HEALTH AND ADULT SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES of the Health and Adult Social Care Scrutiny Sub-Committee held on Wednesday 6 October 2010 at 6.30 pm at Town Hall, Peckham Road, London SE5 8UB

PRESENT:	Councillor Neil Coyle (Chair) Councillor David Noakes (Vice-Chair) Councillor Michael Bukola Councillor Denise Capstick Councillor Victoria Mills Councillor the Right Revd Emmanuel Oyewole Councillor Althea Smith (Reserve)
OFFICER SUPPORT - NHS SOUTHWARK	Susannah White, Chief Executive and Strategic Director Health & Community Services Malcolm Hines, Deputy Chief Executive & Dir. Finance Chris Griffiths, Specialist Health Commissioner Jane Fryer, Medical Director Ann Marie Connolly, Director of Public Health Gwen Kennedy, Deputy Director of Nursing and Commissioning Donna Kinnair, Director of Nursing & Commissioning Tony Lawlor, Senior Commissioning Manager Sarah McClinton, Deputy Director Adult Social Care Sean Morgan, Director Performance & Corporate Affairs Harjinder Bahra, Equalities and Human Rights
OFFICER SUPPORT	Patrick Gillespie, Southwark Service Director, SLaM Jo Kent, Deputy Service Director, SLaM Phil Boorman, Stakeholder Relations Manager, KCH Rachael Knight, Scrutiny Project Manager

1. APOLOGIES

1.1 Apologies for absence were received from Councillor Merrill. Councillor Althea Smith attended in his place. Apologies for lateness were received from Councillors Vikki Mills and Michael Bukola.

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

2.1 There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 Councillor Capstick declared a personal non-prejudicial interest regarding her employment as a nurse at Brixton prison, where she works with staff from the South London and Maudsley Foundaton Trust (SLaM). Councillor Coyle explained that he had been asked to become a board member of CoolTan Arts, but that he had declined.

4. MINUTES

4. The minutes for the meeting held on 30 June 2010 were approved as a correct record.

5. RESTRUCTURE OF DRUG AND ALCOHOL SERVICES

5.1 The chair outlined the sequence of actions related to this issue taken since the 30 June meeting: that he had written on behalf of the sub-committee to Donna Kinnair, Director of Nursing and Commissioning, NHS Southwark to raise members' queries from 30 June; that an ad hoc meeting was held on July 29 to discuss the PCT response; that further queries were raised with the PCT following this meeting; and that the PCT's subsequent answers left two key concerns regarding the following:

- the additional (rather than routine) training provided to GPs as a result of service changes or where in Southwark GPs have received additional support; and
- how the restructure has met equality legalisation obligations (specifically those under the DDA).

5.2 The director of commissioning explained that the PCT was not providing specialist training for every GP: Under the move to the poly-system structures some GP practices were being aggregated; and currently 23 GPs covering 49 practices have been trained. Further training will follow the establishment of more poly-system hubs. The PCT cannot insist that every GP is trained, but is doing what it can to increase the take-up of training.

5.3 Regarding the consultation process, the director commented that it had not been initiated in a proper manner, but had since been carried out correctly. She added that the PCT had complied with the consultation conditions stipulated by the previous sub-committee and with the relevant health legislation.

5.4 The chair asked whether the PCT had complied with the relevant equalities legislation. The director responded that an Equalities Impact Assessment (EIA) had not been carried out initially, but that the PCT had ensured specialist provision for service users with disabilities.

5.5 Tom White, Southwark Pensioners' Action Group, commented that the early consultation had made no mention of the offender management services; that a consultation event he had attended had only three service users present; and that the PCT had not reported why the changes should go ahead despite the dissent about the reduction of self-referral.

5.6 Tony Lawlor, Senior Commissioning Manager, Mental Health and Substance Misuse Commissioning, NHS Southwark explained that the PCT had consulted on the primary care strategy in 2008/09. The outcome was the move to primary care as the focus of patient care and as the gateway to secondary treatment. Consequently, self-referral at Marina House was planned to cease. This was put on hold however, during the subsequent consultation on Marina House services.

5.7 In response to member queries, the director confirmed that the GP training provided was level 1. Members then pointed to the volume of problems in Southwark related to drug and alcohol misuse and raised concerns about the adequacy of GP capacity to deal with patients needing related treatment. The director of commissioning responded that the PCT had developed a strategy to increase capacity, which was still being implemented. She confirmed that in line with the reduction of specialist services, additional training was being provided for health professionals in the GP and voluntary sectors.

5.8 Members sought further clarification about GP training and the arrangements for service users consulting GPs who have not been trained. The director of commissioning explained there are currently 25 GPs with the specialist training, but that every practice can access specialist advice by telephone when needed. The medical director added that some GPs have been providing specialist drug and alcohol services for the last 20 years; that the PCT is aware of where there are some small gaps in terms of coverage and is trying to get practices to work together. It was also reiterated that the training is not obligatory, and is therefore not measured against a fixed target.

5.9 Members commented that the establishment of satellite clinics seems delayed and requested an update. The director of commissioning responded that alterations to Marina House were still necessary in order to establish the offender services there; that the transferred services at Blackfriars were due to become operative in February; and that SLaM was undertaking a review which would identify suitable venues for more community drug services: currently a handful of satellite clinic venues had been identified.

5.10 Members raised queries regarding self-referral and whether this would now be an option for all service users. The director of commissioning confirmed that this had been agreed. Self-referral patients would be assessed to determine whether it would be appropriate for them to be passported to other services.

5.11 Members also highlighted two issues regarding the related consultation: i) that its duration was less than 12 weeks; and ii) that it did not appear to fulfil the EIA obligations. The director of commissioning stated that the 2009/10 scrutiny sub-committee had explicitly agreed to the consultation lasting 8 weeks; and that the Equalities duty had not been addressed initially, but provision for patients with

disabilities had since been made. Susanna White, NHS Southwark Chief Executive and Strategic Director of Southwark Health and Community Services, commented that the consultation process had not been perfect and that she had apologised to the previous sub-committee. She added that there was no requirement for all consultations to last 12 weeks, and that going forward it may be necessary for consultations to happen relatively swiftly and to be proportionate to the volume and scale of other changes.

5.12 The chair referred to a 2007 court case involving Harrow Council, in which part of the case was lost due to the decision-makers having not received full EIA information. He commented that it would be disturbing if the PCT were not having due regard to Equality law, and that reference had only been made to physical impairment disabilities. He queried what work had been done regarding people with mental health problems. The director of commissioning replied that the PCT had engaged with the most vulnerable service users, not within the formal consultation but as part of the pre-discussion. She offered to provide a timeline of how the consultation engaged with people and complied with DDA (Disability Discrimination Act) obligations.

5.13 Jennifer Quinton-Chelly, a local resident, outlined some of her previous involvement with local SLaM services and noted that she had hoped to become a member of SLaM, but had received no response to her request over two years. She asked how interested individuals and local groups could be better informed about consultations and related meetings.

5.14 Tom White was of the view that wonderful services for drug and alcohol misuse had existed at Marina House a year ago and that some patients were still being referred by GPs to access services there on a daily basis.

5.15 In response to comments from members of the public, members clarified that no services were being lost, rather that particular services were being relocated from two sites to one. It was also noted that this issue had been considered for over 18 months and that in view of the number of anticipated future issues, there will be more proposed changes than the sub-committee will be able to review and that in this case a way forward would be to monitor that the satellite clinics are established and that the specialist training continues.

RESOLVED:

1. That the PCT forwards a copy of the Equality Impact Assessment (EIA) produced for the re-design of services at Marina House and outlines the trust's compliance with relevant DDA guidance.

2. That the PCT keeps the sub-committee informed about the arrangements for the relocation of services from Marina House to Blackfriars that are scheduled to become operative in February 2011, in particular:

    - the number and location of the satellite clinics and when these will be available;

- the number of part-time and full-time GPs who have completed specialist training in the management of substance misuse.

3. That the PCT and scrutiny project manager take steps to help ensure that interested individuals and local groups are more informed of service re-design consultations and their respective related meetings; and

4. That the PCT discusses with SLaM the claim from local individuals that they had asked to be involved with the related consultation, but were not included.

6. RESTRUCTURE OF SLAM SERVICES

6.1 Gwen Kennedy, Deputy Director of Nursing and Commissioning, NHS Southwark, and Patrick Gillespie, SLaM Service Director of Lambeth and Southwark Adult Mental Health Services, briefed members about the proposed changes to SLaM services and the Systemwide Sustainability Programme (see Appendix A).

6.2 Jo Kent, SLaM Deputy Director of Southwark Adult Mental Health Services, related that a number of focus groups had been held over the last couple of months to discuss the changes and that approximately 60 to 70 people had attended. The questions and answers from these groups are being collated and will be presented at a stakeholder event on 19 October. The key issues evident to date from the focus group feedback include as follows:

- discharge planning and how patients will be able to re-access secondary services once in primary care;
- how SLaM is engaging with primary care;
- concerns whether peer networks will be available, if these are wanted.

6.3 Members queried whether some of the patients cared for under the Care Programme Approach (CPA) are incentivised to stay on this programme by the related benefits system. The SLaM deputy director explained that the CPA was introduced approximately 20 years ago and some people had been receiving services as they were long-term CPA patients, rather than having recently received a full needs-lead assessment. The SLaM service director added that the key benefit for CPA patients is their entitlement to a freedom pass. He noted however, that local authorities, who determine the eligibility criteria, are currently reviewing who receives these passes.

6.4 In response to member queries regarding the proportion of the PCT budget spent on mental health services, Malcolm Hines, NHS Southwark Finance Director, stated that between £60 to £70 million is used annually to fund mental health services, which is close to 15% of the total PCT budget.

6.5 Members commented that there is a perception that mental health is the poor relative of health services and asked whether the 3.7% savings required from mental health is the same percentage required from other health services. The

NHS Southwark chief executive remarked that this is an important point and one that the PCT has considered in detail. The Southwark PCT spend on mental health is comparable with Lambeth and generally is high.

6.6 Ann-Marie Connolly, Director of Public Health, added that Southwark's budget spend on mental health services was benchmarked with the spend on comparable populations. She confirmed that Southwark's allocation is both high on spend and spend per head.

6.7 Members queried why savings were necessary when the government had ring-fenced health funding. The chief executive responded that health spend increases every year due to the aging population and increasing opportunities to spend more on new medicines and advancing technology. She explained that a 4% budget increase would be needed to maintain the current service provision, and that while the government has signalled that there may be some level of budget growth, it will not be comparable to the curve in recent years and there will be a gap. The finance director added that Southwark has the highest population growth in south east London at approximately 2.5 to 3% annually.

6.8 Members questioned whether mental health services are particularly susceptible to population changes and inflation and therefore whether the level of cuts to SLaM's funding is fair. Jane Fryer, the medical director deemed the cuts to be proportionate to the population and inflation. She commented that inflation tends to have a greater impact on hospital services where the drugs and equipment used can be very expensive.

6.9 Members referred to comments from the director of public health, suggesting that there is a high level of spend in Southwark, but that the outcomes don't reflect these levels. It was queried whether this indicates that there are efficiencies to be made. The director of public health explained that over the last 20 years there has been considerable work and learning about new approaches for patients. Of the different approaches tried some were very good and some less effective, which demonstrated that the funding could be used in a better way.

6.10 Members queried why there are changes being made to the estate before the accommodation audit is carried out. The SLaM deputy director replied that as there would be staff reductions, SLaM would not need as much staff accommodation as present and that there has been a wish to move out of 27 Lambeth Road for many years. She added SLaM has signalled its interest for accommodation at Larcom St and is trying to obtain space in modern fit-for-purpose buildings. The Southwark SLaM service director added that the number of beds was not being reduced, but they are looking to see how beds can be used more efficiently.

6.11 Members referred to the tables outlining SLaM's current and future community structure and commissioned activity levels (pp. 64, 65) and noted that dual diagnosis no longer appeared as a future activity. The SLaM deputy director explained that SLaM had lost its contract with Southwark PCT to carry out dual diagnosis, but that the relevant staff would still be based within SLaM teams. She emphasised that SLaM currently provides key workers for 1600 patients in Southwark and is committed to sustaining that number.

6.12 In response to member queries regarding the Equality Impact Assessment (EIA) the medical director stated that this is a work in progress that will be revisited as the plans are progressed. Members asked whether a strategy had been devised on how to mitigate the higher impact on the BME community. The SLaM deputy director responded that early intervention approaches were used and have lead to some very good results. The 'Care for Life' project was also mentioned, which involves staff visiting faith groups and schools so that people in need can be directed into appropriate services.

6.13 Regarding consultation, the Southwark SLaM service director explained that SLaM is hosting stakeholder reference groups and is undertaking a consultation with its staff this autumn. It was clarified however, that the PCT is leading on the broader public consultation. Members therefore queried whether there would be a formal consultation. The director of nursing and commissioning replied that officers were intending to ask the sub-committee for its view before reaching this decision.

6.14 Michelle Baharier, CEO of CoolTan Arts, commented that people who are not cared for under the Care Programme Approach (CPA) miss out on a significant range of services and highlighted that Southwark has one of the highest levels of mental health needs in Western Europe. She noted that a consultation meeting had taken place in August but was attended by only 3 service users; that the next meeting will not take place until 19 October; and that the board will be considering related issues already on 14 October. The CoolTan Arts CEO added that her organisation does not have a representative on the service user council, despite requests for this over a long period of time.

6.15 The deputy director of nursing and commissioning responded that it is necessary to be mindful of the distinction between consultation and engagement. She confirmed that attendance at the summer event had been low but stated that many invitations were sent out and that SLaM is making considerable efforts to engage with service users.

6.16 Members queried what service changes had been achieved in response to service users' views. The Southwark SLaM service director cited an example of a consultant who is now working within a GP surgery. This followed feedback from patients that they would prefer services closer to home in view of the stigma sometimes associated with receiving SLaM services.

6.17 Chris Griffiths, Specialist Health Commissioner, commented that there are other factors to consider than the number of people attending an engagement event. He mentioned that regular meetings are held with Southwark Mind; that the partnership board meets monthly; and that further information is being circulated.

6.18 The chair referred to a letter received that day from Lynne Clayton on behalf of the Southwark LINk, and asked why the LINk would be raising concerns about involvement if there was an effective ongoing dialogue. The medical director commented that the PCT's intention was to brief the sub-committee early on this issue and that the plans for consultation were still to be finalised.

6.19 Les Elliott, member of Southwark LINk; the Lambeth LINk steering council; and the

SLaM member council, commented that he is very impressed by the work of the Southwark SLaM service director and deputy director. He added however that the proposed changes introduce very serious issues and that when a patient is discharged to a GP it can be difficult to get the appropriate structure of services in place to create the new process.

6.20 Rosie Agnew, CoolTan Arts, stated that whether the consultation to date had been formal or informal it appeared that stakeholders had agreed on key strategic decisions, whereas this did not happen as they had not received the relevant data. She added that CoolTan Arts had requested an additional meeting as there had been insufficient advance notice for the summer event and as it had been difficult to obtain the related papers.

6.21 Members asked officers to outline the arguments for and against formal consultation. The specialist health commissioner stated that officers had worked on the objectives for the proposed changes since early this year and that a formal 12 week consultation would delay the achievement of the objectives and reduce savings. This would compel officers to find savings in other areas. The director of nursing and commissioning added that the PCT is not adverse to using a consultation process that is engaging, and remarked that in relation to psychology therapy services, 50 one hour interviews had been held to garner service user views. She reiterated however that it is necessary to take these proposals forward rather than put the brakes on. She agreed that there would be benefits to a formal consultation but that they would not outweigh the savings that would be lost as a result.

6.22 Members asked what more could be done to make the consultation and engagement productive if members were not to request a formal consultation due to the financial pressures. Officers replied that they would be happy to take on board specific suggestions.

6.23 Members suggested that a more effective plan for notifying members about proposed changes is necessary to ensure that the sub-committee can trigger a formal consultation in future without jeopardising savings. The director of nursing and commissioning commented that officers had wanted to submit the proposals to members some time ago, but had been waiting for the new sub-committee to be formed and that this meeting had been the first opportunity. The chair responded that officers could have initially submitted the papers via email.

6.24 Members emphasised the need for a comprehensive EIA and asked officers whether they were confident that by the 19 October they would have delivered on their equality and health obligations. The deputy director of nursing and commissioning confirmed that this would be the case. The deputy service director added that of the focus groups that she had taken part in, she had seen approximately 60 to 70 service users, many of whom had come up with very good suggestions that were being taken on board.

6.25 The PCT chief executive commented that the points raised about the EIA had been well made and taken on the chin. She said that the EIA is taken very seriously, albeit that not all evidence of this had been written down and presented to the sub-committee. She added that a full impact assessment should be carried out; and

that an outline should be provided of all the ways in which stakeholder engagement had had an impact on proposals. She also suggested that further discussion take place outside the meeting to agree how to deal with forthcoming issues, (which are likely to soon be stacking up) in a way that is both effective and expedient.

6.26 Members discussed what they might request in lieu of a formal consultation. It was suggested, for example, that feedback be sought from the engagement events; that details be requested of what has been done and is being done for the EIA; and that an earlier trigger process be agreed. It was emphasised that the sub-committee could not be effectively blackmailed to waive a request for formal consultation on the basis that it would exacerbate the financial situation.

RESOLVED:

1. That the sub-committee agrees not to request a formal consultation on the proposed re-structure of SLaM services, on provision of the following:

   - that the PCT outlines what has been done and what is being done to carry out a comprehensive EIA (which the sub-committee would like to see as soon as complete);
   - that the sub-committee receives feedback on the results of the engagement events, and that ways in which engagement has influenced the service re-design be itemised so that meaningful involvement can be demonstrated;

   - that a plan is devised in liaison with the PCT to ensure that subsequent submissions on service changes are received sufficiently early for the sub-committee to request formal consultation where required; without the consultation period undermining savings objectives or incurring similar disadvantages.

2. That the PCT come back to the sub-committee with details of the benefits that service users are entitled to who are classified as CPA (Care Programme Approach) patients.

7. NEW POLICY BRIEFINGS

7.1 The chair welcomed Ann Marie Connolly, Director of Public Health, and Sarah McClinton, Deputy Director of Adult Social Care, who each briefly outlined their service areas. Key points raised and queries from members included as follows:

7.2 The director of public health highlighted that public health deals with populations rather than individuals and includes three elements: a) improvement; b) intelligence; and c) protection:

7.3 a) Improvement includes assessing needs, planning services and building strategic partnerships. It contributes considerably to the production of the Joint Strategic Needs Assessment and involves training PCT staff and staff in the voluntary

sector. b) Intelligence includes the collation and analysis of health data; comparing this with other areas; and assessing the effect that specific care pathways have on people's health. It also examines the equity and quality of healthcare, and the quality of performance in GP practices. c) The protection of public health relates primarily to the management of disease outbreaks and immunisation.

7.4 The deputy director of adult social care remarked that in general terms adult social care affects people who need personal care, but that there are specific criteria applied to assess service need and that people are not supported simply because they are old. She highlighted that these services account for approximately 30% of the council budget and pointed to the significance of issues such as safeguarding vulnerable adults: She commented that good progress was achieved in this area over the last year and clarified that the most common form of maltreatment is financial abuse.

7.5 The chair asked what impact would be foreseen on the NHS locally, should there be a 25% cut to the PCT budget. The NHS Southwark chief executive commented that although health had been billed as a service protected from cuts, it may need to stretch given that social care budgets are not protected.

Briefing on the July 2010 Health White Paper

7.6 Sean Morgan, Director of Performance and Corporate Affairs, outlined key changes proposed in the July Health White Paper (WP). He explained that the commissioning of services is to transfer from the PCTs to GP consortia: these are currently starting to organise themselves and consider what management support they will seek. There will be a Health and Wellbeing board different in form to that which exists in Southwark already, although it remains unclear whether this will also cover children's or just adult care. This board would also take over the statutory functions of health and social care scrutiny committees.

7.7 The director of performance and corporate affairs also stated that the NHS will be compelled to reduce its management costs by approximately 50%. This was initially to be achieved over a three year period, but NHS London notified the PCT less than a week ago that this is now to be carried out by April 2011, so that the savings acquired can be used to help establish the GP consortia. As a consequence, some PCT functions are expected to dissolve and others may transfer early to local authorities.

7.8 Members referred to the re-formation of the Local Health Involvement Networks (LINks) into organisations called 'Healthwatch' and queried what funding had been identified to support these. The medical director responded that there would be money but that it would not be ring-fenced, and commented that there is also currently a debate about whether councils can properly host the Healthwatch, as there could be a conflict of interest if the council is both hosting the organisation and holding it to account.

7.9 The chair asked whether the PCT will be raising these questions in its response to the WP and requested on behalf of the sub-committee that members receive a copy of the draft response before it is submitted.

7.10 The medical director commented that GPs in Southwark are working together in a single borough group and are currently forming a board. She added that they are starting to consider what they are wanting to do and at what pace.

7.11 Members raised queries about the abolition of the Strategic Health Authorities, such as whether the training of midwives and nurses would consequently fall to GPs. The medical director stated that there would be National Commissioning Board, which will be accountable for example, for GPs and dentistry and that training is expected to be provided on a national level.

7.12 It was confirmed that the council leader had signed off the council response to the WP and that a copy would be made available.

7.13 The NHS Southwark chief executive offered to keep the sub-committee informed about the implementation of the changes as they are finalised and how this played out across London.

RESOLVED:

1. That a copy of the Council's response to the July 2010 Health White Paper be circulated to all sub-committee members and reserves.

2. That the PCT keep the sub-committee informed about how the implementation of the White Paper service re-design is taking shape in London.

8. KEY REVIEW: EQUALITY IMPACT ASSESSMENTS

8.1 The medical director highlighted some of the key changes proposed in the Equality Act 2010 consultation paper. These included increased transparency, - such as the increased availability of related data -; a focus on measuring results and demonstrating how changes will impact plans and outcomes; and the devolution of power away from a top-down approach.

8.2 The chair remarked that EIAs had been a recurrent theme throughout the meeting. He commented that the consultation paper seemed to emphasise a sense that public bodies do not always get EIAs and equality requirements right, but was of the view that losing some of the requirements could weaken the protection for vulnerable groups. He added that that the discussion of earlier items had demonstrated that the process is not always done well and that there should already be a focus on outcomes.

8.3 Harjinder Bhara, PCT lead on Equalities and Human Rights, agreed and commented that the boundaries to the current requirements and priorities are changing, partly in response to the poor use of process.

8.4 The medical director stated that with the current upheaval in the health service there are major risks that these things will not be tended to. The chair commented

that he would like to hear that the PCT will continue to conduct EIAs. The medical director responded that in the very short term of the management savings to be achieved that there is a real concern regarding who will be available to carry out and oversee such work.

8.5 Members discussed how to take this review forward. In view of the November 10 deadline for the consultation responses, it was suggested that further meetings are arranged, and that Councillor Abdul Mohammed, Cabinet Member for Equalities and Community Engagement, be invited.

RESOLVED:

1. That the PCT share with the sub-committee a copy of its final response to the Equality Act 2010 consultation paper.

2. That the sub-committee prepares its own response to the Equality Act 2010 consultation paper; and arranges meetings to this end that are open to all sub-committee members, reserves and other council members (including the agreed meeting with the responsible cabinet member Abdul Mohamed).

9. CONSULTATIONS

9.1 The chair referred to the trigger template from Guy's and St Thomas' (GSTT) regarding the proposal for a new cancer treatment centre and said that members could still submit comments or queries.

9.2 In response to members' queries regarding the impact on patients treated at Kings College Hospital (KCH), the medical director responded that radiotherapy is not provided at Kings and that KCH and GSTT work together as a unit. She agreed to try to find out the percentage of the Southwark population that seek treatment out of the borough.

9.3 The chair explained that three further trigger templates would soon be sent to the sub-committee members and reserves and that the chair and vice-chair would first pre-screen these to identify any major concerns.

RESOLVED:

1. That members are still invited to submit questions they might have regarding the proposed changes to the cancer treatment centre at GSTT.

2. That the 3 further trigger templates received recently from KCH be circulated to all sub-committee members, following a brief assessment by the chair and vice-chair.

10. WORK PROGRAMME

10.1 In addition to items already scheduled, members agreed for the November meeting to include items on the Pharmacy Needs Assessment and an update on Southwark Circle. Concerns were raised however regarding the length of meetings and it was proposed that additional meetings be arranged to help ensure an earlier finish.

10.2 It was suggested that the review of Older Persons' Services be started at an additional January meeting.

RESOLVED:

1. That the 29 November 2010 meeting includes an item on the Pharmacy Needs Assessment, and an update on Southwark Circle.

2. That the review of Older Peoples' services start early in the new year, possibly at an additional January meeting.

3. That the chair and vice-chair consider with scrutiny staff the feasibility of scheduling additional meetings; with the aim that meetings need not finish later than 10pm.

Miscellaneous

4. That the PCT provides data on the percentage of Southwark residents who travel outside of the borough to receive acute treatment.

The meeting finished at 10:40pm.