

Health and Social Care Scrutiny Commission

Tuesday 19 September 2023

7.00 pm

160, Tooley Street, SE1 2QH

Supplemental Agenda

List of Contents

Item No.	Title	Page No.
7.	Healthwatch Southwark: Latin American community engagement Rumanjeet Kallar, Research and Projects Officer, and Healthwatch Southwark Community Health Ambassador, Patricia Cuenca will present.	1 - 19
8.	Review - Adult Safeguarding: officer report Pauline O'Hare, Director of Adult Social Care, and Director of Commissioning, Genette Laws will present . A briefing is enclosed .	20 - 28
9.	Review - Access to Medical Appointments: NHS and cabinet response	29 - 34

Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark , with assistance from Dr Nancy Kuchemann, co-chair for Partnership Southwark, will present the Partnership Southwark Primary Care response to the review

The cabinet response to recommendation 9 is enclosed, to note.

Contact

Julie Timbrell on 020 7525 0514 or email: Julie.Timbrell@southwark.gov.uk

Date: 13 September 2023

List of Contents

Item No.	Title	Page No.
11.	Work Programme	35 - 49
	The work programme is enclosed, along with a cover report and scopes for the reviews:	
	<ul style="list-style-type: none">• Definitions of Adult Safeguarding,• Access to Toilets.	



Healthwatch Southwark

Health and Social Care Scrutiny Meeting 19th September 2023

What is Healthwatch?

- There is a Healthwatch in every area of England (created under the Health and Social Care Act 2012)
- Healthwatch Southwark is an **independent / statutory** organisation (funded by the local authority)
- Healthwatch Southwark is hosted by Community Southwark

2

Our vision is for Southwark residents to be able to receive the best possible health and social care services, appropriate for our diverse communities.



What we do

We are the independent champion for the patient voice!

- We listen to your experiences of health and social care services.
- We promote and support the involvement of local people in designing, providing and reviewing local health and social care services.
- We highlight the views of local people to improve health and social care services.



Access to Health and Social Care Services for Latin American Communities in Southwark Report



Why we did this project?



Latin American communities in Southwark should be heard, as they are missing from most studies on health inequalities.

Our aims:

- **Develop relationships.**
- **Provide a platform.**
- **Find out the issues and share them**
- **Help Latin American communities develop direct links to influence services.**



Methodology



A **survey** of people's experiences.



A **focus group** to address questions.



1-1 interviews to gain in-depth personal accounts.

9

This produced data focused on how people described their experiences.

Overall, we engaged with 67 Latin American residents in Southwark.



Challenges



We could not communicate directly with many respondents due to language barriers and our Community Health Ambassadors struggled to interpret dialects.



Community partners had limited capacity due to their own workloads.



Some community partners were reluctant to participate due to negative experiences working on similar projects in the past.

Solutions



Our partners from diverse, local Latin American organisations helped with interpretation.



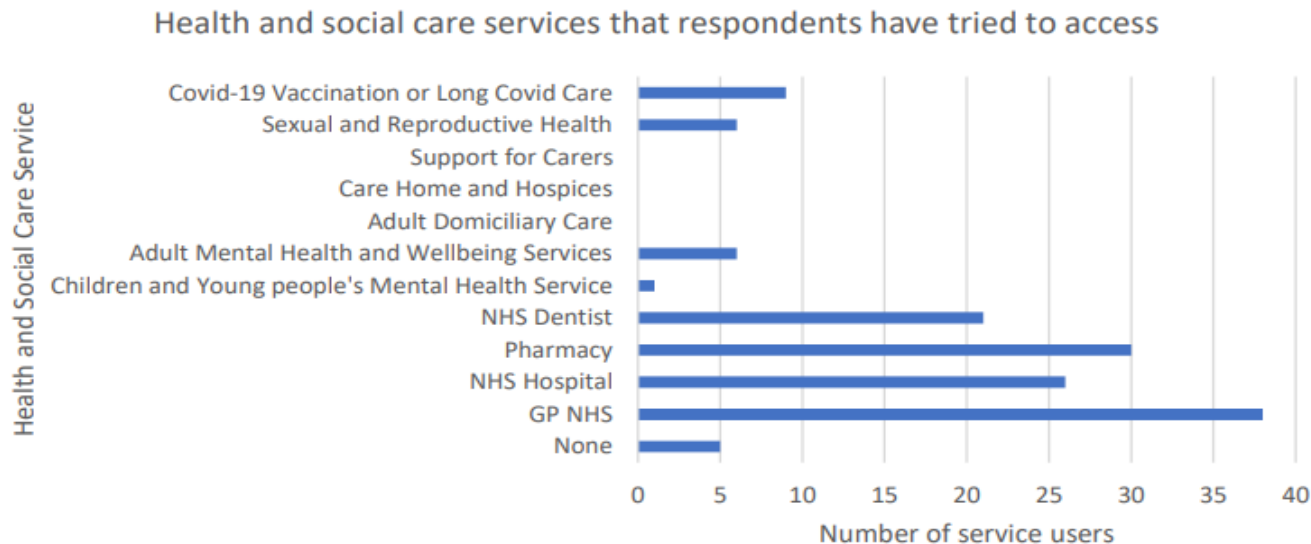
We supported community partners by facilitating networking opportunities and co-producing this event.



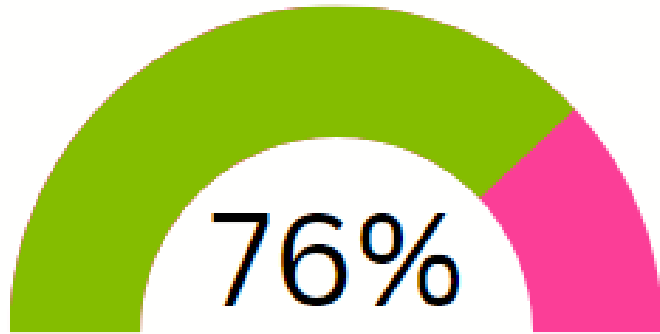
Key findings

- **91%** of respondents have tried to access at least one healthcare service in the last year.
- **70%** of respondents have tried to access a GP.
- Significant difference from Trust for London's (2016) finding that 1 in 6 Latin Americans in London have never been to a GP (Trust for London 2011).

∞



Key findings



of respondents **experienced barriers or challenges** to accessing health and social care services.

Of these respondents, **the majority** experienced barriers to **accessing GPs.**



Themes

The barriers to accessing health and social care services can be grouped into three core issues:



1. Communications



2. Diversity and Inclusion



3. Appointments and Charges



Communications



Language Barriers

- Prevent people from communicating with healthcare staff and completing paperwork.
- Interpreters are not always available and reliable.
- Lack of healthcare information available in Spanish and Portuguese.

Entitlements

- Lack of information about services that migrants can use.

Online Communications

- E-letters, video/telephone appointments etc. are difficult to use, particularly for elderly people.
- High levels of digital exclusion in the Latin community.



Diversity and Inclusion



Staff behaviour

- Respondents felt discriminated against by healthcare staff, e.g. being rushed or not taken seriously.
- Most reports of rude staff behaviour were regarding GP receptionists.

Diversity monitoring

- Latin Americans have been excluded from and misrepresented on diversity monitoring forms, meaning that the different needs of Latin American communities have not been accounted for.

“We face discrimination because of how we look and how we speak and sometimes receptionists lack empathy or understanding about our experiences. They assume that we should all know how the healthcare system works.” - Quote from a respondent



Appointment and Charges



Appointments

- Complicated GP appointment booking process, long waiting times and lack of information provided during appointments.

Referrals and Staff Continuity

- Lack of communication between staff causes delayed and inconsistent treatment.

Charges

- GP charges for letters affect people's ability to access benefits etc.

These challenges are **made more significant by issues specific to the Latin American community**, e.g., waiting times for appointments are longer to facilitate interpreters.

“As elderly grandparents, we have to rely on our children to book and attend appointments with us because of our lack of English...trying to get an appointment at a time that suits them proves very difficult, so they have to take time off work to accompany us.” - Quote from a respondent



Recommendations



Communications

1. Provide information about healthcare services in Spanish and Portuguese online, in community media and in places that Latin Americans already visit.
2. Make interpreters more easily available and hire more Spanish-speaking staff.
3. Provide information about migrants' entitlements to healthcare in Spanish and Portuguese.
4. Reintroduce postal letters.
5. Increase face-to-face appointments.
6. Work with Latin American community organisations to share information.



Recommendations



Diversity and Inclusion

7. Record Latin American countries of origin and dialects spoken in diversity monitoring.
8. Diversity and inclusion training for healthcare staff.

Appointments and Charges

9. A GP booking system which gives patients more flexibility for when they can make a booking and the date and time of appointments.
10. Improve staff continuity and administration to make referrals easier.
11. Scrap charges for letters and documents, particularly for low-income patients.

Summary

- ❖ Most respondents have struggled to access healthcare, particularly **GPs**.
- ❖ Issues with communication, diversity and inclusion, and appointments and charges.
- ❖ The most significant challenge to Latin American healthcare access is **language barriers**.

Next steps



This report can be found on our:



[Website](#)



September newsletter

We will:



Share our findings with the community.



Present to key decision-makers and await formal responses.



Track progress of recommendations with feedback from the community.



HWS Latin American Health Event





How to contact us



Call us: 020 3848 6546



Email us:
info@healthwatchesouthwark.org



For more information visit:
<https://www.healthwatchesouthwark.org>



Item No.	Classification: Open	Date: 19 September 2023	Decision Taker: Health and Social Care Scrutiny Commission
Report title:		Review into Definitions of Adult Safeguarding	
Ward(s) or groups affected:		N/A	
From:		Pauline O’Hare, Director for Adult Social Care	

RECOMMENDATIONS

1. That the Health and Social Care Commission note the definitions of adult safeguarding.
2. That the Health and Social Care Commission note how Southwark Adult Social Care (ASC) investigate safeguarding allegations.
3. That the Health and Social Care Commission note how ASC work with providers and families.
4. That the Health and Social Care Commission note the safeguarding training offered.

BACKGROUND INFORMATION

5. The Care Act (2014) establishes a clear legal framework directing Local Authorities and other agencies how to safeguard and protect ‘adults at risk’ from abuse or neglect.
6. Safeguarding is defined as protecting adults’ right to live safely, free from abuse and neglect.
7. The Care Act defines an ‘adult at risk’ as an individual aged 18 or above who: possesses care and support needs; is experiencing, or at risk of, abuse or neglect; and due to their care and support needs, lacks the ability to protect themselves against the abuse or neglect or the risk of it.
8. The Care Act 2014 statutory guidance set out 6 guiding principles that underpin the safeguarding of adults at Risk:
 - **Empowerment** - people are supported and encouraged to make their own decisions and informed consent.
 - **Prevention** - it is better to take action before harm occurs.
 - **Proportionality** - The least intrusive response appropriate to the risk presented.

- **Protection** - support and representation for those in greatest need.
 - **Partnership** - services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - **Accountability** - accountability and transparency in delivering safeguarding actions.
9. The primary goal of safeguarding is to prevent abuse or neglect whenever possible. This includes minimising harm and diminishing the likelihood of abuse for adults who require care and support. Safeguarding should empower adults to make informed choices and exercise control over their living arrangements. It also seeks to enhance the quality of life for the individuals involved. Additionally, it aims to raise awareness within the general public and encourage both communities and professionals to actively contribute to identifying, preventing and responding to instances of abuse and neglect. To achieve this, safeguarding endeavours to provide accessible information and support, helping adults comprehend various forms of abuse, how to ensure their safety, and what steps to take when raising concerns about the well-being of an adult. Furthermore, it addresses the root causes of abuse to create a comprehensive approach to safeguarding adults.
10. Under the Care Act, Local Authorities have new safeguarding duties they must adhere to:
- **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens.
 - **Make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.
 - **Establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy.
 - **Carry out Safeguarding Adults Reviews** when either (1) someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them or (2) the person is still alive and they have experienced or suspected to have experienced serious abuse or neglect.
 - **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

KEY ISSUES FOR CONSIDERATION

11. Local approach to safeguarding training

- Southwark ASC offers its workforce training on a range of issues. Training is reviewed annually as part of the local Workforce Learning Needs Analysis. Southwark's Safeguarding Adult Board (SSAB) commission several safeguarding modules. ASC have also signed up to Learning Pool which is an electronic training platform offering further e-learning resources. There are a total of 52 different Safeguarding themed courses (please see Appendix 1). Training offered by the SSAB and e-learning is also freely available to partner agencies.
- At present Safeguarding Level 1 is mandated for all staff. It is expected that social workers will complete Safeguarding Level 2 and 3, whilst operations managers and practice supervisors are required to complete Safeguarding Level 4. Each safeguarding level is linked to the roles and responsibilities of the applicant.

12. How ASC approach safeguarding enquiries

- ASC follows a pathway as guided by The London Multi-Agency Safeguarding Adults Policies and Procedures. Once a referral is received, ASC will screen the referral to identify if care and support needs are referenced and whether there is an indication that abuse or neglect has occurred, or is at risk of occurring. If evidence of this is found in the referral, then a Safeguarding Concern will be raised and allocated to a worker to ensure the immediate safety of the individual, find out their views and wishes and to carry out an initial investigation into the incident / allegation.
- The allocated worker will determine whether there is "reasonable cause to suspect" that the adult has care and support needs; is experiencing, or at risk of, abuse or neglect; and due to their care and support needs, lacks the ability to protect themselves against the alleged abuse or neglect or the risk of it. If this threshold is met, then the safeguarding concern will be progressed to a safeguarding enquiry and allocated to a lead enquiry officer (social worker) and a safeguarding adults manager (usually a deputy team manager or team manager) to make further enquiries into the allegation / incident, determine the individual's desired outcomes and agree a protection plan with the person, their support network and any community partners who may be involved. Depending on the complexity and severity of the allegation / incident, the safeguarding enquiry may include a strategy meeting and / or enquiry meeting to agree actions, review progress and share evidence.
- Once the enquiry has been completed, a report will be produced by the lead enquiry officer and authorised by the safeguarding adults manager. This will be shared with the person and all involved parties so that they are aware of the findings of the enquiry and the agreed protection plan.

13. How ASC works with the adult at risk

- In accordance with “Making Safeguarding Personal” guidance and the Safeguarding Principles in the Care Act, ASC will empower the adult at risk to determine the outcomes that they want to see from the safeguarding process and structure the enquiry around these. ASC will take a proportionate response to risk assessment and protection planning acknowledging that focusing too heavily on safety can compromise other aspects of a person’s wellbeing. In addition, ASC will identify the person’s strengths and try to build on these to promote resilience, prevent further incidents and support them to manage complex situation.

14. How ASC work with families

- ASC will work with families to understand the context behind the concerns raised and to identify the risks as well as the strengths and assets in the family and social network. ASC will use this to create a holistic protection plan which involves the family to provide long term solutions which build resilience and prevent further incidents.
- If families are implicated in the safeguarding concerns raised, ASC will take a person centered approach and be guided by the individual in relation to the outcomes they would like to see from the enquiry. Information will be provided to the person in relation to the support that is available if someone is experiencing abuse at the hands of their family, this may take the form of a referral to the Multi Agency Risk Assessment Conference (MARAC) and the involvement of an Independent Domestic Violence Advocate (IDVA).

15. How ASC work with referring agencies

- ASC ensure that referring agencies are kept updated on the referral received. ASC will ensure that the referring agency is made aware of the decision either to progress the safeguarding concern to a full enquiry or to close the safeguarding at the concern stage. The referring agency may also be consulted throughout the process of enquiry to gather further information and may be invited to any strategy or enquiry meetings held, if the adult at risk is in agreement with them being present. The referring agency will be provided with the findings and outcomes of any Safeguarding Enquiries completed and may be a contributing partner to any Protection Plans agreed through the course of the Safeguarding Process.

16. How we work with service providers and care homes

- ASC work in partnership with service providers and care homes, ensuring that adult safeguarding is implemented as a learning process. This process encourages service providers and care homes to be transparent about their challenges so that ASC can work with them and provide advice and guidance to improve their care and support.

- ASC ensure service providers and care homes are held to account if improvements in care and support are not forthcoming and there are indications of organizational failings of a frequency or severity that ASC finds unacceptable. Instances of this nature will be identified through our quality alerts process and / or through tracking the frequency and severity of Safeguarding Concerns raised in relation to service providers and care homes. These are discussed at a Bi-Monthly meeting with the Commissioning and Placements departments to determine if a Provider Concerns Process needs to be raised or whether increased monitoring is required through the Quality Improvements Process.
- A provider concerns process will only be raised if a service provider or care home continues to fail to meet expected standards and is placing the people they provide a service to at risk. A decision may then be made to place an embargo on all future placements with the provider. Alternately the provider may themselves chose to impose a voluntary embargo, giving them the time to remedy the situation. If this occurs, London ADASS will be informed to alert all London boroughs of the introduction of the embargo. If the provider continues to fail to make improvements, or meet expected standards, then the council will liaise with the CQC and may choose to go through the process of ending the contract, or stop all purchasing with that provider.

Policy framework implications

17. The approach outlined within this report is integral with the delivery of a number of ASC 2023-24 priorities (*links available upon request*):
 - **Improve the way we work with residents** - Assess and support people to maximize their independence, choice and control, help people to maintain wellbeing and live healthier lives, reducing future needs for care and support. Seek out and listen to people who are most likely to experience inequality and provide tailored support.
 - **Ensure we provide safe and quality services** – Work with people and our partners to establish and maintain safe systems, pathways, and transitions, in which safety is managed, monitored and assured.
18. Southwark ASC also uses a platform called Tri.x. this houses a suite of policies, procedures and guidance in relation to Safeguarding and Mental Capacity, which all ASC staff can refer to.
<https://southwarkadults.trixonline.co.uk/resources/local-resources>

Community, equalities (including socio-economic) and health impacts

Community impact statement

19. ASC plays a vital role in empowering individuals with disabilities or mental illness to lead independent lives by offering practical assistance, ensuring their safety and wellbeing. These services are commonly provided in people's own homes, care facilities, or within the community.

Equalities (including socio-economic) impact statement

20. One of Southwark's key values is to treat residents as if they were a valued member of our own family

Health impact statement

21. Health impact not implicated in this report.

Climate Change Implications

22. Health impact not implicated in this report.

Resource implications

23. No changes in resource allocation is requested within this report.

Legal implications

24. **Section 42 Enquiries:**
Section 42 of the Care Act 2014 outlines the duty to make enquiries in cases where there is "reasonable cause to suspect" abuse or neglect of an adult at risk. Local authorities have a duty to carry out these enquiries to determine whether the adult is at risk and what actions need to be taken to protect their wellbeing.

Financial implications

25. There are no direct financial implications of this report. However, are training costs associated with safeguarding, in which there is sufficient budget to fund this through the dedicated ASC training budgets.
26. Additionally, there are communication and engagement costs with families, referring agencies, service providers and care homes incurred periodically. This can be funded through existing resources.

Consultation

27. ASC work closely with health watch. There is also a disability forum and co-production network is being set up to further look at the involvement of people with lived experience.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**Assistant Chief Executive (Governance and Assurance)**

28. Not obtained.

Strategic Director of Finance REF: [23AS2023-24]

29. The Strategic Director of Finance notes the recommendations and the key issues for consideration stated in the report. The financial implications stated in points 26-27 suggest possible spend which can be funded from existing resources.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Care and support statutory guidance	Adult Social Care Directorate, Children and Adult Services, 4th Floor, 160 Tooley Street, London, SE1 2QH	Pauline O'Hare 020 7525 0582
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1		
London Multi Agency Adult Safeguarding Policy & Procedures	Adult Social Care Directorate, Children and Adult Services, 4th Floor, 160 Tooley Street, London, SE1 2QH	Pauline O'Hare 020 7525 0582
2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1-1.pdf (londonadass.org.uk)		

APPENDICES

No.	Title
Appendix 1	Southwark ASC Adult Safeguarding course list

AUDIT TRAIL

Lead Officer	David Quirke-Thornton Strategic Director of Children and Adult Services	
Report Author	Pauline O'Hare Director of Adult Social Care	
Version	Final	
Dated	8 September 2023	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive - Governance and Assurance	No	No
Strategic Director of Finance	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Scrutiny Team		13 September 2023

APPENDIX 1

APPENDIX 1

SOUTHWARK ASC Adult Safeguarding Course List

Course Name	Course Category
DoLS / LPS Signatory Training	Adults'
Intra-Familial Child Sexual Abuse	Children's & Families and Adults'
Understanding Hate Crime & Supporting Victims	Children's & Families and Adults'
Anti-Social Behaviour Awareness	E-Learning
County Lines	E-Learning
Domestic Abuse Awareness	E-Learning
Drug and Alcohol Awareness	E-Learning
Female Genital Mutilation	E-Learning
Hate and mate Crime	E-Learning
Knife Crime and Knife Carrying	E-Learning
Modern Slavery and Human Trafficking	E-Learning
NHS Continuing Healthcare e-learning	E-Learning
Preventing Radicalisation (Prevent Duty)	E-Learning
Safeguarding Adults Level 1	E-Learning
Safeguarding Adults Level 2	E-Learning
Safeguarding Children and Adults at Risk link	E-Learning
Safer recruitment e-learning	E-Learning
Self Harm Awareness	E-Learning
Suicide Prevention Awareness	E-Learning
Contextual safeguarding networking: the third network event	Resources
MindEd: a free educational resource on children and young people's mental health for all adults.	Resources
Resources: Safeguarding Children	Resources
Safeguarding Adults Resources	Resources
Safeguarding Children & Vulnerable Adults video	Resources
Safeguarding Children Resources	Resources
Safeguarding Training for COVID-19 Volunteers	Resources
Covid-19 Response: Volunteers Learning Programme	Safeguarding
Faith & Community Response to Violence, Community Harm & Exploitation	Safeguarding
Introduction to Incels: Unpacking the link between misogyny and extremism	Safeguarding
Modern Slavery Awareness training (Housing Solutions teams)	Safeguarding
Modern Slavery Awareness training (Regulatory services Business teams)	Safeguarding
Modern Slavery Awareness training (Regulatory services Members and Legal Teams)	Safeguarding
Modern Slavery Awareness training (Regulatory services Non Commercial teams)	Safeguarding
Race Culture and Faith Belief Systems in Safeguarding Children – Level 3	Safeguarding
Substance Misuse	Safeguarding
Training Needs Analysis: Safeguarding	Safeguarding
Undertaking Parenting Assessments	Safeguarding
Working with Challenging Families	Safeguarding
Safeguarding Adults Level 4 – SAM (Safeguarding Adults Manager)	Safeguarding (additional to SSAB programme)
Safeguarding Adults SAM and EO Refresher (Safeguarding Adults Managers and Enquiry Officer) - Level 4	Safeguarding (additional to SSAB programme)
Safeguarding and Unpaid Carers (Adults Social Care)	Safeguarding (additional to SSAB programme)
Safeguarding Interface with Domestic Abuse (Adults Social Care)	Safeguarding (additional to SSAB programme)
Safeguarding Legal Literacy (Adult Social Care)	Safeguarding (additional to SSAB programme)
Adults Safeguarding Level 2 Including Financial and Material Abuse	Safeguarding Adults
Adults Safeguarding Level 3	Safeguarding Adults
Cuckooing	Safeguarding Adults
Female Genital Mutilation Level 3	Safeguarding Adults
Learning from Safeguarding Adults reviews (SARS)	Safeguarding Adults
Learning from Serious adult reviews (SARS) Adult Social Care	Safeguarding Adults
Suicide & Self Harm	Safeguarding Adults
Domestic Abuse and its Impacts on Families	Seminars
Prevent: Safeguarding Communities from Radicalisation	Seminars



Partnership Southwark Strategic Board

Primary Care Access & Experience

Response to Health and Scrutiny Commission report on 'Access to medical appointments'

Author: Kate Kavanagh Executive Lead: Martin Wilkinson

The Health and Social Care Scrutiny Commission review was conducted in response to constitutes reporting difficulties in accessing doctor appointments. Concerns were also raised that the pandemic had precipitated a switch to greater use of online and telephone consultations and members highlighted an increased wait time at emergency departments. The review resulted in 11 recommendations. Southwark Joint Commissioning Team has responded to each in turn with details of how the Community Based Care Borough team are working with Local Care Partnership colleagues to address each of them.

This response was then reviewed and commented on through the Partnership Southwark Strategic Board meeting on 7th September 2023. The scrutiny commission report was welcomed, and all the recommendations have been accepted for action or progress, with work noted in the response to the recommendations that follow.

1. Conduct a communication, engagement and outreach campaign explaining local integrated health services, where and when visit to Primary, Urgent and Emergency care, as well as services such as the Well-being Hub.

A local campaign is being developed, to include a range of new and existing options for accessing care, including Pharmacy First, the Southwark Wellbeing Hub, who provide information and support to anyone in Southwark who would like to improve their mental health and wellbeing, The Nest, which provides mental health support to Children and Young People (CYP) and other community 'Hub' services, delivering care at the weekend and evenings to improve access inc:

- Population health annual reviews
- Phlebotomy
- Centralised call/recall
- Cervical screening tests
- Long-Acting Reversible Contraceptives (LARC)
- Immunisations for Women's Health
- Wound Dressings
- NHS Health Checks
- Trans/Non-Binary/gender clinics

The Southwark immunisation leads recently teamed up with the Latin American Women's Rights Service (LAWRs), who run a baby group in Elephant and Castle for Spanish speaking mothers. The members have faced various challenges, including poorer health outcomes and difficulties accessing primary care services, which often led to lower childhood vaccination rates and missed immunisations.

The team decided to address this by first identifying key concerns through an initial survey with LAWRS. This highlighted the group's confusion regarding the roles and responsibilities of healthcare professionals involved in caring for them and their



children. This included expectations regarding early years support from Midwives, GPs, Practice Nurses, and Health Visitors. In response, the team organised two sessions and invited representatives from the four key healthcare professionals listed above, three of whom spoke Spanish and one where a translator was arranged to help communicate. The health professionals explained their roles and what parents could expect during early year, emphasizing the importance of the vaccination schedule.

This not only provided clarity on who to consult for specific concerns but also aimed to reduce the demand for GP appointments and encourage the use of specialised services like health visiting for child growth and development inquiries. Ultimately, this project empowered the group with valuable insights into healthcare professionals' roles in the UK and, hopefully, contributed to more efficient and informed healthcare utilisation.

In addition, Southwark practices and Primary Care Networks (PCNs) have committed to re-establish Patient Participation Groups, to seek the views of diverse communities and create opportunities for co-design of new services and pathways.

NHS England (NHSE) has set a target of October 2023 for all practices to opt-in to linking their patient list record to the NHS App. This will enable patients to book appointments and order repeat prescriptions. It will also give future functionality such the option to receive push-notifications of routine immunisations, screening appointments etc.

2. Seek to develop a more consistent practice appointment model based on best practice that will allow equitable and safe access for all.

The Borough team are working closely with PCNs on local delivery of the NHSE 'Implementing Modern General Practice' programme, which has committed £240m nationally to support practices and PCNs including:

- Using digital solutions to update current early morning telephone booking systems by supporting practices to move to Cloud Based Telephony (CBT) with the aim of 'beating the 8am rush'
- Providing a combination of face to face, telephone, and digital appointment systems through CBT & the roll out of the Additional Role Reimbursement Scheme (ARRS). This includes funding for additional clinical and non-clinical practice staff
- Focusing on those with additional needs (mental health, disability, older, parents of young children, language barriers)

All of which will be informed by the views of the registered population.

CBT will allow:

- Call-back: patients have the option to be called back when they are higher in the queue
- Call-routing: patients will be directed to the right person or team (eg a medicines team serving the whole PCN)
- Integration with clinical systems: allows practice staff to quickly identify patients and find relevant information with less searching



3. Recognise and value the importance of GP Practice and Pharmacy receptionists, as well as other non-clinical staff and invest in guidance / training to ensure that they are appropriately guided and supported on how to screen patients.

- General Practice are being asked to complete the NHS Staff Survey for the first time this year and the Borough team have worked locally to encourage uptake. The survey will go out Oct and the results will be available early Spring.
- Locally supporting Southwark practices to access NHSE 'Support Level Framework', which aims to upskill and build confidence in existing workforce, including non-clinical roles.
- Expanding the role of health and wellbeing coaches – who support people to develop the knowledge, skills, and confidence to become active participants in their care.
- A delivery group has been established to bring together system partners, seeking to deliver joined up health and social care through an integrated neighbourhood team (INT) model.
- Local 'training hub' developing a Southwark Workforce Strategy

4. Build on local and national good practice to ensure triage systems result in the allocation of appointment based on patient need. Systems to support proactive and coordinated care for those with complex problems and long-term conditions need to be considered alongside.

Local commitment to 'Care-Coordinator' roles - personalised care professionals who help to provide capacity, and expertise to support patients in preparing for hospital appointments as well as following up conversations with clinical teams.

National training to support receptionists' triage and direct patients to the most appropriate primary care team member.

5. Finding a balance between face to face, telephone, and video appointments.

- Southwark is committed to offering all patients a range of options for accessing general practice, depending of preference and need
- Through INT delivery group, look at models which allow health and social care to work together to provide consistent care to patients with Long Term Conditions, versus those patients who are happy to see any of the team
- Use group consultations where appropriate as there is good evidence that this can lead to a peer support network for those with similar conditions.

6. Ensure all local surgery websites clearly indicate how patients can complain directly and how to escalate to commissioners if still unresolved.

- NHSE funding for website improvement is underway and being rolled out to all practices
- Continue to encourage patients to raise concerns to their practice in first instance and work with practices to use this as an opportunity for service improvement
- Following local audits, funding has been released to 23 out of 32 Southwark practices to improve their websites, including how patients use them to understand and navigate services



- All Southwark practices have shared their website evaluation reports with plans to review against a newly developed GP Website benchmarking tool which has been developed to identify opportunities for improvement.

7. Partnership Southwark, health scrutiny and Healthwatch to explore drawing up a template for councillors to report concerns as part of a protocol to guide relationships and share intelligence.

- Would welcome this approach as an opportunity for a 'feedback loop' so that any issues can be monitored for themes and responded to.
- Would also be keen to help MPs and councillors understand what is helpful to raise and what can be resolved without need for escalation - an example of which was a complaint regarding a practice declining to vaccinate a nine-month-old baby against MMR. This resulted in significant email traffic for the borough team to manage but a quick 'Google' would show that due to national policy, this is not something individual practices can deviate from.

8. Note the importance of maximising GP continuity and ensuring adequate appointment time to carefully prescribe, identify contraindications and avoid mistakes.

Locally we are:

- Implementing INTs to allow more time for proactive, personalised care with support from a multidisciplinary team of professionals
- Working with Borough Training Hub to develop Workforce strategy to encourage more GPs to work in the Borough
- Focusing GP time on people with more complex needs, including, but not limited to, those with multiple long-term conditions
- INT will streamline access to integrated urgent care, same-day care, using data and digital technology to enable patients to quickly find the right support
- Building capacity into the system, based on local need by working alongside local partners - such as the voluntary, community and faith sector and local authorities - local people, and communities will make the role of GP less stressful and more fulfilling and hopefully avoid 'burnout'.

9. Seek to recruit and retain more GPs to Southwark and other new Primary Care roles.

There is a national programme currently whereby NHSE are building capacity by focusing on:

- Funding larger multidisciplinary teams
- Training more new doctors
- Focusing on retention and return of experienced GPs

In addition, Southwark is utilising ARRS roles to develop a large and varied team, with roles including:

- Apprentice nurse associates
- Health Care Assistants
- Nurse associates
- Community paramedics



- Advanced nurse practitioners
- Clinical Pharmacists
- Mental health practitioners
- Social prescribers
- First contact physiotherapists
- Physician's Associates
- Care coordinators

10. Increase focus on continuity of care for people with enduring Mental Health conditions and particularly ensuring that there is good links with secondary care and referrals are followed through for those people who are least able to advocate for themselves.

- Southwark has a been delivering on the national Community MH Transformation (CMHT) prog. for 2.5 years and has made good progress in ensuring we deliver the national core offer, as well as developing services based on local need
- Programme team is made up of colleagues from across the LCP to develop joined up working and pathways between primary, secondary and the voluntary sectors.
- System working between PC and South London and Maudsley (SLaM), the local acute mental health trust, to develop new 'MH Practitioner' roles, aligned to general practice to reduce waiting times and increase access to MH services.
- Redefined SLaM community teams, so they align with General Practice and work in an MDT model
- Leading to increase in early intervention for patients with low to moderate MH needs, avoiding escalation
- New community roles, sitting alongside Social Prescribing, to support residents with non-clinical needs, employed by the charity sector, in an example of LCP working.

11. Partnership Southwark to initiate a project with local surgeries working with the local voluntary and community sector to develop a more proactive and holistic model of good health and wellbeing, with a particular focus on increasing social connection.

With support from Partnership Southwark, Pembroke House is working through Walworth Living Room to undertake community research, testing and learning into how Walworth neighbours can develop a social model for health co-produced to build the collective resources, strategic partnerships, tools and capacities to make systemic shifts in the neighbourhood's experience of health and wellness by strengthening trust, connections and interdependence. The work is at an early stage and will have lessons that will be applicable to other areas and neighbourhoods in Southwark.

The Borough team have been working jointly with Public Health to use a health promotion van, targeting areas of deprivation and inequality, partnering with VCSEs to bring access to primary preventative health care to the public, including blood pressure checks, BMI checks, information about services - empowering patients to access the right people at the right time as opposed to defaulting to their GP.



In addition, using a Health Promotion Grant to work with 10 VCSEs in Southwark who work with service groups with historically lower vaccination rates. Providing information and resources to support organisations to promote childhood vaccinations in particular: MMR, Flu and Polio. Sessions to explain roles & responsibilities of different healthcare professionals and linking in nearby practice nurses to speak at events where possible.

The above areas will be supported by the north and south PCNs, which have been developing over the last few years and include:

Leadership

- One PCN Clinical Director (CD) within each of the nine 'neighbourhoods'
- Each neighbourhood team has an understanding of their local population
- Supported by a leads (succession planning and development)
- Supported by GP Federation administration and management capacity

Governance structures

- Neighbourhood meetings led by PCN CDs
- PCN Overseeing group - holds PCN CDs to account following national guidance
- PCN delivery Group - 'doing group' that supports PCN CDs and OSG
- Primary Care Collaborative – with Southwark Joint Borough team to develop new ways of working and deliver improvements in primary care.

Current challenges as well as opportunities within the system were also identified:

Risks	Opportunities
<ul style="list-style-type: none"> • Borough team capacity • Current system financial position – spending freeze estimated to be in place until Dec 2023 • Recruitment to ARRS roles – has been challenging due to various reasons so gaps remain in key roles • Industrial Action within the acute providers, leading to increased waiting times for patient appointments • Secondary care provider capacity to meet increased demand following the introduction of self-referral pathways 	<ul style="list-style-type: none"> • Southwark is a London Living Wage (LLW) borough – addressing social value as part of employment, new contracts and procurements • Employment opportunities for local people with ARRS roles • New, innovative patient pathways • Integrated working across organisations in the Local Care Partnership

However, the Borough team will continue to work hard with system colleagues to deliver innovative ways to improve care and increase access to medical appointments for Southwark residents.

Item No. 11	Classification: Open	Date: 19 September 2023	Meeting Name: Health & Social Care Scrutiny Commission
Report title:		Health & Social Care Scrutiny Commission Work Programme 2023 - 24	
Ward(s) or groups affected:		N/a	
From:		Julie Timbrell, Project Manager, scrutiny.	

RECOMMENDATIONS

1. That the Health & Social Care Scrutiny Commission note the work programme as attached as Appendix 1 Work Programme, and review scopes in appendices A and B.
2. That the Health & Social Care Scrutiny Commission consider the addition of new items or allocation of previously identified items to specific meeting dates of the commission.

BACKGROUND INFORMATION

3. The general terms of reference of the scrutiny commissions are set out in the council's constitution (overview and scrutiny procedure rules - paragraph 5). The constitution states that:

Within their terms of reference, all scrutiny committees/commissions will:

- a) review and scrutinise decisions made or actions taken in connection with the discharge of any of the council's functions
- b) review and scrutinise the decisions made by and performance of the cabinet and council officers both in relation to individual decisions and over time in areas covered by its terms of reference
- c) review and scrutinise the performance of the council in relation to its policy objectives, performance targets and/or particular service areas
- d) question members of the cabinet and officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects and about their views on issues and proposals affecting the area

- e) assist council assembly and the cabinet in the development of its budget and policy framework by in-depth analysis of policy issues
 - f) make reports and recommendations to the cabinet and or council assembly arising from the outcome of the scrutiny process
 - g) consider any matter affecting the area or its inhabitants
 - h) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working
 - i) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the scrutiny committee and local people about their activities and performance
 - j) conduct research and consultation on the analysis of policy issues and possible options
 - k) question and gather evidence from any other person (with their consent)
 - l) consider and implement mechanisms to encourage and enhance community participation in the scrutiny process and in the development of policy options
 - m) conclude inquiries promptly and normally within six months
4. The work programme document lists those items which have been or are to be considered in line with the commission's terms of reference.

KEY ISSUES FOR CONSIDERATION

- 5. Set out in Appendix 1 (Work Programme) are the issues the Health & Social Care Scrutiny Commission is considering in 2023- 24.
- 6. The work programme is a standing item on the Health & Social Care Scrutiny Commission agenda and enables the commission to consider, monitor and plan issues for consideration at each meeting.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Health & Social Care Scrutiny Commission agenda and minutes	Southwark Council Website	Julie Timbrell Project Manager
Link: https://moderngov.southwark.gov.uk/ieListMeetings.aspx?Committeeld=518		

APPENDICES

No.	Title
Appendix 1	Work Programme 2023-24
Appendix A	Review: Access to Toilets
Appendix B	Review: Adult Safeguarding – how can this be defined to better protect vulnerable adults, carers and paid staff?

AUDIT TRAIL

Lead Officer	Everton Roberts, Head of Scrutiny	
Report Author	Julie Timbrell, Project Manager, Scrutiny.	
Version	Final	
Dated	17 July 2023	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Scrutiny Team	17 July 2023	

Health and Social Care Scrutiny Commission

Work programme 2023/24

Reviews and topics

- Review: access to toilets - with reference to concerns that limited provision is particular impacting older people's mobility
- Review: Adult Safeguarding – how can this be defined to better protect vulnerable adults, carers and paid staff?
- Joint review with the Environment and Community Engagement Scrutiny Commission: Streets for People – improving environmental health
- Topic: Access to dentists
- Topic: Blue page application process and criteria for award
- Topic: Southwark's Drug and Alcohol Strategy and Southwark's Healthy weight strategy 2022-27
- Topic: Pain management clinic – with reference to sufficient provision , back pain and arthritis

Standing items

- Interview with the Independent Chair of the Southwark Safeguarding Adults Board (SSAB). The Safeguarding Adults Board is a multi-agency partnership which has statutory functions under the Care Act 2014. The main role of Southwark Safeguarding Adults Board (SSAB) is to ensure that local safeguarding arrangements work effectively so that adults at risk due to health needs, social care needs or disabilities are able to live their lives free of abuse or neglect.

Interview Cabinet member/s

- Cabinet Member for Health and Wellbeing

Dates

Health & Social Care Scrutiny Commission	Date	Work Programme
Meeting 1	Wednesday 20 July	<ul style="list-style-type: none"> • Work-planning <p>Topic:</p> <ul style="list-style-type: none"> • Southwark's Drug and Alcohol Strategy • Southwark's Healthy weight strategy 2022-27
Meeting 2	Tuesday 19 September	<p>Review: access to toilets - with reference to concerns that limited provision is particular impacting older people's mobility</p> <ul style="list-style-type: none"> - Toilet Manifesto - Age Concern loo campaign <p>Healthwatch : Latin American report and presentation and Annual report as background.</p> <p>Health and Cabinet report back on:</p> <ul style="list-style-type: none"> • Access to Medical Appointments (with Martin Wilkinson and Nancy Kuchmann tbc)

		<p>Review: Adult Safeguarding – how can this be defined to better protect vulnerable adults, carers and paid staff? Officer report</p> <p>Cabinet response:</p> <ul style="list-style-type: none"> • Care Contributions
Meeting 3	Wednesday 15 November	<p>Cabinet Member for Health and Wellbeing interview (tbc)</p> <p>Topic: Blue page application process and criteria for award</p> <p>Review: Access to Toilets – officer report and presentation</p>
Meeting 4	Monday 5 February	<p>Topic: Pain management clinic – with reference to sufficient provision , back pain and arthritis</p> <p>Interview with the Independent Chair of the Southwark Safeguarding Adults Board (SSAB) - tbc</p>
Meeting 5	Monday 15 April - new date to be found	Topic: Access to dentists

Scrutiny review scoping proposal

1 What is the review?

Adult Safeguarding – how can this be defined to better protect and assist vulnerable adults, families, carers and paid staff?

The review is being conducted as members believe there is sometimes ambiguity, or different interpretations, over how abuse is defined for vulnerable adults and this can create difficulties for the people concerned: adults, staff, families, and carers.

These are some of the consequences of false accusations of abuse or neglect:

- Staff leaving the sector
- Staff staying but being resentful and demoralised (in the context of there already being a problem with recruitment and retention)
- In the case of family carers, them needing support and solutions but instead getting the opposite i.e criticism, leading to possible disengagement with services

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

A recommended protocol or approach for defining and better protecting vulnerable adults in care settings.

Goals:

- To make things clearer for staff so that they are not accused of abuse or neglect when it is not abuse or neglect, so as not to put people off working in the sector
- Introduce checks and balances to prevent vexatious accusations
- Make the whistleblowing system for staff to report issues more transparent and accessible

The review is aimed at improving outcomes for :

- Council safeguarding leads , social workers and commissioners
- Paid staff
- Care providers
- Vulnerable Adults
- Carers
- Family and friends of vulnerable adults

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

Completed by 2024

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

Full investigation.

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

What is the definition of abuse? What is the definition of neglect?

Would it be beneficial to:

- introduce the same system as in childrens' safeguarding - PIPOT (Persons in a position of trust)?
- promote undercover boss type work experience for senior managers to gain a better understanding of the work of care workers
- Recommend that social workers spend a week as a front line care worker (for example) as part of their training?
- SCIE training for local care home staff?

Conduct case studies and examine examples of where things are unclear:

- Some consider turning people every two hours during the night is necessary in order to prevent pressure sores, others consider this to be abuse. <https://hellocare.com.au/two-hourly-repositioning-prevent-bedsore-abuse-study/>

- Some staff are told that it is abuse to wake care home residents up, but sometimes staff are then told to do this
- Is it abuse or neglect to leave someone in bed all day?
- Call bells in care homes - disconnection considered to be abuse but there are cases where it could be necessary
- When looking after someone at home, families are often told that they should not lock the front door, but they do because they want to keep their relative with dementia safe

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

- Hourglass (elder abuse charity)
- SCIE (Social Care Institute for Excellence)
- Chair of the Southwark Safeguarding Adults Board
- Officers from adult safeguarding department
- A manager of a local home
- Unions – to consider how investigations are conducted
- Care home resident (case study)
- SLAM dementia nurse (case study)
- Carer / former carers (case study)

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

8 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

Interviews with organizations with expertise in this area.

Case studies – possibly through a workshop.

Scrutiny review scoping proposal

1 What is the review?

Access to Toilets.

The review is driven by members concerns that limited toilet provision is impacting on mobility for disadvantaged groups, particularly older people, disabled people, pregnant people and parents and carers of young children.

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

A Southwark Toilet Strategy

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

Completed by 2024

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

Full investigation

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

Understanding the impact limited provision is having on older people's mobility and other groups, such as disabled people, pregnant people, and parents and carers of young children.

Best practice in toilet provision.

Developing a council toilet strategy.

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

GLA

<https://www.london.gov.uk/press-releases/assembly/the-toilet-paper-improving-londons-loos>

Age UK London Loos

<https://www.ageuk.org.uk/wp-assets/globalassets/london/campaigns/out-and-about/london-loos-in-focus---local-authority-toilet-strategies.pdf>

Tinkle: The Toilet Manifesto for London Group:

<https://tinkle.rca.ac.uk/resource/1179/>

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

Council:

Background

On 13 December 2005 the executive agreed the following approach to improving toilet provision:

<https://moderngov.southwark.gov.uk/Data/Executive/20051213/Agenda/Item%2009%20-%20Public%20Toilets-%20Mini%20Review.pdf>

As part of the Council Plan 2018 – 2022 refresh, Cabinet (8 September 2020) there was a commitment, under Tackling health inequalities, on: ‘Creating a network of Toilets and baby changing facilities’ see <https://moderngov.southwark.gov.uk/documents/s90466/Appendix%201%20Council%20Plan%202018-2022%20refresh%20updated.pdf>

Current provision:

Southwark Community Toilet scheme

<https://www.southwark.gov.uk/business/join-the-community-toilet-scheme>

Map of Toilets

<https://www.southwark.gov.uk/environment/public-toilets>

July Council Assembly Question:

“QUESTION TO THE LEADER OF THE COUNCIL FROM
 COUNCILLOR MARIA LINFORTH-HALL

According to the Southwark council’s website, the council currently maintains around 30 public toilets across the borough, but the map is not up to date, with some appearing on it having since closed. Groups such as Age UK, the Royal Society for Public Health, and the Campaign for Public Infrastructure have highlighted the crucial need for these facilities both for vulnerable groups and the wider public benefit.

Better provision of public toilets provides convenience to all, but significantly helps to provide dignity for those with chronic illnesses, as well as the elderly and pregnant people. By providing greater access to public spaces, this also serves to boost local businesses and markets, as more people will have confidence to leave the house for extended periods of time without worrying about such basic needs as toilet access.

1. In which team, in which department, does the responsibility for toilets sit within the council?
2. Will the council commit to increasing the number of public toilets?
3. Why has the programme to proactively approach businesses for the community toilet scheme not been re-started after covid?

RESPONSE

Within the council there are several teams that have responsibility for different elements of public toilet provision. These include waste and cleansing, the Local Economy Team and parks and leisure. The council does provide public access to toilets, but the greatest number of toilets are in commercial buildings and businesses. We therefore work with business owners to maximise the number of toilets that are made available for public use, and will continue to do so. We particularly support the increase in toilets which are fully accessible under the accredited Changing Places scheme. These provide larger

than average facilities for adults and children where privacy and dignity can be maintained for individuals (and their carers if relevant). In addition to the Changing Places provision that was installed for public use in the Castle Leisure Centre, a Changing Places toilet has just been installed in Peckham Pulse Leisure Centre. The new Canada Water Leisure Centre will also have a Changing Places facility, and installation of a further Changing Places facility is in progress in Dulwich Park. Toilets are an essential feature of our streets, public buildings and parks, making life comfortable for our residents when travelling and working across the borough. We continue to review public toilet provision and consider new areas where there is need.”

Best Practice

Community Toilet provision:

[London Loos in-focus:](#)

[Local authorities. Community Toilet Schemes](#)

This information sheet has been produced by Age UK London as part of the London Loos campaign for better public toilet provision in London. Along with other information sheets produced by Age UK London it has been written for anyone interested in actions London’s local authorities can take to improve the provision of public toilets in their borough. It is recommended in particular for council officers and council directors, as well as councillors.

London Council May 2023 event bringing LA’s together, covering Community Toilet provision:

[Age UK blog on the event](#)

Presentations from the event on Community Toilets:

[Cardiff Council Presentation \(ppt\)](#)

[Cardiff Council Toilet Guide \(pdf\)](#)

[Cardiff Council Community Toilet Scheme Leaflet \(pdf\)](#)

[Cardiff Council Community Toilet Scheme Sticker \(png\)](#)

[Tower Hamlets - Community Toilet Scheme Presentation \(ppt\)](#)

[Tower Hamlets Community Toilet Scheme Leaflet A5 \(pdf\)](#)

[Tower Hamlets Community Toilet Scheme Sticker \(pdf\)](#)

[Tower Hamlets Toilet Poster \(pdf\)](#)

[Tower Hamlets Community Toilet Scheme Welcome Leaflet A5 \(pdf\)](#)

[Lewisham Community Toilets Map \(pdf\)](#)

Developing a Toilet strategy:

[London Loos in-focus:
Local authorities and toilet strategies](#)

About this information sheet

This information sheet has been produced by Age UK London as part of the London Loos campaign for better public toilet provision in London. Along with other information sheets produced by Age UK London it has been written for anyone interested in actions London's local authorities can take to improve the provision of public toilets in their borough. Age UK London has recommended that local authorities in London develop and implement a toilet strategy based on local population needs as part of their broader public health work. Toilet strategies have also been called for by the Toilet Manifesto for London group, the London Assembly's Health Committee and as part of research in to public toilet provision in the Royal Borough of Greenwich.

- 8 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

Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2023-24

AGENDA DISTRIBUTION LIST (OPEN)

NOTE: Original held by Scrutiny Team; all amendments/queries to Julie.Timbrell@southwark.gov.uk

Name	No of copies	Name	No of copies
Paper copies			
Councillor Suzanne Abachor (Chair)	1	Julie Timbrell, Scrutiny Team SPARES	9
Councillor Maria Linforth-Hall (Vice-Chair)	1	External	
Electronic Copy			
Members			
Councillor Suzanne Abachor (Chair)			
Councillor Maria Linforth-Hall (Vice-Chair)			
Councillor Nick Johnson			
Councillor Sunil Chopra			
Councillor Esme Dobson			
Councillor Sandra Rhule			
Councillor Sam Dalton			
Reserves Members			
Councillor Kath Whittam			
Councillor Naima Ali			
Councillor Charlie Smith			
Councillor Sabina Emmanuel			
Councillor David Watson			
Councillor Victor Chamberlain			
Non Voting Co-opted places			
		Total: 11	
		Dated: September 2023	