

Health and Social Care Scrutiny Commission

Thursday 21 January 2021
7.00 pm
Zoom

Membership

Councillor Victoria Olisa (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Sunny Lambe
Councillor Maria Linforth-Hall
Councillor Sandra Rhule
Councillor Charlie Smith
Councillor Bill Williams

Reserves

Councillor Nick Dolezal
Councillor Sunil Chopra
Councillor Renata Hamvas
Councillor Jane Salmon
Councillor Martin Seaton
Councillor Kath Whittam

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk for the Zoom link to the meeting.

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 13 January 2021



Health and Social Care Scrutiny Commission

Thursday 21 January 2021
7.00 pm
Zoom

Order of Business

Item No.	Title	Page No.
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PART A - OPEN BUSINESS

1. APOLOGIES

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

In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.

4. MINUTES

To approve as a correct record the Minutes of the meeting on 10 November 2020, to follow.

5. VACCINE AND TESTING ROLL-OUT, SAFETY AND CONFIDENCE

1 - 7

Liz Brutus, Consultant in Public Health (Health Improvement), will provide a presentation on Southwark Council's Lateral Flow Testing Rollout. A briefing is attached.

A presentation on the vaccination programme is to follow.

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| 6. | NHS SOUTH EAST LONDON CLINICAL COMMISSIONING GROUP - INTEGRATION | 8 - 14 |
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Southwark's NHS Clinical Commissioning Group (CCG) have been invited to update the Commission on the integration of South East London CCGs, and the Southwark branch of Keep Our NHS Public (KNOP), have been invited to contribute to the discussion. KNOP have provided the attached papers.

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| 7. | INTERVIEW WITH THE CABINET MEMBER FOR SOCIAL SUPPORT & HOMELESSNESS | 15 |
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Cllr Helen Dennis, Cabinet Member for Social Support & Homelessness, will be interviewed on her portfolio, attached.

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| 8. | WORK PROGRAMME |
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DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

Date: 13 January 2021

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”

Item No. 5	Classification: Open	Date: 12 January 2021	Meeting Name: Health & Social Care Scrutiny Commission
Report title:		Update on Southwark Council's Lateral Flow Testing Rollout, January 2021	
Ward(s) or groups affected:		All Southwark wards and all population groups	
From:		Jin Lim, Acting Director of Public Health Liz Brutus, Consultant in Public Health (Health Improvement)	

EXECUTIVE SUMMARY

The purpose of this report is to update the Health Scrutiny Committee in relation to the rollout of lateral flow testing across Southwark

RECOMMENDATION

The Health Scrutiny Committee is asked to note the update report on lateral flow testing.

CONTEXT

- Cases of COVID-19 in Southwark have risen significantly over the Christmas period. At the time of drafting, there had been 2,359 confirmed cases of COVID-19 in Southwark in the week up to 24 December.
- Southwark's 7-day incidence rate is 740 per 100,000 (compared to London 808/100,000); up by 52% on a week earlier.
- Across London, all boroughs now have an incidence above 500 per 100,000, with four boroughs above 1,000 per 100,000. Havering continues to have the highest incidence, at 1,214 per 100,000.
- Overall 'symptomatic test' positivity is currently 15.5%; comparable to London at 17% although testing via our various existing community pathways remains notably higher, with some settings at 20%.

Case for LFT

- Nationally, we know that a sizeable proportion of people with COVID-19 will be asymptomatic hence the national push to introduce lateral flow testing (LFTs) for asymptomatic testing. LFTs may enable us to identify and isolate more asymptomatic people with COVID-19 who are at high likelihood of spreading virus, whilst simultaneously minimising disruption for those who test negative.

More information about LFTs is in Appendix 1.

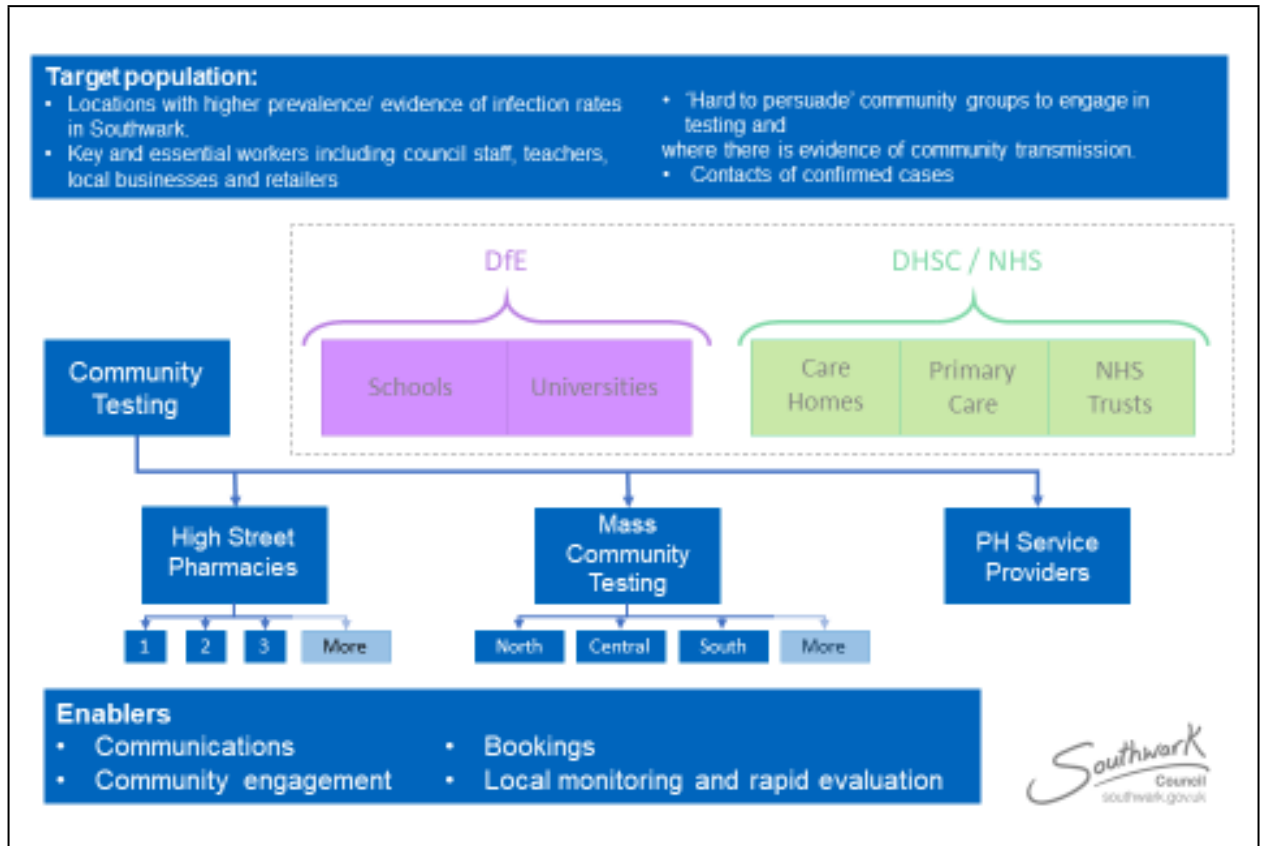
HOW ARE LFTS BEING USED IN SOUTHWARK?

- Testing remains a key part of Southwark's Outbreak Prevention and Control Plan. Lateral flow testing provides us with the opportunity to increase rapid case finding across Southwark through targeted and mass testing

programmes, in order to prevent and reduce community transmission. By proactively testing asymptomatic individuals, they also hold the potential to not only break chains of transmission, but also help to protect and enable our critical businesses, key workers and institutions to continue operating as effectively as possible.

The diagram below illustrates the different lateral flow testing pathways proposed for Southwark:

Lateral flow tests in Southwark: working model – As at 29/12/2020



Update on the different testing routes in Southwark

1) National LFT programmes - Lead: DHSC/DfE/NHS

- Specific settings have been getting access to LFTs through national rollouts—this currently includes universities, care homes (in progress) and schools (phased rollout from January 2021). DHSC is also conducting pilots of lateral flow testing in other settings, such as large-scale events, as well as with specific underrepresented groups. The results of these pilots are still pending, but findings will inform local approaches.
- **NHS staff:** The NHS has also rolled out regular asymptomatic testing of NHS staff. GSTT and Kings currently run the LFT home testing scheme for NHS staff.

- **Care homes:** Care home visiting is one of the recently announced national schemes and LFTs have been delivered to Tower Bridge and Queens Oak Care Homes directly by DHSC, with other homes due to receive their tests shortly. Although initially targeted to support visiting, DHSC recently announced the additional use of LFTs for staff and residents in certain circumstances to enhance testing capability and COVID-safe care. The Public Health team is continuing to facilitate knowledge exchange and learning between homes.
- **Schools** – Asymptomatic secondary school pupils and families are now eligible to test at the local MTU (Burgess Park) and LTS (Peckham Pulse). From the first week of January, schools are eligible to directly order LFTs for weekly testing to identify asymptomatic cases and daily testing (7 days) of contacts of confirmed cases (initially staff and Years 11 – 13 but to be extended to other year groups). There will be further guidance to support this for January but it is likely that schools will experience operational logistics and will require support and advice. Reasonable costs for additional workforce will be reimbursed by DHSC. Training, materials and support is provided directly by DHSC and DfE.
- Given recent government announcements and the implementation of the contingency framework for education settings, schools in Southwark will now be shifting back to online learning for the immediate future. There is still uncertainty on the timeline for schools re-opening and what this means for the rollout of LFTs in this setting. Once a return date is established, Southwark public health and the school nursing team will organise support sessions for schools.

2) Targeted DPH-led Local Testing (Southwark) *Lead: Southwark Council [Public Health]*

- In November, the Health Secretary announced that Directors of Public Health in Local Authorities in England would be offered local lateral flow testing capacity. Public Health Directors would have the discretion to use the tests as they see fit in their communities. Southwark successfully applied to participate in this scheme.
- Southwark took delivery of the first 10,000 tests at the end of November 2020. Public Health successfully supported London South Bank University and School of Osteopathy to start testing to enable students to return home for Christmas 2020 after they were unable to start the DfE University scheme until Jan 2021. The pre holiday testing ran on schedule for 2 weeks from 30 Nov 2020. LSBU is due to recommence testing in first week of January for the staggered return of students. The January programme is directly contracted with DHSC.
- Southwark is contributing to a pan-London targeted testing in Special Schools; clinical guidance is being developed to allow roll-out shortly.
- Southwark's Drug and Alcohol Service provider, CGL has established clinical guidelines and will start testing shortly.
- Other avenues including an 'NHS-style' home-testing programme for Southwark Council staff and LFT testing for businesses within Southwark's BID and construction sector have been explored but not progressed due to the

DHSC restriction on home testing for non NHS staff. As at 23.12.20, an emergency application of use has just been approved by MHRA. Further work will now re-commence on developing a programme for home testing.

3) Community Mass Testing *Lead: Southwark Council [cross Council corporate team]*

- Following the recent rise in cases, the Government announced a new community mass testing programme that will offer Local Authorities in tier 3 (and subsequently Tier 4) areas the opportunity to participate in a six week testing surge using LFTs. This will enable Local Authorities to offer tests to the general population as well as targeting high-risk workplaces and industries, hard-to-reach communities and schools in a coordinated effort to drive prevalence down.
- Southwark successfully submitted a £1.6m proposal to DHSC to run a targeted 6 week testing programme, with the aim of delivering approximately 117,000 tests in this period (with potential to scale up/extend). A council-wide programme board has been established with the aim to launch in January 2021. Testing will be delivered through a range of providers including community mass testing sites, local pharmacies and existing public health service providers.
- There is a proposal for the existing Peckham Pulse LTS site, which is currently providing PCR tests for symptomatic to be repurposed to also offer rapid LFTs for asymptomatic individuals. As at 30.12.20, DHSC has paused the proposed reconfiguration pending further technical advice. Separately, as at 30.12.20, there is a request to DHSC to step up an additional PCR facility at Bel Air (to be confirmed).
- A contractor to provide community mass testing is in the process of being appointed and the outcome of this will be confirmed verbally when the paper is presented at the next Health Scrutiny meeting.
- There are on-going negotiations with pharmacies to set up a network of high street pharmacies to provide LFTs, and a service specification is currently under development. The intention is to have a pilot service for mid January.
- Key enablers to ensure safe uptake of mass testing include putting in place appointment booking systems (to avoid social gathering in excessive queues) as well as ensuring the testing programme is supported by focused communications activities and ongoing community engagement (to ensure a broad uptake of residents amongst those more at risk of COVID-19). Local monitoring and evaluation is also a priority, informing longer-term lateral flow testing approaches across the borough.

CHALLENGES AND MITIGATIONS

- There are a number of different LFT workstreams in Southwark and robust project management structures, involving representatives from teams across the council, have been established to ensure alignment and oversight on testing work.

- Set-up costs for the mass testing sites including workforce, equipment etc are being factored into the budget. DHSC has provided some assurance in the form of a 'Comfort Letter' to underpin 'reasonable financial expenditure' for this initial outlay however, it is a risk being monitored.
- Sufficient uptake of lateral flow testing will rely on appropriate community engagement to address issues around testing hesitancy and ensure that any barriers to access are identified and addressed. A targeted outreach and engagement plan is under development through the project team, with input from key divisions including public health and communications to ensure good uptake from those most at risk of asymptomatic COVID-19 infection and/or risk of poor outcomes. All LFT workstreams will be regularly monitored to ensure that key populations are being reached and that the proposals do not discriminate against anyone. Provision of LFTs across multiple sites and providers – including high street pharmacies – is intended to improve the access and acceptability of testing for our local residents.
- The community mass testing initiative will run for 6 weeks, with no indication that the scheme will continue to be funded beyond this. A monitoring and rapid evaluation framework will be developed and the findings will inform next steps for asymptomatic community testing in Southwark.

RISKS

- There are risks to upscaling delivery of LFTs through the mass testing programme due to resource implication, both financial and workforce. Where possible these will be proactively identified and mitigated through the cross-council project team to ensure we are able to recoup costs through the national scheme.
- Operational risks associated with the rollout of LFTs at scale include crowding and long queues at testing sites. Steps are being taken to mitigate these risks through the identification and implementation of appropriate booking systems, and ensuring that the appropriate workforce are in place to manage the sites.
- There is also a risk of LFT positives not being able to access PCR quickly given rapidly rising case rates. We will work closely with local testing sites and counterparts at National NHS Test and Trace to ensure this risk is managed.
- There is also a risk that LFTs will be 'misused' by some individuals to 'test to enable'. There has to be clear messaging that relevant national and local guidance on tier, social distancing, restrictions etc must be followed and that LFTs are not a license ignore guidance.

NEXT STEPS

- Following a Council COBRA meeting, the Council is adopting a corporate cross council approach to supporting this programme of work. A project team has been established and met on for the first time on 21st December, and work is now underway. We are currently receiving quotes from potential providers, with a deadline of 1.1.2021.

- The Public Health team are working to develop the pharmacy testing offer, including establishing the service specification and inviting expressions of interest.

Appendix 1 – WHAT ARE LATERAL FLOW TESTS?

Lateral Flow Tests (LFTs) are a simple-to-use point of care solution for rapid COVID-19 testing. They utilise the same swab test as PCR testing but offer rapid turnaround time (20-30 mins) without the need for laboratory processing. They involve (self) swabbing of throat and nose and application of a reagent and then 'reading' the results off a strip device. The swabs are self-administered and the application of reagent and 'reading' can be done, with training, by non-clinical staff.

Confirmatory testing for positives is currently required for LFTs and this must be performed rapidly to quickly release false positives from self-isolation. The confirmatory test is done using a PCR test.

Regional testing pilots in Liverpool (over 100,000 people tested at asymptomatic test sites) and Merthyr Tydfil have trialled offering rapid tests to a wider population and Government have indicated that are making a contribution to a fall in positive cases alongside other measures.



SOUTHWARK BRANCH

BRIEFING NOTE FOR SCRUTINY COUNCILLORS

Context

Given there is so much going on at present, much of it not transparent, the role of Scrutiny of health is very challenging. This note, drafted by an individual and aiming to capture an enormous amount of work by others, may be inaccurate and miss some details. It will briefly highlight the structure, naming key individuals, refer to decision making bodies and what they are doing about money and the strategies, all these three areas need scrutinising.

The attached letter was used as a template and sent to the two members in each of the boroughs who sit on the Joint Health Overview Scrutiny Committee (JHOSC) last year raising issues about their work.

Structure

Few of the bodies below have any elected member i.e. councillor representation and, on those that do, councillors do not have voting rights.

- NHS England – Simon Stephens CE
- NHS London - Regional Director London David Sloman
- South East London Sustainability and Transformation Partnership (STP) – Our Healthier South East London OHSEL)– Chair Andrew Bland. OHSEL has been identified by NHS England as the 1st area of London to be part of the next wave of Integrated Care Partnerships (ICS). New Chair appointed in January Richard Douglas, a former director at NHS England, to lead London's emerging ICS , accountable to David Sloman
- SEL CCG – Jonty Heaversedge (Chair), Andrew Bland (Accountable Officer), Joy Ellery (Board Lay member leading on engagement)
- Partnership Southwark – Sam Hepplewhite is the lead officer
- Southwark Borough Based Board (called Partnership Southwark) - Chair Dr Nancy Kuchermann. Vice Chair Dr Robert Davidson, Sam Hepplewhite Place based Director (i.e. lead officer), Southwark & Borough Lay Member Richard Gibbs total of 4 voting members). (there are 8 council officers all non-voting)
- Maudsley Hospital – Norman Lamb (Chair)
- Guys & St Thomas Hospital Trust – Sir Hugh Taylor

Board of Directors – 9 Executive directors senior Health professionals and managers and 8 non executive directors. Board sets overall direction and monitors performance

Council of Governors made up of 9 patient, 8 public, 6 staff and 9 stakeholder governors (1 Southwark Councillor and 1 officer) advisory

- Kings College Hospital -Similar structure as for Guys & St Thomas, Sir Hugh Taylor also Chair

Meetings of SEL CCG (4 held in 2020) have been bland affairs with a lack of substantive issues being discussed (see below) and the answers to questions from the public equally bland. Their engagement arrangements have been getting worse for some years since the abolition of SLIC (Southwark and Lambeth Integrated Care) despite SELCCG declared commitments to develop an ‘engagement’ strategy

Finance

What money has been allocated to SEL CCG and how, in turn, is that money being allocated? Who is making those decisions, where and how?

What work is being commissioned and what contracts have been let since April 2020? What decisions have been made about disposing of any of the hospital estates? How involved is the private for profit sector in any of this?

What stakeholder and public consultation has there been on resource priorities and budget allocations and what is planned? What public accountability is there for spending decisions?

Covid 19

The attached 2 motions relating to Test and Trace and Vaccinations delivery need to be submitted to the Council for dealing with as urgently as possible. Members need to everything possible to make people in Southwark safe. As we are seeing the rolling out of vaccinations is predictably proving very challenging to manage. The process should be managed by the NHS but the role of local pharmacists should be considered.

Strategies

There has been no significant reference to the strategies listed below. Members should be asking for these plans to scrutinise them as a matter of urgency

- Staffing- especially given the pressures of Covid 19 and Brexit leading to shortages of key staff and gaps in services
- Mental Health and Suicide – role of Maudsley Hospital and provision of emergency services

Other key issues

- Public Health – it should be central and not marginalised
- Social care – beware the dangers of integration. The LGA has done a useful briefing paper in response to the Government ‘consultation’ referred to below.
- Hostile Environment
- US/EC Trade Deal negotiations
- Consultation and accountability – hopefully, this paper clearly indicates a lack of any meaningful public involvement in the current structures and procedures and this needs to be scrutinised and addressed.

Concluding comments

As previously and frequently mentioned we have an under-resourced NHS and Social Care sector, with low levels of per capita spend in comparison with similar countries. There is far too much fragmentation and marketization of this public service and the negative impact of this has been very visible during the pandemic, especially in relation to PPE and test and trace. Privatisation will continue and grow if the current proposals for ICS bodies (‘consulted’ on by Government between end November and early January!!) proceed into law. We believe there should be a national structure which devolves most of the resources to local bodies (including local authorities) who undertake the bulk of the delivery and are better informed about their areas. These structures should avoid wasteful commissioning, which there has been plenty of these past 9 months. There needs to be proper, well-regulated procurement procedures to reverse the drift into cronyism.

Southwark KONP

January 2021

Draft Covid immunisation motion for consideration to be tabled at Council meetings

The motion could be put to local councils calling on them to administer the vaccine by local NHS bodies, using retired NHS staff and volunteers if necessary and specifically call on them to not employ private staff and calling on this Government to take this route and to fund it fully.

Proposed by xxxxxxxx, seconded by xxxxxxxx

- We note with concern that, so far in the COVID pandemic, the skills and resources of public health teams and local authorities, primary care and local NHS services have been bypassed, to the severe detriment of measures to control and suppress Covid19.
- Government decisions to place responsibility for testing and contact tracking and tracing largely in private hands has prevented safe and successful integration of these processes with the NHS, primary care, public health and local government.
- This approach must not be allowed to happen for the required national mass immunisation campaign taking place in 2021.
- We believe that the immunisation campaign embedded with primary care and public health teams, in cooperation with the NHS and local authorities, will greatly enhance public trust.
- There is a real danger of poor take up caused by lack of trust, poorly communicated information and untrained staff unable to answer the reasonable questions from members of the public.
- If this were to happen, there is a danger of anti-vaccination campaigners stepping in and gaining influence.
- A publicly-run campaign led by the NHS and local authorities will be more cost effective also, being built on decades of experience and founded on local knowledge up and down the country.
- This Council believes the only safe and effective way to administer the national immunisation programme is for full control of the programme to be passed to the NHS and local authorities, with the necessary funding to do the job properly. NHS England and Public Health England should provide the national leadership required to enable local delivery up and down the country, by providing any support necessary to ensure effective coordination.

This council calls on the Government:

- Not to repeat the mistakes that squandered billions of pounds of public money given to private companies to deliver what was misleadingly named 'NHS' Test & Trace. The poor performance and outcomes have contributed to the failure to contain COVID outbreaks and consequently to increased loss of life.
- To fully fund the NHS and public health and local government to administer and deliver the national immunisation programme for Covid 19.
- To give unequivocal leadership of the immunisation campaign to local NHS and local authority services, thereby allowing GPs, primary and public health teams to maintain the confidence of the public and save lives.
- Funding must include payment of the workforce employed by the NHS and local authority, not private companies, ensuring adequate training and governance of the additional workforce inevitably required to achieve this large-scale national immunisation programme.

Southwark Council expresses concern that the country still does not have an adequate testing and tracing system. Numerous experts have repeated that to be effective contact tracing needs to be managed and carried out at a local level by people with expertise in public health. A robust Track, Trace and Isolate System needs to be in place by the time the country comes out of lockdown otherwise all our efforts will have been in vain.

Instead of funding local bodies the Government has squandered billions of pounds of public money on private companies whose poor performance has contributed to failures to contain the virus and ultimately to an increased loss of life and economic damage.

In late recognition that its tracing performance could not improve without local participation, NHS Test and Trace are now passing to local authorities those cases who have tested positive but who they have been unable to reach. While a welcome step this doesn't go far enough:

- there are still large numbers of people named as contacts that the national system is failing to reach. The Government's Sage group advised that 80% of contacts need to be reached and asked to isolate if the transmission of the virus is to be suppressed. NHS Test and Trace is still falling short of this target and surveys show that the proportion of people self-isolating can be very low;
- the centralised system lacks integration both into the normal, local NHS services (which would allow GPs to contact positive cases with crucial and timely medical advice) and into local authorities who can offer the financial, social and practical support needed to enable people to isolate.

This council believes that the only way to fully rectify the situation is for full control of contact tracing to be passed to local authorities and their Public Health partners. This must be accompanied by a transfer of the necessary funding and resources, with national input providing any support needed to ensure effective coordination and where necessary to help people to isolate.

We believe a local scheme will:

- improve contact tracing
- enable increased and targeted testing, including asymptomatic testing
- be better integrated into existing Council COVID support services
- be a more cost-effective solution
- achieve greater community engagement and GP involvement
- allow for the engagement of local volunteers.

Pressure is building on the Government both to use local authorities more and to cease contracting out "NHS" Test and Trace to private companies.

This Council agrees to add its voice to those challenging the current, failed system by asking the Leader to:

- call on our Director of Public Health and, if appropriate, the London Regional Director for Public Health England, to support further devolvement of responsibility for testing and tracing;
- write to our MPs asking them for their support.
- write to other London boroughs to pass the same motion
- ask London Regional Government to pressure the government to give full control and sufficient resources to local authorities to achieve this,

Dear Cllrs.,

I am writing on behalf of SELSON, a group of health campaigners with representatives from each of the 6 South East London (SEL) boroughs, to express our concerns about the lack of proper public scrutiny of the SEL Clinical Commissioning Group (CCG) and the SEL Integrated Care System (ICS).

We welcomed the establishment of the Joint Health Overview and Scrutiny Committee (JHOSC) as a sector level panel to scrutinise the then SEL Sustainability and Transformation Partnership (STP) and the Joint CCG Committee. Indeed the JHOSC did some valuable work in questioning plans to centralise Elective Orthopaedic procedures in SEL. However it is fair to say that the JHOSC had hardly got into its stride when the NHS Long Term Plan (LTP) was launched in Jan. 2019.

Since then the JHOSC has met only on Sept. 2019. At that meeting with regard to the CCG system reform, the Committee requested that the process be slowed down to enable proper scrutiny to be carried out. It was agreed that a letter be sent to NHS England to express the Committee's concern and it was agreed that a joint workshop be held before the Committee's next meeting to consider future scrutiny arrangements. It is not clear if these actions remain outstanding; however, before the JHOSC was to meet again in Sept. 2020, the SEL CCGs merged (Apr. 2020) and the SEL STP morphed into the SEL ICS, all done with minimal public consultation. With the arrival of COVID 19 in spring 2020, the government abandoned all pretence of democratic accountability. And then a long awaited JHOSC meeting was scheduled for the 2nd. Sept. As was the previous practice, SELSON submitted questions to the meeting and much to our disappointment these were not only not taken but never acknowledged at all.

The meeting was obviously handicapped by the problems with the technology but also by the absence of a number of members and the long time gap since the previous meeting which resulted in a lack of continuity. In addition, the merger of the SEL CCGs, the establishment of Borough Based Boards and the SEL ICS, plus COVID have made it difficult for members to keep abreast with developments and they were clearly desperate for information to pass on to residents. Thus the meeting became an information exchange event which is not what scrutiny should be.

We noted the Chair's request that the terms of references will be revised to reflect the new circumstances and ask if - as part of this exercise - consideration could be given to the following points:

- (1) incorporating a time for members of the public to ask questions at each JHOSC meeting
- (2) whether there is (or could be) a protocol for issues raised at borough scrutiny meetings and considered urgent to be escalated to sector level, and ad hoc meetings of JHOSC called to address the issues concerned.
- (3) the long time between each JHOSC meeting (next meeting to take place in Dec) results in lack of continuity. Thus ideally JHOSC meetings should be scheduled at the end of each cycle of scrutiny and health meetings i.e. meetings of borough scrutiny committees, BBBs, CCG, H&W Boards and ICS Boards so that all members can be advised on issues causing concern.
- (4) Meetings should be held outside of normal working hours so that all members are available to attend
- (5) JHOSC members represent different political views.... but if scrutiny is based on agreed principles then it could be effective despite political differences. For example, issues could be scrutinised on the basis of deterioration in service, quality of service, patient safety, equality, value for money, access to service, accountability and so on.

It was reassuring to note that some of the above points are incorporated in the Effective Scrutiny Guidelines which were included in the papers for the Lewisham Council Healthier Communities Select Committee meeting on the 23rd Sept. We presume similar documents are produced by the other 5 SEL councils.

SELSON meets regularly with campaigners from the other 4 London ICS areas to discuss the effectiveness of current scrutiny arrangements and other issues. We hope that our combined efforts will contribute to ensuring that the level of public scrutiny of health services across the capital is that which our residents need and deserve.

Yours.....

Cllr Helen Dennis

Cabinet Member for Social Support & Homelessness

To safeguard the needs of vulnerable adults, the provision of personal social services, services to older people, services to people with disabilities. To work with partners to deliver support for Southwark residents through the Community Support Alliance, building on the success of the Community Hub. To work with the Cabinet Member for Public Health & Community Safety to improve services for those with HIV/AIDS, drug and alcohol problems or mental health needs.

To lead on the council's work on homelessness and supported housing, working to end rough sleeping in Southwark. Working closely with the Cabinet Member for Housing with regard to the housing needs of vulnerable adults.

The cabinet member will have particular responsibility for:

- Establishing a Southwark Community Support Alliance (working with the Cabinet Member for Communities & Equalities)
- Adult social care
- Adult mental health
- Adults with disabilities
- Older people
- Integration of health and social care (working with the Cabinet Member for Public Health & Community Safety)
- Age friendly borough
- Accessible travel
- Gypsies and travellers
- Supported housing
- Nursing and care homes
- Commissioning and management of extra care & sheltered housing (working with the Cabinet Member for Housing)
- Homelessness services
- Rough sleeping
- Southwark Emergency Support Scheme
- Advice Services
- No recourse to public funds
- Borough of Sanctuary (working with the Cabinet Member for Communities & Equalities)

Health & Social Care SCRUTINY COMMISSION

MUNICIPAL YEAR 2020-21

AGENDA DISTRIBUTION LIST (OPEN)

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		Total: 10	
		Dated: September 2020	

