

## Health and Social Care Scrutiny Commission

MINUTES of the OPEN section of the Health and Social Care Scrutiny Commission held on Tuesday 16 May 2023 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

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**PRESENT:** Councillor Suzanne Abachor (Chair)  
Councillor Maria Linforth-Hall  
Councillor Sam Dalton  
Councillor Esme Dobson

**OTHER MEMBERS  
PRESENT:**

**OFFICER  
SUPPORT:** Denise McLeggan , Public Health Improvement Programme Manager –a joint post between the SEL ICB and the Council PH Division.  
Sangeeta Leahy, Director of Public Health  
Kate Kavanagh, Associate Director – Healthy Populations and Community Based Care Team (Interim), SEL ICB  
Sarah Robinson, Head of Programmes: Health Protection & Screening, Public Health, Children & Adults Services  
Genette Laws, Director of Commissioning  
Julie Timbrell, Project Manager, scrutiny

### 1. APOLOGIES

Apologies were received from Councillors Charlie Smith and Naima Ali.

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

There were none.

### 3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

#### **4. MINUTES**

The minutes of the 18 April will be approved by email.

#### **5. QUEEN'S OAK NURSING HOME AND ANNUAL CARE HOMES REPORT**

Genette Laws, Director of Commissioning , presented the report and the chair then invited members to ask questions.

The following points were made:

- The Annual Care Home report will now go to the October cabinet and include an expanded remit to look at ethical care more broadly and quality challenges.
- Lay Inspector remit has changed to a visiting service for residents without loved ones to advocate on their behalf.
- The Director of Commissioning said that officers have regular meetings with the CQC where the lack of candour over Queen's Oak nursing home was raised.
- The visiting regime by council officers for local spot purchased care homes was discussed . The Director of Commissioning said that there are quarterly visits
- The Director of Commissioning said that officers wrote to all providers reminding them of their Duty of Candour. There are clauses in the contract regarding partnership. She said that some providers have concerns that there would be a punitive stance from the council. She explained that the new team is taking an approach of constructive support and then moving to more challenge.
- Members said that they would like to see a pre-emptive rather than reactive approach, for example providing extra resource Tower Bridge.
- Members asked about NHS visiting homes to access the quality of care and the Director of Commissioning said that there is a new officer leading on this agenda . The needs of people in homes are now increasing with higher dependency - often needing nursing care.
- A member highlighted the mid stage dementia can be more challenging- with people being mobile rather than on stretchers, but needing support on medication and wandering . The Director of Commissioning said that they are focusing on Extra Care for people with high needs with dementia , with the aim of enabling people to be able to age in place . This was welcomed.

#### **6. IMMUNISATION UPDATE**

Denise McLeggan presented the immunisation briefing. She is the Public Health Improvement Programme Manager – a joint post between the SEL ICB and the Council PH Division. She was accompanied by the following:

- Sangeeta Leahy, Director of Public Health
- Kate Kavanagh, Associate Director – Healthy Populations and Community Based Care Team (Interim), SEL ICB
- Sarah Robinson, Head of Programmes: Health Protection & Screening, Public Health, Children & Adults Services

The chair invited questions and the in response to the commission was told that there are targets to increase vaccination by 5% by working with communities to understand barriers to take up.

## **7. CARE CONTRIBUTIONS UPDATE BRIEFING**

The briefing was noted and considered under the next item.

## **8. SCRUTINY MINI REVIEW: CARE CONTRIBUTIONS**

The Commission discussed the draft report and agreed to amend the recommendations as below:

### **RESOLVED**

#### Recommendation one

Raise the Minimum Income Guarantee by increasing the government mandated buffer of 25% with an additional local buffer of 25%, to make a total of 50%. In addition it is recommended that officers produce an impact assessment to understand the cost to the council and benefit to disabled people and carers.

#### Recommendation two

To explore, as part of this year's budget process, the removal of disabled adults from the assessment for Care Contributions.

#### Recommendation three

Provide better information, advice and support to enable disabled people and carers to understand care contributions generally, and their right to have adequate Disability Related Expenditure taken into account in financial assessments. This ought to include a variety of engagement approaches including outreach, information on websites, and leaflets.

#### Recommendation four

Take steps to reduce the adverse impact of Care Contributions on the incomes of people reaching pension age, both disabled people and their carers. In particular

take action to mitigate the steep increases that can be incurred once a) a disabled person reaches pension age and their employment related pension becomes assessed b) carers facing reductions in income as they reach pension age and lose Care Allowances and income from paid work.

Recommendation five

Cabinet revisit the Fairer Contributions Policy Cabinet agreed in 2015, and revised in 2020, and report back to the Commission on the outcome.

**9. SCRUTINY REVIEW: ACCESS TO MEDICAL APPOINTMENTS**

The Commission discussed the draft report on Access to Medical appointments.

A member commented that a couple of constituents had raised concerns that about prescriptions being made that did not reflect contraindications in their GP practices notes.

There was a discussion on the particular vulnerability of young people to isolation and loneliness and that the last recommendation ought to be strengthened to reflect the focus on this cohort.

**RESOLVED**

The following recommendation was added:

Recommendation eight

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

The following recommendations were amended as below:

Recommendation nine

Seek to recruit and retain more GPs to Southwark and to the new Primary roles by:

- Suggest this is included as an objective within SEL workforce programme if not already.
- Undertake work with local GPs and local Primary Care to understand more on how to improve retention, with particular regard to housing and addressing the national problem with burnout and low morale, and if there are opportunities within Partnership Southwark and SEL to retain more local GPs for longer
- Redirect more resources to Primary Care, where possible

As part of the above the Commission recommends that the Cabinet Member for Council Homes and Homelessness works with the Cabinet Member for Health and Wellbeing to link the council ambition to build 500 homes for key workers to the housing needs of GPs and other local Primary Care practitioners, and also calls for the council's commitment on the number of new key worker homes to be increased in future years.

#### Recommendation eleven

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

It is recommended that a pilot scheme is developed in a neighbourhood with higher levels of deprivation, and that this focuses on groups at particular risk of ill health and poor well-being, such as older people, people with mental health needs, and young people, noting that is a group suffering from some of the highest levels of unhappiness and isolation. This is with a view to promoting good health and overcoming loneliness and isolation.

This could build on the model and research that came out of the Peckham Experiment on activities that promote good health, building upon existing NHS preventative work, such as health checks and social prescribers, as well as working more proactively with the local community.

In doing so it is suggested that Partnership Southwark identify one or two GP practices in clusters/ neighbourhood multidisciplinary teams (such as Walworth Triangle, Peckham) and locally based community projects (such as Blackfriars Settlement, Copleston Centre or Walworth Living Room) that might be interested, as well as linking with initiatives that work across the borough with communities of interest that work with older people (such as Golden Oldies, Southwark Pensioners Centre), mental health (such as Southwark wellbeing Hub, Lambeth and Southwark Mind), young people (The Nest, Southwark Local Offer and One Hub Southwark) and organisations that conduct intergenerational work such as Link Age Southwark.

## **10. SCRUTINY TOPIC: PARTNERSHIP SOUTHWARK**

This was noted.

## 11. WORK PROGRAMME

The Commission proposed the following as items for next year's work programme:

- A review on Adult Safeguarding and how can this be defined to better protect vulnerable adults, carers and paid staff. This could look at definitions of abuse in elder care to consider what is or is not abuse. Unfounded allegations can cause distress to staff and providers might welcome more clarity.
- Blue page application process and criteria for award.
- The use of cooperatives in the delivery of care.
- Looking at closers and relocation of GP surgeries, with reference to two large practices in Lambeth with patient lists that include Southwark residents.