

Health and Social Care Scrutiny Commission

Monday 21 October 2024

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: 17 October 2024



Health and Social Care Scrutiny Commission

MINUTES of the OPEN section of the Health and Social Care Scrutiny Commission held on Thursday 25 July 2024 at 7.00 pm at Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Suzanne Abachor (Chair)
Councillor Maria Linforth-Hall
Councillor Esme Dobson
Councillor Jason Ochere

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:**

Jin Lim, Deputy Director of Public Health

Jamie Smyth - Specialty Registrar in Public Health

Marc Cook Customer Journey Lead - Southwark Repairs •
Housing and Modernisation

Russell Jones - Assistant Director, Integrated Commissioning |
Southwark Council and SEL ICB

Rupa Thakar - NHS South East London ICB

Julie Timbrell, Project Manager, scrutiny

1. APOLOGIES

Apologies were received from Councillors Charlie Smith and Nick Johnson.

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

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. MINUTES

The Minutes of the meeting on 14 May 2024 were agreed as an accurate record.

5. DAMP AND MOULD

The chair invited the following officers to present the report circulated in advance:

- Jamie Smyth - Specialty Registrar in Public Health
- Marc Cook Customer Journey Lead - Southwark Repairs • Housing and Modernisation

In addition, Jin Lin, Deputy Director of Public Health was welcomed.

Members were then invited to asked questions and the following points were made:

- Assessments are made within an average of three days, with follow up after 5 weeks. The assessment can be virtual. Initial work may include washing down walls and can involve the tenant moving out, depending on severity and vulnerability.
- Social housing associations tenants are advised to contact their housing associations in the first instant, raise a complaint if needed, and ultimately to escalate to the Housing Ombudsman. The Housing Ombudsman can ask the council to inspect via our private rented services.
- Temporary accommodation properties are treated differently to permanent housing, though the services work together. A member raised concerns regarding temporary properties with damp and mould present and when people moved in.
- There is a backlog of 850 in system with 50 urgent cases of damp. The service is aiming to get these down to 400 before the cold weather, and address disrepair cases.
- There was a discussion on population data and the prevalence of damp amongst people with a Protected Characteristics, and higher rates of damp amongst the black population. Officers were asked about Southwark specific data. Officers said there are datasets that could be used and

offered to come back on this. There is a Southwark insight and intelligence report that will be looking at health inequalities and Public Health officers agreed with members that this is an important issue.

- The north of borough has more properties with damp, including particular blocks with problems and street properties. There is project based on particular blocks, but this will still do spot remedial work.
- Members asked to what extent damp is caused by unreliable heating systems and windows not fit for purposes. Officers responded that there are some blocks with district heating with problems and some with without. There are programmes providing fans and addressing windows. Data on damp did inform Kingswood Estate Major Works programme with specialist ventilation installed.
- Officers were asked if prevention would be cheaper given the NHS spends approximately 1% of the budget on damp related illness. Officers said that this is quite possibly the case – the reactive process is not cheap. The council will ultimately be moving to proactive work to address damp over time. The Deputy Director of Public Health said that there is work at the Health & Well-being Board on earlier detection and management of respiratory illness. There is also some economic modelling that demonstrates over time it will pay off to address damp at cause.

RESOLVED

More information will be provided on the intersection between Southwark equalities data and damp.

6. COMMUNITY PHARMACY

The chair welcome colleagues from the South East London (SEL) Integrated Commissioning Board (ICB) and the Council, and requested a verbal summary of the report circulated with the papers:

- Russell Jones - Assistant Director, Integrated Commissioning, |Southwark Council and SEL ICB
- Rupa Thakar - NHS South East London ICB

Members were then invited to ask questions and the following points were made:

- A member reported that pharmacies have complained that providing simple advice on ailments requires form filling, which is time consuming, and other matters raised in an email (provided in advance to ICB and tabled.) In response ICB personal said that the Pharmacy First scheme is administered

by government to ensure safe prescribing, and suggested pharmacies use the Local Pharmacy Committee to raise concerns. ICB personnel were asked if they would revert to local pharmacies to respond to complaints. ICB personnel said that they were unable to address issues related to national commissioning decisions, although they can facilitate communication.

- ICB personnel were asked for their perspective on pressures on local pharmacies. In response they said there are known pressures with medical shortages however they were not aware of any community pharmacies who intend to close locally. There are local conversations around the digital interface and facilitating improved communication between pharmacies and GP practices.
- Members asked about the drivers of shortage of medicines, such as Brexit. ICB personnel said that this is a nationally commissioned medicine programme, and they have oversight of national supply lines, and are better placed to address the reasons. There is a programme of raising alerts to manage this locally. A member said her experience was that there were shortages and sometimes she resorted to social media to access medicines. The ICB personnel acknowledged the difficulties to patients shortages can cause and said there is a local programme to ensure that there is better communication between pharmacies on availability to improve the patient experience.

7. ACCESS TO TOILETS SCRUTINY REVIEW REPORT

The completed scrutiny review report was noted.

The scrutiny project manager reported that this went to cabinet on the 22 July 2024. Loos for Southwark had made a deputation to cabinet on the same evening in support of the report. The minutes recorded a commitment by Councillor Kieron Williams, leader of the council, to develop a Southwark publicly accessible toilet plan, to come back to a future cabinet meeting, working in partnership with the deputation.

The Commission welcomed this and noted their appreciation for all the work involved in producing the report by members, officers and Loos for Southwark.

8. WORK PROGRAMME

The work plan was noted and the following items will be added:

- A further work on the Damp topic, including follow up on equalities data from Public Health.
- A report on children's respite care and cost impact of the ending the provision at Orient Street.

- Cancer early treatment and prevention.

Meeting Name	Health and Social Care Scrutiny Commission
Date	21 October 2024
Report Title	Access to testing in primary care – responding to the cyber-attack
Report Author	Kate Kavanagh, Associate Director of Community Based Care Sarah Cofie, Community Based Care Project Manager

1. Introduction

Synnovis, the pathology laboratory which processes blood tests on behalf of most NHS organisations in Southeast London, was the victim of a cyber-attack on 3rd June 2024.

As blood tests are vital for a wide range of treatments, this attack has caused significant disruption in southeast London across a range of different treatments and health care settings, with primary care having reduced access to routine and non-urgent blood testing services. On 12th September all GP practices in Southeast London moved back to services being provided by Synnovis and normal service was resumed.

The purpose of this paper is to describe the impact that the incident has had on primary care services in Southwark and how the ICB has worked with primary care to minimise disruption and risk to patients.

2. Impact on primary care

The main impact on primary care was the delay to routine and non-urgent blood tests. A mutual aid arrangement was put in place in Southwark with Health Services Laboratories (HSL) from 14th June 2024 to 11th September 2024, meaning all practices had access to critical and urgent testing immediately following the incident, and access to routine important testing from 3rd July 2024. During this period:

- There was reduced capacity for testing services for a total of 13 weeks
- 31 per cent of usual activity was delivered (125k tests)
- There were three weeks of ‘critical’ and ‘urgent’ only tests

Practices, with support from the Southeast London Integrated Care Board (SEL ICB) and national teams worked together to ensure that delayed test results were followed up or re-routed as quickly as possible. SEL ICB developed a shortened quality alert form for primary care clinicians to report concerns regarding potential or actual harm specifically related to the Synnovis pathology cyber-attack and reduced pathology availability

The incident has had a significant impact on primary care teams which have received increased contacts from patients and have had to implement different ways of working, responding to revised referral criteria and attend frequent training and communications events. These factors have all impacted on practice capacity and the ICB is committed to ensuring that practice income is not adversely impacted because of the cyber-attack on Synnovis. The ICB has provided a range of support to primary care providers during this period (Appendix A).

3. Recovery and restoration

Recovery and restoration is being undertaken by practices on a clinically prioritised basis, focusing on clearly defined cohorts of patients and areas of clinical risk. Practices are being supported by guidance and support on clinical prioritisation within their patient populations.

By taking a clinical prioritisation approach the aim is to recover critical elements of care first and with pace, minimising the potential long-term impacts on long term condition diagnosis and management. Practical support to aid recovery is available through the Clinical Effectiveness South East London team and other ICB teams.

Alongside the recovery and restoration process, practices have been asked to maintain and prioritise delivery of the following components of care. These areas have been identified given their importance to patients and the broader health economy:

- Vaccination and Screening – This has been identified as a critical priority due to existing whooping cough and measles outbreaks amongst children, and the potential for increased flu and covid illness going into the Winter.
- Proactive care for people with the most complex needs – To reduce potential exacerbations of illness that result in additional general practice appointments as well as A&E attendances and admissions'

4. Current status

The final stages of recovery following the cyber-attack in June are almost complete, which means nearly all services are now up and running. While some important administrative work remains, any further impact on patient care will be minimal.

The Clinical Effectiveness SEL (CESEL) team are working with practices to support with the back log, specifically around the management of long term conditions. EMIS (the software system used in primary care) searches and templates have been developed to support practices to effectively identify and monitor patients requiring follow-up.

All guidance, support offers and updates are available on the [SEL net page](#) and regular updates are also being cascaded directly from Synnovis.

Appendix A: ICB support to primary care during this period:

A SEL ICB system wide response group was immediately stood up, led by the Director of Prevention and Partnerships alongside twice daily updates to general practices.

A mutual aid arrangement was put in place in Southwark with Health Services Laboratories (HSL) on 14th June 2024, meaning all practices had access to critical and urgent testing. Alongside this, a potential harms monitoring process was put in place via a form to raise quality and patient safety issues.

On 20th June 2024 the ICB announced financial support to GP practices which have been impacted by the cyber attack in relation to capacity, workforce and provision of care. The financial package is to support the review of unprocessed tests recognising that a clinical review will be needed of the notes of each patient with a cancellation.

On 15th August 2024 the ICB announced support for restoration and recovery of care, recognising that the Synnovis cyber incident has had a significant impact on the delivery of care across general practice, with disruption to the diagnosis of disease, the management of long- term conditions, annual review and health check activity and medicines management.

For the 2024/25 financial year, the ICB is committed to maintaining primary care income from locally commissioned schemes against 23/24 achievement levels (where the scheme existed in previous years) or against the maximum achievable income in 24/25 (where no baseline exists). This commitment will apply consistently and equitably across all six SEL boroughs and includes prescribing incentive schemes and the SEL Diabetes Improvement Scheme. Local Care Partnerships, supported by borough primary care teams, will work with general practice to implement this approach.

Nationally commissioned contracts will not be varied and payments to practices will be made in line with contract achievement.

Meeting Name	Health and Social Care Scrutiny Commission
Date	21 October 2024
Report Title	Refresh of the Partnership Southwark Health and Care Plan Strategic Priorities
Report Author	Rebecca Jarvis, Director of Partnership Delivery and Sustainability

1. Introduction

The Partnership Southwark Health and Care Plan was launched in the summer of 2023. A one year review was carried out in August 2024 which identified that although there had been some significant areas of success, the plan lacked focus in some areas and there were too many actions. As such, the Partnership Southwark Strategic Board agreed to undertake a refresh of the strategic priorities with the aim of reducing the number of priorities and actions and to direct resource at the areas where there could be the biggest impact by working in partnership.

The purpose of this presentation is to share the refreshed priorities which were approved by the Partnership Southwark Strategic Board on 5th September 2024, and invite comments on the work to date to develop clear outcome statements which set out what will be different in three years' time as a result of this work, how that will be measured and what activities will be undertaken to achieve it.

2. Process to develop the strategic priorities

The relevant strategic plans and strategies of Southwark Council and the Southeast London Integrated Care Board were reviewed and it was identified that there is strong alignment with the Partnership Southwark 'Wells' structure (Start Well, Live Well, Age and Care Well) as well as commonality of priorities across the plans and strategies. Consideration was also given to the national context, specifically The Fuller Review, the Labour Party manifesto and the King's Speech. (NB the findings from the Darzi investigation had not been published at the time of the review. However, the priorities proposed support the recommendations of the review).

A workshop was held with the Partnership Southwark Strategic Board members to agree where there could be a greater impact by working in partnership. This resulted in five strategic priorities being proposed:

1. Children and Young People's Mental Health (existing priority)
2. Adult Mental Health (existing priority)
3. Integrated Frailty Pathway (existing priority)
4. Prevention and Health Inequalities (evolution of an existing priority)
5. Integrated Neighbourhood Teams (new priority)

3. Next Steps

The five strategic priorities were approved by the Partnership Southwark Strategic Board on 5th September 2024. For each strategic priority, work is underway to agree an outcome statement describing what will be different for Southwark residents in three years' time and how this will be measured. This will inform the delivery plan for the next 18 months.

4. Discussion

Members of the Health and Social Care Scrutiny Commission are asked to comment on the draft outcome statements which describe what will be different for Southwark residents in three years' time (slide 7).



Refreshing the Health and Care Plan Priorities

Health and Social Care Scrutiny Commission
21 October 2024



Why refresh the Health and Care Plan priorities?

- Partnership Southwark Health and Care Plan was launched in the summer 2023
- One year on – aim to focus on fewer number of priorities where we could have the biggest impact by working in partnership



The priorities of the key strategies for Southwark have strong alignment

**SOUTHWARK
2030**

 **A good start in life** 2



Staying well

5

Ensure every child and adult can get the mental health support they need when they need it

Help more people stay well, reducing the inequalities in health across our community

Improve the wellbeing of people with long term conditions and disabilities and their carers


Partnership
Southwark
Health & Care
Plan 2023-28


1001 Days
- Start Well

Children Mental Health Transformation
- Start Well

Vital 5
- Live Well

 **Frailty**
- Age Well

Adult Mental Health Transformation
- Live Well

 **Lower limb wound care**
- Age Well

South East London
Integrated Care System
Strategic
Priorities for
2023-28

Early years


Children's and young people's mental health


Prevention and wellbeing


Primary care and people with long-term conditions


Adults' mental health


Southwark's Joint Health and Wellbeing Strategy
2022 - 2027

A whole family approach to giving children the best start in life

Strong and connected communities

Early identification and support to stay well

Healthy employment and good health for working age adults

Integration of health and social care

Based on the national & local context, existing strategies, and board discussion, the following refreshed priorities for the Health and Care Plan have been approved for 2024-2027

Start well

1 Children and Young People's Mental Health

Existing priority

Live well

2 Adult Mental Health

Existing priority

Age well

3 Integrated Frailty Pathway

Existing priority

4 Prevention & health inequalities

Vital 5 evolves into

5 Integrated Neighbourhood Teams

New priority

National context:

The Fuller Review; Labour Party manifesto, ministerial views and the King's Speech which focus on 'fix the front door to the NHS [GPs]', reduce waiting lists, mental health provision & prevention.

For each strategic priority:



Working groups to:



**Define the
desired
outcome – what
will be different
for Southwark
residents?**



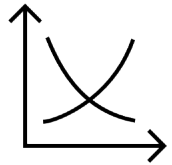
**Decide how to
measure success**



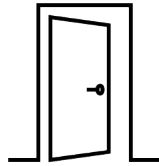
**Develop a
delivery plan to
achieve the aim**



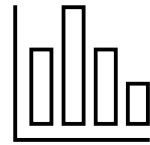
Each work group will consider how their delivery plan is:



Managing demand and capacity



Improving access & reducing health inequalities



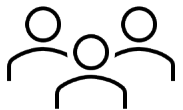
Reducing unwarranted variation



Supporting carers



Supporting the VCSE as a key partner



A sustainable workforce



Optimising IT and digital



Making best use of our estates



Reducing inefficiency and waste



Drawing on the evidence base



Draft outcome statements (in development)

Priority	What will be different for Southwark residents?
1 Children and Young People's Mental Health	Children and young people who need mental health support will not have to wait so long to receive it.
2 Adult Mental Health	Adults who need mental health support will not have to wait so long to receive it
3 Integrated Frailty Pathway	Older people who are living with frailty (i.e. at risk of falls, disability, admission to hospital or needing long-term care) will be identified sooner and will receive appropriate treatment and support in a more coordinated way, closer to their homes.
4 Prevention & health inequalities	We will reduce health inequalities by making every Vital 5 contact will count, ensuring our most disadvantaged communities have access to post-check, tailored support to improve their health and wellbeing
5 Integrated Neighbourhood Teams	People living with multiple long term conditions will receive more holistic support (i.e. support which meets their physical needs as well as their mental wellbeing) in a more coordinated way, closer to their homes.

Item No. 8	Classification: Open	Date: 21 October 2024	Meeting Name: Health & Social Care Scrutiny Commission
Report title:		Health & Social Care Scrutiny Commission Work Programme 2024 - 25	
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 Plan, and review scopes in appendix A.
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 2024- 25.
- 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 Plan 2024-25
Appendix A	Review: Adult Safeguarding – how can this be implemented 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 October 2024	
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 October 2024	

Health and Social Care Scrutiny Commission workplan 2024/ 25

Potential reviews, topics follow up and standing items:

Review

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

(This review started last year)

Topics

Damp and mould

Cancer prevention and early diagnosis

Follow up:

- GP appointments
- Orient Street/ Respite Care update on Short Break consultation and outcome, update on current provision at Orient Street. This will consist of Forward Plan report to note.
- A report on children's respite care and cost impact of the ending the provision at Orient Street.
- Blue Badge – update on progress following an item last administrative year
- Pain management clinic – with reference to good practice community model in Lambeth and assurance around administration at GSTT

- Care Home model pre-scrutiny of options under consideration
- Adult Social Care Vision - pre scrutiny of Cabinet report (governance timeline to follow)

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 Well-being

Dates

Meeting	Date	
Informal meeting to workplan	Tuesday 11 June	
1	Thursday 25 July	<p data-bbox="920 660 1178 697">Damp and Mould</p> <p data-bbox="920 735 1973 804">Request a report from Damp and Mould specialist in housing and the work of Public Health, with reference to:</p> <ul data-bbox="969 847 2002 1369" style="list-style-type: none"> <li data-bbox="969 847 2002 916">• The work of Public Health , including outreach to check for respiratory health <li data-bbox="969 959 2002 1027">• How to tackle damp and mould in different types of tenure including council homes, housing association, private rented and homeowners <li data-bbox="969 1070 2002 1107">• How the construction of buildings can impact on damp and mould <li data-bbox="969 1150 2002 1219">• Current and planned statutory housing duties that impact on damp and mould including Awaab’s Law <li data-bbox="969 1262 2002 1369">• Advice and education that can be provided to supplement the landlord’s primary responsibility to address the underlying causes of the problem, such as structural issues or inadequate ventilation.

		<p>Local Pharmacies</p> <p>A report will be requested from commissioners with reference to a petition and correspondence from a local pharmacy regarding the sustainability of current commissioning of pharmacy services. Commissioners will be asked to clarify to what extent problems can be addressed at a local, South East London and/ or national level.</p> <p>Access to Toilets scrutiny review report – final report sent to July cabinet , arising from last year, to note.</p>
2	Monday 21 October	<p>Topic: Cancer prevention and early diagnosis : Rapid Diagnostics Presentation on 'cancer of unknown origin / rapid diagnostic specialist cancer treatment centre'</p> <p>Access to testing – responding to the cyber-attack in Primary Care</p> <p>Refresh Partnership Southwark priorities – early discussion</p> <p>Access to Toilets scrutiny review report – cabinet report back</p>

3	Wednesday 13 November	<p>GP appointments (with particular focus on accessing face to face appointments, timey care and an update on 'collective action' by GPs in response to the new contract, and any Southwark specific action)</p> <p>Cabinet Member for Health and Well-being</p> <p>Topic: Cancer prevention and early diagnosis Public awareness and engagement</p> <p>Healthwatch Annual report (tbc)</p>
4	Monday 3 February	<p>Interview with the Independent Chair of the Southwark Safeguarding Adults Board (SSAB)</p> <p>Blue Badge – follow up</p> <p>Pain Management update (tbc)</p> <p>Damp and mould - including follow up on equalities data from Public Health</p>
5	Wednesday 2 April	

Members

Seven seats: 5 Labour / 2 Liberal Democrats

	Labour (5)	Liberal Democrats (2)
1.	Suzanne Abachor	Cllr Maria-Linforth-Hall (Vice Chair)
2.	Esme Dobson	Cllr Nick Johnson
3.	Charlie Smith	
4.	Jason Ochere	
5.	Sandra Rhule	
Reserves		
	Labour (5)	Liberal Democrats (2)
1.	Emily Hickson	Cllr David Watson
2.	Leo Pollak	Cllr Victor Chamberlain
3.	Joseph Vambe	
4.	Sam Foster	
5.	Dora Dixon Fyle	
Non Voting Co-opted places		
	To be considered at the discretion of the commission	

Scrutiny review scoping proposal

1 What is the review?

Adult Safeguarding – how can this be more consistently implemented 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 Safeguarding is implemented for vulnerable adults and this can create difficulties for the people concerned: adults, staff, families, and carers.

These are some of the consequences inconsistent or poor quality Safeguarding approaches, including 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?

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 sure there is good systems in place for people to raise concerns / whistleblowing to report issues and ensure this is more transparent and accessible
- Improved guidelines for implementation of tricky safeguarding decisions

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?

Would it be beneficial to:

- To make better use in Adult Safeguarding of PIPOT (Persons in a Position of Trust) and replicate the LADO process – used in safeguarding children .
- 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. How can the approach of experienced practitioners be championed ? (see case study SLAM nurse)

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

- A. Hourglass (elder abuse charity)
- B. SCIE (Social Care Institute for Excellence)
- C. Chair of the Southwark Safeguarding Adults Board
- D. Officers from adult safeguarding department
- E. Managers of a local homes attend meeting to discuss i) Safeguarding ii) Disciplinary policy , with a view to discussing how investigations are carried out , and how to best balance fairness and valuing workers with the need to safeguard residents

[Agincare](#)

Greenhive Care Home (Peckham)
 Waterside Care Home (Peckham)
 Rose Court Care Home (Rotherhithe)
 Bluegrove House Care Home (Bermondsey)

[Country Court](#)

Camberwell Lodge Care Nursing Home

[HC One](#)

Tower Bridge Care Home

[Mission Care](#)

The Elms Residential Care Home

- F. Unions – to consider how investigations are conducted
- G. Care home resident (case study)
- H. SLAM dementia nurse (case study)
- I. Carer / former carers (case study)

Workshop / structured interviews addressing two themes:

- How are safeguarding investigations into allegations about workers being conducted and how can the right balance be found between being fair and valuing staff, whilst safeguarding vulnerable adults
- How to best reach consensus / balance safeguarding and autonomy over definitions e.g. people with dementia leaving home and turning people in the night

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

London Safeguarding Policy and Protocol

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 – through a workshop.

Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2024-25

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