

Overview & Scrutiny Committee

Monday 10 October 2016

7.00 pm

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

Supplemental Agenda

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Contact

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Date: 7 October 2016

Briefing Paper
Overview and Scrutiny Committee
10th October 2016

Classification:	OPEN
Wards or groups affected:	Faraday
From:	Director of Law & Democracy and Monitoring Officer to the Council
To:	All Members of the Overview and Scrutiny Committee
Subject:	AYLESBURY REGENERATION DELIVERY – CALL-IN

INTRODUCTION

1. This briefing paper is to assist members of the Overview and Scrutiny Committee (OSC) in their consideration of the call-in of the Aylesbury Regeneration Delivery - Supplemental Report which was agreed by Cabinet on Tuesday 20th September 2016.
2. This briefing paper will seek to clarify the following issues and respond to the grounds for the call-in:
 - i The decision-making process and delegated authority to make an application to the High Court for the Secretary of State’s decision to be reviewed.
 - ii The consultation with legal officers, counsel and senior managers prior to the Cabinet decision on 20th September 2016.
 - iii The continuing advice which has been taken from Leading Counsel in relation to the Judicial Review.
 - iv The extremely tight timelines that the courts impose means that any application to the High Court for a Judicial Review of the Secretary of State’s decision must be filed within 42 days of the decision letter being received, i.e. by 27th October.

BACKGROUND

3. The compulsory purchase order for the Aylesbury Estate was made in June 2014. Such an order needs to be confirmed by the Secretary of State (“SoS”) and the order was submitted for confirmation on 7th July 2014. The compulsory purchase inquiry was commenced at the end of April 2015 and lasted 5 days. It was resumed for several further days in 13th October 2015. In view of the lengthy delay in receiving confirmation of the decision, regular contact has been maintained in recent months with the Department of Communities & Local Government, and officers had been told on 14 September that the decision was imminent.
4. This phase of the Aylesbury Estate originally comprised 566 dwellings. At the time of the inquiry, 16 units were still occupied and at the time of the decision, this had been reduced to just 8. Of these 8, 4 are owned by landlords who are not resident. Planning

permission has been obtained for a redevelopment of 830 dwellings representing an increase of 264.

5. On Friday 16th September 2016 (at 13:02), the council received by way of email the decision of the Secretary of State in relation to the council's application for a Compulsory Purchase Order (CPO) of the Aylesbury Estate Site 1B-1C. The letter stated: *'The Secretary of State has therefore decided to accept the Inspector's recommendation not to confirm the London Borough of Southwark's (Aylesbury Estate Site 1B-1C) Compulsory Purchase Order 2014.'*
6. As arrival of the incoming email was being closely monitored, on receipt of the decision letter and Inspector's Report, both documents were immediately passed to the Head of Regeneration South who in turn passed it to the Regeneration Team. The outcome was separately sent to senior officers. Internally, the decision was reviewed by the Head of Regeneration & Development (Legal Services), Jon Gorst, and sent immediately on receipt to counsel Melissa Murphy for an initial opinion. The outcome of the inquiry was clearly a disappointment as it has the potential to delay or derail a significant regeneration scheme, but an early review of the reasons given highlighted the following inconsistencies/inaccuracies by the SoS and/or the Inspector:
 - The perceived failure to negotiate – however arrangements had been made for negotiations for 550 out of 556 of the occupiers by the time of the inquiry. Compensation has been offered in accordance with the statutory limitations and it therefore appears that the SoS has, without warning, introduced a broader policy test concerning the adequacy of compensation.
 - The approach to well-being – which seemed to concentrate on individuals rather than the area.
 - Reference to daylight and sunlight issues which were not discussed at all at the inquiry but which had been considered in detail at the meeting of the Planning Committee.
 - The perceived interference with Human Rights. For a CPO decision to fail on this ground is highly unusual as normally the award of compensation would address any human rights implications, thus enabling a fair balance to be struck between the public interest and the interests of those affected.
 - The contradiction between the finding in the Inspector's report that there was no breach of the Public Sector Equality Duty and the SoS' finding that there would be significant negative impacts on protected groups if the CPO was confirmed. This seems even more surprising when it was the Inspector who heard the equalities evidence and the SoS had many months to ask for further detail but did not choose to do so before disagreeing with the Inspector.
7. Legal officers were aware that the SoS had been overruled in another London regeneration case earlier this year where he had chosen not to confirm the recommendation contained within the Inspector's report. This was the development at Shepherd's Bush Market where local businesses challenged the SoS' ruling and the Court of Appeal quashed his decision on the basis that he had not given adequate

reasons as to why he had chosen not to follow the Inspector's reasoning. The fact that the Aylesbury decision was taking so many months suggested that the decision was not only highly marginal but also that there was concern over a similar reversal. Because of the contradictions and the significant emphasis in the decision on matters which were given little or no attention at the inquiry, it was apparent to legal officers that there were grounds to challenge the SoS decision not to confirm the CPO. Whilst the task of overturning a decision of the Secretary of State will inevitably be a difficult one, there does seem to be a number of clear flaws in the steps that have been taken. Initial discussions with counsel confirmed our assessment that there appeared to be good grounds to challenge the decision.

Consultation and advice to Members and Senior Officers

8. Due to the significant implications of the decision for the council, a meeting was scheduled for Monday 19th September 2016 to discuss the decision of the SoS, consider the legal advice from officers and counsel, and consider the options open to the council. The meeting was attended by Jon Gorst, the Chief Executive, Leader of the Council, Cabinet Member, Director of Regeneration, Strategic Director for Housing & Modernise, the Monitoring Officer and officers from the Chief Executive's Department and Regeneration Team.
9. Following a detailed discussion, consideration of the options available to the council and legal advice from the Monitoring Officer, the following was agreed:
 - A supplemental report would be presented to Cabinet on 20th September 2016 detailing further recommendations in response to the Secretary of State's decision.
 - The council will make an application to the High Court for leave to bring a claim asking that the Secretary of State's decision be reviewed.
 - The council will instruct a leading QC to further advise on the merits of our claim and represent the council in Judicial Review proceedings in the High Court.

Supplemental Cabinet Report and Decisions under the Constitution

10. In accordance with the provisions of the Constitution the Supplemental report to Cabinet provided Reasons for Urgency and Reasons for Lateness.
11. Recommendation 2(d) of the report, that the council should make an application to the High Court, is drafted to clearly suggest that the decision to make such an application to the High Court is a matter for the Council; under the Constitution this is not correct.
12. Paragraph 10.3 of the Constitution explains the functions of the Monitoring Officer:
 - a) **Legal proceedings.** The Monitoring Officer is authorised to institute, defend or participate in any legal proceedings in any case where such action is necessary to give effect to decisions of the council or in any case where he/she considers that such action is necessary to protect the council's interests.

13. Part 30 - Matters Delegated to Officers, provides that **'All matters not reserved to Council Assembly, Cabinet or for a committee for decision are delegated to the appropriate chief officer and/or head of service.'**
14. The decision to institute court action is not reserved to any decision making body of the council and is therefore deemed to be delegated to the Monitoring Officer, the delegation is consistent with the role and function of the Monitoring Officer as noted in 10.3 of the Constitution.
15. In view of the provisions contained in the Constitution there was no requirement for Cabinet to take this decision. The rationale for Cabinet, including the decision in the report, was to be open and transparent with the residents of Southwark and key stakeholders that the decision of the Secretary of State was not the end of the process.
16. It is accepted that the Supplemental Report to Cabinet did not detail the legal advice received from the Monitoring Officer or counsel. Further, the report did not explain the consultation undertaken by the Monitoring Officer with senior officers and Members or contain advice from the Monitoring Officer. In the time available to present the report to Cabinet, there was insufficient time to include this information in the report. Further, as the decision to seek a Judicial Review was not a decision of Cabinet, it was not felt to be necessary to include this information. However, it should be noted that Jon Gorst was present in person at the Cabinet meeting and was expressly asked about the decision to challenge the SoS' finding. In addition, quite apart from the legal grounds, it should be appreciated that the SoS' position, if affirmed, undoubtedly indicates a shift in focus that will be hugely difficult to accommodate within the context of scheme viability and deliverability.

Judicial Review Application

17. The timeline to submit an application for Judicial Review is 42 days from 16th September 2016. Below is the very tight timeline which the Monitoring Officer and her team are working to:
 - Selecting a QC of appropriate experience in planning and compulsory purchase matters to work with the existing counsel in preparation of the claim.
 - Dealing with any errors of fact in the decision letters. The report from the Inspector is 82 pages in length so there are a considerable number of sections to consider. An example is in relation to the findings on daylight and sunlight issues.
 - By 10th October, submitting to the DCLG (and to any interested parties) a letter before claim in accordance with the Pre-Action Protocol set out in the Civil Procedure Rules.
 - Allowing time for the SoS to respond to this letter.
 - After filing the claim at court (and this should ideally be by 21st October so it is not be left to the final week), the claim and all supporting documents need to be served on the defendant and all interested parties within 7 days.
 - The court will then decide whether or not to give leave to proceed with the Claim. This should be known by mid December

- If permission is granted, the Defendant will have until approximately the end of January to submit a defence. A substantive hearing is then likely around April 2017.

The National Context

18. It is fair to say that this decision has been very troubling for both local authorities and developers. The decision not to confirm the CPO gives far more weight to human rights and community issues than has been seen in previous CPO decisions. This will have raised the expectations of residents and the considerations outlined by the SoS are now likely to be a significant factor for future CPOs. The decision also demonstrates some of the difficulties involved for a Government that is promising to prioritise housing and regeneration. If the decision is confirmed, it will be expected that there will be very considerable pressure from developers and Local Authorities for legislation to address the uncertainties which have now been introduced.
19. Leading Solicitors firms, expert commentators and Local Authorities are carefully watching these proceedings due to the significant impact of the decision nationally. The Judicial Review is likely to continue to attract significant media interest:
<http://mypreferences.ashurst.com/reaction/PDF/CPOmailing.pdf>
<https://mxm.mxmf.com/rsp/m/MsH4KerJCTyluS6yWXo5fYkNRTCPdxiNkPVfchtDiyE>

Doreen Forrester-Brown

Director of Law and Democracy

7th October 2016

Peak Time Travel

September 2016

Peak Time Travel in Southwark

Southwark has seen much change in recent years, an increasing number of people living, working and visiting the borough. This has led to an increase in the number of trips being made. We have also seen an increase in the journey time and decrease in the passenger experience especially in peak time.

The 2011 census found that the daytime population moving around Southwark is about 100,000 people more (this includes people working or visiting the borough) than the resident population of 306,745.

Travelling at peak time in Southwark

Train travel is the key challenge for those travelling in the peak hours. Two of the most severely overcrowded rail services in the UK serve Southwark¹, the most overcrowded service in the UK was the 07:00 Brighton-Bedford service. The number of passengers in excess of capacity (PIXC) is 513 which represents a standard class load factor of 222%. In 8th place was the 08:08 Sutton-St Albans City service. The number of passengers in excess of capacity is 489. This represents a standard class load factor of 166%.

The morning peak route into Blackfriars via Elephant and Castle experienced the highest number of passengers in excess of capacity (PIXC)² across London. In the evening peak the routes out of Blackfriars via Elephant and Castle was the second highest across London.

Similar figures for routes into London Bridge reveal that levels are the lowest of all routes into London. However, this still retains a PIXC figure of 5.8%. For routes out of London Bridge the PIXC was 0.7% which was the lowest across London. The average PM peak PIXC was 2.8%.

It is clear to see the impact that the Thameslink blockade is having regarding overcrowding of services due to diversion of services via Blackfriars. This

¹ Department for Transport, July 2016

² Passengers in Excess of Capacity (PIXC) - This is the number of standard class passengers on a service that are in excess of the standard class capacity at the critical load point.

alongside the continued industrial dispute on the Southern services leads to a poor passenger experience on the line.

The council supports the Mayor of London's ambition to see the devolution of rail service to the Mayor's office with a greater emphasis on London metropolitan services and improvements to the passenger experience.

The borough's railway stations are equally busy in supporting these services with London Bridge being³ the 4th busiest station in the country. Blackfriars and Canada Water in addition are used by over 25 million entries and exits annually, showing a growth from 2013/14 by 5.1% and 66.3% respectively.

Across the borough there are numerous peak period station pinch points, for example queuing at London Bridge, poor access and connectivity at Elephant and Castle and passenger congestion at Denmark Hill Station.

London Underground services

Travel on the underground via the Bakerloo, Jubilee and Northern Lines remains high within the borough. Southwark annual entries and exits at tube stations accounts for 4.8% of all network movements.

Congestion on the Jubilee Line is an ongoing issue, particularly at Canada Water station where it acts as an integral interchange with the London Overground East London Line.

Station and platform capacity at Elephant and Castle, Borough and Kennington stations are all of concern.

Bus services

Southwark has some of the highest bus ridership in London supported by an extensive network of high frequency bus services through the borough.

³ These station usage figures are based on ticket sales data and as such it is not possible to specifically attribute figures to time period.

Bus journey time is increasing across London and this is no different within Southwark. In recent times, a bus journey time (and the management of times through curtailment – stopping short of the destination) has been increasing, particularly through the delivery of the north south cycle superhighway and changes at Elephant and Castle.

	Londonwide	Southwark
Year	All day average bus speed (mph)	
2015/16	7.9	9.4
2014/15	8.5	9.6

By car

Car use remains a key mode in the borough with the highway network showing high levels of congestion. The total number of cars and vans owned by Southwark residents decreased by 4% in Southwark between 2001 and 2011 however given increases in population the actual number of vehicles remains static.

The highway network is significantly congested; Jamaica Road, for example, is one of the worst congested roads in London with extremely low average speeds in the PM peak hours. Congestion and delay both contribute to vehicular emissions and increase individual's exposure. Traffic has decreased on average about 0.03% from 2010 to 2015 with an increase of vans and large good vehicles, related to an increasing number of deliveries, with a high increase of personal home deliveries.

Travelling on foot

The numbers of people who choose to walk are increasing in the borough. The mode share of walking was 39% in 2014/15, an increase from the 34% and 37% in the two previous years.

In key locations (such as crossing London Bridge) pedestrians represent a large proportion of all trips. In these locations, pavements are crowded limiting personal space and mobility, especially for people with special needs. The journeys are also slower and greater levels of risk taking behaviour (walking in the

carriageway, walking on red and crossing away from signalled crossings).

Pedestrian casualties decreased by 8% from 2014 to 2015 when considered over a longer period are generally static; this is true across the peak and inter-peak hours.

For an increasing walking population and to support this increment more space needs to be made available to create a pleasanter and safer environment, even in peak times, for a healthy way of commuting.

Travelling by cycle

People are increasingly choosing to cycle, with 3.4% mode share. Cycling shows its highest usage in the peak hours and can represent up to 20% of traffic using the carriageway in key locations, such as Southwark Bridge Road and Tooley Street.

In 2016 new cycling infrastructure (Quietway 1, North South Cycle Superhighway) were completed with monitoring planned for early 2017. Cyclist congestion at superhighways traffic lights is observable during peak times. According to TfL over 4,695 cyclists are using Blackfriars Bridge in the AM peak, more than a thousand more than prior to implementation



The cycle hire service is also heavily used in peak hours, especially by people interchanging with other modes of transport and Southwark is lobbying for an extension in zone 2 to increase availability and relieve public transport.

Healthy Communities Committee: Making Sexual Health Sexy

The Healthy Communities Scrutiny Sub-Committee first report of the 2016/2017 session was to consider the upcoming changes to the sexual health strategy in Southwark. This issue is one that held a great deal of interest amongst committee members, and is timely ahead of the consultation that is due to start around the proposed changes. This report provides an overview of the work carried out by the Committee and recommendations for the Cabinet Member and officers to consider in regards our approach to sexual health. Our recommendations are as follows:

1. The Committee would recommend that the final consultation documents are circulated to the Committee to note and the results are presented back in the Autumn ahead of implementation.
2. The Committee recommends that GP surgeries consider the translations services that they use and that they are appropriate for discussing personal sexual health issues.
3. The Committee recommends that the Council consider the provision of free English classes to help grow understanding and confidence amongst residents.
4. The Committee believes that integrating public health into the Voluntary Sector Strategy is an interesting and innovative approach to tackling the issue of those who do not currently access health services in the Borough. We would recommend that this approach is taken in the development of the Voluntary Sector Strategy.
5. The Committee recommends that the Clinical Commissioning Group, hospitals and the Council should work together to ensure a variety of multi-lingual information sources are available throughout the Borough.
6. The Committee recommends that council and GP services should look to signpost young people to NHS websites and SH24 where information will be authoritative and easy to access.
7. The Committee recommends that the Cabinet Member work with local schools to encourage the promotion of SH24 as a quick, convenient and safe way for young people to access sexual health services.
8. The Committee also recommends that the Cabinet Member work with local schools to encourage them to focus the sexual health concerns of a variety of sexualities, in particular men who sleep with men (MSM) and chem-sex which are areas of growing concern.
9. The Committee recommends that officers leading the sexual health strategy take forward the idea of a national government-funded sexual health advice service as part of the London-wide strategy development around sexual health.
10. The Committee would also recommend that the Cabinet member raises this issue with Public Health England to see where national funding may be able to be accessed.
11. The Committee looks forward to further outcomes from the RISE partnership and would welcome an update as the programme continues.

12. The Committee would recommend that medical services and professionals should begin to talk about 'late diagnosis' as any non-diagnosis, and encourage efforts to introduce opt-out testing at A&Es.
13. We are committed to putting pressure on Government to understand the importance of providing funding for preventative strategies, and will commit to writing to the Department of Health on this issue.

Committee and witnesses

The Committee would like to thank all of those who made this report possible.

Committee

Councillor Anne Kirby, Member of the Healthy Communities Committee

Councillor Rebecca Lury, Chair of the Healthy Communities Committee

Councillor Sunny Lambe, Member of the Healthy Communities Committee

Councillor Maria Linforth-Hall, Member of the Healthy Communities Committee

Councillor David Noakes, Vice Chair of the Healthy Communities Committee

Councillor Bill Williams, Member of the Healthy Communities Committee

Witnesses

Kirsten Watters, Consultant in Public Health, Southwark Council

Dick Frak, Interim Director of Commissioning, Children's and Adults' Services

Cllr Maisie Anderson, Cabinet Member for Public Health, Parks and Leisure

Andrew Billington, Lead commissioner for Public Health commissioning Lambeth Council

Ali Young, Head of pathway Commissioning Southwark Clinical Commissioning Group

Michelle Binfield, Associate Director, Integrated Commissioning, Lambeth Council

Andrew Bland, Southwark NHS Clinical Commissioning Group (CCG) Chief Officer

Barbara Hill, Guys & St Thomas' service manager

Sarah Willoughby, Stakeholder Relations Manager, King's College Hospital (KCH)

Dr Michael Brady, Clinical Lead for Sexual Health, KCH

Maureen Salmon, Service Manager for Sexual Health & HIV Service, KCH

Sukainah Jauhar, Africa Advocacy Foundation Trustee

Jeannine Noujaim, Project Manager of Family Project, Indoamerican Refugee & Migrant Organization

Catherine Negus, Healthwatch

Background

Around 28,000 Southwark residents use sexual health services each year. Approximately 9100 Southwark residents attended Guys and St Thomas' GUM services each year with approximately 7100 sexual health screens performed, and 11,500 residents attended Kings, with 7000 sexual health screens performed.

It is estimated that approximately 4200 patients who use GSTT and Kings for sexually transmitted infections (STI) testing could use self-testing, either via an online service or via a click and collect service.

At the moment sexual health services are open access, whereby a patient can attend any sexual health service in the country, and their local authority pays for it. This makes it difficult to control spending, and to effectively triage patients according to need.

This takes place against the backdrop of increasing STI rates, and spending on sexual health is rising against a reduced public health grant.

Currently, 90% of Southwark council's 2015/16 budget for sexual health is spent on GYM/RSH services, with 2% of the sexual health budget on HIV and STI prevention/early intervention, 3% on young people's sexual health services, 2% on online sexual health services and the remainder on Primary Care and Pharmacy Services.

Proposed changes

Southwark is proposing a reconfiguration of sexual health service to move more clinical activity online, reduce clinic capacity and expand the pharmacy and primary care offer.

Online services will form the cornerstone of the new model, supported by a comprehensive pharmacy and primary care offer. As a result, clinics will be re-orientated for complex and/or vulnerable patients. This will mean fewer sites, but longer opening hours ensuring a 7 day a week service.

Home testing is already available in Southwark, and has been since March 2015. To date, it has shown high acceptability amongst users, with an average 74% return rate.

Pharmacy and primary care will have a new offering around contraception, testing and referral, with pharmacists able to directly book GUM appointments. There is also work being done with GPs to develop skills around contraception and sexual health.

GUM and RSH clinics will work in partnership with online provision, and there is a plan for site rationalisation.

Areas of interest

Consultation

Consultation on the proposed changes to the sexual health strategy began in mid-August 2016. This item was brought to the Healthy Communities Committee ahead of the consultation launch and we would welcome representatives back to feedback on the consultation responses in the Autumn.

The Committee would recommend that the final consultation documents are circulated to the Committee to note and the results are presented back in the Autumn ahead of implementation.

Minority communities

The Committee heard from ethnic minority groups that language was a significant barrier to accessing sexual health services.

Many individuals do not have the necessary language skills to be able to confidently understand what GPs and sexual health practitioners might be saying to them. It was highlighted by Healthwatch that many parents will rely on their children to translate for them, and this leads to a difficult challenge when presented with a personal, sexual health issue.

There is therefore a need for better translation services provided at GP surgeries. *The Committee recommends that GP surgeries consider the translations services that they use and that they are appropriate for discussing personal sexual health issues.*

It is also recommended that the Council consider the provision of free English classes to help grow understanding and confidence amongst residents. This would obviously also have wider positive ramifications than addressing sexual health issues.

Voluntary Sector support

And interlinked with this is the challenge that there are many individuals who do not have the necessary understanding of the health system to know their entitlements, or do not attend GP surgeries. There is therefore the need for multi-lingual information to be provided at other points of access that these groups use.

The Council highlighted that they were working on the Voluntary Sector Strategy and they believe there is a role for the voluntary sector to provide support around the sexual health strategy.

With £24 million a year, alongside contributions from the Clinical Commissioning Group, there is a significant amount of money for voluntary sector organisations.

It was suggested to the committee that the voluntary sector strategy should take a public health approach. This would be done through asking voluntary sector organisations who are applying for funding to the Council to weave Public Health priorities into the work that they do in order to access Council funding.

This is likely to provide a culturally acceptable way of delivering education around sexual health, and would provide a sustainable method of delivery. The Council may have to commit some resource to training voluntary sector organisations but the Committee believes that this would be a worthwhile investment for the outcomes.

The Committee believes that integrating public health into the Voluntary Sector Strategy is an interesting and innovative approach to tackling the issue of those who do not currently

access health services in the Borough. We would recommend that this approach is taken in the development of the Voluntary Sector Strategy.

However, this alone will not reach all minority groups. *The Committee therefore recommends that the Clinical Commissioning Group, hospitals and the Council should work together to ensure a variety of multi-lingual information sources are available throughout the Borough.*

Education – young people

Education around sexual health still remains a concern, and this was highlighted by a number of attendees at the Committee roundtable.

Healthwatch talked about recent research which considered young people's thoughts on sex education and sexual health, with many offering scathing remarks. It is interesting to note that many young people did not want to go online for information for fear of what they might find through online search engines, or that they would not know whether the information that they found was reputable.

It is therefore incredibly important that we promote websites which offer straight forward, simple and convenient advice for young people. *The Committee recommends that council and GP services should look to signpost young people to NHS websites and SH24 where information will be authoritative and easy to access.*

There is also an ongoing concern about the sex education that is received by Southwark's young people. With an academised secondary education offering in Southwark there is obviously little sway that the Council holds over control of the curriculum. However, *the Committee recommends that the Cabinet Member work with local schools to encourage the promotion of SH24 as a quick, convenient and safe way for young people to access sexual health services.*

The Committee also recommends that the Cabinet Member work with local schools to encourage them to focus the sexual health concerns of a variety of sexualities, in particular men who sleep with men (MSM) and chem-sex which are areas of growing concern.

Education – advice and support

More widely, the Committee considered that individuals have limited resources that they can access to provide definitive advice and support. It was noted that FRANK, the national drug education service continues to act as a central advisory service focused on education around the effects of drugs and alcohol.

The Committee would be interested to understand if a similar approach is being considered for sexual health services and would *recommend that officers leading the sexual health strategy take forward the idea of a national government-funded sexual health advice service as part of the London-wide strategy development around sexual health.*

The committee would also recommend that the Cabinet member raises this issue with Public Health England to see where national funding may be able to be accessed.

Education – faith communities and minority groups

The Committee welcomes the launch of the RISE partnership, which is working alongside Lambeth and focusing on HIV prevention in the participating boroughs. We are encouraged by the work being done through the partnership in training faith leaders, and working with GMFA to offer educational support to the MSM community.

The Committee is very aware that HIV is no longer seen as the danger it once was, with the belief that medication is the solution. However, we remain concerned that this is not the message that should be prevailing, and that there needs to be continued education around HIV and other sexually transmitted diseases.

We look forward to further outcomes from the RISE partnership and would welcome an update as the programme continues.

Hospital approach

The Committee welcomes the work being done by Accident & Emergency Services in Southwark to routinely test everyone who attends A&E for STIs and HIV. The normalisation of sexual health testing is important, and we believe will greatly help to support awareness and education around the subject.

We were interested to hear that the prevalence of STIs and HIV is now spiking in non-African heterosexuals and therefore there needs to be further work done with this broad grouping.

Late diagnosis is also unacceptably high. The Committee believes that we should be changing the language around late diagnosis, such that any non-diagnosis is a late diagnosis. This will help to normalise testing for sexual health, and help individuals to take action sooner when there is a positive diagnosis.

The Committee would recommend that medical services and professionals should begin to talk about 'late diagnosis' as any non-diagnosis, and encourage efforts to introduce opt-out testing at A&Es.

GP approach

The Committee remains concerned about the long waiting times experienced in primary care, and the lack of experience sometimes seen amongst General Practitioners and pharmacists.

The Committee welcomes the focus on renewed GP training and the approach to make pharmacies more accessible for individuals with sexual health concerns.

Finances

The Committee is necessarily concerned about the financial pressures that are being seen across health services.

We understand that cuts are necessary, but believe that there needs to still be an appropriate level of funding for public health at a time when these issues continue to increase across the country. We welcome the efforts by Southwark to make efficiency savings where they can, but understand that it will not be long before we hit the ceiling in being able to deliver a quality service for our residents.

The Committee believes that sexual health has for too long been treated like a Cinderella service, and would like to see it having the same parity as issues including cancer and mental health.

We are committed to putting pressure on Government to understand the importance of providing funding for preventative strategies, and will commit to writing to the Department of Health on this issue.



Scrutiny work programme

2016-18

(Draft October 16)

Owners: Cllr Gavin Edwards, Chair of Overview and Scrutiny (OSC) Committee, and lead for the plan
Cllr Jasmine Ali, Chair, Education and Children's Services Sub-committee
Cllr Rebecca Lury, Chair, Healthier Communities Scrutiny Sub-committee
Cllr Tom Flynn, Chair, Housing and Community Safety Sub-committee

Introduction

This document sets out a work programme for scrutiny covering the period 2016-18. All councils must put in place at least one scrutiny committee (often called the Overview and Scrutiny Committee) and have a 'designated' officer in place to oversee support and advise on the validity or otherwise of processes and procedures relating to the call-in of executive decision making.

The purpose of this plan is to:

- set out clear priorities and objectives for the Overview and Scrutiny Committee and its sub-committees for the period 2016-18,
- identify the resources to be attached to delivery of these objectives from the core scrutiny support function and any wider support from within the Council (and/or externally if appropriate),
- act as a document upon which the progress of objectives can be tracked, reviewed and re-prioritised as appropriate, especially in the light of new or different demands emerging.

Further, the plan assumes a number of "core work programme" tasks, which accord with the statutory responsibilities of the scrutiny function within local authorities, alongside activities that form part of the council's local democracy arrangements. These are:

- To act as a check and balance on executive decision making through operation of the call-in procedure
- To be able to receive NHS/Healthwatch referrals as part of the statutory scrutiny of health functions
- To scrutinise the crime and disorder plan (or its equivalent) annually
- To receive any councillor call for action
- To call the cabinet member(s) to account through an annual interview on progress and delivery against council plan priorities and other objectives pertaining to the delivery of their role(s)

Resources will be allocated to these "core work programme" tasks alongside the support work attached to normal administration of council committees.

Annual review

The work programme will be subject to annual review and be kept "live" throughout the year to accommodate new or shifting demands. Further, an annual report on delivery of the plan will be produced, published and presented to Council Assembly.

Overview and scrutiny committee work plan 2016-18

Date	Topic	Supporting Council Plan theme (if applicable)	Stakeholders	Outcome
7 September 2016 - COMPLETE	Peak time travel – getting to work and education in Southwark	Strong local economy	Val Shawcross, Deputy mayor Ian Wingfield (Cabinet Member for Environment and Public Realm) Mark Williams (Cabinet Member for Regeneration and New Homes)	Gathering evidence for report
	Briefing on bulky waste and street cleaning	Cleaner, greener, safer	Director of environment	Spot check session
	Committee work plans		Scrutiny members	Headlines agreed – scoping continues

Date	Topic	Supporting Council Plan theme (if applicable)	Stakeholders	Outcome
10 October 2016	Call-in: Aylesbury CPO		Cabinet Member (Regeneration and New Homes) Director of Regeneration	Holding to account session
	2 nd session on peak time travel	Strong local economy	O&SC members	Draw together survey and material from session 1 ,determine next steps & check timing of mayor's transport strategy
	Committee work plans			
14 November 2016	Cabinet member interview (Cllr Ian Wingfield – road safety to be included in themes)			Holding to account session
	Update on council home building programme	Quality, affordable homes	Director of Assets Cabinet Member (Regeneration and New Homes)	Spot check session
	Context paper for education scrutiny review (cross-ref to area based review)	Strong local economy	(potential) Briefing and discussion with Leader/cabinet members/relevant officers	Scoping document drafted and shared

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Date	Topic	Supporting Council Plan theme (if applicable)	Stakeholders	Outcome
12 December 2016	Cabinet member interview (Cllr Fiona Colley)			Holding to account session
	Prepare for budget scrutiny			
	session on peak time travel	Strong local economy		Draft report?
30 January 2017	Budget scrutiny		Cabinet and chief officers	Recommendations to council assembly
14 March 2017	Cabinet member interview (Business, employment and culture)		Cllr Johnson Situ	Holding to account session
	Further education scrutiny review	Strong local economy	Lewisham Southwark College / Other FE providers / GLA and or DfE representatives (eg FE Commissioner's office)?	Evidence session Follow up with report / conclusions
	Air quality action plan	Healthy, active lives	Director of environment	Spot check session-discussion about further work

Date	Topic	Supporting Council Plan theme (if applicable)	Stakeholders	Outcome
19 April 2017	Cabinet member interview (Leader)		Cllr Peter John	Holding to account session
	Agreeing final reports and annual report			
	Gather ideas and agree spot light reviews for 2017/18 municipal year			
2017-18 – proposed items	Scrutiny review on youth justice Scrutiny review on cultural strategy value for money			TBC
	New round of cabinet member interviews			

Education & children's committee work plan 2016-18

Date	Topic	Supporting Council Plan theme (if applicable)	Stakeholders	Outcome
4 October 2016	Sexual health and relationship awareness (SGTO, young people, Commissioners & Healthwatch)	Healthy, active lives		
	Receive officer report on Review of the Local Offer for Care Leavers	Best start in life		
29 November 2016	Bullying			
	Mental Health	Best start in life; strong local economy; healthy, active lives		
	Review of the Local Offer for Care Leavers	Best start in life		
	Child and Adolescence Mental Health Services and children in crisis	Best start in life		Report on care of children and young people in mental health crisis and the provision of local acute beds in particular?

Date	Topic	Supporting Council Plan theme (if applicable)	Stakeholders	Outcome
27 February 2017	Local Offer for Special Education Needs	Best start in life		Report
	Domestic Abuse	Cleaner, greener, safer		Report
	Impact of Public Health Services on children at risk	Healthy, active lives / Best start in life		Report
	Report back on visit and focus group on Care Leaver Local Offer review	Best start in life		
	Academies and the Council	Best start in life		“Scrutiny in a day” (day to be confirmed) Report
3 April 2017	Independent chair of adult and children’s safeguarding board interview		Michael O’Connor (Safeguarding Board Chair)	Holding to account
	Care Leavers draft report	Best start in life		Report
To be determined	Cabinet member (Children and Schools) interview		CLlr Vikki Mills	Holding to account
Proposed topics 2017-18				

Healthier communities committee work plan 2016-18

Date	Topic	Supporting Council Plan theme (if applicable)	Stakeholders	Outcome
14 September - CANCELLED				
18 January 2017	CQC review of GP surgeries		NHS England CQC CCG Healthwatch LMC Regeneration Department & cabinet lead	Report?
	Cabinet member interviews		Cllr Maisie Anderson	Holding to account

Date	Topic	Supporting Council Plan theme (if applicable)	Stakeholders	Outcome
	New Public Health Director interview		Director of Public Health	Holding to account?
	Cabinet member interviews – Cllr John, Chair of Health and Wellbeing Board		Leader	Holding to account
11 April 2017	Cabinet member (Adult Care and Financial Inclusion) interview		Cllr Richard Livingstone	Holding to account
	Independent Vulnerable Adult		Michael O'Connor	Holding to account

	Safeguarding interview		(Safeguarding Board Chair)	
	Quality Accounts and other statutory reports			
2017-18 proposed items				

Housing & community safety committee work plan 2016-18

Date	Topic	Supporting Council Plan theme (if applicable)	Stakeholders	Outcome
12 September 2016 - COMPLETE	Thames water refund Water pressure - Bermondsey/Rotherhithe			
17 October 2016	How agencies work together on ASB and night time economy	Strong local economy / Cleaner, greener, safer	Regulatory services C&AS (Community Safety)	Spot check and/or report?
5 December 2016	Borough commander interview (TBC)		Borough commander (Simon Messinger) C&A (Community safety) Emergency planning & resilience	Holding to account

	Council's relationship with TRAs	Quality, affordable homes	Deputy Leader Strategic Director, Housing & Modernisation	
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Date	Topic	Supporting Council Plan theme (if applicable)	Stakeholders	Outcome
7 February 2017	Fire commander interview (TBC)		Fire commander Emergency planning & resilience	Holding to account
	Cabinet member interview (portfolio lead TBD)			Holding to account
27 March 2017	Council's relationship with other TRAs (issues for social tenants in mixed developments)	Revitalised neighbourhoods		Spot check / review?
	Cabinet member interview (portfolio lead TBD)			Holding to account
2017-18 proposed items				

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