

Health, Adult Social Care, Communities and Citizenship Scrutiny Sub- Committee

Thursday 31 January 2013
7.00 pm
160 Tooley Street, London SE1 2QH

Supplemental Agenda No. 2

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HEALTH, ADULT SOCIAL CARE, COMMUNITIES AND CITIZENSHIP SCRUTINY SUB-COMMITTEE

MINUTES of the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee held on Tuesday 18 September 2012 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Mark Williams (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Patrick Diamond
Councillor Eliza Mann
Councillor The Right Revd Emmanuel Oyewole
Councillor Neil Coyle

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Zoë Reed: Executive Director of Strategy and Business
Development
Cha Power: Deputy Director - Mental Health Older Adults and
Dementia
Steve Davidson: SLaM Service Director - Mood Anxiety and
Personality Clinical Academic Group
Andrew Bland: Managing Director of the Business Support Unit
(BSU) CCG
Gwen Kennedy: Acting Director of Client Group Commissioning
& Partnerships
Sarah Feasey : Head of Safeguarding & Community Services
Julie Timbrell: Scrutiny Project manager

1. APOLOGIES

- 1.1 An apology for absence was received from Councillor Norman Gibbs; Councillor Neil Coyle attended as a reserve.

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

2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The minutes of the open section of the meeting held on 9 July 2012 were agreed as an accurate record.

4.2 The update provided by Professor Moxham on Marina House will be circulated with the minutes.

5. MENTAL HEALTH OF OLDER ADULTS

5.1 The chair invited Cha Power, Deputy Director - Mental Health Older Adults and Dementia, and Zoë Reed - Executive Director of Strategy and Business Development, to present. The SLaM directors reported that the Equality Impact Assessment had been completed. The Home Treatment Team pilot is up and running and quarterly data will follow as agreed.

5.2 The Deputy Director reported that recent activity data shows that the service took 49 admissions last year and this year the service has made 43 admissions, which is a marginal decrease . He explained that there had been 120 referrals. The chair asked what happens to people who are not accepted and the Deputy Director explained that they are either admitted or sent to the community health team.

5.3 A member said that he understood that the service have more beds because of homelessness and deprivation. The Deputy Director explained that the service does accept people of no fixed abode, but the numbers are quite small. He went on to comment that the service would not really expect people without homes to be treated much differently by the mental health team, and the expectation is that service users would be housed in a hostel, if appropriate, or admitted to a ward , if needed .

5.4 The Deputy Director was then asked if someone in that situation , who was refused admission , would get support and he responded

that the service often get people with quite complex problems, for example : mental health, dementia and social problems. The service director was asked how about the numbers of people referred to the service who were homeless and he responded that it was less than ten every two years, however, he added, this could rise with cuts to welfare. He went to comment that the service is seeing a rise in acutely unwell people. The chair asked for supplementary information on homelessness and the rise in acutely unwell people.

- 5.5 The Deputy Director was asked if he thought that two or three treatments a day from the Home Treatment Team is accurate, and he confirmed that this is what the evidence is showing. He went on to comment that home treatment seems to be working and maintaining people in their home – and it is also helping with discharge. A member asked if the service is monitoring to see if service users need admitting, and he responded that we are monitoring. He explained that they had been asked to do this by the commissioners and the service is capturing data and stories.
- 5.6 A member asked if people can access talking therapies and he was assured that they can, if needed. He was then asked to elaborate on the concerns about safeguarding noted in the paper. He explained that a patient receiving home treatment would have a dedicated case worker who visits 3 or 4 a day. He was asked if they would be spent time with the service user and the Deputy Director explained that sometimes a visit would be just be providing reassurance that the patient is well, and this could be a short visit of around 30 minutes , however, longer visits also take place of about two hours . He was asked if services such as meals on wheels would be used and he confirmed that they would be.
- 5.7 A member said that he was told about someone who was informed that to get a service he ld need to go to his GP - but he was too ill and anyway didn't see the need. He commented that if these barriers exist then someone with a mental health problem could end up in a crisis. He asked how we can get people support and a referral when the family is concerned. The Deputy Director explained that the service do have an open access referral policy form both families and professionals. He added that the service also takes referrals from Accident and Emergency and that they want to make the service accessible. He reported that many older people with mental health problems are known, however some people are resistance to receiving treatment. He explained that the service do have recourse to mental health legislation if they are a danger to self or others. He said there is a balance of risks because hospitals are sometimes not good places to be and there is a risk of institutionalisation.
- 5.8 A member commented that she understood that there is predicted

to be an increasing number of older people living in Lambeth and Southwark. She asked if the service needs more capacity, can the beds be brought back, and noted the cost pressures. The Deputy Director commented that the service is working closely with demographic experts in commissioning to predict need. He explained that the service also have capacity to flex resources to meet demand as it fluxes. He said that if the estimates show that the service needs to provide additional beds then these can be provided. A member asked how this could be done if the NHS budget is flat and the Deputy Director responded that the service have long stay beds, which have some under used capacity, so these might be looked at if there was an acute need .

- 5.9 A member commented that the report shows a lower number of users from both Southwark and Lambeth, compared with Croydon and Lewisham, and a lower number of Southwark BME groups than Lambeth and Lewisham. She asked for an explanation and the Deputy Director said he will look into this and report back.
- 5.10 The SLaM Directors were asked if the Home Treatment Team is about increasing productivity or reducing costs, and the Deputy Director responded that he has always had concerns about the ability of community services to provide services in the evening and over weekends. He explained that this new service provides this option. He explained that in-patient admission can be very traumatic for older people; the service has to work very hard to return older people home, so admission should be an absolute last resort, which is better avoided.
- 5.11 A member commented that the paper talks about cost saving quite a lot, and surely there is a trade off between cost and quality of services. The Deputy Director responded that this is not about getting rid of beds – it is about providing better care. He was then asked if he would be rationing impatient care and he said that he would expect that there will be a reduction. He explained that the service will be looking at the evidence of the pilot cases to see if there is a need for adaptations. He added that the demographics show that there will be a growth in demand. There is a rising BME population which will mean an increase in vascular dementia.
- 5.12 A member asked if more home treatment means more medication and the Deputy Director responded that he would not expect that. He explained that the Home Treatment Team is a mixed team that is not particularly medical led and that the emphasis will be on recovery. He explained that a lot of the dementia drugs are not that effective anyway – and additionally those older people with dementia and challenging behaviours who are taking drugs that deal with these conditions need very close monitoring. He said that we do not always get the balance of risk right, but the service try and balance community treatment with hospital admission.

- 5.13 A member asked how many members of staff were involved in the Equality Impact Assessment. The Executive Director of Strategy and Business Development explained that she, the Deputy Director, and another member of staff worked on the document. The member said that the evidence and analysis on the 'Gender Reassignment' and 'Religion/ Belief' category was weak. The Executive Director responded that they aim to continuously improve and that they are seeking advice from the Lesbian, Gay, Bisexual & Transgender patient group and from other stakeholders and partners. A member commented that the committee want to see more evidence that that the Equality Impact Assessments are used as an active tool in order to improve services, and not just an irritant at the end, and furthermore there is a duty to comply with the law. He pointed out that there is a risk of being judicially reviewed and this happened to Birmingham Council.

RESOLVED

The Equality Impact Assessment will be developed.

An additional analysis of spare capacity will be provided.

Supplementary information will be provided on the service offered to homeless older people with mental health needs.

Additional information will be provided on the rise in acutely unwell people.

An explanation will be provided for the lower number of users from both Southwark and Lambeth, compared with Croydon and Lewisham, and why there is a lower proportion of Southwark BME service users compared with Lambeth and Lewisham.

Data and patient journey vignettes will be provided on medication levels used by the Home Treatment Team.

6. PSYCHOLOGICAL THERAPY SERVICES

- 6.1 The chair welcomed Steve Davidson, SLaM Service Director - Mood Anxiety and Personality Clinical Academic Group, and Zoë Reed, Executive Director of Strategy and Business Development, to provide an update on the Psychological Therapy Service.

- 6.2 The Service Director said since the large stakeholder event on 16

May they have been developing a framework that has focused on looking at the patient experience and monitoring activity. He explained that the service now has a single point of entry and referrals are considered by a group of senior therapists. He reported that the service now knows much more clearly what the demand is.

- 6.3 A member asked about honorariums and noted that the paper says that it is hard to provide data on their hours and modalities as this had not been fully monitored. The Service Director responded that we now have a clearer idea of the data , as their activity is now more closely supervised as a condition of the contracts with schools. He reported that formally there was not enough oversight of this by management.
- 6.4 The Service Director reported that the honorariums came to the consultation event gave feedback. He explained that the honorarium therapists would come onto training programmes, but the service can only supervise honorariums if there are sufficient senior enough therapists. He explained that SlaM could be quite selective as the hospital is quite prestigious, and the service would get as many honorarium as could be properly supervised and managed. He said this practice will continue.
- 6.5 A member asked for clarification on if all the modalities would continue and the Service Director responded that some will be delivered across different therapeutics. A member asked about the specialist trauma team and the Service Director said that some trauma work will be picked up by the cognitive therapy team and more significant trauma integrated into the psychotherapeutic service. He said there is now a much smaller contribution to the national team. A member asked if there will be a reduction in the number of specialised therapists, and commented that he knew of two who have been redeployed and not working on trauma any longer. The Service Director said it would be hard to say if there would be a reduction but overall there will be less provision. The member voiced concerns about the needs of armed forces personnel and asylum seekers, remarking that both groups often suffer trauma.
- 6.6 The Service Director commented that the former trauma team was a national team, so the number of Southwark and Lambeth beneficiaries was small. He went on to say that the service is committed to providing a service for people with complex needs, and explained that because the team is co-located with a social work team they can now better support the social needs of service users, for example improving access to housing benefit. The member reiterated the importance of the armed forces receiving an excellent service. He pointed out that asylum seekers often need access to complementary services, such as language services.

- 6.7 A member questioned the inconsistencies in some of the documentation and asked for clarity on if there is going to be a reduction in Psychodynamic Psychotherapy. The Service Director responded that a single point service will help by bringing together a single pathway, and being clear about what is on offer, what the pathway is, and the length of time to a service users will need wait to access and how long they will receive treatment. He remarked that there is good evidence that some therapeutic interventions can help over a shorter amount of time. He assured the members that while the number of full time therapists has gone down the service has maintained the same level of honorariums. However, he added, demand is not the same as supply and the single point of service will allow the service to better map need. He ended by answering that this is a completely new service so it is hard to answer.
- 6.8 A member commented that it sounds like the health service do not know the level of demand but has reduced the supply. The Service Director elaborated that formerly SLaM had separate services working in different ways, however, he said that he did not think it was entirely helpful to say we want to maintain the same level of service. A member asked if residents in Southwark are getting a poorer service and the Service Director responded that much of the Southwark service is now delivered through the IPPT service, which scores the best in the country. He explained that many people will now be offered and receive this service.
- 6.9 A member asked if SLaM have done any modelling on the effect of universal credits , and that housing benefits being paid to a named person in the house monthly, rather than the landlord, could exacerbate family conflict. He noted that pilot areas have demonstrated rising homelessness. SLaM directors responded that they are working with the council on reviewing the likely effects of the welfare cuts and introduction of the universal credit.
- 6.10 A member asked about the number of referrals received and made for domestic abuse service and SLaM directors said that they would provide additional information.
- 6.11 The chair then invited Gwen Kennedy, Director of Client Group Commissioning, to comment. She explained that commissioners are scrutinising the data coming thorough and that they have prioritised people been seen as quickly as possible and being offered a service at the right time. She reported that the commissioners will be monitoring the new service, and in particular the delivery of psychodynamic therapy and trauma services.
- 6.12 A member asked how the Director will ensure that consultation and engagement with staff and community takes place. She responded

that commissioners will be ensuring that the Equality Impact Assessment is completed right at the beginning and that there will be consultation and engagement early on, and that user representation is around the table.

- 6.13 A member asked how the commissioners will ensure that the users are the right people and not just selected. The Director explained that they have been holding thematic events that people have shown an interest in participating in. A member commented that he would like to hear not just about consultation, but involvement. Furthermore the committee would like to see evidence on how involvement has led to service change. He said that the distribution of power in the hands of doctors can be very concentrated and that patient involvement can provide a more balanced view point.
- 6.14 The Director reported that GP practices have patient groups and that there is a sub group of the Clinical Commissioning Group board. A member commented that patient groups participants are often retired. She explained that commissioners are focused on ensuring that the right people are engaged around an issue, for example Dulwich Hospital and health services. She went on to remark that there are wonderful doctors in Southwark and model practices .The Director explained that they are working on developing engaging communities and learning from the local authority .She reported that commissioners have employed an outside agency to assist with engagement work.
- 6.15 A member asked the Director if Southwark has the right balance of different psychological and psychotherapeutic service modalities, and if she was concerned that Lambeth's provision of psychotherapeutic services is higher. She responded that there is an inheritance and Southwark developed practiced IPPT in a good way. She went on to report that the CCG will be looking at the data at the beginning of the new financial year in order to consider the most sensible decisions to be made. She added that the CCG are investing in data in order to make more informed decisions.
- 6.16 A member asked about levels of referrals to SOLACE by doctors and noted that this looked low in recent data presented to the Overview and Scrutiny Committee, and that this might indicate a training need.

RESOLVED

More data will be obtained on GP referrals to SOLACE.

More information will be provided on the impact of the universal credit on mental health service.

7. UPDATE FROM SOUTHWARK CLINICAL COMMISSIONING GROUP (CCG)

- 7.1 The chair invited the officers from the CCG to update the committee. Gwen Kennedy, Director of Client Group Commissioning, explained that the constitution has been signed off by the CCG board. Officers explained that this includes the process for appointing members of the board: eight GP clinical leads have been appointed through an election/selection process and three lay people appointed. Officers reported that the senior managers and financial officer have also been appointed.
- 7.2 A member asked if the health representative from the council had been appointed and CCG officers responded that this will probably be taken up by Sarah McClinton, but this has not been confirmed. Members asked who they think should take up this post and the response was that this should be someone who can take commissioning decisions.
- 7.3 Members asked officers to explain the QUIPP programme and in particular why reserves are being used for over performance. Officers explained that activity levels have been higher than predicted in Acute Trusts.
- 7.4 A member asked how savings can be made and an officer explained that there are savings to be made on cheaper drugs, by using generic rather than branded products. It was explained that the CCG can see proscribing patterns, however how GPs manage these are part of their internal management arrangements. The CCG is not responsible for practices as this is the responsibility of national commissioning.
- 7.5 A member asked which GPs had to declare their interests and if this would only apply to the board members. The officers explained that this applies to all members, and that the GP Practices who signed the constitution are the members. Officers explained that this is fairly unique.
- 7.6 A member commented that the constitution does not set out the geographic requirements for board representation from GP practices. The officers commented that two are sought from each quadrant. The member said that this was not stipulated in the constitution. The officer explained that agreeing the constitution is a *complex process* as it is agreed by the secretary of state; however an addendum might be possible and agreed to look into this.

RESOLVED

The CCG will see whether is possible to add a stipulation to the constitution that GPs representation on the board is sought from each quadrant.

8. PUBLIC HEALTH REVIEW

- 8.8 The chair reported that a successful bid had been made to the Centre of Public Scrutiny for a review into public health and health inequalities – working with Gypsies and Travellers. He reported that this means expert support will be available, and the committee can learn from this and use this knowledge to inform other reviews, such as the Dementia review.
- 8.9 A member gave her congratulations for making a successful bid and commented that public health is an important area for the council now that responsibility is moving to the council.
- 8.10 A member commented that the committee also need to consider the wider public health needs and suggested that a report be requested looking at the three most significant health inequalities in Southwark.

RESOLVED

The committee will focus on the health inequalities of Gypsies and Travellers until December and then a report will be requested that identifies the three biggest health inequalities in Southwark.

9. DEMENTIA REVIEW

- 9.1 Members of the committee discussed who the review should take evidence from. It was noted that SLAM would like to give evidence. A member recommended the Making Decisions Alliance, and commented that they consider issues of whom is in control. It was suggested that Cambridge House is also approached.

RESOLVED

Evidence will be sought from SLAM, Making Decisions Alliance and

Cambridge House.

10. KING'S HEALTH PARTNERS REVIEW

10.1 The chair noted the Strategic Outline Case circulated. A member commented that the FAQ was weak. The chair recommended that the review focus on the possible risks of a merger, and commented that organisations can face optimism bias when considering mergers and big organisational changes.

10.2 A member recommended taking evidence from as wide a group of stakeholders as possible. The chair suggested working with Lambeth scrutiny committee and aiming to complete this review by January.

RESOLVED

Stakeholders will be sent a letter seeking their views on the proposed merger.

11. SOUTH LONDON HEALTHCARE NHS TRUST

11.1 The chair reported that the recommendations made by the Trust Special Administrator (TSA) will affect the whole of south east London health care system. There are three major problems: two large PFI's with badly drawn up contracts, structural problems with the provision of health care in south east London and inefficiencies at the Trust hospitals. A member commented that privatisation of parts of the system, or a hospital, are possible recommendations. The chair reported that south east London scrutiny chairs are concerned with the lack of engagement with scrutiny by the TSA.

RESOLVED

The Trust Special Administrator will be invited to the next committee meeting.

12. WORK PLAN

12.1 It was noted that the Cabinet member interview will take place in January .

Update on MH – for Southwark scrutiny

September 2012

Marina House continues to host the supervised injectable service (IOT), specialist outpatients (including the services for GBL users) and staff training and meetings. There are also management offices in the building.

Other services are moving in there in the next few months. These are an expanded specialist addiction outpatient service including those for addicted health care professionals, staff providing acute hospital liaison services, clinical research staff and smoking cessation.

Southwark services for drug addicted offenders into the building are no longer moving in. There remains some space in the building and SLAM have plans to use the space to improve services to substance misusers in the borough.

Emily Finch

06/09/2012

Southwark Health & Adult Social Care Scrutiny sub-Committee

[DRAFT REPORT]

Access to Maternal Health and Early Years Services for the Gypsy and Traveller Communities in Southwark

January 2013

Section 1: Background to the report

This scrutiny report forms part of a wider review in Public Health that the committee is undertaking this year. This piece of work has been separated out as we are taking part in a programme run by the Centre for Public Scrutiny. The programme includes supports from the CfPS and includes HASC committees from across the country looking into health inequalities suffered by marginalised communities (other strands include sex workers and the homeless).

Why the focus on Maternal Health and Early Years (under 3)?

The committee has chosen this focus for two reasons: to link the initiative with priorities identified by the Marmot review and the evidence that this is a significant maternal and early years health inequality experienced by Travellers and Gypsies.

The Marmot Review: Fair Society, Healthy Lives

The Marmot Review's findings and main policy recommendations are summarised below.

The first policy objective the Marmot Review identifies is to "give every child the best start in life". The report states that giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional– are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being—from obesity, heart disease and mental health, to educational achievement and economic status.

The report goes on to argue that to have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences. Later interventions, although important, are considerably less effective where good early foundations are lacking.

The report advocates reducing inequalities in early child development by continuing and sustained commitment to the Sure Start and the Healthy Child Programme. It is vital that this is sustained over the long term and the report recommends even greater priority must be given to ensuring expenditure early in the developmental life cycle (that is, on children below the age of 5) and that more is invested in interventions that have been proved to be effective. They call for a 'second revolution in the early years', to increase the proportion of overall expenditure allocated there. This expenditure should be focused proportionately across the social gradient to ensure effective support to parents (starting in pregnancy and continuing through the transition of the child into primary school), including quality early education and childcare

Priority objectives

1. Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
2. Ensure high quality maternity services, parenting programmes, childcare and early year's education to meet need across the social gradient.
3. Build the resilience and well-being of young children across the social gradient.

Policy recommendations

- 1) Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early year's development is focused progressively across the social gradient.
- 2) Support families to achieve progressive improvements in early child development, including:
 - Giving priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy
 - Providing paid parental leave in the first year of life with a minimum income for healthy living
 - Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families
 - developing programmes for the transition to school.
- 3) Provide good quality early years education and childcare proportionately across the gradient. This provision should be:
 - Combined with outreach to increase the take-up by children from disadvantaged families
 - Provided on the basis of evaluated models and to meet quality standards.

Section 2: What we discovered

Access to Children's Centre activities & Nursery Schools

The Leyton Square 1 'o' clock club used to hold a weekly session, specifically for Traveller women, on a weekday morning at 10:30 am. This initiative was well regarded and used. The session provided a space for Gypsy and Traveller women and children to meet and access early years services and activities. There were crèche facilities so that the women could attend the anti-natal clinic and attend parenting classes. Supplementary activities were also held, such as talks on obesity and dentistry, the toy library also visited. Leyton Square has been taken over by Nell Gwyn Nursery School and East Peckham Children's Centre. It should be explored whether they have the resources to restart this activity.

There are good links with Nell Gwyn Children's centre to build on and better links could be forged with Pilgrims Way children's centre. Data and anecdotal reports are that very few families access other Children's Centres, and only a few children access the Early Years offer/ nursery schools.

Recommendation 1:

Nell Gwyn Nursery School and East Peckham Children's Centre to work, with the support of STAG, to restart a dedicated session for Traveller parents and children. This will focus on improving access to Children's Centres activities, Nursery school (Early Years offer), anti natal care, health and social care (such as weaning, parenting skills, immunisation etc)

Recommendation 2:

Pilgrims Way Children's centre to nominate a dedicated officer to build outreach links with the Gypsy and Traveller community to improve access to Children's Centre activities and Nursery schools.

Domestic Violence

Domestic Violence was raised as an issue during the course of our evidence gathering. Contact was made with Community Safety (who are the lead commissioner for domestic abuse services within the council) and Solace Women's Aid who are the council's commissioned domestic abuse service provider. They provided information on current practice.

Southwark Traveller Action Group (STAG) and Community Safety explained that a Safer Southwark Partnership funded programme is already running with one of its aims being to reach out to young men with the aim of preventing domestic violence, including addressing perpetrator behaviour. STAG explained that they do not want to be put in a difficult position and deal with domestic violence incidents directly, as they need to work across the community. They explained how in the past, the lack of an adequate service response had led to a family seeking shelter in their office for some time whilst a Refuge space was allocated, which compromised their position. Community Safety informed us that in April 2012 SOLACE Women's Aid was appointed the council's domestic abuse service provider, offering a wide range of services, and although access to a particular shelter might not always be possible or appropriate, now that Solace is the lead agency in our borough, responses to situations like the one mentioned above have improved. It was explained that SOLACE has a dedicated London-wide worker for Travellers.

Referrals concerning members of the Traveller community to MARAC for serious incidents will also be looked into. Community Safety agreed to work with STAG and provide a briefing note for members.

Recommendation 3:

Community Safety & SOLACE to work with STAG to improve access and referrals to the domestic abuse service (including MARAC referrals where appropriate) and to minimise STAG involvement in the handling of domestic abuse cases

Access to Primary Care Services

Access to primary care was raised as an area of concern. STAG consulted with Travellers about their experiences of accessing this service. The experience of travellers at GP practices were very variable, some are experiencing a poor service and feel they are prejudiced against by health staff, for example GPs receptionists. However others are receiving a good level of service and treatment.

Members of the community who are not accessing primary care are more likely to use A&E and receive treatment for health conditions late. This has obvious repercussions for their health and wellbeing.

The Ilderton Road practice was identified as offering a good service to Travellers, but East Street Practice and Acorn Practice on Meeting House Lane less so. Public Health are advising STAG on doctor's practices and have put STAG in touch with PALS to advise on alternative GP surgeries that may suit people better where they are dissatisfied with the service or making frequent use of SELDOC and A&E. This is welcome, but is only a short term solution. Staff of all NHS organisations, in particular at GP's surgeries, must treat all patients with respect.

Recommendation 4:

Public Health to work with STAG to improve access to doctor's practice by providing information and support

Recommendation 5:

Southwark Clinical Commissioning / Public Health / STAG to develop a training programme for health professionals to understand the needs of the Gypsy and Traveller communities in Southwark.

Safeguarding and Social Services

Safeguarding and relationships with Social Services arose as an issue of concern for the community during the course of our evidence gathering. There had been incidences where the consequences of liaising with Social Services had raised concern. STAG reported that on an occasion there had been a breach of confidentiality by a social worker in a personal social setting which had resulted in local gossip which eroded trust between social services and the family concerned, as well as the wider community.

We also heard that the consequences of reporting domestic violence could also inhibit a report to the police. This is an issue which stretches beyond the Gypsy and Traveller Community.

There was concern about health incidents leading to a Social Service referral. People in the community had fears of their children being unjustly removed, and that had led to a breakdown in at least one relationship between a family and Social Services. STAG also reported that child and health professionals sometimes did not understand that space on site was viewed differently by Travellers: for example a child playing in the yard outside the family's accommodation was not unsupervised as they would be looked after by the whole community.

Recommendation 6

Social Services and Community Safety to organise and hold a session for the Traveller community in Southwark on their safeguarding role and explain how referrals work, ensuring that accurate information is given and myths dealt with.

Recommendation 7

Social Services and Community Safety to identify lead officers to work with the Traveller community in Southwark. These officers should be appropriately trained and understand issues such as Health and Safety on site. This will enable relationships to be established and promote better understanding between all parties.

Recommendation 8

That the importance of confidentiality in child protection is emphasised with all Social Workers on all occasions.

Miscarriages and stillbirths

The national data for child deaths, stillbirths and miscarriages amongst Gypsies and Travellers is very high. Local anecdotal evidence does not indicate that child deaths are a problem (and this might be partly because the sites are of an above average standard), however there is some evidence, though not conclusive, that miscarriages and stillbirths could be high locally. The level of smoking is high for men and women and this can raise the risk of miscarriage.

Recommendation 9

Smoking cessation courses are offered to Travellers

Sexual health.

This was an issue of concern and was felt that due to cultural differences this was best discussed in same sex groups. One possible route would be via starting the parent and child group at Nell Gwyn.

Recommendation 10

The proposed parent and child group at Nell Gwyn to include sexual health sessions for parents.

Breast-feeding , weaning and obesity

Breast feeding rates are low in Traveller communities and weaning can start earlier than recommended – through taster foods being introduced at two and a half to three months. These are practices, alongside healthy eating and exercise, that it was thought could be best addressed by health visitors and other practitioners through the proposed parent and child group at Nell Gwyn

Recommendation 11:

Breast-feeding, weaning and obesity are raised at the proposed parent and child group at Nell Gwyn.

Enterprise and Employment

Enterprise and Employment was raised by STAG as an issue of concern that could affect family wellbeing. STAG has provided a number of recommendations on how to improve the situation, including increasing access to apprenticeship for young people.

Recommendation 12:

STAG proposals on improving employment support are implemented ; where feasible. (See STAG consultation submission for details)

Housing strategy and site provision

STAG fed back that site provision in Southwark is very good. Overcrowding is an issue that has been identified at previous events. The Council will shortly be consulting on the future of housing provision within the borough, this follows the publication of the Independent Housing Commission's report. Any consultation on the future of housing provision in the borough must include reference to future need and pitch provision for the Gypsy and Traveller communities in Southwark. As part of the consultation the council must engage with the Gypsy and Traveller communities.

Recommendation 13:

The consultation that is due to be launched into the future of housing provision in the borough should include future provision for Gypsy and Traveller sites and these groups should be consulted.

Over-arching Framework

During our evidence gathering it became clear that the council needs to develop and implement a framework for engagement with, and providing services for, the Gypsy and Traveller communities in Southwark. This should be developed in partnership with groups like STAG and individuals from these communities.

Recommendation 14:

The council develops an over-arching framework for engagement with, and providing services for, the Gypsy and Traveller communities in Southwark.

Section 3: Draft Recommendations

Recommendation 1:

Nell Gwyn Nursery School and East Peckham Children's Centre to work, with the support of STAG, to restart a dedicated session for Traveller parents and children. This will focus on improving access to Children's Centres activities, Nursery school (Early Years offer), anti natal care, health and social care (such as weaning, parenting skills, immunisation etc)

Recommendation 2:

Pilgrims Way Children's centre to nominate a dedicated officer to build outreach links with the Gypsy and Traveller community to improve access to Children's Centre activities and Nursery schools.

Recommendation 3:

Community Safety & SOLACE to work with STAG to improve access and referrals to the domestic abuse service (including MARAC referrals where appropriate) and to minimise STAG involvement in the handling of domestic abuse cases

Recommendation 4:

Public Health to work with STAG to improve access to doctor's practice by providing information and support

Recommendation 5:

Southwark Clinical Commissioning / Public Health / STAG to develop a training programme for health professionals to understand the needs of the Gypsy and Traveller communities in Southwark.

Recommendation 6

Social Services and Community Safety to organise and hold a session for the Traveller community in Southwark on their safeguarding role and explain how referrals work, ensuring that accurate information is given and myths dealt with.

Recommendation 7

Social Services and Community Safety to identify lead officers to work with the Traveller community in Southwark. These officers should be appropriately trained and understand issues such as Health and Safety on site. This will enable relationships to be established and promote better understanding between all parties.

Recommendation 8

That the importance of confidentiality in child protection is emphasised with all Social Workers on all occasions.

Recommendation 9

Smoking cessation courses are offered to Travellers

Recommendation 10

The proposed parent and child group at Nell Gwyn to include sexual health sessions for parents.

Recommendation 11:

Breast-feeding, weaning and obesity are raised at the proposed parent and child group at Nell Gwyn.

Recommendation 12:

STAG proposals on improving employment support are implemented ; where feasible. (See STAG consultation submission for details)

Recommendation 13:

The consultation that is due to be launched into the future of housing provision in the borough should include future provision for Gypsy and Traveller sites and these groups should be consulted.

Recommendation 14:

The council develops an over-arching framework for engagement with, and providing services for, the Gypsy and Traveller communities in Southwark.

Section 5: Next Steps

This draft report will be considered by the Health and Adult Social Care scrutiny committee on Thursday 31st January 2013. If it is agreed upon it will be submitted to the next available meeting of the Overview and Scrutiny Committee, if agreed upon by OSC it will be presented to the Cabinet and other relevant public bodies. They will have to formerly respond and then implement any recommendations that are agreed upon.

Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee
2012/13

Work Programme

31 January 2013
Review: Public Health - Gypsy' and Travellers' maternal health and early years (with the support of the Centre for Public Scrutiny). <ul style="list-style-type: none"> • Report completed
Cabinet member interview : Cabinet Member for Health and Adult Social Care, Councillor Catherine McDonald
Trust Special Administrator (TSA) recommendations for South London Healthcare NHS Trust and the wider South East London healthcare system.
Dulwich Hospital
6 March 2013
Mental Health Older Adults - update
Southwark Clinical Commissioning Group transition to full delegation and implementation of our recommendations - update
Impact of welfare reforms on disabled people and people receiving social care – update report
Personalisation, safeguarding and the associated risks - report
Annual adult safeguarding report and interview with the Independent chair
Trust Special Administrator (TSA) recommendations for South London Healthcare NHS Trust and the wider South East London healthcare system.
25 March 2013
Review : King's Health Partner merger
Review : Public Health
Review : Dementia
Local Accounts of the two Acute Trusts and SLaM
1 May 2013
Review : King's Health Partner merger
Review : Public Health
Review : Dementia

**HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP
SCRUTINY SUB-COMMITTEE**

MUNICIPAL YEAR 2012-13

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Councillor Catherine McDonald [Health & Adult Social Care]	1	Tom White, Southwark Pensioners' Action Group	1
Councillor Catherine Bowman [Chair, OSC]	1	Southwark LINK	1
Health Partners		Total:	52
	1	Dated: January 2013	
Stuart Bell, CE, SLaM NHS Trust	1		
Patrick Gillespie, Service Director, SLaM	1		
Jo Kent, SLAM, Locality Manager, SLaM	1		
Marian Ridley, Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1		
Phil Boorman, Stakeholder Relations Manager, KCH	1		
Jacob West, Strategy Director KCH	1		
Julie Gifford, Prog. Manager External Partnerships, GSTT	11		
Geraldine Malone, Guy's & St Thomas's			