports on care homes are contained in the closed agenda as they identify individuals.

<b>8.</b>	<b>REVIEW: MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE</b>	
-----------	---	--

The London Assembly Health Committee has produced a report on the impact of Adverse Childhood Experiences, a theme of the scrutiny review.

The report is enclosed:

Connecting up the care: Supporting London's children exposed to domestic abuse, parental mental ill-health and parental substance abuse.	21 - 31
--	---------

<b>9.</b>	<b>WORK PROGRAMME</b>	32 - 39
-----------	-----------------------	---------

The workplan and review scopes are enclosed.

**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.**

**PART B - CLOSED BUSINESS**

<b>10.</b>	<b>LAY INSPECTOR REPORTS</b>	
------------	------------------------------	--

Closed information in respect of Lay Inspections of care homes as referred to in item 6 above.

**Item No.**

**Title**

**Page No.**

**11. STATUS VISITS AND MONITORING REPORTS OF CARE HOMES**

To consider contract monitoring and status visit reports relating to four care homes and one nursing home in the borough as part of the scrutiny commissions review in addressing the quality assurance of care homes in Southwark as referred to in item 7 above.

**DISCUSSION OF ANY OTHER CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.**

Date: 19 February 2020



## HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Monday 2 December 2019 at 7.00 pm at 132 Queens Road, London, SE15 2HP Rooms G05 & 6.

---

**PRESENT:** Councillor Victoria Olisa (Chair)  
Councillor David Noakes (Vice-Chair)  
Councillor Paul Fleming  
Councillor Darren Merrill  
Councillor Charlie Smith  
Councillor Bill Williams

**OTHER MEMBERS  
PRESENT:**

**OFFICER** & Genette Laws, Director of Commissioning , Southwark Council  
**PARTNER** Julie Timbrell, Scrutiny Project Manager  
**SUPPORT:** Catherine Negus, Healthwatch Manager

### 1. APOLOGIES

Councillors Maria Linforth-Hall and Helen Dennis sent apologies, the latter because of maternity leave. Councillor Bill Williams attended as a substitute for Councillor Helen Dennis.

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

There were none.

### 3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillor Bill Williams disclosed that he works for Guys and St Thomas'

Foundation Hospital Trust.

#### 4. MINUTES

The Minutes of the meeting held on 14 October were agreed as an accurate record.

#### 5. REVIEW: CARE HOMES QUALITY ASSURANCE - OFFICER OVERVIEW

Genette Laws, Director of Commissioning, provided an overview of care homes and extra care domiciliary care, with reference to the report circulated in advance. The Director of Commissioning highlighted the following points:

- There is a commitment to open two new nursing homes by 2022, so that those needing care will live closer to their loved ones and are in services that are subject to a tendered contract. One of Partnership Southwark priorities is improving nursing homes.
- There is also a commitment to establish a residential care charter which officers intend to take to Cabinet in the spring of 2020. This charter will focus on supporting homes to focus on the drivers related to delivering high quality care.
- There is more work to be done to involve the service user voice and wider community in quality assurance. Currently the council are working with Age UK to deliver the Lay Inspectors scheme, however the Lay Inspectors only work with older people. The council would like to ensure similar work with wider groups.

The chair invited questions:

- Members asked if 6 monthly visits are enough. The Director explained that commissioners take a risk based approach, which means that visits can take place more frequently – some are done some quarterly, some even weekly if there is higher risk.
- The Director was asked about the consequences of poor performance and she explained that one outcome is the provision of a default notice on the contract, and ultimately to remove people from the care provision.
- Members asked about the number of safeguarding concerns and complaints received and how these are dealt with. The Director commented that Southwark does seem to receive less than other councils she has worked with. This could be because these Local Authorities were in areas of more affluence and therefore have

more self funders and so there could be more confidence and sense of more entitlement. However, she emphasised, that everybody is entitled to complain and this could be an area that warrants more focus. Members asked how the council might ensure that there is an improved ability to raise a complaint and the Director suggested that this could be looked at through the nursing contract and the monitoring process. The Director also offered to provide some comparison with another borough to attempt to benchmark performance, but she cautioned that would be difficult as no two boroughs are alike in terms of types of provision or deprivation.

- Joan Thomas, former coordinator of the Lay Inspection service, spoke from the public audience, and said that often people do not understand safeguarding or what good quality looks like, for example the ability to de-escalate conflict and calm things down, or change a pad regularly. Lay Inspectors are trained in dementia. She added that she is concerned that the Lay Inspector coordinator post has not been filled since her retirement. She said the absence of a coordinator means the volunteers in place are not able to sustain the number of visits, which previously would sometimes be as many as 10 over a period of 4 or 5 months. These visits address both qualitative and quantifiable good practice.
- Another audience member agreed that the Lay Inspection scheme is currently not functional; there is one inspection in the pipeline and they are finishing off another, but no coordinator means that the work cannot be sustained.
- A different audience member explained that he was also a former Lay Inspector volunteer and that the services was able to make comparisons between homes with similar management, and as a consequence have learned that a good manager is crucial. He added that the Lay Inspectors also ask if there are times set aside for relatives and carers to visit and speak meet and speak with care home staff.
- The Lay Inspectors asked about funding and the Director explained this is year on year.
- The Lay Inspector volunteers cautioned that while they are able to establish trust with other older people they would not have the ability to visit younger people, however they did think young people, for example with disabilities, would also benefit from a Lay Inspector programme by peers.
- The Director responded that the council do want to make the Lay Inspection work all age functional, however that does not mean it would necessarily be delivered by Age UK.
- A member of the audience commented that when she complained to a provider about a service the complaint was investigated by the

home, rather than someone impartial. One of her complaints was the inadequacy of the GP service. The Director said the council do monitor homes they fund. She said commissioners are on a journey with monitoring, and they are now improving this through quicker writes ups and more focus on quality. She added that the CCG are responsible for the quality of GPs services, as this is part of nursing provision.

- The Director was asked if monitoring officers go to the relative meetings. She said that sometimes they do. Healthwatch suggested this could be useful. Lay Inspectors present cautioned this could involve quite a lot of meetings. A focus on bigger Southwark providers and going quarterly could make best use of resources.

## **RESOLVED**

Officers will provide a comparison with a comparable borough on number of complaints

## **6. REVIEW: CARE HOMES QUALITY ASSURANCE - HEALTHWATCH**

Catherine Negus, Healthwatch Manager, provided an update on Tower Bridge Care Centre with reference to a published report.



## **7. REVIEW: MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE - HEALTHWATCH**

Catherine Negus, Healthwatch Manager, provided an overview of work done on mental health, with reference to a published report.

The chair then invited questions. Members asked if there is any repeat work planned and the Healthwatch Manager said that they are doing follow up on Talking Therapies - with a work stream on young people. Healthwatch have also identified the need to do more research on drug use and are recruiting someone to do this.

### **RESOLVED**

Two groups were recommended by the Healthwatch Manager to contact to contribute to the review:

- Southwark Independent Advisory groups - set up with SLAM and equivalent to Lambeth Black Thrive
- Cambridge House's mental health work with young people

## **8. LAMBETH HOSPITAL REDEVELOPMENT PROPOSAL**

The scrutiny project manager, Julie Timbrell, reported that SLaM and CCG Commissioners have approached scrutiny regarding a proposal to move acute mental health services from the current site on Lambeth Hospital to a new site on the Maudsley Hospital. They have indicated that this is a substantial variation and as this would impact on both Lambeth and Southwark a Joint Health Overview and Scrutiny Committee (JHOSC) ought to be considered. There is limited information available in the public domain at the moment because of the pre-election period. More information is due to come to Southwark's OSC in January where members will be able to take a final decision.

Members commented that this proposal could raise similar issues as the single Place of Safety, which relocated patients to Southwark. The JHOSC, which was established to look at this, ensured that arrangements were put in place to ensure that Southwark social care services were not unfairly impacted.

## **9. WORK PROGRAMME**

The work programme was noted and the Healthwatch recommendations will be taken forward. Outreach is also planned to Lambeth's Black Thrive project.





## HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Tuesday 21 January 2020 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

---

**PRESENT:** Councillor Victoria Olisa (Chair)  
Councillor David Noakes (Vice-Chair)  
Councillor Maria Linforth-Hall  
Councillor Bill Williams

**OTHER MEMBERS PRESENT:** Councillor Jasmine Ali, Cabinet member for Children, Schools and Adult Social care

**OFFICER SUPPORT:** Genette Laws, Director of Commissioning , Southwark Council  
Julie Timbrell, Scrutiny Project Manager  
Catherine Negus - Healthwatch Manager  
Jean Young Head of Primary Care Commissioning and Interim Head of Mental Health Commissioning

### 1. APOLOGIES

Councillors Helen Dennis, Charlie Smith and Paul Flemming sent apologies. Councillor Bill Williams attended as a substitute for Councilor Helen Dennis, who is on maternity leave.

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

There was none.

### 3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillor Bill Williams declared he works for Guys and St Thomas' Hospital.

#### 4. MINUTES

The minutes of the meeting held on 2 December will go to the next meeting, due to staff shortages.

#### 5. INTERVIEW: CABINET MEMBER FOR CHILDREN, SCHOOLS AND ADULT CARE

Councillor Jasmine Ali, Cabinet member for Children, Schools and Adult Social care, was interviewed on the Children & Adult Care part of her portfolio.

The interview covered the following themes:

- Older people and the barriers posed by technology
- Loneliness in older people and opportunities to buddy up
- Impact of funding reductions on older people's social care and the re-enablement service.
- The community hub for older people
- Quality of the new care homes planned

#### RESOLVED

Officers will provide a brief summary of the commissioning plans for new care homes in Southwark.

#### 6. REVIEW ONE: MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE - FOLLOW UP INFORMATION

Genette Laws, Director of Commissioning, Southwark Council and Jean Young, Head of Primary Care Commissioning and Interim Head of Mental Health Commissioning, presented the report circulated.

Members asked about the suicide rate and the disproportionate number of BAME citizens sectioned.

#### RESOLVED

Officers will provide follow up information on:

- Lewisham project looking at high rates of BAME sectioning
- More recent suicide statistics, including race and ethnicity data

## 7. REVIEW TWO: CARE HOMES QUALITY ASSURANCE - COMMUNITY EVIDENCE

Esmé Dobson, a former user of care services in Southwark, attended and gave a presentation on service a relative received in a Southwark care home and then touched on her later experience of a care home in Lewisham.

Learning points she suggested the Commission considered included her view that:

- Even a care home rated Good by CQC was not providing suitable activities, with a dedicated coordinator
- The GP service was not meeting residents needs and had not been for some time – an issue she raised with the CCG
- The building had repair issues, which raised staff stress level and did not help with dementia management
- There were a lot of good care workers, but she found it difficult to raise her concerns regarding one staff member and the subsequent investigation was done by the care home, rather than Southwark.
- Quarterly meetings for relatives often did not happen, and when they did the monitoring officer recommended contacting the care home manager for her contact details.
- Provision for dementia often only caters for people with lower levels of need, which means people may have to move when their needs increase.
- The important role the council has in monitoring the quality of care, particularly for residents without relatives
- The difficulties even an engaged family member had in resolving concerns
- Concerns that the Lay Inspection team is not functioning and there is a lack of organisational commitment to its continuation

Esmé Dobson said that her efforts to address the above concerns had eventually resulted in a letter of full of apologies from the provider of the Southwark home.

The Director of Commissioning, Genette Laws, explained that these concerns were historic, dating from 2017, and assured members that the provider, Anchor, had taken steps to address shortcomings.

She also provided assurance that the monitoring team do attend Southwark Care Homes regularly and offered to provide copies of the last

ten monitoring reports for members, as a closed item as they would contain confidential information .

The scrutiny project manager suggested contacting Anchor for comment on recent work, to provide an opportunity for more up to date information on steps taken to provide assurance on care home quality.

A member asked if the monitoring team would look at whether an activities programme was in place and address appliances not working. The Director of Commissioning said they would certainly look at activities, and if the home looked well kept, although not the specifics of a working washing machine. They would also look at family meetings and their experience of the home.

Members indicated they would like to obtain clarification from Age UK on the Lay Inspectors scheme, receive more information on the visitation programme and understand the commissioning arrangements.

There was a discussion about a previous review of Care Homes undertaken by scrutiny, after a series of poor CQC reports on local homes, including Tower Bridge Care Centre, which a member had visited. The Director of Commissioning said this home had improved, with other homes closing and new homes being commissioned. She offered to provide a briefing providing clarity on providers and plans for the future.

## **RESOLVED**

Officers will provide:

- Last 6 months care home monitoring reports
- Provide a brief summary of current care homes commissioned in Southwark
- Outline of funding arrangements with Southwark Lay Inspectors

Age UK Lewisham and Southwark will be asked to provide a summary of Lay Inspector work and plans for the future.

## **8. WORK PROGRAMME**

Member will meet with the Strategic Director of Place and Well-Being to discuss planed changes to community pharmacy substance misuse services, commissioned by Public Health.

<b>Item No.</b> 5.	<b>Classification:</b> Open	<b>Date:</b> 27 February 2020	<b>Meeting Name:</b> Health and Social Care Scrutiny Commission
<b>Report title:</b>		Change in tariffs for supervised consumption and needle exchange services in community pharmacies	
<b>Ward(s) or groups affected:</b>		All Southwark wards and all population groups	
<b>From:</b>		Professor Kevin Fenton Strategic Director of Place and Wellbeing   Director of Public Health, Southwark Council	

## SUMMARY

Needle exchange and supervised consumption services are both harm reduction services that are provided by pharmacies in the community. Pharmacy needle exchange services provide sterile injecting equipment and dispose of used needles to reduce needle sharing and other high-risk injecting behaviours. They are available to all adult injectors, regardless of resident status. Supervised consumption (most usually of methadone) reduces the risk of drug-related overdose and death, minimises the risk of accidental consumption by children and provides an opportunity for contact between a health professional and a service user.

Pharmacy providers have been on a three-year contract to provide needle exchange and supervised consumption since 1 April 2017 (ending 31 March 2020). The contract allowed new providers to join or leave at any point during the contractual term, and providers may choose to deliver either of the services, with no obligation to deliver both. The tariff prices have not been revised since before April 2013, representing the only substance misuse budget line that has not been reduced since 2013-14.

Officers are required to work according to the council values, which requires “spending money as if it were from our own pocket”. A recent benchmarking review with neighbouring boroughs revealed that Southwark is paying more for supervised consumption than Lambeth and Lewisham – in the case of Lewisham, twice as much per methadone dispensation. Officers considered that this did not demonstrate best value for public money, and decided to align costs to match those of Lewisham.

Council officers informed the LPC and wrote to pharmacists, telling them of the price change. At the time of writing, 15/18 pharmacies have agreed with this price reduction. It should be noted that there are alternative pharmacy providers who are interested in joining the contract to take up provision for those pharmacies that are leaving, to ensure ongoing coverage across the borough. Officers do not anticipate any reduction in coverage for supervised consumption services across the borough, and hence little impact upon our opioid-dependent population.

With regards to needle exchange, 14 pharmacists currently deliver the service. The current payment mechanism is not considered equitable for those pharmacists that undertake the most activity, with 8/14 providers generating the majority of their payment from an annual retainer fee rather than frontline contact with service users. It

was considered that this does not incentivise providers to increase the number of contacts, so a more equitable “payment by results” tariff has been developed.

Council officers informed the LPC and wrote to pharmacists, telling them of the tariff change. 10/14 pharmacies have agreed with this price reconfiguration. It should be noted that there is an alternative pharmacy provider who is interested in joining the contract to take up provision for those pharmacies that are leaving to ensure ongoing coverage across the borough.

## **RECOMMENDATION**

Members are recommended to:

- Note this report, and its contents, which are for information.

## **BACKGROUND INFORMATION**

1. Pharmacy needle exchange services aim to reduce the rate of sharing and other high-risk injecting behaviours by providing sterile injecting equipment and other support as well as ensuring the safe disposal of used injecting equipment. They are accessible to all adult injectors who are using illicit drugs and are not dependent upon resident status.
2. Supervised consumption of medicines for the treatment of opioid dependency by an appropriately qualified professional ensures that the service user receives the correctly prescribed dose, reduces diversion of medicine, reduces the risk of drug related overdose and death, minimises the risk of accidental consumption by children and provides an opportunity for contact between a health professional and a service user. Whilst primarily focused on opioid dependency, the supervised consumption service may also be appropriate for non-opioid service users.
3. In February 2017, approval was given for the award of a new three year contract to existing pharmacy providers for the provision of substance misuse services in community pharmacy (supervised consumption and needle exchange) between 1 April 2017 and 31 March 2020.
4. The contract made provision for new providers to join or leave at any point during the contractual term; continued participation is optional with the services offered as an extra alongside existing substantive provision.
5. There is no requirement for providers to deliver both services and they are able to choose whether to deliver one or both.
6. Existing tariff prices have not been subject to revision since the transfer of the services to the council on 1 April 2013, and may have been transferred across unchanged from the previous PCT contracts. Despite significant financial pressure on the Public Health grant, there has been no reduction in tariff during the three year term, representing the only substance misuse budget line that has not observed a reduction since 2013-14.

## **KEY ISSUES FOR CONSIDERATION – SUPERVISED CONSUMPTION**

### **Market testing and funding levels**



7. To inform commissioning arrangements from 1 April 2020 onwards, a pharmacy review was undertaken last year. This review included the benchmarking of services with other boroughs. The review highlighted a significant variation in costs with neighbouring boroughs Lambeth and Lewisham, which are considered to have broadly comparable treatment populations.
8. On confirmation that Southwark is paying more than Lambeth and Lewisham for the same service provision, officers considered that this did not demonstrate best value for public money and a decision was taken to align the tariff to be consistent with Lewisham, as a close geographical neighbour, who has funded the services at this tariff since 2017.

### **Consultation process with pharmacy**

9. A letter was sent to the Local Pharmaceutical Committee (LPC) by email on 3 October 2019, advising of the council's commissioning intentions and informing them that a letter would shortly be sent to existing providers, requesting confirmation as to whether they still wished to be a contractor under the proposed payment tariff. The LPC responded by email on 7 October 2019 expressing disappointment and concern that some providers may find the new payment tariff unviable. It was suggested that a meeting could take place to discuss whether there were other options. A further email was sent to the LPC on 16 October 2019 in which their disappointment was acknowledged and it was confirmed that the council was not considering other options on the basis of confirmation that a borough in close proximity was paying contracted pharmacies 50% less than the current Southwark tariff.
10. A letter was sent out to all contracted pharmacies via Pharmoutcomes on 16 October 2019 outlining the outcome of the review and seeking confirmation as to whether they still wanted to be considered as a contractor from 1 April 2020. Pharmoutcomes was considered an appropriate communication route as pharmacies regularly access the portal and messages are quickly received.

### **Pharmacy inclusion and agreement to participate**

11. Of the 18 contracted pharmacy sites, 16 initially confirmed that they still wanted to be a provider, with one provider declining to be considered for a new contract and one nil response. Officers considered that an 89% consensus rate provided a mandate for the revised tariff proposal to be implemented. Subsequently, in January 2020, one further provider revised their initial acceptance to decline; another provider advised they were waiting on instruction from the LPC and the previous nil responder advised that they wished to continue with the provision. As such, at the time of writing, 15 existing providers have confirmed they wish to be contractors from 1 April 2020 equalling an 83% consensus rate.
12. Two national pharmaceutical chains have expressed an interest in increasing the number of their Southwark based stores that offer the services, representing an additional 5 sites that wish to join the scheme. It should be noted that had a significant number of pharmacies declined the new tariff, officers would have re-considered the proposal, but this was not the case.

### **Geographic equity of provision**

13. Officers have checked and mapped the locations of pharmacies that have

indicated that they are likely to drop out of the scheme. This reduction in provision will be mitigated by the additional 5 stores that wish to join the scheme (paragraph 12) from 1 April 2020, with consideration given to approaching other pharmacies within specific geographical locations to further increase accessibility if needed.

14. Choice of pharmacy is directed by service user need and underpinned by a risk assessment undertaken by the adult treatment provider Change, Grow, Live (CGL), Southwark's adult treatment provider. They have confirmed that they would require a minimum period of two weeks to update prescriptions and allocate to a different pharmacy should a pharmacy withdraw from delivering the service; the timescales allow for the decision to be taken and implementable before the 15 March 2020 when notice of change is required by CGL, thus mitigating risk.

### **KEY ISSUES FOR CONSIDERATION – NEEDLE EXCHANGE**

15. The current tariff model was also benchmarked as part of the overall review. It should be noted that the council funds a separate needle exchange and paraphernalia coordination service contract, hosted by SLaM, which provides all equipment, advice and information booklets, training and a clinical waste collection service for the contracted pharmacies.
16. Needle exchange benchmarking processes indicated a more complex picture with significant differences in the models employed by local authorities making comparison more difficult. This was further complicated by some local authorities embedding the cost of the services within their adult treatment contracts, thus having no awareness of actual costs.
17. Since the contract commenced on 1 April 2017, Southwark has updated its pharmaceutical needs assessment 2018 – 2021 which noted: *'There is adequate and widespread availability of the needle exchange service across the borough, particularly in areas of greater deprivation, and provision broadly mirrors that of the supervised consumption service. Geographical distribution of this service should be reviewed to ensure access to services meets need whilst minimising duplication of provision'*. It is timely to consider this conclusion when re-commissioning the services for another period.

### **Market testing and funding levels**

18. Activity for previous years was reviewed, with inefficiencies identified in the current model. All providers in the current model receive an annual retainer fee. However, the review identified, in 2018-19, that eight of the 14 providers were generating the majority of their payment from the annual retainer fee rather than frontline contact with service users. It was considered that this did not incentivise providers to increase the number of contacts, thus reducing harm and risk to injecting drug users. The revised payment model will remove the annual retainer payment, but increases the activity payments across a sliding scale (i.e. more contacts = higher payments). A number of providers would see a decrease in payment due to the removal of the annual retainer on current activity contacts, but there is an opportunity to increase payments through increasing activity as well as to support harm reduction and promote safer injecting and health and wellbeing in the injecting drug using population.

### **Consultation process with pharmacy**

19. A similar process was undertaken as with the supervised consumption service whereby a letter was issued to the LPC by email on 27 November 2019 followed by a letter to contracted providers by Pharmoutcomes and email on 29 November 2019 detailing the outcome of the review and requesting confirmation as to whether the existing provider still wanted to deliver the services from April 2020.

### **Pharmacy inclusion and agreement to participate**

20. Of the 14 contracted providers, 10 have confirmed that they still wish to be a provider, three have declined to continue to provide the service and one has not responded. This provides a 71% consensus rate with the new tariff. Additionally, one national chain has confirmed they would like to deliver the service from 3 additional sites, subject to the council's agreement.
21. The new contract will be commissioned to enable new providers to join and leave during the term, so as to ensure appropriate geographical coverage. Where the loss of a provider could result in reduced geographical coverage, the council will take steps to engage with new providers in the locality to deliver the services; this is an existing risk that has been managed throughout the duration of the existing contract.

### **Geographic equity of provision**

22. From 1 April 2020, three existing providers of the services will leave the service; however, two additional provider sites will increase geographical coverage in these localities. Additionally one pharmacy that is leaving the service has a neighbouring pharmacy that was previously part of the scheme, but which dropped out due to lack of activity – this could present an opportunity for the previous provider to reinstate services in a less competitive market.
23. A detailed Gateway 1/2 report has been drafted for decision on 4 March 2020 with the intention to offer new contracts from 1 April 2020.

### **Policy implications**

24. Public health services aimed at reducing drugs and / or alcohol misuse are non-mandated functions, but have been a condition affecting the payment of the Public Health grant to local authorities since 2015/16. Pursuant to section 31(4) of the Local Government Act 2003, the Secretary of State stipulated: “A local authority must, in using the grant: *‘have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.’*”

### **Community impact statement**

25. Pursuant to section 149 of the Equality Act 2010, due regard has been given to the council's decision making processes to the need to:
  - a) Eliminate discrimination, harassment, victimisation or other prohibited conduct.

- b) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.
- c) Foster good relations between those who share a relevant characteristic and those that do not share it
26. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The Public Sector Equality Duty also applies to marriage and civil partnership, but only in relation to (a) above.
27. Officers have taken steps to ensure compliance with the Public Sector Equality Duty imposed by the Equality Act 2010, as detailed in this section in particular:
- A Pharmaceutical Needs Assessment has been conducted and published in 2018. The full document is available at:  
<https://www.southwark.gov.uk/assets/attach/6399/Southwark-PNA-2018-2021.pdf>
  - Formal contract review will continue to consider service level data in relation to service access and engagement by individuals with protected characteristics on a quarterly basis;
  - The service will continue to give priority to investigating and resolving any equality based issues that arise on a day to day basis to ensure that the service is inclusive for all;

### **Financial implications**

28. The service contract has been fully funded by the ring-fenced Public Health grant allocation to the local authority since 4 January 2016. It should be noted that the grant has been subject to annual funding reductions averaging 3.9% (real term) between 2015-16 and 2020-21, which has impacted on investment levels into drugs and alcohol treatment, as well as other public health funded services
29. There has been a 40% reduction in Public Health grant funding allocated to the adult community specialist drug and alcohol treatment service (currently provided by CGL) since 2014-15 (c£2.3m), which has directly impacted on service provision and capacity, the ability to meet need, and the ability to deliver successful outcomes and meet performance requirements.
30. Despite these budget reductions for the main treatment service, pharmacy budgets have not been reduced during this period.
31. Existing tariff prices have not been subject to revision since the transfer of the services to the council on 1 April 2013, and may have been transferred across unchanged from the previous PCT contracts. Despite significant financial pressure on the Public Health grant, there has been no reduction in tariff during the three year term, representing the only substance misuse budget line that has not observed a reduction since 2013-14.

**AUDIT TRAIL**

<b>Lead Officer</b>	Professor Kevin Fenton Strategic Director of Place and Wellbeing   Director of Public Health, Southwark Council	
<b>Report Author</b>	Donna Timms, DAAT Unit Manager / Farrah Hart, Consultant in Public Health	
<b>Version</b>	Final	
<b>Dated</b>	19 February 2020	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
Officer Title	<b>Comments sought</b>	<b>Comments included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Scrutiny Team</b>	19 February 2020	

# Agenda Item 6



**Age UK Lewisham and Southwark**  
 Stones End Centre  
 11 Scovell Road  
 London  
 SE1 1QQ  
 t 020 7358 4077  
 f 020 7378 9217  
 info@ageuklands.org.uk

Councillor Victoria Olisa  
 Southwark Council  
 c/o Members' Room  
 160 Tooley Street  
 London  
 SE1 2QH

Monday, 10 February 2020

Dear Councillor Olisa,

I am writing in response to your request for further information regarding the Southwark Lay Inspection service that has been provided by Age UK Lewisham and Southwark (AUKLS).

We have been funded by Southwark Council to undertake Lay Inspections for a number of years, and in recent years have been inspecting 6 care homes in Southwark per year. Inspections involve several visits and engagement with as many people as possible to enable us to get an accurate picture of the experiences of service users and their carers in relation to each of the care homes. Each care home is inspected annually (unless issues have been identified which necessitate more frequent visits). Comprehensive reports are then written and shared with the Council, Care Home managers and owners.

This year, however, although AUKLS started this work as usual, this work was suspended in the autumn, due to uncertainty about whether the work was going to be funded for the current year. In December 2019 AUKLS received £10,000 funding from LBS for 2019/20 and as a result we were making preparations to relaunch the service. However, at a meeting in January 2020 to discuss the service, Genette Laws (Director of Commissioning, Children and Adults Services) asked AUKLS if we would be prepared to change the format of our visits and reports – to ensure they complement (instead of duplicating) the CQC and Council inspections, by having more of a focus on the experiences and views of residents and their families. I said that we would be pleased to do this. A meeting is now scheduled between AUKLS' Director of Services, Diana Hofler, and Jemima Strydom (Southwark Council) and Carol O'Brien (Southwark CCG) to discuss a revised Inspection Service. We fully expect to re-start the Inspection Service once we have agreed the revised processes and agreed the funding available for this for 2020-2021.

Examples of our recent reports are attached for your information, along with a description of how the current Lay Inspection service has been operating.

Please do get back to me if you need any further information.

Regards

Ross Diamond  
 Chief Executive Officer

## 'Improving life for older people in Lewisham and Southwark'

Age UK Lewisham and Southwark is a registered charity (No. 296862) and company limited by guarantee.  
 Registered in England and Wales No. 2118525.  
 Registered Office: Stones End Centre, 11 Scovell Road, Southwark, SE1 1QQ





**Age UK Lewisham and Southwark**  
 Stones End Centre  
 11 Scovell Road  
 London  
 SE1 1QQ  
 t 020 7358 4077  
 f 020 7378 9217  
 info@ageuklands.org.uk

### **Age UK Lewisham and Southwark Lay Inspection Service**

We have been funded by Southwark Council to undertake Lay Inspections for a number of years, and in recent years have undertaken inspections of 6 Care Homes in Southwark. Inspections involve several visits and engagement with as many people as possible to get a comprehensive and accurate picture of how the service users and their families/carers experience the Care Homes' services. Each Care Home is inspected annually (unless issues have been identified which necessitate more frequent visits). Comprehensive reports are then written and shared with the Council, Care Home managers and owners.

The Lay Inspectors are volunteers who are trained and DBS checked. Their visits are co-ordinated by the Age UK Lewisham and Southwark office staff.

They meet up every 2 months to: -

- Review recent visits and reports to identify any trends or concerns
- Review the team priorities & arrange a schedule of visits
- Liaise and discuss the service with a Council representative
- Identify any further training or support needs

There is a Code of Conduct for Lay Inspectors. Volunteers need to have completed the following training courses before they can go out on their own.

- Dementia awareness
- Professional Boundaries & Confidentiality
- Safeguarding
- Communication, engagement & observation skills & writing up your findings

The Lay Inspectors all have DBS checks before they can undertake Inspection visits and all Inspectors have Photo ID badges which they will wear throughout their inspections.

Much time and effort has been spent developing a positive and friendly relationship with Managers and staff. Inspections are carried out at various times, on different days of the week, including weekends, and at night time (from 9.00pm onwards). We also attend residents' meetings, relatives' meetings and open days.

An inspection report is completed after several visits over an extended period of time, and sometimes this may take up to 3 months. Visits are un-announced. We believe in the value of having several Lay Inspectors involved in each inspection to provide more than one viewpoint. This methodology provides different insights to those that can be gathered when a Care Home is inspected over 1 day or 2 consecutive days (which is the current CQC practice).

### **'Improving life for older people in Lewisham and Southwark'**

Age UK Lewisham and Southwark is a registered charity (No. 296862) and company limited by guarantee.  
 Registered in England and Wales No. 2118525.  
 Registered Office: Stones End Centre, 11 Scovell Road, Southwark, SE1 1QQ



Lay Inspectors speak to staff at all levels and respondents are told that their feedback will be anonymised so that there will be any personal repercussions from their comments.

We have built up a good relationship with Managers and their staff at all the Care Homes. They understand why we're there, are no longer intimidated by or hostile to us and no longer view us with suspicion. They have become used to our presence and we feel welcomed into the Care Homes. We, as Lay Inspectors are not from the Council, nor are we from their own company's management teams. As a result, staff, residents and family members feel freer to share their views and experiences when speaking to us and we believe their responses to be honest ones.

Our inspections are carried out in addition to those of the Care Quality Commission and Southwark's Quality & Performance Management monitoring visits.

Relatives are an extremely important source of information, so we try and attend relatives' meetings and include findings from those in our inspection reports. We also approach family and friends that we may see during our visits, either chatting with them there and then or talking to them later at a time and place of their convenience. Relatives often tell us that they appreciate someone taking the time and trouble to ask their opinions – to talk to them, rather than just asking them to complete a questionnaire.

We also talk to residents but as so many of them have dementia, their viewpoints may sometimes be a bit contradictory or confusing. It is important that all Lay Inspectors have had dementia awareness training and know how to communicate with a person who has dementia (including using validation theory in how they communicate).

Lay Inspectors also include comments on their own observations of what goes on in the day to day running of the home and the interactions between the residents themselves and with staff, as well as reporting on the feedback they have gathered from others.

Following each visit, we provide informal feedback to the Home Manager (or other senior staff member) as a matter of courtesy. A Lay Inspection flyer is displayed in the care homes.

Inspection findings are recorded on an agreed inspection report template.

## 'Improving life for older people in Lewisham and Southwark'

Age UK Lewisham and Southwark is a registered charity (No. 296862) and company limited by guarantee.  
Registered in England and Wales No. 2118525.  
Registered Office: Stones End Centre, 11 Scovell Road, Southwark, SE1 1QQ





# Connecting up the care

**Supporting London's children exposed to domestic abuse, parental mental ill-health and parental substance abuse.**

**January 2020**

# INTRODUCTION

Adverse Childhood Experiences (ACEs) are traumatic events that occur during childhood and can increase the risk of experiencing a range of health issues such as developing heart disease, and poor social outcomes such as involvement in crime, later in life. The likelihood of poor outcomes occurring increases as the number of ACEs experienced increases.<sup>1,2</sup>

In 2019, the London Assembly Health Committee investigated the combination of three ACEs: domestic abuse, parental mental ill-health and parental substance abuse. These three ACEs commonly co-occur,<sup>3</sup> so there is value in looking at them as a cluster to understand how services are working for people who experience multiple vulnerabilities.

This report will use the term ‘the three vulnerabilities’ to refer to the experience of domestic abuse, parental mental ill-health and parental substance abuse.

The Committee wanted to understand the prevalence of the issue in London, what actions should be taken by the Mayor to help prevent these three vulnerabilities from occurring in the first place, and what he should do to aid intervention and support after it has been experienced. We visited Archway Children’s Centre in Islington to meet staff who delivered children’s services across the borough, held a round table meeting with a range of policy experts in the field, and asked a series of questions to senior police representatives through the Assembly Police and Crime Committee. In a call for evidence the Committee asked to hear about the wider determinants behind these three vulnerabilities, and how access to, and support from, services could be improved. A rich array of input was received from over twenty organisations, including third sector service providers, research institutions and borough councils. The time and input from all those who contributed is greatly appreciated.

There were a wide range of recommendations for future action from all those that we engaged with. Out of these, the three key findings and recommendations discussed below are themes which arose repeatedly, which are implementable by the Mayor and which the Committee believe could realise the greatest benefit to Londoners.

This investigation builds on previous work undertaken by the London Assembly. For example, in 2018 the Health Committee’s report ‘Healthy First Steps’ assessed mayoral ambitions to provide every child with the best start in life, and included a recommendation to implement a programme to reduce ACEs experienced by Londoners.<sup>4</sup> Last year the Assembly Police and Crime Committee wrote to the Mayor urging a more explicit focus on ACEs to tackle the causes of violence,<sup>5</sup> and the Mayor confirmed in his response that this would be an area of focus.<sup>6</sup>

# OUR RECOMMENDATIONS

**The Mayor's London Health Board should create an action plan focussing on the intersection of domestic abuse, parental mental ill-health and parental substance abuse. This action plan should:**

- **Assess the implementation and effectiveness of Information Sharing Agreements across London, and promote best practice between boroughs**
- **Investigate equality of access to multi-agency working for all Londoners and work to facilitate equal access to services**
- **Encourage all its partners to adopt a trauma-informed approach when working with people that are experiencing single or multiple vulnerabilities.**

## What is the London Health Board?

The London Health Board (LHB) is a non-statutory group chaired by the Mayor of London comprising leaders of London local authorities and key London professional health leads, including representatives from NHS England, NHS Improvement and Public Health England.

The aim of the Board is to drive improvements in London's health, care and health inequalities where political engagement at this level can uniquely make a difference. It seeks to champion and support the spread of good practice, challenge national partners and health leaders to deliver improved health and wellbeing services, and support London's ambition for health and care transformation through healthcare devolution.

The Board is therefore well placed to implement the Health Committee's recommendations set out above. These three recommendations are covered in more detail over the following pages.

## Challenging circumstances for service provision

Services that work across the three vulnerabilities considered in this report, as well as children's services in general, are all working in challenging circumstances. Over recent years, demand for domestic abuse services, drug and alcohol services and children's services has risen, whilst funding for these services has been reduced.<sup>7,8,9,10</sup>

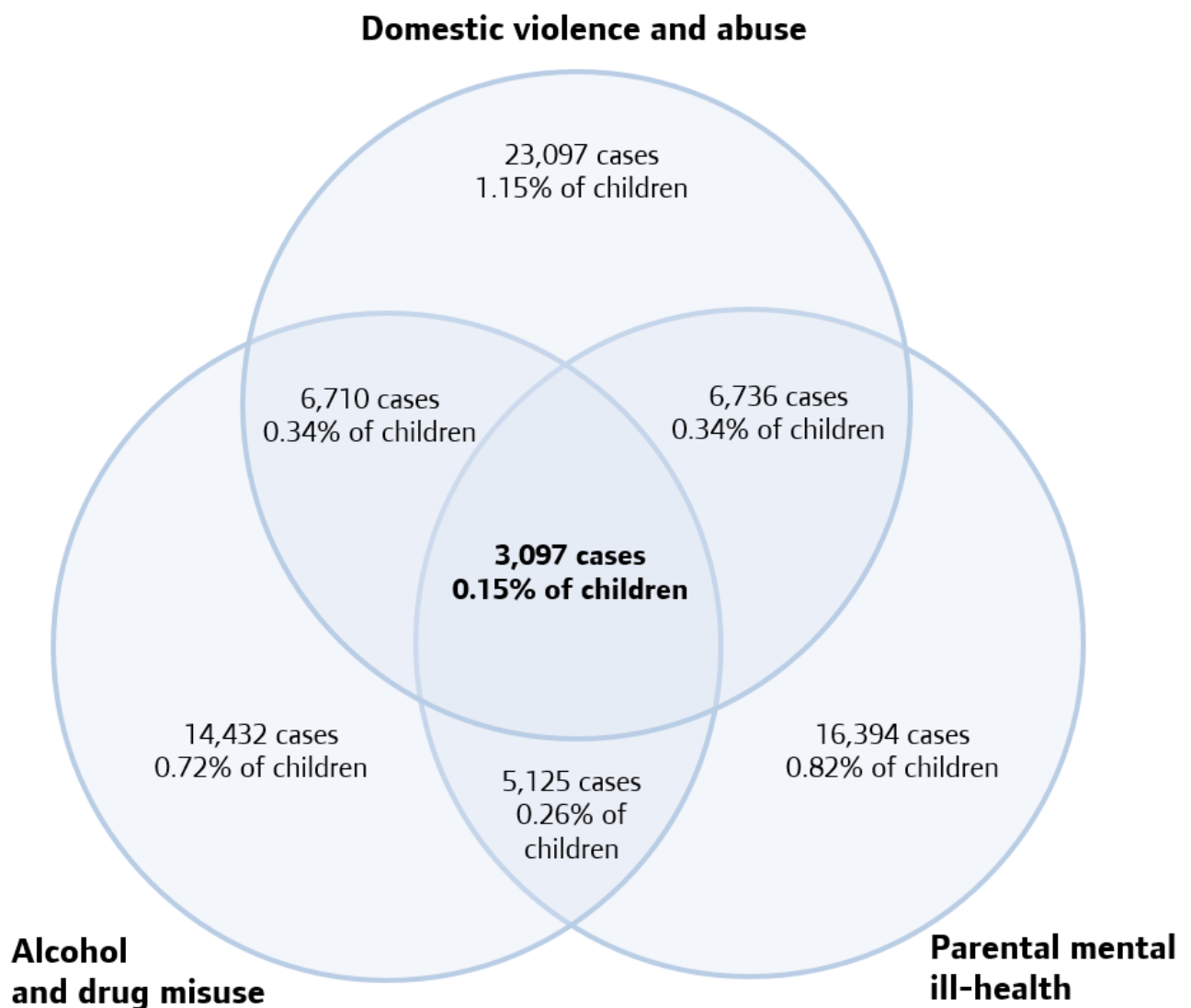
This has, unsurprisingly, impacted the level of service that can be offered. For example, a survey of health and care professionals in 2018 by Alcohol Concern and Alcohol Research UK found that only twelve per cent of respondents felt that resources were sufficient in their area.<sup>11</sup> Similarly, a 2019 Women's Aid report found that a third of domestic abuse services had been forced to reduce the amount of support they provide in the last five years,<sup>12</sup> and in 2018/19 councils across the country had to spend £770 million more on children's social care than had been budgeted for, due to budget cuts.<sup>13</sup> In contrast, here have been a number of commitments to increase investment in mental health services in England. However, a survey of doctors by the British Medical Association suggests the impact of these commitments are not yet being felt on the front line of services.<sup>14</sup>

# THE SCALE OF THE ISSUE IN LONDON

## 3,097 children

Data obtained by the Committee from the Department for Education reveals that 3,097 children were recorded as experiencing domestic abuse, substance misuse and parental mental ill-health in London between April 2017 and March 2018. Figure 1 below shows the number of children affected by one, two or all three of the vulnerabilities in London.

ACEs are found across society, but they are not distributed evenly. One factor that can increase the likelihood of experiencing ACEs is a higher deprivation score<sup>15</sup> (which means a lower level of income and access to resources). Experiencing ACEs can then in turn impact on educational attainment, employment and income. ACEs can also be transferred between generations. The parents of children who experience ACEs are more likely to have experienced ACEs themselves.<sup>16</sup>



**Figure 1:** the prevalence of children in London who have experienced domestic violence and abuse, alcohol and drug misuse, and parental mental ill-health.

**Data source:** Freedom of Information request from the Department of Education.

## Key finding 1: Information sharing and data collection is key for services to function effectively.

The ability to collect and share data is crucial for services to effectively support children experiencing multiple vulnerabilities, and to help identify and share concerns about families before issues emerge. However, as Croydon Council told the Committee, this can be particularly difficult for domestic abuse, parental mental ill-health, and parental substance abuse. This is due to the hidden nature of these issues, which are often kept within families, and the fact that several different services generally need to be involved.<sup>17</sup>

Staff at Archway Children's Centre in Islington told us that their work is supported by an Information Sharing Agreement (ISA) signed between numerous services. The ISA means that individual staff are no longer required to navigate data protection regulation and decide what information can be shared on a case by case basis, instead providing a standardised framework for the sharing of information across traditional organisational boundaries so as to deliver better safeguarding services.<sup>18,19</sup>

The Ministry of Housing, Communities and Local Government, which promotes the drawing up of ISAs by local authorities, has noted that ISA implementation is variable across the country, with some local authorities finding it easier than others to engage all the relevant agency partners and allay concerns about data protection.<sup>20</sup> As a result, there may be a discrepancy in the level of support that services are able to offer Londoners between different boroughs.

The Committee therefore calls on the London Health Board to assess the implementation and effectiveness of ISAs across London and promote best practice between boroughs. This would help to reduce geographical inequality in the level of support that services are able to provide to families and children. This action fits well with previous Mayoral commitments and recommendations to increase information sharing between bodies to improve health and care outcomes for Londoners, such as those laid out by the London Health Commission,<sup>21</sup> and in the London Health Partnership's Health and Care Vision for London.<sup>22</sup>

**Recommendation 1:** The London Health Board should assess the implementation and effectiveness of Information Sharing Agreements across London, and promote best practice between boroughs.

## Key finding 2: Multi-agency working is vital for person-centred care, but there is unequal access to this for Londoners.

Good information sharing facilitates multi-agency working. A joined-up approach between both statutory and voluntary services is the key to working effectively with people and families experiencing multiple vulnerabilities, and to help prevent issues from arising in the first place.<sup>23</sup> In the responses to the Committee's call for evidence, we heard how fragmented services can lead to the individual issues a person or family is experiencing being treated separately. This can result in repeated referrals to different services, with no single service having oversight of the issue as a whole.

Furthermore, when services are not joined-up, experiencing one vulnerability can inhibit the response to another. A joint survey by the Institute of Alcohol Studies and the Centre for Mental Health, for example, found that 84 per cent of professionals working in alcohol and mental health services across the UK agreed that having an alcohol use disorder would be a barrier to getting mental health support.<sup>24</sup>

In contrast, effective multi-agency working allows for a person-centred approach, rather than treating the individual as a set of distinct needs.<sup>25</sup> One example is multi-agency risk assessment conferences (MARACs) – regular local meetings focussed on victims at high risk of harm from domestic violence. As well as domestic abuse services, relevant teams such as those from mental health, substance abuse, children's social care, housing and education also attend to share information and assess risk.<sup>26,27</sup>

Identification and Referral to Improve Safety (IRIS) is another programme targeting domestic violence in the first instance. It provides GPs with training and support to recognise and talk about suspected abuse, and the ability to refer patients to a specialist advocate who can coordinate input from a collaborative system of health and third-sector organisations – including those focussed on substance abuse and mental health.<sup>28</sup>

SafeLives, a charity dedicated to ending domestic abuse, told the Committee how important it is for service users to have a single point of contact in this way, who can coordinate the response to their needs.<sup>29</sup>

As of June 2019, IRIS is working in ten local areas in London. The CLAHRC research institute recommended to the Committee that the IRIS programme should be rolled out across London. This would mean primary care services with pathways into specialist collaborative support could be accessed across the city by all those who would benefit

As well as geographical inequality, respondents told the Committee about inequalities of access for certain societal groups to multi-agency programmes. BAME and LGBT groups are underrepresented in accessing both the MARAC process<sup>30,31</sup> and specific services that can be part of a multi-agency response, such as alcohol or substance abuse services.<sup>32,33,34</sup> Individuals with English as a second language can also find accessing services difficult, as they may be reliant on others to translate for them.<sup>35</sup> Furthermore, University College London suggested to us that due to the link between deprivation and ACEs, the areas of London with the highest levels of need are likely to have the fewest resources.<sup>36</sup>

The Committee therefore recommends that the London Health Board should investigate equality of access to multi-agency working for all Londoners, and work to facilitate equal access to services by ensuring that currently underserved localities and underrepresented societal groups are reached.

**Recommendation 2: The London Health Board should investigate equality of access to multi-agency working for all Londoners, and work to facilitate equal access to services.**

## Key finding 3: Adopting a trauma-informed approach improves outcomes.

The Committee heard repeatedly about the importance of services adopting a trauma-informed approach when working with people who have experienced ACEs. When individual services adopt trauma-informed approaches they are able to deliver more informed care. This can lead to service users feeling safer, more supported, and better engaged with services. Care and treatment outcomes are improved as a result.<sup>37</sup> When all public sector services in an area use trauma-informed approaches – often alongside third sector services and employers – trauma-informed communities can be created. These collaborative approaches can create communities in which everyone has the best chance of being emotionally healthy and stable and can aid early intervention to achieve positive outcomes.<sup>38,39</sup>

The NSPCC told the Committee that London has the potential to “lead the way, and build further momentum for innovative, trauma-informed approaches”.<sup>40</sup> However, as the drug and alcohol charity WDP commented, there is currently inconsistency between whether commissioned services are mandated to use a trauma-informed approach or not.<sup>41</sup>

### What is a trauma-informed approach?

“A programme, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation.”<sup>42</sup>

*Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services*

The Committee therefore recommends that the London Health Board encourages all its partners to adopt a trauma-informed approach when working with people that are experiencing single or multiple vulnerabilities.

The Mayor says he has already committed to adopting trauma informed approaches in tackling serious violence and knife crime,<sup>43</sup> and in addressing violence in prisons.<sup>44</sup> Extending this approach to all services that encounter people experiencing single or multiple vulnerabilities would help create trauma-informed communities and provide better support to those who require it.

**Recommendation 3:** The London Health Board should encourage all its partners to adopt a trauma-informed approach when working with people that are experiencing single or multiple vulnerabilities.

# Who did the Health Committee engage with?

The London Assembly Health Committee dedicated two of its meetings to this investigation (June and July 2019).

In June 2019, a delegation from the Health Committee visited Archway Children's Centre. Children and health sector specialists that hosted and attended this meeting included the following people:

- **Carmen Littleton**, Corporate Director - People Services, Islington Council
- **Kaya Comer-Schwartz**, Lead Member for Children, Young People and Families, Islington Council
- **Penny Kenway**, Head of Early Years and Childcare, Islington Council
- **Gwen Fitzpatrick**, Early Years Service Lead, Bright Start and Safeguarding, Islington Council
- **Joanna Collins**, Operational Lead for Children and Young Peoples Services and CAMHS, Islington Council
- **Alan Caton**, Independent Chair, Islington Safeguarding Children Board
- **Helen Cameron**, Health and Wellbeing Manager (Islington Healthy Early Years Lead), Islington Council
- **Mita Pandya**, Executive Head of Nursery: Willow and Archway Children's Centres
- **Ciara Rush**, Head of Nursery, Archway Children's Centre
- **Lutfu Choudhury**, Head of Nursery, Willow Children's Centre
- **Renata Moriconi**, Early Childhood Area Lead, Islington Council
- **Lyndsey Morton**, Family Support Coordinator, Islington Council
- **Sheena Gofton**, Locality Manager, Islington Council
- **Liz Vitrano**, Early Years Lead, St Marks School
- **Sian Barnett**, Joint Manager U5s Team and Lead for CAMHS in Bright Start Islington Children's Centres
- **Bev Ball**, Service Manager, Better Lives Family Service
- **Abi Onaboye**, Head of Service, Strategy, Commissioning and Policy, Islington Council

In July 2019, the Health Committee held a round table, hosted by NSPCC, with the following representatives:

- **Dr Paul Plant**, Interim Regional Director for London, Public Health England (representing the London Health Board)
- **Dr Sam Everington**, Chair, Londonwide Clinical Commissioning Council (representing the London Health Board)
- **Superintendent Mark Lawrence**, MPS Lead for Mental Health, Drug and Alcohol Abuse and Suicide Prevention (representing the London Safeguarding Children Board)
- **Jon Brown**, Head of Development and Impact, NSPCC
- **Tom Clarke**, Senior Quantitative Analyst, Children's Commissioner

In July 2019 the London Assembly Policing and Crime Committee posed a series of questions in relation to this investigation to:

- **Mark Simmons**, Assistant Commissioner, Metropolitan Police
- **Sophie Linden**, Deputy Mayor for Policing and Crime

**Our thanks to all those that shared their knowledge and expertise with the Health Committee.**



**About the London Assembly's Health Committee**

The London Assembly holds the Mayor and Mayoral advisers to account by publicly examining policies and programmes through committee meetings, plenary sessions, site visits and investigations. The Health Committee reviews health and wellbeing across London, with a particular focus on public health issues and reviewing progress of the Mayor's Health Inequalities Strategy. The Committee's meetings are open to the public and are broadcast on our website at [www.london.gov.uk](http://www.london.gov.uk). The Committee also regularly seeks views from the public through calls for evidence, events and meetings in public. If you would like to be kept informed about our work on health and wellbeing, or have a question or suggestion, please contact [healthcommittee@london.gov.uk](mailto:healthcommittee@london.gov.uk). We would love to hear from you.

- <sup>1</sup> NHS Health Scotland. *Adverse Childhood Experiences (ACEs)*: <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>
- <sup>2</sup> Scottish Government. *Adverse Childhood Experiences (ACEs)*: <https://www.gov.scot/publications/adverse-childhood-experiences/>
- <sup>3</sup> Coordinated Action Against Domestic Abuse. *In plain sight: The evidence from children exposed to domestic abuse*: [http://www.safelives.org.uk/sites/default/files/resources/In\\_plain\\_sight\\_the\\_evidence\\_from\\_children\\_exposed\\_to\\_domestic\\_abuse.pdf](http://www.safelives.org.uk/sites/default/files/resources/In_plain_sight_the_evidence_from_children_exposed_to_domestic_abuse.pdf)
- <sup>4</sup> London Assembly Health Committee. *Healthy First Steps*: [https://www.london.gov.uk/sites/default/files/healthyfirststeps\\_030718\\_0.pdf](https://www.london.gov.uk/sites/default/files/healthyfirststeps_030718_0.pdf)
- <sup>5</sup> Letter from Steve O'Connell AM to Sadiq Khan: [https://www.london.gov.uk/sites/default/files/pcc\\_chair\\_letter\\_to\\_mayor\\_vru\\_131218.pdf](https://www.london.gov.uk/sites/default/files/pcc_chair_letter_to_mayor_vru_131218.pdf)
- <sup>6</sup> Letter from Sadiq Khan to Steve O'Connell AM: <https://www.london.gov.uk/sites/default/files/vru-letter-from-mayor.pdf>
- <sup>7</sup> Local Government Association. *Children's services funding – facts and figures*: <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-childrens-services/childrens-services-funding-facts>
- <sup>8</sup> Women's Aid. *The Domestic Abuse Report 2019 – The Annual Audit*: <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2019/12/The-Annual-Audit-2019.pdf>
- <sup>9</sup> Colin Drummond. *Cuts to addiction services are a false economy*: <https://blogs.bmj.com/bmj/2017/05/25/colin-drummond-cuts-to-addiction-services-in-england-are-a-false-economy/>
- <sup>10</sup> Adfam call for evidence submission
- <sup>11</sup> Alcohol Concern and Alcohol Research UK. *The hardest hit: Addressing the crisis in alcohol treatment services*: <https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/documents/The-hardest-hit.pdf?mtime=20181116174247>
- <sup>12</sup> Women's Aid. *The Domestic Abuse Report 2019 – The Annual Audit*: <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2019/12/The-Annual-Audit-2019.pdf>
- <sup>13</sup> Local Government Association. *Children's services funding – facts and figures*: <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-childrens-services/childrens-services-funding-facts>
- <sup>14</sup> British Medical Association: *Lost in transit? Funding for mental health services in England*: <https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/public%20and%20population%20health/mental%20health/lost-in-transit-funding-for-mental-health-briefing-feb2018.pdf?la=en>
- <sup>15</sup> UCL Collaborative Centre for Inclusion Health call for evidence submission
- <sup>16</sup> UCL Collaborative Centre for Inclusion Health call for evidence submission
- <sup>17</sup> Croydon Council call for evidence submission
- <sup>18</sup> Health Committee visit to Archway Children's Centre
- <sup>19</sup> Bristol City Council. *Information sharing agreements*: <https://www.bristol.gov.uk/data-protection-foi/information-sharing-agreements>
- <sup>20</sup> MHCLG Troubled Families Programme. *Promoting the public service delivery information sharing power*: <https://troubledfamilies.blog.gov.uk/2019/02/21/promoting-the-public-service-delivery-information-sharing-power/>
- <sup>21</sup> London Health Commission. *Better Health for London*: [https://www.london.gov.uk/sites/default/files/better\\_health\\_for\\_london.pdf](https://www.london.gov.uk/sites/default/files/better_health_for_london.pdf)
- <sup>22</sup> London Health Partnership. *Health and Care Vision for London*: <https://www.healthy london.org/wp-content/uploads/2019/09/11448-HLP-London-Vision-Annual-Report-2019-FULL-VERSION-v11.pdf>
- <sup>23</sup> SafeLives call for evidence submission
- <sup>24</sup> Institute of Alcohol Studies and Centre for Mental Health. *Alcohol and mental health – policy and practice in England*: <http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp31042018.pdf>
- <sup>25</sup> SafeLives call for evidence submission
- <sup>26</sup> Reducing the risk. MARAC: <https://www.reducingtherisk.org.uk/cms/content/marac>
- <sup>27</sup> SafeLives. *Resources for Marac meetings*: <http://www.safelives.org.uk/practice-support/resources-marac-meetings>
- <sup>28</sup> CLAHRC North Thames and IRISi call for evidence submission
- <sup>29</sup> SafeLives call for evidence submission
- <sup>30</sup> Drive call for evidence submission
- <sup>31</sup> Croydon Council call for evidence submission
- <sup>32</sup> Institute of Alcohol Studies call for evidence submission
- <sup>33</sup> Alcohol and Families Alliance call for evidence submission
- <sup>34</sup> Adfam call for evidence submission
- <sup>35</sup> NSPCC call for evidence submission
- <sup>36</sup> UCL Collaborative Centre for Inclusion Health call for evidence submission
- <sup>37</sup> Nursing Times. *Trauma-informed care in response to adverse childhood experiences*: <https://www.nursingtimes.net/roles/nurse-educators/trauma-informed-care-in-response-to-adverse-childhood-experiences-08-06-2018/>
- <sup>38</sup> WAVE Trust call for evidence submission
- <sup>39</sup> British Psychological Society call for evidence submission
- <sup>40</sup> NSPCC call for evidence submission
- <sup>41</sup> Westminster Drug Project call for evidence submission
- <sup>42</sup> Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*: <https://store.samhsa.gov/system/files/sma14-4884.pdf>
- <sup>43</sup> Mayor of London. *London Violence Reduction Strategy*: <https://www.london.gov.uk/moderngovmb/documents/s64359/Appendix%201%20-%20VRU%20Strategy.pdf>
- <sup>44</sup> Mayor of London: *Mayor launches new scheme to cut violence in London prisons*: <https://www.london.gov.uk/press-releases/mayoral/mayors-new-scheme-to-cut-violence-in-prisons>



**Greater London Authority  
City Hall  
The Queen's Walk  
More London  
London SE1 2AA**

**Telephone 020 7983 4100**

**[london.gov.uk](http://london.gov.uk)**

## Health & Social Care Scrutiny Commission workplan

Date	Item
2 December 2019	Care Homes quality assurance – officer overview Healthwatch <ul style="list-style-type: none"> <li>i) Care Homes</li> <li>ii) MH CYP</li> </ul>
21 January 2020	<ul style="list-style-type: none"> <li>• Officer update Mental Health of children and young people</li> <li>• Cllr Jasmine Ali -cabinet member interview</li> <li>• Care Homes quality assurance – community evidence</li> </ul>
JHOSC Lambeth Hospital tbc	Lambeth Hospital redevelopment
27 February 2020	<p><b>Care Homes quality assurance – follow up briefing :</b></p> <ul style="list-style-type: none"> <li>- Last 6 months care home monitoring reports from officers ( closed tbc)</li> <li>- Provide a brief summary of the tender / agreement with Country Court Care Homes 2 Ltd outlining type of provision they will be offering in Southwark eg number and type of beds eg Extra Care , Dementia , Nursing</li> <li>- Outline commissioning arrangements with other Southwark Care Homes (eg type of care provided and spot purchase/ commissioned)</li> </ul> <p><b>Lay Inspectors</b></p> <ul style="list-style-type: none"> <li>- Age UK Lewisham and Southwark to provide a summary of Lay Inspector work 19/20 and plans for 20/21</li> <li>- Commissioners to outline grant commissioning arrangements with Age UK L &amp; S and future</li> </ul> <p><b>Mental Health of children and young people</b></p> <p>GLA report on ACE</p>

	<b>Community Pharmacies in Southwark who provide Substance Misuse and Needle Exchange changes to NHS payments</b>
Outreach	Southwark Pensioners Forum Black Thrive Southwark Independent Advisory Unions
Briefings	Mental Health of CYP officer follow up - Lewisham project BME sectioning - recent suicide statistics and by ethnicity  Care Homes : - Provide a comparison with a comparable borough on number of complaints ( 2 March) - Explanation on role and remit of Providers Forum ( date)
16 April 2020	Agree reports

## Scrutiny review proposal

### **What is the review?**

Care homes and extra care quality assurance

### **What outcomes could realistically be achieved? Which agency does the review seek to influence?**

Council  
SCCG

### **When should the review be carried out/completed? i.e. does the review need to take place before/after a certain time?**

End of administrative year

### **What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)**

Full investigation

Report will be a feedback video of participants.

### **What are some of the key issues that you would like the review to look at?**

Quality of care in Southwark providers and out of borough placements

Lay inspectors work

Officer quality assurance process

Ofsted

CQC

Ensuring people in out of borough placements are safe, well and in suitable accommodation

Input from staff on quality via unions, whistleblowing etc

### **Who would you like to receive evidence and advice from during the review?**

Social Care

Housing

The council's & CCG integrated leads for Older people and Mental Health

Lay Inspectors / Age UK Lewisham and Southwark

Southwark Pensioners and pensioner groups

Disabled people and advocacy groups

Voluntary sector and community groups working with older people and disabled people

Healthwatch

Cambridge House

Unions (UNISON, Unite, GMB)

Providers : Anchor & Country Court Care Homes 2 Ltd.

Link Age Southwark

[Care Campaign for the Vulnerable](#)

**Any suggestions for background information? Are you aware of any best practice on this topic?**

**Background:**

***Increasing Nursing Home Provision in Southwark Cabinet report 2017***

*In late 2015, it became clear our borough had a significant problem with its lack of good quality nursing home provision. All three of the nursing homes in the borough where the council funded placements had received poor inspection outcomes from the Care Quality Commission (CQC), preventing the council placing new residents in their care. In early January 2016, Camberwell Green nursing home closed.*

*Since then, Tower Bridge Care Centre has worked hard to address the CQC's concerns and received a rating of Good in March this year. However, the on-going quality concerns at Burgess Park nursing home and the closure of Camberwell Green have left the borough short of nursing home places.*

*This strategy sets out how the council will resolve this lack of current capacity through work with partners to develop two new nursing homes in the borough, together with interim measures to provide additional capacity whilst these homes are being built. By 2020, there will be a total of 361 nursing home beds available, compared to the 115 beds in the borough currently in use.*

<http://moderngov.southwark.gov.uk/documents/s72810/Report%20Increasing%20Nursing%20Home%20provision%20in%20Southwark.pdf>

**What approaches could be useful for gathering evidence? What can be done outside committee meetings?**

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Officer presentations

Healthwatch reports and presentations

Interviews with Community and advocacy groups



## Scrutiny review proposal

### **What is the review?**

Mental Health of children and young people 0 – 25 years

### **What outcomes could realistically be achieved? Which agency does the review seek to influence?**

CAMHS  
Council  
NHS Southwark Clinical Commissioning Group (SCCG)  
Health & Wellbeing Board  
Partnership Southwark

### **When should the review be carried out/completed? i.e. does the review need to take place before/after a certain time?**

End of administrative year

### **What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)**

Full investigation

Report will be a feedback video, of many participants, including community groups, service users, their families, providers etc, about what they have benefited from and more importantly, what improvements they would like in the future.

### **What are some of the key issues that you would like the review to look at?**

In November 2018, the Health and Wellbeing Board discussed the findings of the Joint Review of Emotional Wellbeing and CAMHS Services and 'set a shared ambition to meet 100% target of children and adolescents with MH needs and that they would aim to achieve this by 2020', followed by a later decision in June this year to adopt the Thrive Mode:

<http://moderngov.southwark.gov.uk/documents/s83473/Report%20Children%20and%20Young%20Peoples%20Mental%20Health%20and%20Wellbeing.pdf>

In the context of the above the review intends to particularly focus on these two areas; where the Commission could best add value:

- prevention in schools ( e.g Early Help and the work of organisations such as Place2Be)
- community engagement and mobilisation ( particularly around the work of Partnership Southwark on Adverse Childhood Experiences (ACEs)

The review will also look at two cross cutting issues:

BAME and male; given the poorer mental health outcomes for BAME people and the higher suicide rate of boys & men.

**Who would you like to receive evidence and advice from during the review?**

Health and Social Care on delivery of the joint all age (cradle to grave) Mental Health strategy here:

<http://modern.gov.southwark.gov.uk/documents/s73442/Appendix%20%20Southwark%20Joint%20Mental%20Health%20and%20Wellbeing%20Strategy%202018-2021.pdf>

The council's & CCG integrated leads for Children & Young People and Mental Health

Southwark Clinical Commissioning Group (SCCG) on Partnership Southwark, with a particular focus on the strand working with young people to prevent and mitigate Adverse Childhood Experiences (ACE) - and the any work done or planned on with the community and voluntary sector on this e.g. consultation/engagement/delivery.

SLaM

CAMHS

Young people

Parents and carers of adolescents

Voluntary sector and community groups working with young people and parents on mental health

Healthwatch

Young Minds

Place2Be

CALM

Black Thrive

**Any suggestions for background information? Are you aware of any best practice on this topic?**

Visit Wigan Deal to look at community and prevention work

**What approaches could be useful for gathering evidence? What can be done outside committee meetings?**

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Officer presentations

Community engagement : visits and invites

Site visit to Wigan Deal <https://www.wigan.gov.uk/Council/The-Deal/The-Deal-conference.aspx>

**Health & Social Care SCRUTINY COMMISSION****MUNICIPAL YEAR 2019-20****AGENDA DISTRIBUTION LIST (OPEN)****NOTE:** Original held by Scrutiny Team; all amendments/queries to Fitzroy Williams Tel: 020 7525 7102

Name	No of copies	Name	No of copies
<b>Electronic Copy</b>		Aine Gallagher - Head of Cabinet Office and Public Affairs	1
<b>Members</b>			
Councillor Victoria Olisa			
Councillor David Noakes		Fitzroy Williams, Scrutiny Team SPARES	10
Councillor Helen Dennis			
Councillor Paul Fleming			
Councillor Maria Linforth-Hall			
Councillor Darren Merrill			
Councillor Charlie Smith			
<b>Reserves Members</b>			
Councillor Jack Buck			
Councillor Dora Dixon-Fyle MBE			
Councillor Job Hartley			
Councillor Jane Salmon			
Councillor Bill Williams			
Councillor Leanne Werner			
		<b>Total: 11</b>	
		<b>Dated: February 2020</b>	