

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

Monday 15 July 2013

7.00 pm

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

## Supplemental Agenda Two

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	Safeguarding – Vulnerable Adults Safeguarding Board report back and appendices.	
5.	<b>Health &amp; Wellbeing Board</b>	38 - 60
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Date: 12 July 2013

## Report on Follow up actions from Health and Scrutiny Meeting held on 6<sup>th</sup> March 2013

Following on from the Health and Scrutiny there were a number of follow up actions/questions requiring a response for the July meeting. Below is a table detailing the six enquiries with response for each embedded.

<p>A response to the recommendation that easy to read formats for all safeguarding publications are made available</p>
<p>Easy read versions of all council publications including safeguarding should be available.</p> <p>Currently Safeguarding publications are not available in easy read formats however work is planned in the coming year to work with corporate communications to enable this.</p> <p>Delivering this service will require a dedicated communications budget to be funded and will need to be centrally managed and centrally generated as a definable council 'easy read style' ,this will ensure that publications are of a consistent style throughout the council.</p>
<p>More information on what happens to perpetrators, and if there have been any prosecutions</p>
<p>Many perpetrators are friends and family of victims and in these cases victims will often seek resolution to their conflict rather than prosecution through the legal system. In these cases social workers work with vulnerable adult to reach the outcome they prefer, and will ensure that they are supported if they do opt to seek to prosecute the perpetrator.</p> <p>In other cases where possible criminal acts have occurred social workers work together with the Police to resolve cases. Very few cases do reach court often because the crown prosecution service is concerned that the rigours of a court appearance will not be in the best interests of a vulnerable adult.</p> <p>In the past two years three Southwark cases have been brought to court and two resulted in successful prosecutions, and custodial sentences for the perpetrators. These were for theft and assault respectively.</p>
<p>More detail on how people are protected form abuse that are a) substance misusers (and are defined as 'vulnerable') and, b) those that misuse alcohol (and are not counted as 'vulnerable').</p>
<p>Protecting substance misusers whether of drugs or alcohol is extremely challenging as in many cases they are reluctant to disclose any incidents of abuse. However, on-going support to such service users is provided by a number of teams (including the substance misuse team) and this involves frequent risk assessments, counselling and support to individuals to enable them to modify behaviours that expose them to risk.</p> <p>The Anti - Social behaviour Unit and the Police will target known drug dealers who attempt to supply drugs to residents of hostels for people with drug and mental health problems.</p>
<p>A report into the safeguarding implications of the recent revelations that the Sapphire Unit encouraged women to withdraw rape allegations.</p>
<p>The SAPB received a presentation at its June meeting from Southwark Police reviewing the findings of the investigation into the performance of the Southwark Sapphire Unit between July 2008 and September 2009. The presentation summarised the recent IPCC report and described how during this period Southwark Sapphire unit was under-performing and over-stretched and officers of all ranks, often unfamiliar with sexual offence work, felt under pressure to improve performance and meet targets. These factors led to close questioning of victims and the widespread use of retraction statements.</p> <p>A review of vulnerable adults that were known to the Safeguarding Service during this time revealed that there were 40 allegations of sexual abuse approximately 30% (11 cases) involved women with learning disabilities or mental health problems.</p> <p>In the cases of which Southwark is aware that involved vulnerable adults there is no</p>

evidence that the allegations were not taken seriously by the Police, but it is not possible to say whether every initial interview was carried out by Sexual Offences Investigation Technique trained officers. We are not aware of any instances where a vulnerable adult was encouraged to withdraw their allegations in order that a non-crime report could be made.

It is known that each of the vulnerable service users were supported by social workers to take forward their complaints and we are not aware of any instances where they were coerced to withdraw their allegations.

See attached appendix one :

Southwark Sapphire Unit's local practices for the reporting and investigation of sexual offences, July 2008 – September 2009

#### Details of safeguarding training provided by the council

Southwark Council regularly runs the following training course available to both staff and partner organisations :

- Safeguarding Alerter
- Safeguarding Adults Investigators
- Investigatory Process for Managers and Seniors
- Safeguarding Chairing meetings
- Safeguarding Provider Managers of Services undergoing Investigation
- Physical abuse and neglect
- Domestic Abuse Awareness
- Domestic Abuse Champions Programme
- Safeguarding Adults from Financial Abuse level 1
- Safeguarding Adults from Financial Abuse level 2
- Safeguarding Adults –minute taking
- Risk Assessment and Protection planning
- Safeguarding Vulnerable Adults :Physical Abuse and Neglect
- Honour Based Violence
- Domestic Violence risk assessment model- multi agency awareness
- Best Interest Assessor Training

Please find attached Appendix two:

Adult Safeguarding Training sub group report detailing training performance across 12-13.

#### The safeguarding whistle-blowing procedures of the council

Please find attached Appendix three and Appendix four :

Southwark Safeguarding Adults Whistle Blowing Procedure and Southwark Council whistle – blower policy

# Southwark Sapphire Unit's local practices for the reporting and investigation of sexual offences, July 2008 – September 2009

Independent Investigation  
Learning Report

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## Commissioner's Foreword

This report into the working practices of the Sapphire Unit is the fifth IPCC investigation involving Southwark borough and the ninth investigation into the Metropolitan Police Service's response to the victims of sexual violence.

The report also concerns a rape that was reported at Walworth police station in November 2008 but only referred to us in 2011, after a separate, serious, incident. The response to this reported rape was deeply disturbing.

Our investigation found that the initial account given by the woman to a Sexual Offences Investigation Technique (SOIT) officer clearly contained an allegation of rape involving threats of violence, which was neither recorded nor investigated. The SOIT officer told the IPCC that a supervisory officer, a Detective Sergeant, told them that the circumstances did not constitute a rape because the woman had "consented" and that the matter would not be investigated. As a result, the scene was not forensically examined, no forensic samples were taken and the suspect was not interviewed about the allegation.

The IPCC investigation also found that another officer on the unit filed a report on the crime recording system which said that the SOIT officer had established that there was no evidence of sexual violence, intercourse had been consensual and that the information disclosed by the woman did not constitute rape.

There is no doubt from the evidence that the woman made an allegation of rape at Walworth police station which should have been believed and thoroughly investigated.

The IPCC has found a case to answer for gross misconduct by the Detective Sergeant, for which the final outcome is awaited. We also identified performance issues for two officers and a learning issue for a third.

### Wider review

In investigating this case, and bearing in mind the previous cases the IPCC had dealt with in Southwark borough, we carried out a wider review of the borough's practices from July 2008 until September 2009 when Sapphire came under centralised command.

The review found that Southwark Sapphire unit was under-performing and over-stretched and officers of all ranks, often unfamiliar with sexual offence work, felt under pressure to improve performance and meet targets. Its sanction-detection rate (the proportion of recorded crimes that proceed to prosecution) was poor, and management focused on hitting this target as a measure of success, rather than on the MPS standard operating procedure, which identified a much broader range of performance measures.

We found that Southwark Sapphire had implemented its own standard operating procedure over this period to meet these targets. Essentially, this took the form of encouraging officers and victims to retract allegations (so that no crime was recorded) in cases where it was thought that they might later withdraw or not reach the standard for prosecution (which would have been recorded as an unsolved crime). This resulted in the close questioning of victims before they even met an officer trained in dealing with sex crimes and the widespread use of retraction statements – including in cases where this was clearly inappropriate. This local standard operating procedure, authorised by senior officers, increased the number of incidents that were classified as 'no crime' and therefore increased the sanction-detection rates for the unit.

It was clearly important to improve performance on the unit. However, the approach of failing to believe victims in the first instance was wholly inappropriate and went against the first principle of the MPS standard operating procedure: to believe the victim until evidence demonstrated otherwise. This pressure to meet targets as a measure of success, rather than focussing on the outcome for the victim, resulted in the police losing sight of what policing is about – protecting the public, and deterring and detecting crime. As many similar cases have shown, the solution to victims withdrawing from the process is to ensure that they are supported through it, not that they are prevented from engaging with it.

## Outcomes

Two other major investigations involving failings in the police response were concluded by the IPCC prior to the current case – the cases of serial rapist John Worboys, and serial sex offender Kirk Reid, both referred in 2009. I said at the time that the number of victims in these cases, the outcome of the trials and the public reaction to the police response

undoubtedly acted as a wake-up call to the MPS in its response to the victims of sexual violence.

In order to properly consider the impact of this case and the wider review of working practices I must look at three areas:

### **1. Criminal and misconduct outcomes**

Four previous cases involving the Southwark Sapphire unit concluded with misconduct outcomes for eight individual officers, including four officers facing gross misconduct proceedings and one dismissal.

In addition, in relation to Sapphire cases elsewhere in the MPS, two officers have been investigated for criminal offences, one of whom was convicted and imprisoned for 13 counts of misconduct in a public office in October 2012. He has also been dismissed. The second case remains under criminal investigation.

### **2. Learning and MPS response**

In response to the latest IPCC report, the MPS has outlined the work done in recent years to improve performance and increase confidence in the Sapphire unit as well as the steps taken to address specific recommendations. These include:

- A change to performance indicators: the MPS now measures the total number of detections, to avoid any pressure to classify an offence as a “no crime”. Victim satisfaction is now specifically considered under the performance criteria and monthly data taken from victims is the subject of a performance review by senior officers.
- All Sapphire units have a SOIT coordinator and deputy coordinator: regular meetings are held by and for coordinators, and new SOITs are shadowed by experienced officers for their first victim encounters.
- Clear guidance for officers on the circumstances and content for both retraction and withdrawal statements: where a victim wishes to retract or withdraw an allegation, a SOIT officer will investigate, document the rationale and communicate



it to a supervisor. All withdrawal and retraction statements are assessed by a Detective Inspector before the case is closed.

- All cases are subject to a closing report: all cases are reviewed by a senior detective before they are closed.

### 3. Views of the voluntary sector

In considering the MPS response, I am very mindful of the public interest in this area and the importance of victims of sexual violence having confidence that the police will respond to their allegations with professionalism and sensitivity. I am all too aware of the impact each of these cases has on the confidence of other victims, and therefore once again sought the assistance of the voluntary sector in considering the current service provided by the MPS to the victims of these crimes.

Representatives from Eaves Housing, Rape Crisis, Victim Support, the Survivors Trust, NIA Ending Violence and the Havens attended a meeting at the IPCC in December 2012, together with the senior officers from the MPS responsible for the Sapphire unit. The feedback from those groups was, in summary:

- While the MPS response has improved considerably since 2009, there are still concerns about the first-line police response to victims - before specialist officers become involved.
- In particular, there is concern that there is still a need for further training on the concept of "informed consent" - particularly as this first response has a huge impact on victims' confidence in the police.
- Communication with victims is patchy across the boroughs and more is needed to ensure that the police provide regular updates to victims. The police could also make better use of the voluntary sector in this area.
- The service the police provide can only be properly monitored and evaluated if victim satisfaction is continuously measured.

The groups also felt that the improvements in the MPS should be viewed in the context of

the overall criminal justice system, and that more should be done by other parts of the system to provide support and improve the experience of victims. They also expressed concern not only about the negative impact on public confidence as a result of the failings widely reported in the media, but also on the morale of officers within the Sapphire unit and the difficulties this caused both to recruitment and retention of good officers.

## Conclusions

So is there more, now, that the MPS needs to do to regain the confidence of victims in this vitally important area? Performance indicators will always be a factor in policing, given the need to report on, and measure, what gets done – but this case highlights the risks of policing being driven by the wrong performance measures and targets: a classic case of hitting the target but missing the point. The change to performance measures and the inclusion of victim satisfaction is an important step in the right direction.

I have previously emphasised the importance of cooperation with voluntary sector support services, to support vulnerable victims through their emotional trauma and the criminal justice system. There is, clearly, a wealth of knowledge and support which the police could utilise at different levels.

I am pleased that the MPS have recently reconstituted their external reference group and I encourage them to use this group to the fullest extent, not merely to seek advice but to improve their own working practices. It is also the MPS's responsibility to maintain this vital link – which if properly used will provide them with an early warning system against potential future problems before they become headlines.

In addition, the IPCC recommends that:

- Training for frontline officers and staff should include guidance and information around consent, the cultural issues that may arise in these situations and what to do when they are faced with an allegation that is based around consent.
- The MPS should do more to monitor victim satisfaction – confidential surveys will provide essential feedback on whether the changes they have made are working and identify further areas of improvement.

Given the number of cases where the MPS's response to victims has failed, either through individual officers' criminality or neglect or more systemic problems of training, priorities and resources, the response that "lessons have been learned" begins to ring hollow. That is why I asked representatives of those who actually deal with victims to advise me of their experience of whether lessons have indeed been learned. It is encouraging that this experience has, for the most part, improved considerably, though, as we recommend above, there is still more to be done. The MPS must now ensure that this improvement is built on and continues – and remain vigilant to ensure that they do not lose focus on this area as other policing priorities emerge, or as they face further pressure on resources.

Deborah Glass

Deputy Chair

February 2013

## Summary

1. An independent investigation into the local practices for the reporting and investigation of sexual offences between July 2008 and September 2009 at the Metropolitan Police Service's Sapphire Unit in Southwark arose following a report that they had failed to investigate an allegation of rape made by Ms A at Walworth police station in November 2008. The IPCC had conducted previous investigations into the unit around this time for similar matters. A separate investigation regarding police contact with Ms A was conducted and gross misconduct was identified. The unit was responsible for the investigation of allegations of all sexual offences on the borough.
2. The IPCC considered a number of factors, including the unit's performance and targets; resourcing issues; the use of retraction and withdrawal statements; local and MPS-wide standard operating procedures; and previous MPS reviews and IPCC investigations.
3. The investigation found that at the beginning of 2008, the unit's performance was poor and there was pressure from central command and senior officers on the unit to improve performance. Pressure to increase sanction/detections was felt by all officers in the unit.
4. Whilst the force standard operating procedure identified that performance should be measured in a number of ways, the rate of 'sanction/detections', i.e. perpetrators charged with an offence, was the focus of performance measurement.
5. Four separate reviews made varied recommendations on how performance could be improved. However, the unit issued instructions that focussed on the classification of new allegations, which included victims being spoken to by a Detective Constable prior to being spoken to by a specialist Sexual Offences Interview Technique (SOIT) Officer, to ensure offences were classified 'correctly', ostensibly to prevent officers undertaking unnecessary work. However, this meant that victims were questioned repeatedly, which can contribute to rates of attrition, and went against the first principal of the standard operating procedure to believe the victim until evidence demonstrated otherwise after a full and thorough

investigation. This meant that fewer crimes were recorded and therefore targets were easier to reach.

6. Further, pressure was put on officers to obtain 'retraction' over 'withdrawal' statements. A 'retraction' statement is obtained when a victim states that the reported incident did not happen. A 'withdrawal' statement is made when a victim states that the incident happened but they do not wish to support the investigation.
7. Analysis of performance demonstrated that the increased use of retraction statements, which enabled an allegation to be classified as 'no crime', benefited the unit's performance statistics. Whilst there may have been a small number of allegations that warranted a retraction statement, their widespread use raised concern. Several officers said they felt there was a lack of guidance as to what should be contained within a retraction and a withdrawal statement.
8. The IPCC is aware of two instances in 2009 where women were pressured into providing retraction statements. In the case of Ms A the allegation of rape was not recorded or investigated. The crime reports of other investigations were examined which raised concern. However, further work could not be undertaken on these due to missing files, apparently because of disruptive building works going on in the unit and the archiving system.
9. The effect of the new procedure regarding classification of crimes and the increase in the number of retraction statements over withdrawal statements led to a drop in the number of reported offences and the sanction/detection rate leaping from 10% to 31%. The number of serious sexual offences classified as a 'no crime' or as a 'crime related incident' was consistently higher than the MPS average.
10. Resources in the unit were stretched and had been so for at least two years. The issue was raised repeatedly but no concerted effort was made to remedy the situation. Not only was there a shortage of SOIT officers and DCs, but often those on the unit were not substantive detectives, and/or were young in service. Further, SOIT officers were given low-level sexual offences to investigate, taking them away from their primary function of supporting victims. Whilst a recommendation had been made to improve performance by focussing resources at an early stage of an investigation, this was not possible because the resources were not present.

Attracting officers to the unit was difficult because of low morale and because it was due to close in September 2009.

11. The lack of resources coupled with the pressure to improve performance led to the adoption of poor working practices, resulting in the failure to investigate allegations of serious sexual assault and rape.
12. SOIT officers that were not happy about the working practices of the unit did not have a SOIT co-ordinator to speak with, which would have given them the opportunity to voice their concerns and manage stress, which could have led to less people leaving the position.
13. With the inception of SCD2 in September 2009, changes were made in the measurement of performance, with numerical as opposed to percentage targets for 'sanction/detection's; a focus on victim care; and guidance on the levels of experienced SOIT officers and DCs on the unit should have. This led to a reduction in the rate of allegations that had a final recording of 'no crime'; an increase in the number of recorded rapes; and a reduction in the rate of attrition.

## Quick time learning

14. Given the historic nature of the investigation and because the policy for the investigation of sexual offences has changed, no quick time learning was identified during the investigation.

## Good practice

15. The changes made to performance measurement in September 2009 re-focused investigations on the care of the victim. The requirement for officers to be experienced is in line with ACPO guidance.

## Findings and recommendations

### Finding 1 – Performance measurement

16. The key method used to measure performance, i.e. a percentage measurement of crimes reported that have resulted in a sanction/detection, led to a focus on how crimes were classified in order to reduce the number of offences to be detected,

causing the manipulation of crime classification figures in order to give the appearance of improved performance.

### Local recommendations

17. The force should ensure that the methods for measuring sanction/detection levels are a numerical target and not a percentage target of allegations made, to reduce the risk of crimes being incorrectly classified.
18. The force should ensure that performance measures have victim-care at their core.
19. The reason this is not a national recommendation is that it relates to systemic failings and does not require change in national policy or practice. However, it will be recommended for the Learning the Lessons bulletin to alert other forces.

### **Finding 2 – Resources**

20. The lack of resources and experience in the unit meant that improving performance using victim-focussed methods was hard to achieve. Further, the lack of experience and pressure on officers caused low morale and high stress, which can compound under-performance.

### Local recommendations

21. The force should maintain the policy of ensuring DCs are substantive and that SOIT officers work only in this role.
22. The force should ensure that a SOIT co-ordinator is in place for all SOIT officers, and that the officers know who their co-ordinator is.

### **Finding 3 – Use of retraction and withdrawal statements**

23. Inappropriate use of retraction and withdrawal statements can provide the opportunity to mis-classify allegations of crime, which in turn can lead to the manipulation of performance figures.

### Local recommendations

24. The force should ensure clear guidance is available for officers regarding the circumstances and the content for both retraction and withdrawal statements.

25. It is recommended that the force regularly dip-sample retraction and withdrawal statements to ensure they are taken in the correct circumstances and meet the required standard.

#### Finding 4 – Storage of files

26. The storage of files during investigation and in archive is such that they cannot be found when needed. This would inhibit any cold-case review and could have a detrimental effect on any future criminal proceedings.

#### Local recommendations

27. The force should review its system for storing files for investigations that are both active and closed. It should ensure that all files are readily accessible.

Emma Maloney

Lead Investigator, IPCC

## Appendix 1 – Graphs from statistical analysis

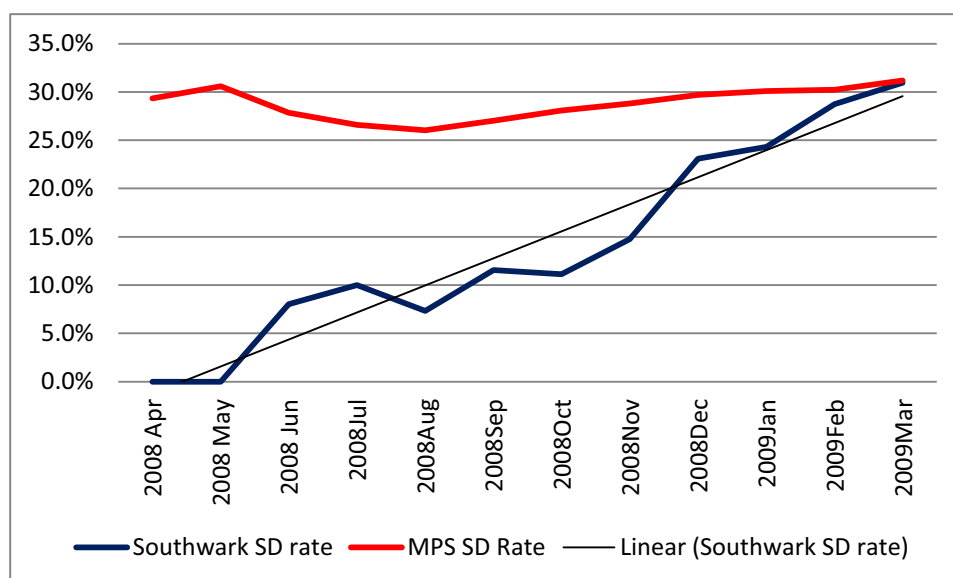


Figure 1. Rape SD rate for Southwark and MPS average for Boroughs



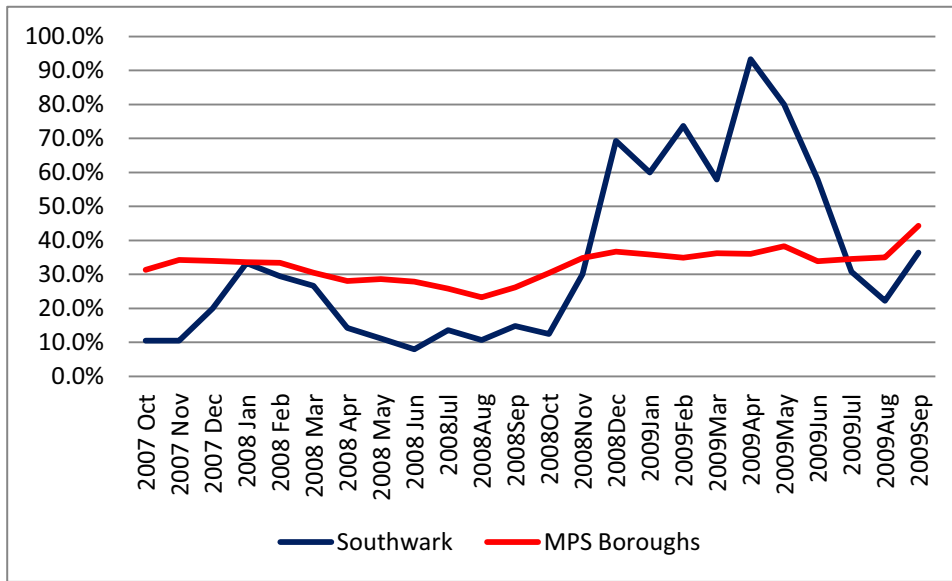


Figure 2. Rape Rolling 3 month Average SD for Southwark and MPS Boroughs

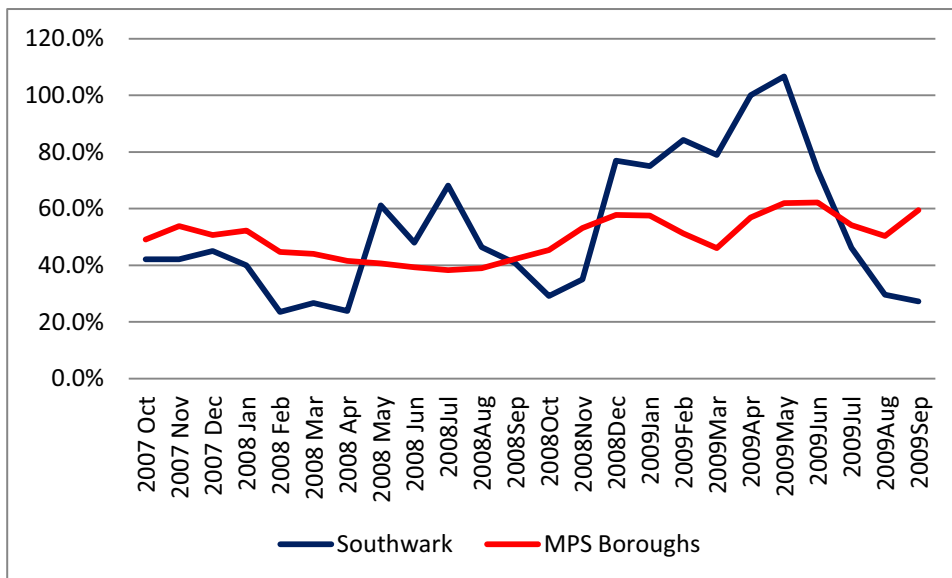


Figure 3. Rape Rolling 3 month Average percentage comparison of number of allegations resulting in a Crime Related Incident or No Crime classification and those recorded for Southwark and the MPS Boroughs

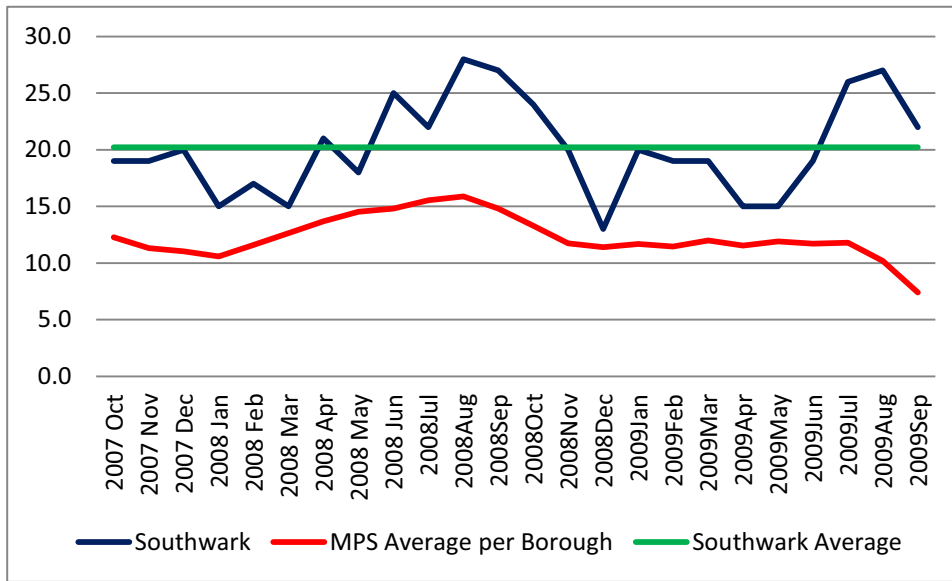


Figure 4. Three month Rolling average number of rapes reported on Southwark Borough compared to the average for this borough and the MPS average per borough

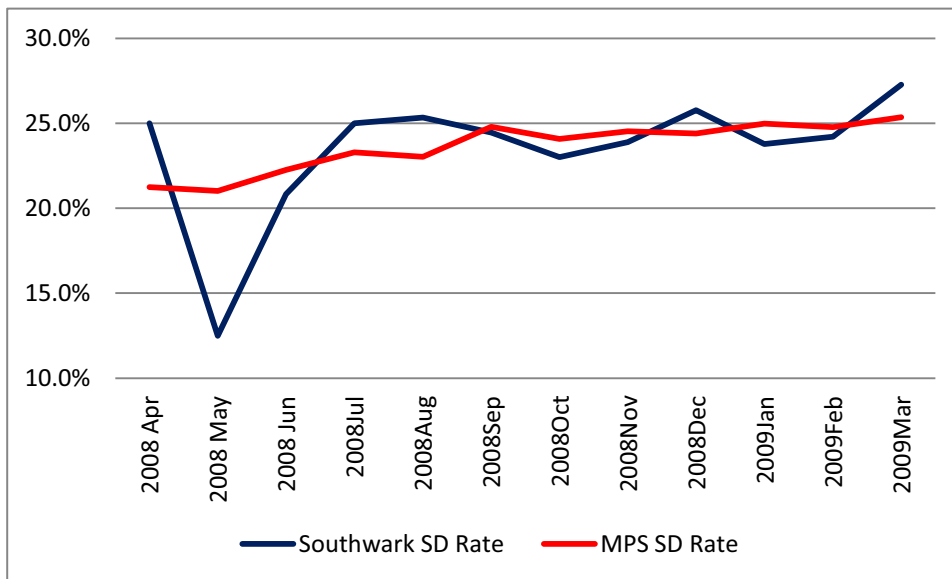


Figure 5. Other Serious Sexual Offences SD rate for Southwark and MPS average for Boroughs

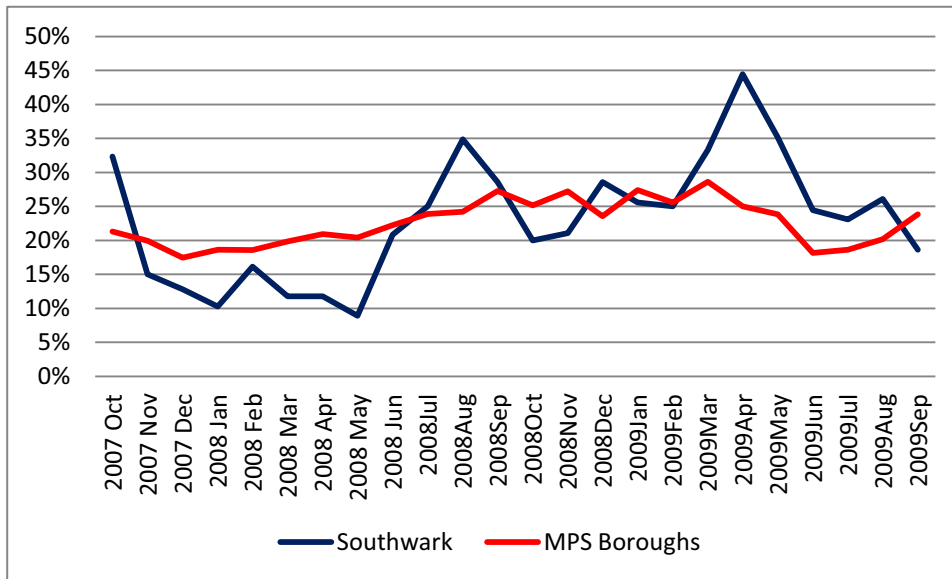


Figure 6. Other Serious Sexual Offences Rolling 3 month Average SD for Southwark and MPS Boroughs

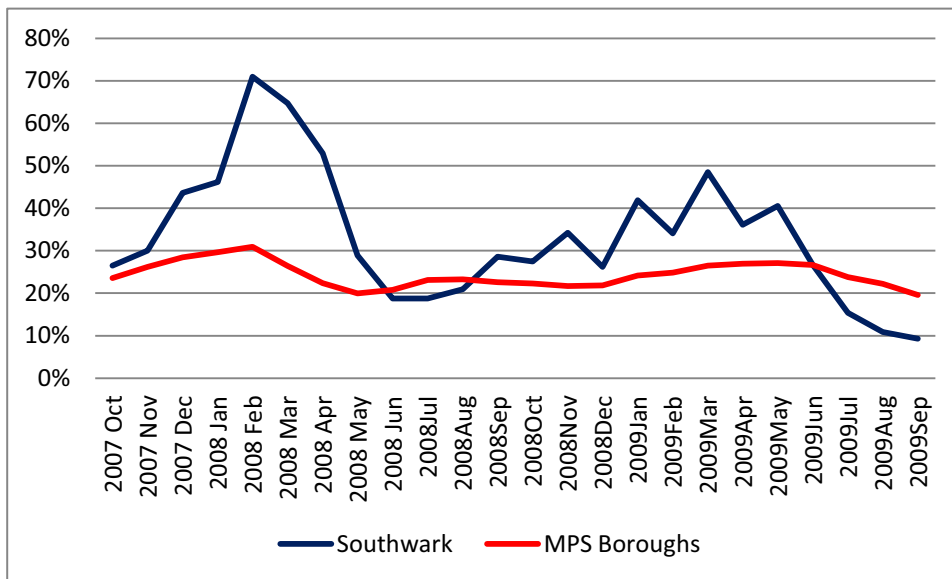


Figure 7. Other Serious Sexual Offences Rolling 3 month Average percentage comparison of number of allegations resulting in a Crime Related Incident or No Crime classification and those recorded for Southwark and the MPS Boroughs

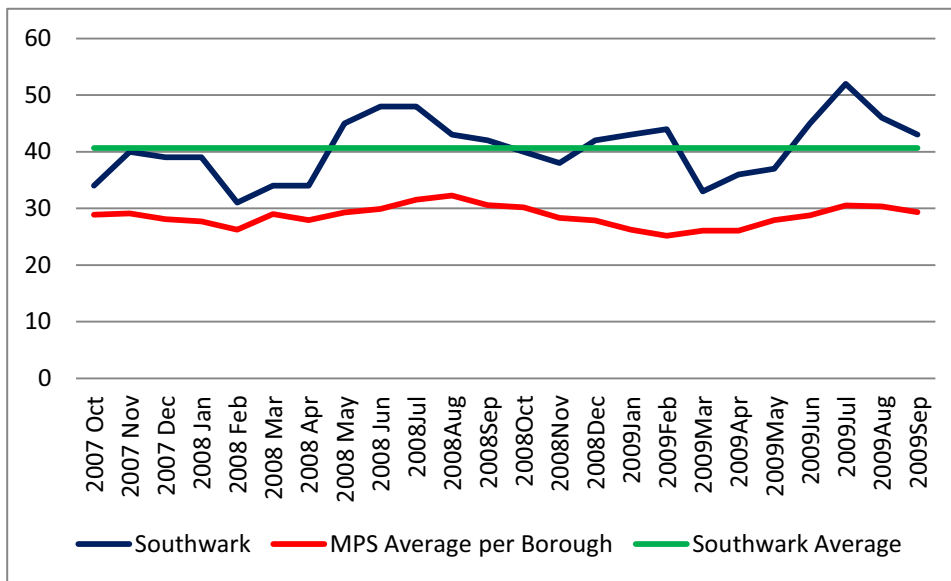


Figure 8. Three month Rolling average number of Other Serious Sexual Offences reported on Southwark Borough compared to the average for this borough and the MPS average per borough

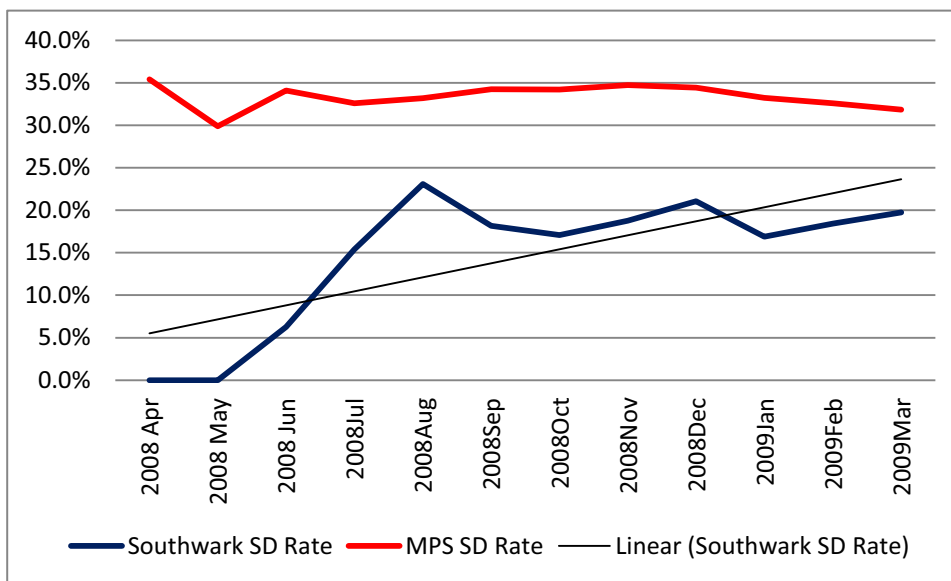


Figure 9. Other Sexual Offences SD rate for Southwark and MPS average for Boroughs

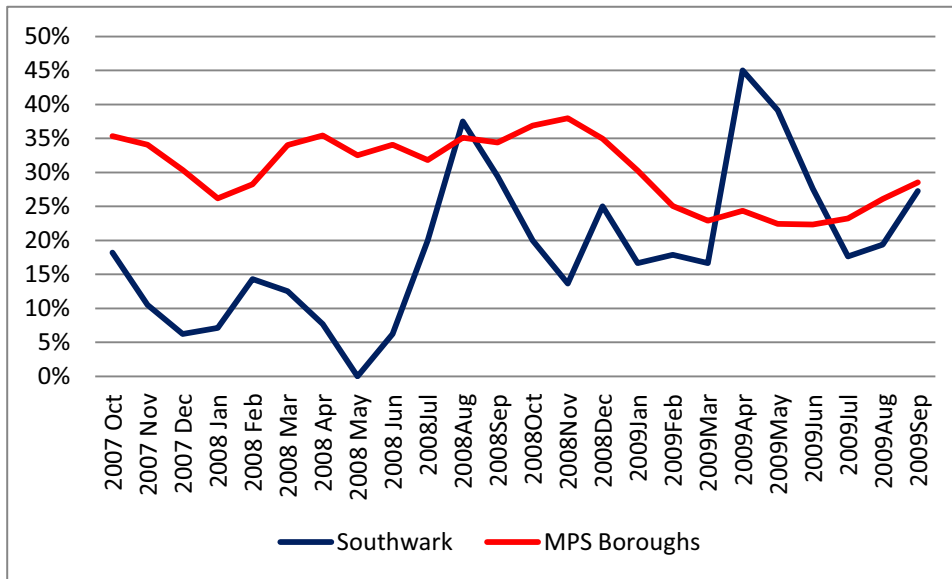


Figure 10. Other Sexual Offences Rolling 3 month Average SD for Southwark and MPS Boroughs

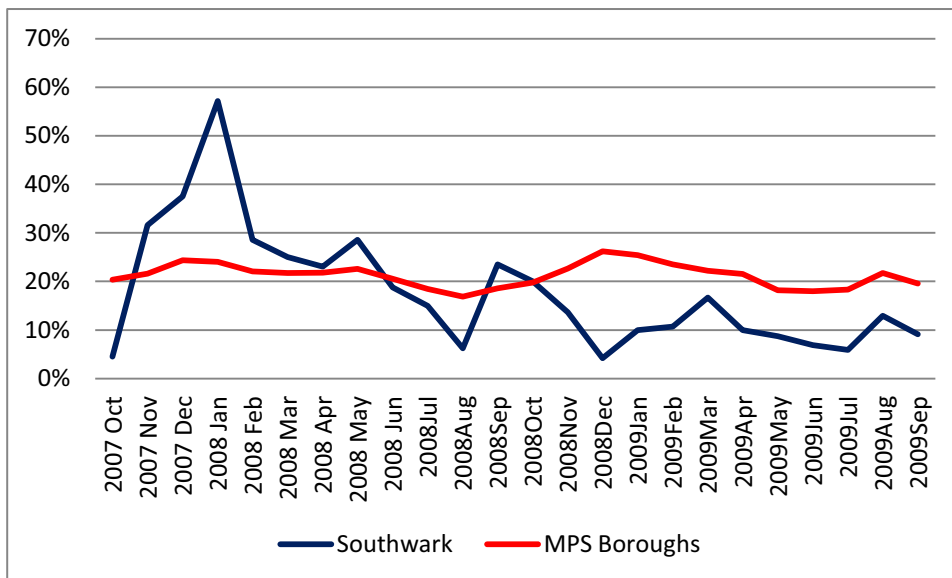


Figure 11. Other Sexual Offences Rolling 3 month Average percentage comparison of number of allegations resulting in a Crime Related Incident or No Crime classification and those recorded for Southwark and the MPS Boroughs

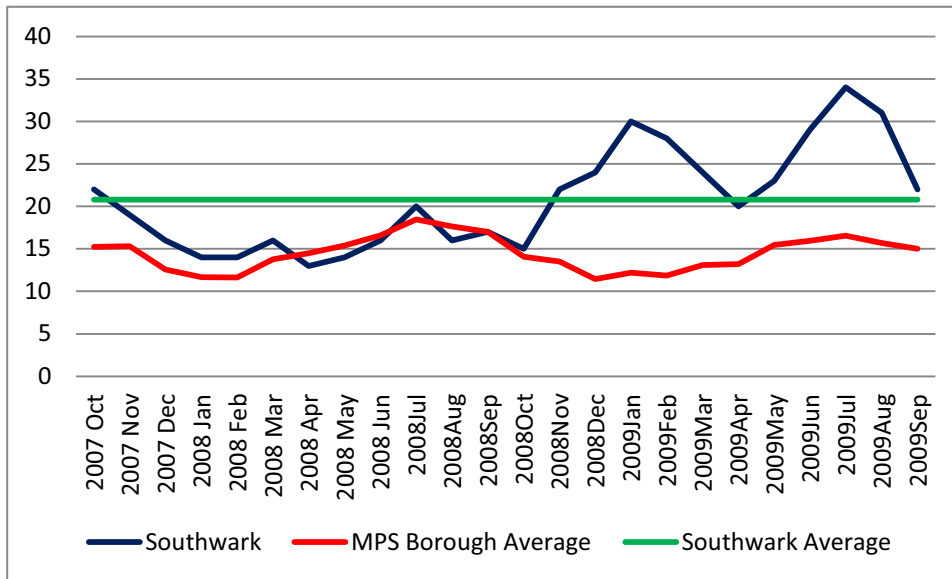


Figure 12. Three month Rolling average number of Other Sexual Offences reported on Southwark Borough compared to the average for this borough and the MPS average per borough

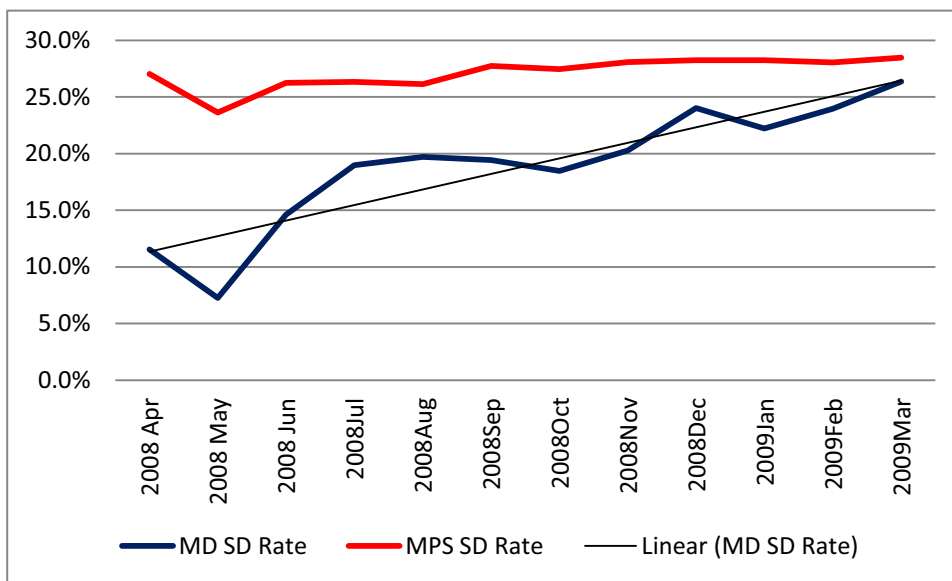


Figure 13. All sexual offences SD rate for Southwark and MPS average for Boroughs

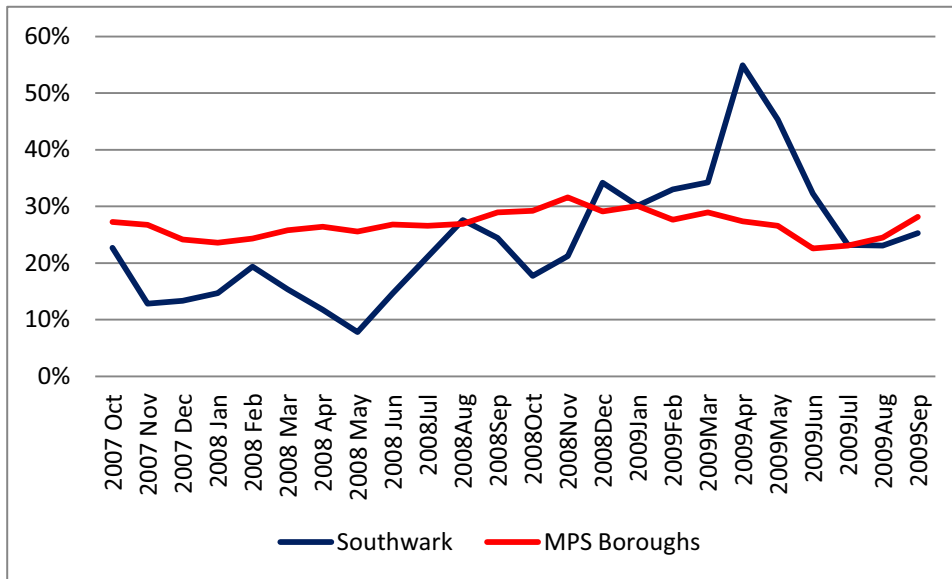


Figure 14. All Sexual Offences Rolling 3 month Average SD for Southwark and MPS Boroughs

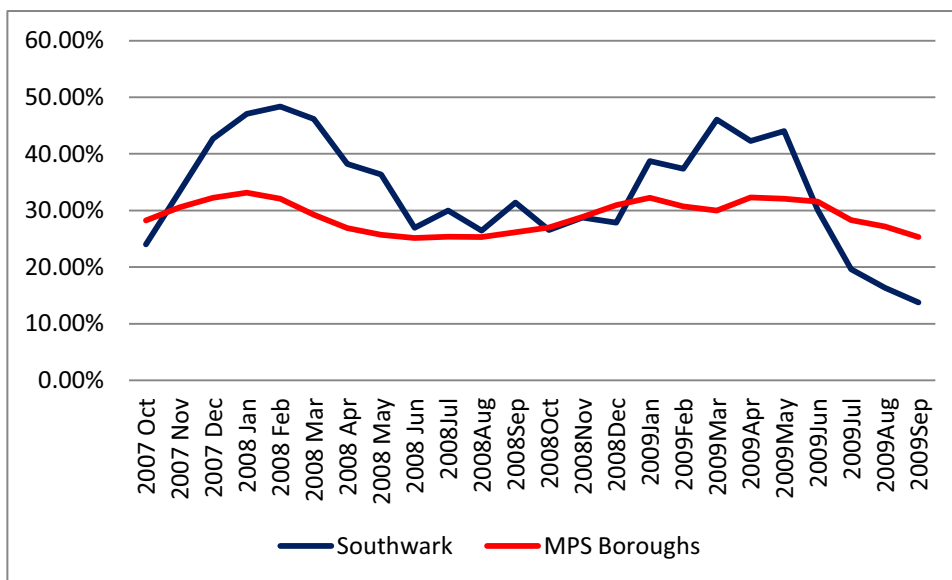


Figure 15. All Sexual Offences Rolling 3 month Average percentage comparison of number of allegations resulting in a Crime Related Incident or No Crime classification and those recorded for Southwark and the MPS Boroughs

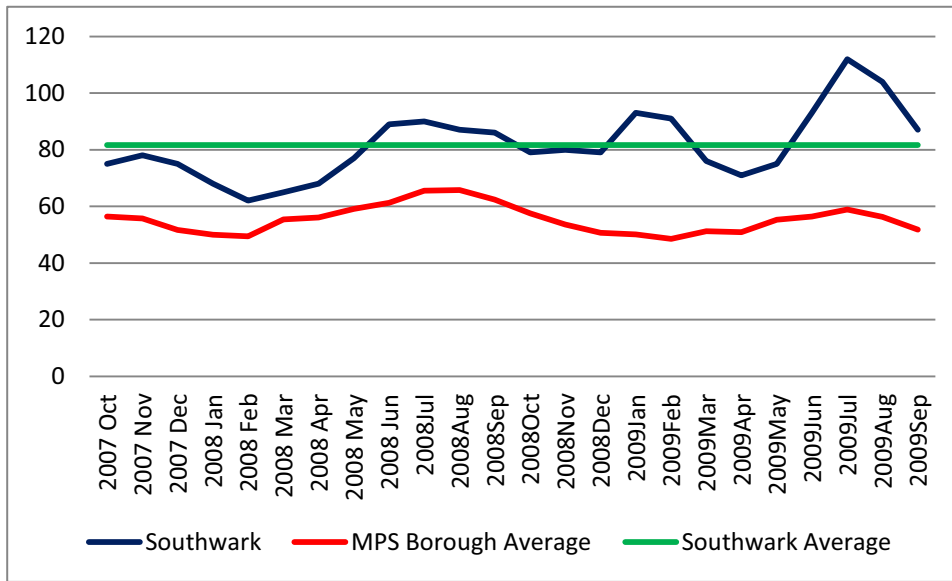


Figure 16. 3 month Rolling average number of All Sexual Offences reported on Southwark Borough compared to the average for this borough and the MPS average per borough



**Southwark  
Safeguarding  
Adults  
Board**

**Training sub group progress report 2012 –2013**

## Background

This year new chairing arrangements were transferred to the Organisational Development team.

## Training strategy

Critical to support an approach of continuous improvement was the development of an Adult Safeguarding Learning Strategy, with a structured delivery plan providing a focused framework to support future improvements.

The rationale for creating this strategy was two-fold: firstly, to create a universally recognised vision and purpose, and understanding across the 'multi-agency' of the standards and ambitions; secondly, to put in place a series of actions to support a *systemic diagnostic* to evaluate the current good practice and create improvements that will respond to the future whole community organisation's needs in these challenging times.

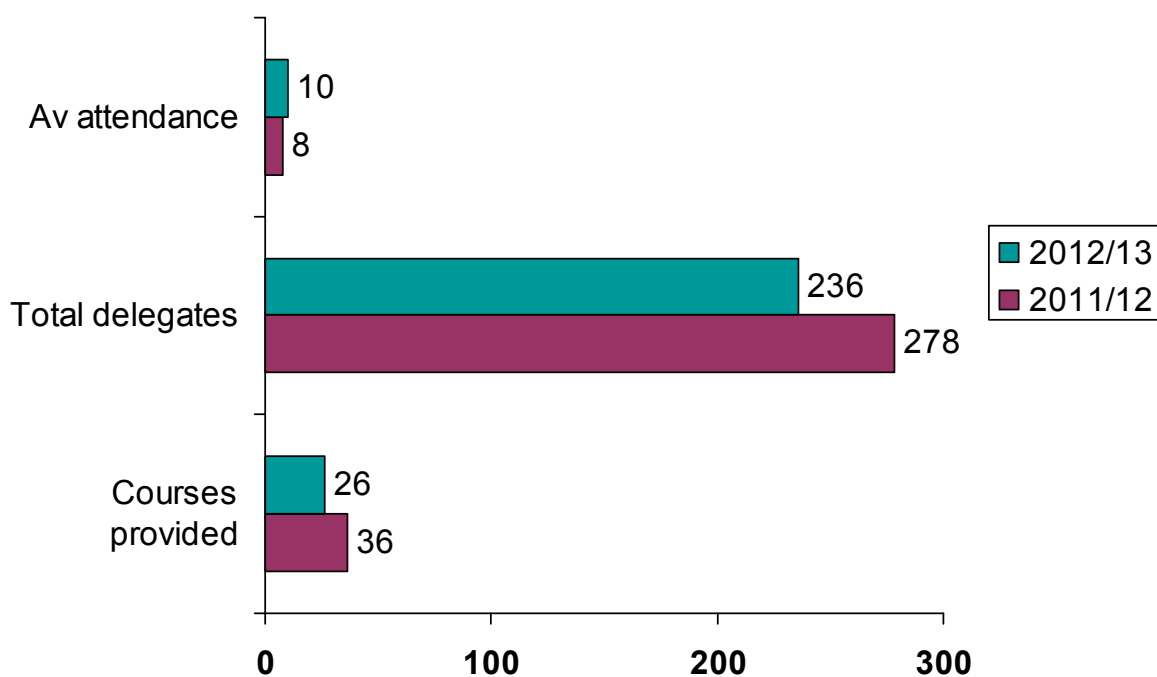
The Safeguarding Board are currently reviewing the Strategy for sign off.

## Measuring our performance

- Increase in average attendance on courses
- 32% increase in partner organisations signing up to mylearningsource
- 42% increase in the number of people completing e-safeguarding
- This year we increased the numbers of participants we could take on the Alerters course thus being able to reduce the number of courses run compared to last year (19 ran last year 12 run this year). Also by reducing the number of courses we increased the attendance figures.
- 80% positive impact evaluation from participants
- Wider range of learning interventions – linking legislative changes and best practice

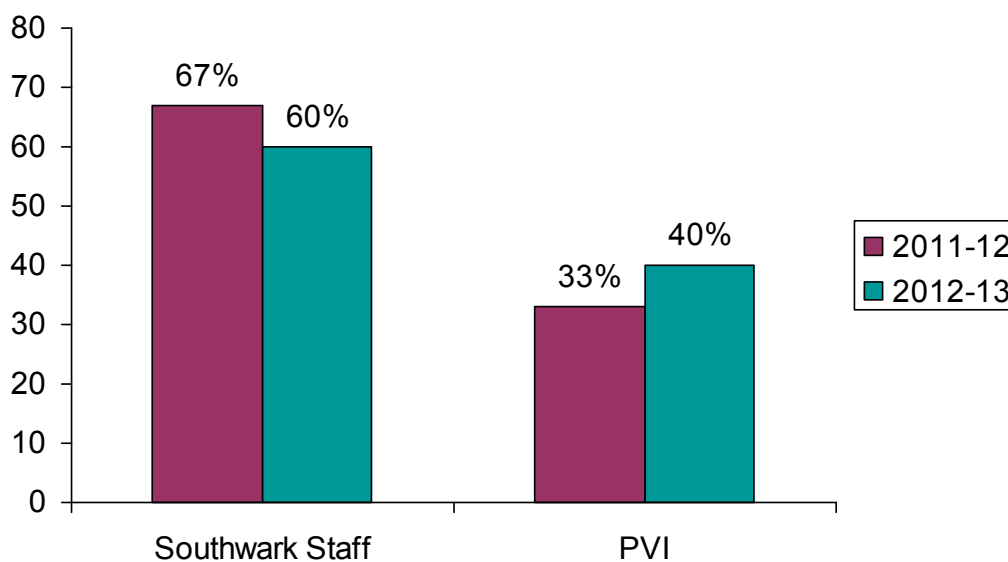
## Comparing 2011-12 and 2012-2013 performance

### Yearly Comparison



### Multi-agency participation

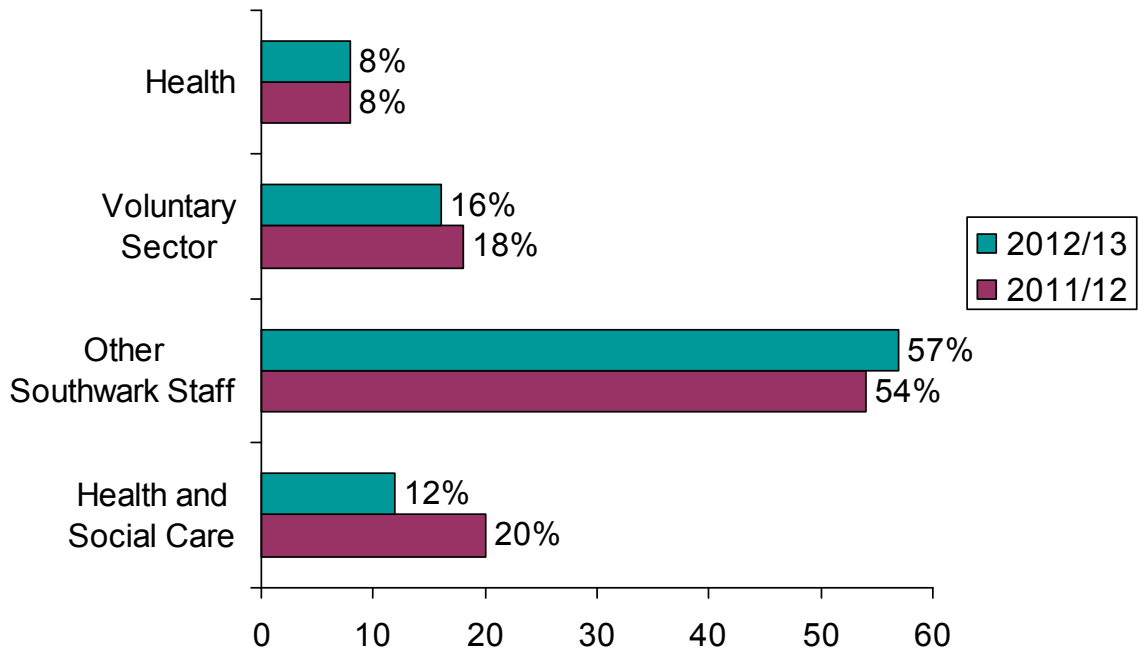
#### Multi agency comparison



## E learning (level 1) programme <http://safeguarding.southwark.gov.uk>

Since its launch in May 2010, **4,086 people** have completed this programme making a significant impact to raising knowledge and awareness across the partnership. **1,731** completed the e-learning between 1 April 2012 and 31 March 2013.

### E learning (level 1) programme completion



- Programme has been reviewed and changes made to take into changes in legislation

## Health Check Questionnaire

### What it told us and what we are planning to do to respond.....

Providing the **right training**, to the **right people**, at the **right time** and responding to the future changing needs across the multi agency is a high priority of the Southwark Safeguarding Boards for both Children and vulnerable Adults.

To ensure that we maintain the above, a survey was undertaken of the private and voluntary organisations that are signed up to Mylearningsource to gather information on workforce data, current safeguarding training practice and future requirements (for both safeguarding and personal development). The data from the survey will be used to plan and develop training programmes for the future.

The survey was designed to generate overall indicators of the level of training that Southwark Safeguarding Board's deliver to our partners and how they train their own workforce.

**60 (48%)** organisations participated in this survey across the adult's and children's service provider sectors. (9 Private sector and 51 Voluntary sector organisations contributed).

The survey has provided critical evidence based data to inform our safeguarding training strategy, serve as a monitoring tool for compliance, and help to build a picture of how delivery can be improved.

### Southwark Safeguarding Stakeholder's Conference

The Adult Safeguarding Partnership Stakeholder's day took place on Feb 28<sup>th</sup> with a focus on improving partnership working to enhance the quality of life of older people and minimise safeguarding issues in care homes.

The day was facilitated by "My Home Life" an organisation that works to improve the quality of life of people living, dying, visiting and working in care homes for older people. Care home managers in Southwark are currently on a Leadership Programme run by "My Home Life" and many of these managers were in attendance on the day.

The day was attended by members of the partnership, with representatives from social care, health, police, lay inspectors, London Ambulance Service, London Fire Brigade, voluntary and provider sectors. There were a number of senior managers in attendance from across the partnership that will be playing a key role in supporting the delivery of the action plan set out below. The day benefitted from having Catherine McDonald the lead member for Adult Social Care and Romi Bowen Strategic Director of Children's and Adults Services in attendance

## Future workforce development planning

### Future development

- ☑ Launching a monthly on-line “mysafeguardingnews” learning and information tool to all our members across the multi-agency
- ☑ Development of an e-learning platform to deliver on-line courses on selected safeguarding subjects. These courses will include assessments throughout and at the end of the course to measure competence.
- ☑ Review all courses delivered to assess whether they can be delivered using a blended learning approach (e-learning for knowledge and face-face for skills)
- ☑ Partners are moving to jointly commission standard training to ensure consistency of messages across the partnership and support the agenda of multi-agency training wherever necessary.

**John Howard**

Head of Organisational Development  
Southwark Council

**Suzanne Rosenberg**

Organisational Development Business  
Partner  
Southwark Council



# Whistle-Blowing

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All agencies whether from the statutory, voluntary, independent or private sector should have their own procedures to enable staff to express their concerns. These may be called 'whistle-blowing' procedures or codes of conduct/practice.

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**The client's interest is paramount and the common law 'duty of care' requires that each employee has a responsibility to:**

- Draw attention to any matter they consider to be damaging to the interests of a service user, carer or colleague
  - Put forward suggestions that may improve a service
  - Correct any statutory omissions
  - Prevent malpractice.
- 

## The Public Interest Disclosure Act 1998

People have in the past often been deterred from 'whistle-blowing' about abuse or neglect by duties of confidentiality and/or fear of the consequences of speaking out.

The Public Interest Disclosure Act seeks to protect disclosure of the following:

- A criminal offence (past, ongoing or prospective)
- Failure to meet a legal obligation
- A miscarriage of justice
- Health and safety being endangered
- Risk of environmental damage

OR deliberate concealment of any of the above.



The Act envisages that disclosure about such malpractice will generally be made in the first instance to the person's employer, or another person or body who appears responsible for the malpractice (e.g. a relative of a resident reporting matters to managers of a Home).

The Act envisages employers establishing procedures, so staff that may have justified concerns about breaches of practice or the law can pass on these concerns to be investigated.

Whistle-blowers are only protected by the Act if they are acting in good faith, and reasonably believe that their allegations are true. Allegations made for financial gain are not protected, even if they are true.

**Staff making disclosures to people, other than their employer, are likely to be protected if:**

- They reasonably believe that they will be treated detrimentally for disclosing to the employer
- They reasonably believe that the evidence will be destroyed or hidden if the employer is 'tipped off'
- The employer has been told, but has not taken appropriate action.

**Disclosure to third parties must be a 'reasonable' step in all circumstances, including:**

- Whom one tells (e.g. disclosure to a statutory inspectorate in preference to the press)
- How serious the concern is, and whether it is a continuing problem
- Whether the employer has a whistle-blowing procedure and if so, whether the employee has followed it
- In addition, if the failure is 'exceptionally serious' (a term not defined in the Act), it may be justified for the whistle-blower to disclose to a third party in the first instance, rather than their employer.

**A disclosure made in accordance with the Act's expectations will mean that:**

- No confidentiality clause in an employment contract can be used to prevent one from disclosing relevant breaches of the law or practice. This means that employers who are responsible for breaking a law, or for abuse or neglect or other malpractice cannot use confidentiality terms, in employment contracts.

Someone who is treated detrimentally at work because of making a disclosure that is protected by the Act can claim compensation at the Employment Tribunal.

Whistle-blowers will always:

- Be treated seriously
- Be treated confidentially where relevant
- Be treated in a fair and equitable manner
- Be kept informed of action taken and its outcome

If you require further information or advice, please contact:

**Safeguarding Adults Team**  
 Tel: **020 7525 1754** Fax: **0207 525 1711**  
[safeguardingadultscoordinator@southwark.gov.uk](mailto:safeguardingadultscoordinator@southwark.gov.uk)  
**Mabel Goldwin House**  
**49 Grange Walk, London**  
**SE1 3DY**



## LONDON BOROUGH OF SOUTHWARK

### Whistleblowing Policy and Procedure

#### Introduction

If you have concerns about something that is happening at work which you think could be unlawful conduct, financial malpractice or be dangerous to the public or the environment, it is important that you know what you can do to bring it to the council's attention.

The council is committed to achieving the highest possible standards of service and ethical standards in public life and it is important to us that you are not worried about raising such issues and do not feel that reporting them is either not your business or would be disloyal to colleagues, managers or to the organisation.

It is also important that if you decide to say something that you know the appropriate way to do it.

Southwark Council has introduced this Whistleblowing Policy and Procedure in line with the Public Interest Disclosure Act 1998 ("the 1998 Act") (which you can consult at <http://www.opsi.gov.uk/acts/acts1998>) to enable workers (see below) to raise issues of concern in an appropriate manner.

The term worker broadly includes employees, independent contractors, agency workers, trainees and a person who is or was subject to a contract to undertake work or services for the council.

This policy, which has the full support of the trades unions, is primarily for concerns where the well being of others or of the organisation itself is at risk.

Please note this policy does not preclude the right of trades unions to directly approach management, the media, or outside bodies with information that could be regarded as whistleblowing.

Guidance for managers is included in Appendix A.

#### How to raise concerns about other matters

The Whistleblowing Policy is designed to sit alongside the other routes for raising concerns about the council including the Grievance and Complaints Procedures. To show the relationships a 'route map' for raising concerns is shown in Appendix B.

As a guideline, concerns, which should be raised through these routes, are as follows:

- employment related issues should be raised through the council's staff procedures,
- concerns about councillors should be raised under the member officer protocol and ultimately the Standards Committee,
- issues with provision of council services to the public raised through corporate complaints procedure.

## Aims of the policy

This policy aims to:

- Encourage you to feel confident in raising concerns
- Provide avenues for you to raise concerns and receive appropriate feedback.
- Ensure that you receive a response to your concerns and that you are aware of how to pursue them if you are not satisfied.
- Reassure you that you will be protected from any reprisals or victimisation by the council, if you have reasonable belief that the matter disclosed tends to show wrongdoing and you have made the disclosure in an appropriate manner and in good faith.

## What to raise concerns about

The 1998 Act lists matters about which concerns can be raised and these are as follows:

1. that a crime has been committed, is being committed, or is likely to be committed

Examples might be child abuse, the abuse of any other vulnerable clients, or theft.

### Fraud

Disclosures about fraud are dealt with separately under the council's Fraud Response Plan ([click here for the Fraud Response Plan](#)) although if disclosure was made in accordance with this policy the monitoring officer remains responsible and any persons raising concerns have the same protection under the policy and the 1998 Act.

2. that a person has failed, is failing, or is likely to fail to comply with any legal obligation to which he is subject
  - Examples might be breach of contract, breach of statutory requirement or breach of any provision in the constitution.
3. that a miscarriage of justice has occurred, is occurring, or is likely to occur,
4. that the health and safety of an individual has been, is being, or is likely to be endangered,
5. that the environment has been, is being or likely to be damaged
6. that information tending to show any of 1 to 5 above has been concealed or is likely to be deliberately concealed.

## Our assurances to you

### *To protect you*

The chief executive and chief officers are committed to this policy. If you make a disclosure on one or more of the matters listed above and you have a reasonable

belief that your concern is real and you are acting in good faith, you will not suffer any detriment, even if after investigation it transpires that your concern is unfounded.

*To protect your identity*

We will not tolerate the harassment or victimisation of anyone raising a genuine concern. If such harassment or victimisation should occur, you should write to Deborah Collins, Monitoring Officer, Southwark Council, 2nd floor, PO Box 64529, London, SE1P 5LX who will deal with the matter.

However, we recognise that you may nonetheless want to raise a concern in confidence. If you ask us to protect your identity, we will not disclose it without informing you. If the situation arises where we are not able to resolve the concern without revealing your identity (for instance because your evidence is needed in court), we will discuss with you whether and how we can proceed.

Remember that if you do not tell us who you are, it will be much more difficult for us to look into the matter or to protect your position or to give you feedback. Accordingly, while we will consider anonymous reports, it will not be possible to apply all aspects of this policy for concerns raised anonymously.

**How to raise a concern internally**

*Stage one*

If you have a concern about malpractice, we hope you will feel able to raise it first with your manager. This may be done orally or in writing.

*Stage two*

If you feel unable for whatever reason to raise the matter with your manager under stage one, please raise the matter with the appropriate Head of Service for your service area, or else an appropriate specialist officer within the Council as follows:

- policy and equalities manager  
for service equality issues                      Claire Webb                      Ext. 57136
- head of human resources  
for employment and equalities                      Bernard Nawrat                      Ext. 57185
- health and safety strategy manager  
for health and safety issues                      Chris Rackley                      Ext. 57001

When you raise the matter, please say if you are doing this in confidence. The person you contact can then make appropriate arrangements.

*Stage three*

If stage one and/or two have been followed and you still have concerns, or if you feel that the matter is such that you feel you cannot raise it with your manager or head of service, for example because it concerns them or it is very serious, please write to Deborah Collins, monitoring officer, Southwark Council, 2nd floor, PO Box 64529, London, SE1P 5LX. The monitoring officer can investigate concerns about the most senior officers.

## **How to raise concerns about fraud**

Disclosures concerning fraud should be made to your manager, or to the relevant chief officer or to the council's finance director (via Mike Pinder, head of audit and risk, on extension 54346). Further information and advice can be found in the Fraud Response Plan. It should be noted that if the disclosures made under this policy the monitoring officer remain responsible and any persons raising concerns have the same protection under the policy and the 1998 Act.

## **Advice**

If you are unsure whether to use this procedure or you want independent advice at any stage, you may contact:

- your trade union:  
UNISON 020 7525 6030,  
UNITE 020 2525 6037  
GMB 020 7525 2401 and  
UCATT 020 7525 4539 (local branches)

The Council recognises that employees may wish to seek advice and be represented by their trade union representative when raising a concern under the policy, and acknowledges and endorses the role trade union representatives play in this respect. Trade union representatives acting in accordance with the Policy and Procedure will not suffer detriment in their employment with the Council.

- the independent charity Public Concern at Work on 020 7404 6609. Their lawyers can give you free confidential advice at any stage about how to raise a concern about serious malpractice at work.

## **How will we handle the matter**

Once you have told us about your concern, we will take the following steps:

- Look into it to assess initially what action should be taken. This may involve an internal inquiry or a more formal investigation.
- Write to you summarising your concern and setting out how we propose to handle it and provide you with details of the officer handling the matter and how you can contact him or her. We will always write to you at your home address unless you tell us not to.
- The investigations will be conducted on a strictly confidential basis and the subject of the complaint will not be informed unless and until it becomes necessary.
- We will give you as much feedback as necessary. However, please note that we may not be able to tell you the precise action we take where this would infringe a duty of confidence owed by us to someone else.
- Inform the monitoring officer that you have raised a concern under the whistleblowing Policy and provide her with details of your complaint.
- The monitoring officer will keep a central record of all such complaints and where the complaint was not raised directly with her; keep a watchful eye on the progress of the investigation and of action taken.

## **External contacts**

While we hope this policy gives you the reassurance you need to raise such matters internally, we would rather you raised a matter with the appropriate regulator than not at all. Provided you are acting in good faith and you have evidence to back up your concern, you can also contact, for example:

- *Audit Commission Whistleblowing hotline 0845 0522 646 (matters of fraud or corruption)*
- *Health and Safety Executive, St Dunstan's House, 201, Borough High Street SE1 1GZ 020 7556 2100*
- *Equality and Human Rights Commission, 3 More London, Riverside Tooley Street, London, SE1 2RG 0845 604 6610 (helpline)*
- *National Disabilities Council, Caxton House, Tothill Street, SW1H 9NA 020 7273 6190*
- *Independent Advocacy Service (for Community Care services for adults) Cambridge House, 151, Camberwell Road, SE5 0HF 020 7703 0261*
- *Children's Society, Edward Rudolph House, 69 Margery Street WC1X 0JL 020 7837 4299*
- *Standards for England, Fourth Floor, Griffin House, 40 Lever Street, Manchester, M1 1BB Telephone: 0845 078 8181 Fax: 020 7378 5001*

If you do not feel able to raise your concern in the ways outlined above, you should consult the Public Interest Disclosure Act for information about other routes by which a disclosure may be made.

**APPENDIX A****WHISTLEBLOWING POLICY****GUIDANCE FOR MANAGERS ON RESPONDING TO A MATTER OF CONCERN RAISED BY AN EMPLOYEE**

1. Business managers should ensure that employees are aware of the Whistleblowing Policy and know where it can be located.
2. If you receive a disclosure in respect of any of the matters set out under the heading 'What to Raise a Concern About' in the Whistleblowing Policy you must take the following action:
  - 2.1 take the matter seriously and do not dismiss or belittle the information,
  - 2.2 respect as far as possible the confidentiality of the employee, and adhere to the policy under the heading "To protect your identity" where the employee has specifically asked for confidentiality,
  - 2.3 ensure that the employee understands the Whistleblowing procedure,
  - 2.4 acknowledge the concern in writing within 3 working days,
  - 2.5 discuss ways that the employee could be supported,
  - 2.6 investigate the concern objectively, dealing with all parties with sensitivity and tact,
  - 2.7 seek advice from the human resources team,
  - 2.8 seek advice and involve other managers if appropriate,
  - 2.9 set out clearly how the concern is to be taken forward,
  - 2.10 ensure that notes are made and kept of the process followed, notes of discussions etc.,
  - 2.11 keep informed the person raising the concern about the progress made and outcome of the investigation
  - 2.12 provide the Monitoring Officer with details of the concern and inform her about the progress and outcome of the investigations.
3. If at the conclusion of your investigations you are of the view that the concern was not raised in good faith, seek further advice from the monitoring officer.
4. Note that if the concern relates to fraud, you should report it to your chief officer (who is responsible for reporting all cases to the finance director via the head of audit and risk) in line with the Fraud Response Plan for Managers.

# **Building a healthier future together**

## **Developing Southwark's Health and Wellbeing Board and Strategy**

**Peter John  
15 July 2013**

# A new statutory partnership

- Health and wellbeing board established as council committee on 1 April 2013, following a year in shadow form
- Statutory membership drawn from council, clinical commissioning group, public health, and representatives from health, police, Healthwatch and voluntary sector partners
- Board is required by law to:
  - Encourage integrated working for the purposes of advancing the health and wellbeing of local people, in particular use of powers to pool health budgets
  - Prepare and publish a joint strategic needs assessment (JSNA) and joint health and wellbeing strategy, on behalf of clinical commissioning group (CCG) and local authority



# Our shadow year

- Board identified four workstreams through which to test and develop relationships and new ways of working
- Workstreams based on areas of common interest and high levels of local need, with each championed by a board member
- JSNA and learning so far informing emerging transitional health and wellbeing strategy priorities
- Board work has influenced key local strategic plans addressing health and wellbeing including CCG objectives and Children and Young People's Plan

# Shadow workstream developments

## 1. Prevention and reduction of alcohol-related misuse:

- NHS Check, including alcohol screen, offered to all 40 to 70 year olds registered with GPs, alongside alcohol hubs in GPs
- Investing in earlier engagement and support, including roll-out of training on 'identification and brief advice' to frontline workers in the community
- Rates for hospital stays for alcohol-related harm for adults and under-18s are both better than the national average
- Improved compliance with licensing laws alongside action on anti-social behaviour and engaging street drinkers in treatment
- Key priority for CCG and Safer Southwark Partnership

# Shadow workstream developments

## 2. Coping skills, mental health and wellbeing:

- Community activities and programmes, such as art and sculpture project with Art in the Park
- Investing in support for vulnerable people, including Books on Prescription, and personalised 'support planning' package in personal health budgets for those with long term conditions
- Strengthening links between physical exercise and mental wellbeing, including exercise referral scheme, with about third of clients referred because of anxiety and depression
- Launch of Lambeth and Southwark Wellbeing Network to promote mental health wellbeing messages across local agencies and communities

# Shadow workstream developments

## 3. Early intervention and families:

- Continuing rise in standards in schools, with some 80% of primaries and 90% of secondaries judged good or outstanding by Ofsted
- Increased education and employment opportunities for young people, such as Youth Fund and apprenticeships
- Launch of early help locality teams, expanding multi-agency support from children centres, and influencing health visiting and school nursing reviews
- Investing in support for families, including children's centres' activities, parenting support and childcare

# Shadow workstream developments

## 4. Healthy weight and exercise:

- Whole-school health promotion including roll-out of free healthy school meals to primary pupils
- Investments in Change 4 Life Clubs which promote physical activity for all ages, alongside sports and exercise in borough's parks and outdoor spaces
- Expansion of healthy eating and physical activity programmes in children's centres and early years
- Although still high, obesity rates in reception-aged pupils have fallen over recent years from 14.7% in 2009/10 to 12.1% in 2011/12; rates for year 6 remain below national benchmarks

# Emerging priorities for the board

- JSNA and stakeholder engagement have helped to identify common and emerging priorities
- These are:
  - Best start for children, young people and families
  - Addressing health inequalities, particularly as result of deprivation and disadvantage
  - Helping vulnerable people be fit, healthy and independent
- These emerging priorities build on what is working locally and address shadow year learning

# Best start for children and families

Strengths and opportunities we can build on:

- Above London average rates of young people in education or employment, with more in apprenticeships and Youth Fund
- More being healthier with strong sports and Olympic legacy and more school children having a healthy school meal
- Rates of youth crime and teenage conceptions falling but still too high

Our work so far has told us we need to do more to:

- Tackle inequalities in life chances for mothers, babies and toddlers
- Give help to parents to parent well and to vulnerable adolescents to make better choices

# Healthier communities

Strengths and opportunities we can build on:

- More people making healthier choices, including safer drinking levels and falling adult obesity rates
- Improving local neighbourhoods, with more homes warm, safe and dry, and more repairs right first time
- Fewer people dying prematurely, with death rate in line with London average

Our work so far has told us we need to do more to:

- Reduce numbers dying from cancer, and cardiovascular and respiratory disease, and ill health from chronic conditions
- Reduce numbers of people engaging in unhealthy behaviour, including alcohol and substance misuse, and resulting consequences, including crime and domestic abuse



# Fit, healthy and independent people

Strengths and opportunities we can build on:

- More elderly or vulnerable adults supported to live in own homes, and a doubling of reablement support
- Better entitlements, such as launching charter of rights and single phone number, and revamping adult day services
- More choice and control, with 90% of eligible adult users having a personal budget

Our work so far has told us we need to do more to:

- Give vulnerable or troubled children and adults, and frail elderly a safe, independent and stable local home, including more children adopted
- Provide more services in community settings, integrated to reduce the need for specialist and acute support, and giving a seamless, personalised user and carer experience

# Next steps

- Building on learning from workstreams, needs assessment and achievements to date
- Work programme to deliver transitional health and wellbeing strategy, to be discussed at next health and wellbeing board meeting on 31 July
- Ongoing work to align governance across other democratic, statutory and key partnerships

# Joint Strategic Needs Assessment

Health Scrutiny Presentation

15 July 2013

**Dr. Ruth Wallis**

Director of Public Health – Lambeth & Southwark

**Plan:**  
What do we, Public Health want out of this?

**‘PH is wonderful’**

Appreciation of what PH specialist service brings is important.

# Interests..

- \* Health and wellbeing in Southwark
- \* Recognition of major health issues
- \* Knowledge/interest in health inequalities (Local picture)

# Understanding of needs

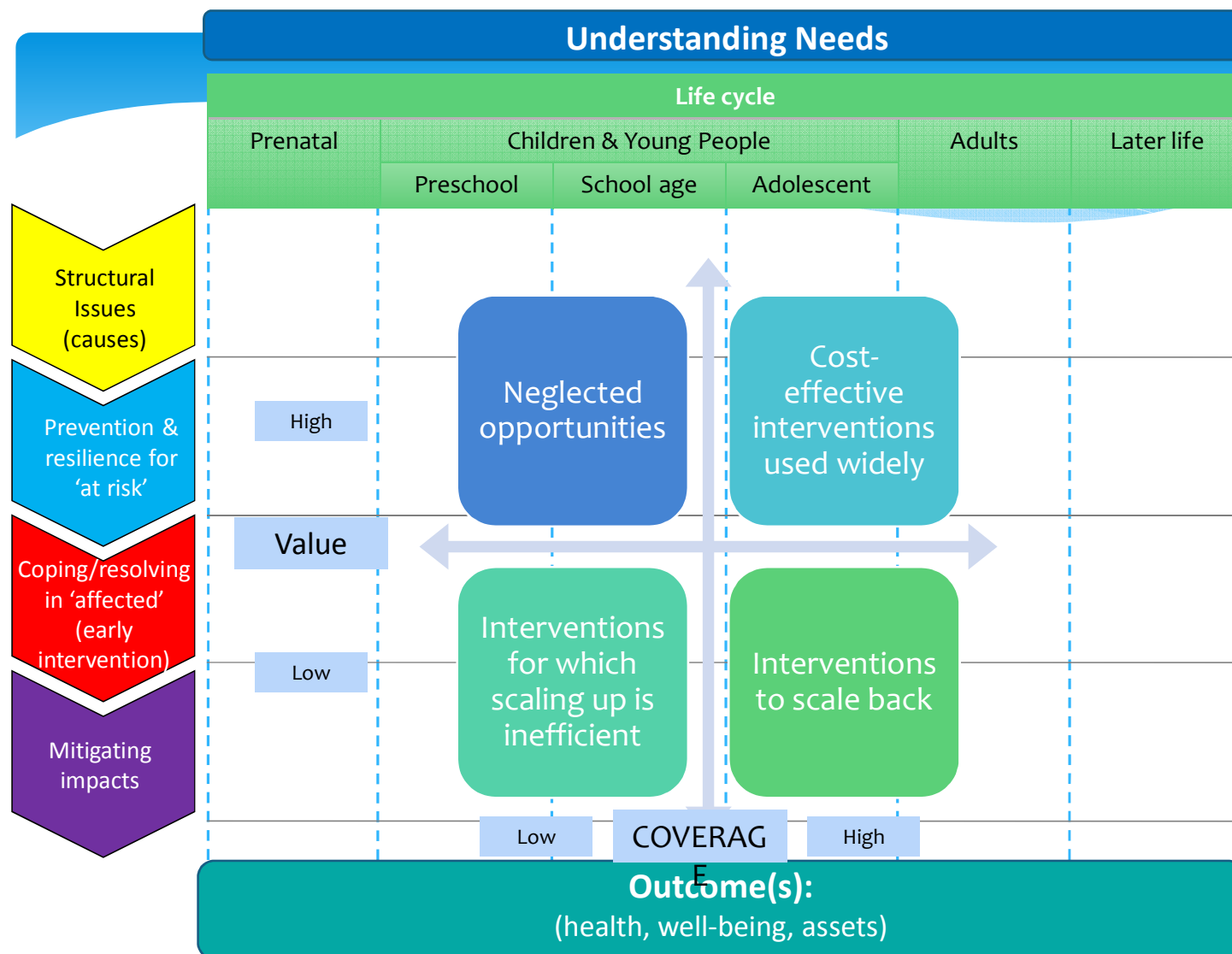
- \* Ability to benefit
- \* Outcomes
- \* Views of users, population, communities, providers
- \* Centrality of evidence

# Intention of JSNA

(Joint Strategic Needs Assessment)

- \* Broader look at interventions – Shared / Common outcomes
- \* Strategic – big/longer term

# What is the point of needs assessment?





# What is the point of needs assessment?

**Bit like planning but beyond..**

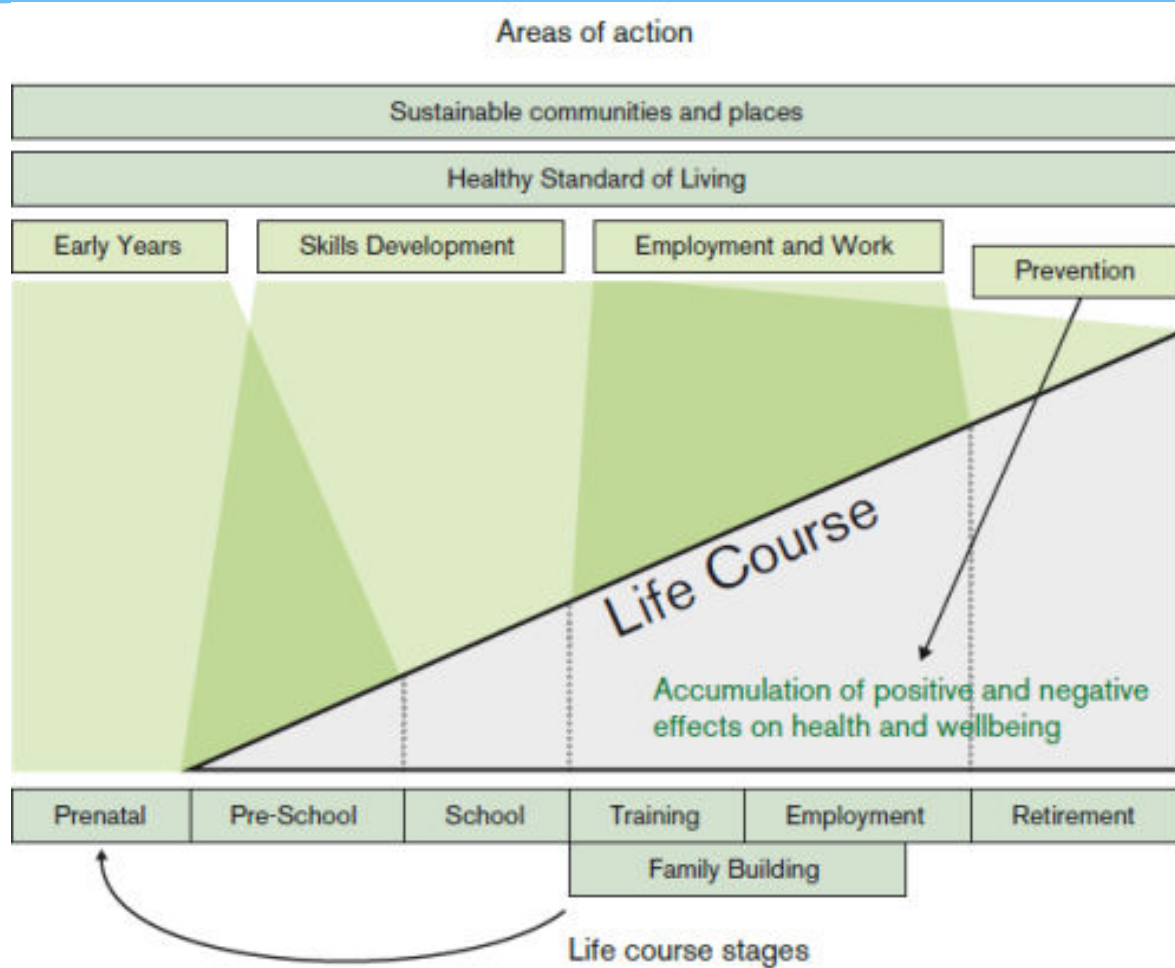
1. Should work
2. Separate need from provision i.e. identify gaps / unmet need - Understand things that don't work
3. Comparative future need
4. Mechanism for engagement with communities
5. NICE + evidence
6. Partnership
7. Inform resource use / shift

# How to do it?

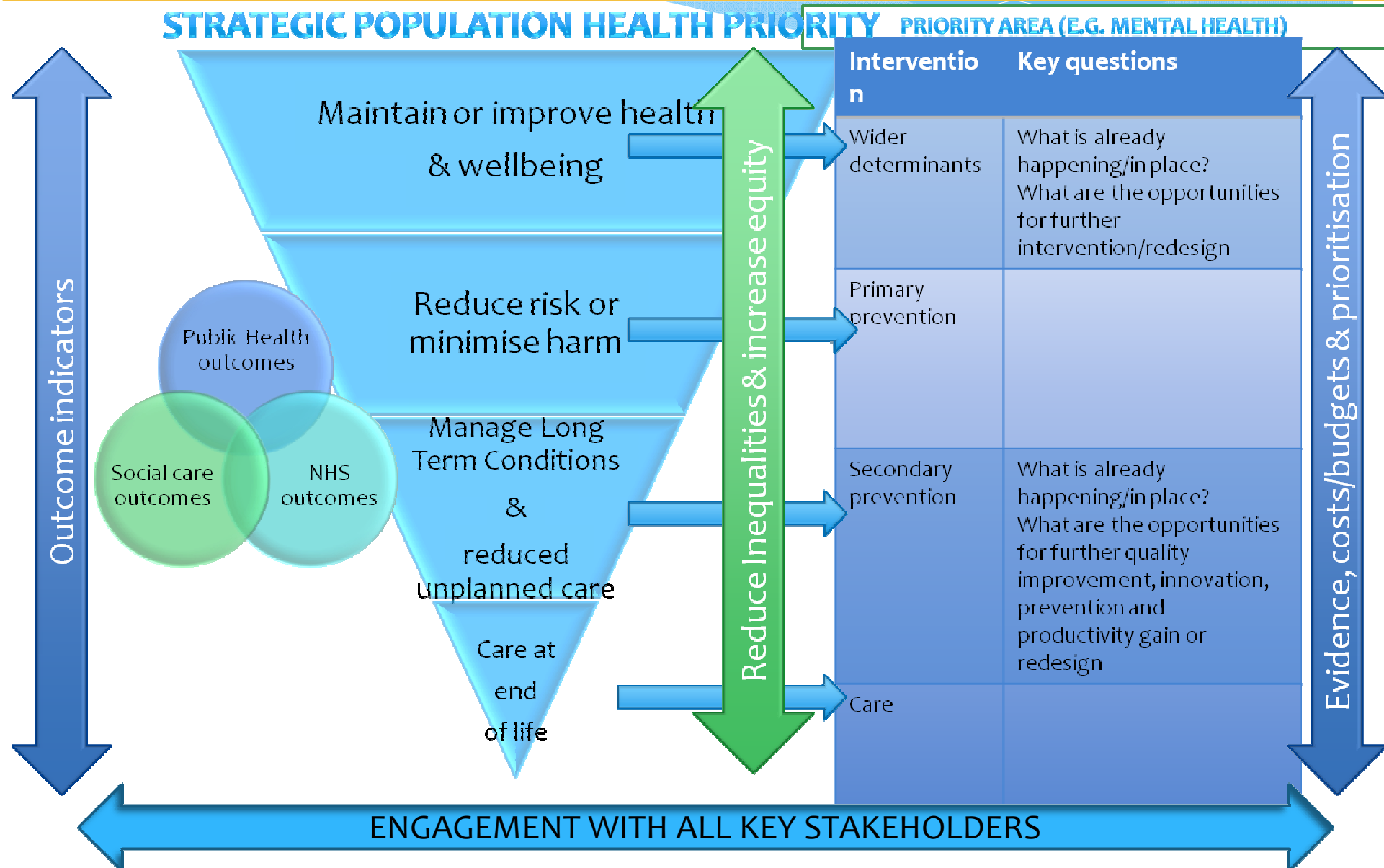
## Central to HWB Strategy

1. Governance
2. Partnership
3. Expertise + common practice
4. Access to information / analytical capacity
5. Link with consultation / Community surveys
6. Link – PH outcomes framework (+ other frameworks) –  
Action plan

# Marmot's Actions across the life course



MARMOT LIFE CYCLE (population groups)				
Prenatal	Children and Young People		Adult	Older people
	Preschool	School age	Adolescent	



# Recommendations

1. Steering group – Feedback – HWB Board
2. DPH to chair
  - \* Membership and terms of reference
  - \* Connections
3. Working group
  - \* Topic specific
  - \* Effective practice
  - \* Other
4. Resources

**Health, adult social care, communities  
citizenship scrutiny sub-committee**

**Alvin Kinch, Healthwatch Southwark Manager  
Fiona Subotsky, Healthwatch Interim Board**

**15<sup>th</sup> July 2013**

## What is Healthwatch?

- Health and Social Care consumer champion in the borough
- Health & Social Care Act 2012
- Interim Board Sub- Committee of Community Action Southwark
- Six months- focus on governance, priorities, communications, representation



## Healthwatch Interim Board

Community Action Southwark  
Southwark Citizens Advice Bureaux  
Forum for Equalities & Human Rights  
Southwark Disability Forum  
Faces in Focus  
Age UK Lewisham & Southwark  
Cambridge House  
Southwark Refugees Communities Forum  
Southwark Carers  
Southwark LGBT Network  
Previous LINK Co-Chair





## Purpose and functions

Healthwatch Southwark will:

- Promote and support the involvement of people in the monitoring, commissioning and provision of local care services.
- Gather the views of people about their needs for and experiences of local health and care services and make those views known to those involved in the commissioning, provision and scrutiny of those services
- Provide information, ‘**signposting**’ for services and support to access health and social care services, including signposting to the NHS Complaints Advocacy service provided by Voiceability.
- Make reports and recommendations on how services could be improved
- Make recommendations to Healthwatch England and advise the Care Quality Commission (CQC) on areas of concern
- Make the views and experiences of people known to HW England (and other local HW organisations)

Addition of Children Social Care services

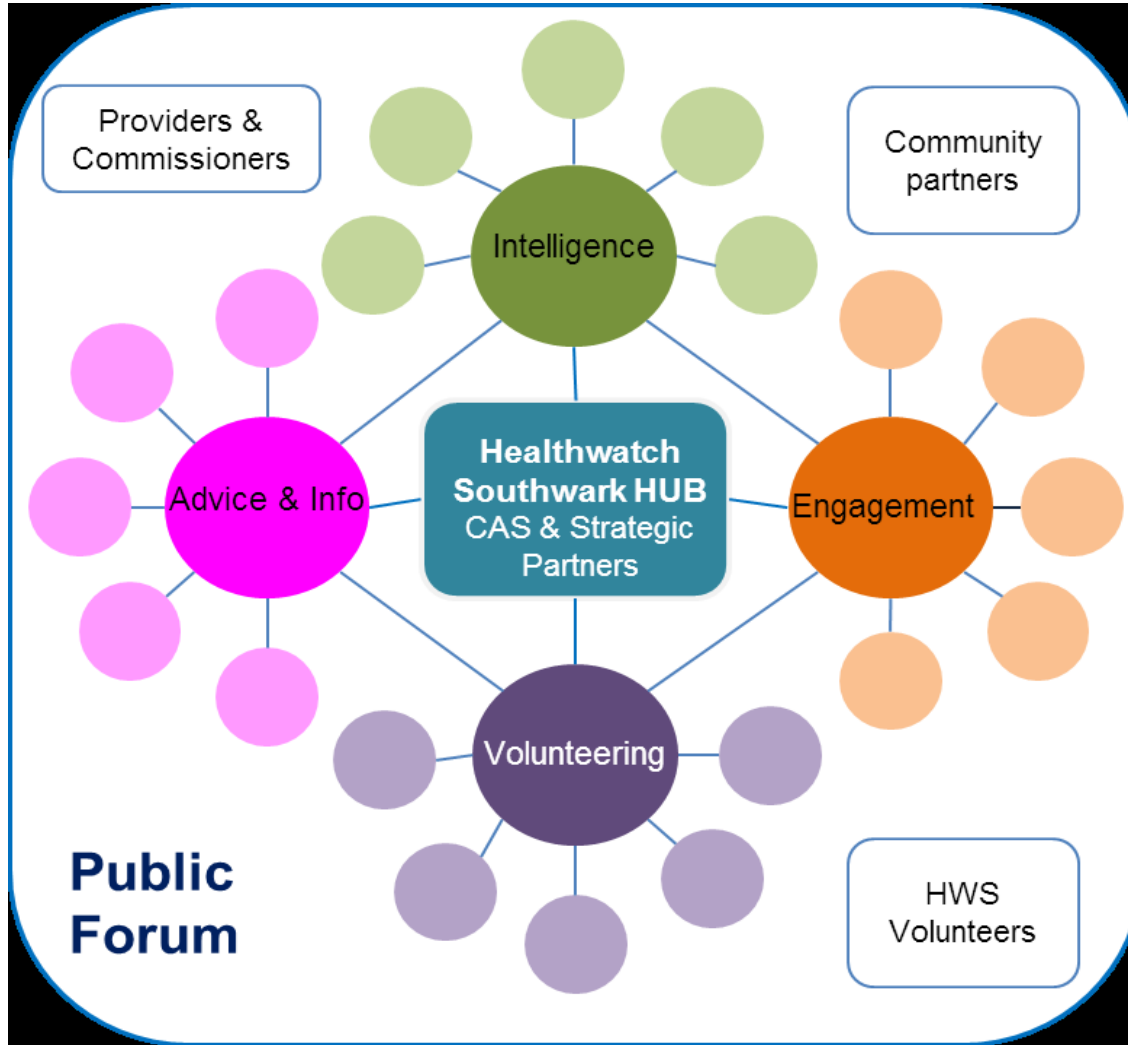


## Where do we sit?

- Clinical Commissioning Group
- Health and Wellbeing Board
- Representation
- In a good position



# Hub and Spokes



## Next Steps

- Promotion
- Volunteer recruitment
- Engagement Strategy
- Interim Board and Team working on strategic priorities
- Hub and Spokes Development



## Contact us

[info:@healthwatchsouthwark.co.uk](mailto:info@healthwatchsouthwark.co.uk)

[Alvin@healthwatchsouthwark.co.uk](mailto:Alvin@healthwatchsouthwark.co.uk)

[Sec-chan@healthwatchsouthwark.co.uk](mailto:Sec-chan@healthwatchsouthwark.co.uk)

Call us...

020 7358 7005

[www.healthwatchsouthwark.co.uk](http://www.healthwatchsouthwark.co.uk)



**Health scrutiny overview 13/14 work-plan**

<p>Wednesday 4 September</p>	<p>Health, Adult Social Care, Communities &amp; Citizenship Scrutiny Sub-Committee (2)</p>
	<p>Possibility of meeting jointly with Lambeth / JHOSC</p> <p><b>KHP – options for merger / co-operation . Early engagement prior to preparation of Full Business Case.</b></p> <p><b>Impact of TSA on –</b>          Outcome of Judicial Review of Lewisham and effect, if any          Progress with acquisition of PRUH          Impact on Kings and St Thomas’ A&amp;E and maternity ; resourcing and capacity          Community care ( including ‘out of hours’ etc)</p> <p><b>CCG - the 111 service</b></p>
<p>Tuesday 15 October</p>	<p>Health, Adult Social Care, Communities &amp; Citizenship Scrutiny Sub-Committee (3)</p>
	<p>Take evidence on reviews:  <b>Review : GP access (out of hours, A&amp;E, 111 service, urgent care)</b>  <b>Review : Review : Psychosis and BME communities</b></p> <p><b>Drug &amp; Alcohol Joint Strategic Needs Assessment</b></p> <p><b>Consider Frances report:</b></p> <ul style="list-style-type: none"> <li>- Committee prepare draft response</li> <li>- Hospital present response</li> <li>- Healthwatch present response</li> <li>- CCG present response</li> </ul>

<p>Monday 9 December</p>	<p>Health, Adult Social Care, Communities &amp; Citizenship Scrutiny Sub-Committee (4)</p>
	<p><b>Cabinet member interview</b></p> <p>Take evidence on reviews:  <b>Review : GP access (out of hours, A&amp;E, 111 service, urgent care)</b>  <b>Review : Psychosis and BME communities</b></p>
<p>Monday 27 January</p>	<p>Health, Adult Social Care, Communities &amp; Citizenship Scrutiny Sub-Committee (5)</p>
	<p><b>Annual Safeguarding</b></p> <p><b>Update on Health and Wellbeing</b></p> <p>Agree report on :  <b>Review : GP access (out of hours, A&amp;E, 111 service, urgent care)</b></p> <p>Agree report on :  <b>Review : Psychosis and BME communities</b></p>

Wednesday 5 March	Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee (6)
Monday 24 March	Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee (7)
	<b>DRAFT Quality Accounts</b>
	Items to be slotted in as appropriate
	<ol style="list-style-type: none"> <li>1. JOSOC on KHP consultation – if deemed substantial – on publication of Full Business Case</li> <li>2. Drug and Alcohol JSNA</li> <li>3. Adult Mental Health review ( part of Psychosis CAG – so linked to review)</li> <li>4. Possibilities: Integrated Care – Frail &amp; elderly and new long term conditions</li> </ol>



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

**MUNICIPAL YEAR 2013-14**

**AGENDA DISTRIBUTION LIST (OPEN)**

**NOTE:** Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

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Councillor Eliza Mann	1	<b>External</b>	
Councillor Mark Williams	1	Rick Henderson, Independent Advocacy Service	1
<b>Other Members</b>		Tom White, Southwark Pensioners' Action Group	1
Councillor Peter John [Leader of the Council]	1	Fiona Subotsky, Healthwatch Southwark	1
Councillor Ian Wingfield [Deputy Leader]	1	Alvin Kinch, Healthwatch Southwark	1
Councillor Catherine McDonald [Health & Adult Social Care]	1	Kenneth Hoole, East Dulwich Society	1
Councillor Catherine Bowman [Chair, OSC]	1	<b>Total:</b>	
<b>Health Partners</b>		50	
Gus Heafield, CEO, SLaM NHS Trust	1	<b>Dated:</b> May 2013	
Patrick Gillespie, Service Director, SLaM	1		
Jo Kent, SLAM, Locality Manager, SLaM	1		
Zoe Reed, Executive Director, SLaM	1		
Marian Ridley, Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1		
Jacob West, Strategy Director KCH	1		
Julie Gifford, Prog. Manager External Partnerships, GSTT	1		
Geraldine Malone, Guy's & St Thomas's	1		