

# Health, Adult Social Care and Social Inclusion Policy and Accountability Committee Minutes

Tuesday 13 March 2018

## PRESENT

**Committee members:** Andrew Brown, David Morton, and Rory Vaughan (Chair)

**Co-opted members:** Victoria Brignell (Action on Disability); Jim Grealy (Save Our Hospitals); and Bryan Naylor (Age Uk)

**Other Councillors:** Ben Coleman

**Officers:** Jo Baty, Head of SEN and Local Offer; Janet Cree, Managing Director, H&F CCG; Mandy Lawson, Assistant Director, SEN; Steve Miley, Director of Family Services; Lisa Redfern, Director of Social Care; Prof. Julien Redhead, Interim Chief Executive, Imperial College NHS Trust; Prof. Janice Sigsworth, Imperial College NHS Trust; and Dr Tim Spicer, Chair of H&F CCG

## 180. MINUTES OF THE PREVIOUS MEETING

Victoria Brignell clarified that she was Chair of the Action on Disability and Janet Cree clarified that for consistency, the spend figure quoted under the item on GP Federation and funding was £1.3 million.

## RESOLVED

That subject to the above two points of clarification, the minutes of the meeting held on Tuesday, 30 January 2018, were agreed as an accurate record.

## 181. APOLOGIES FOR ABSENCE

Apologies for absence were received from, Councillors Joe Carlebach, Mercy Umeh and Sharon holder, and from Co-optee Debbie Domb.

## **182. DECLARATION OF INTEREST**

None.

## **183. NW LONDON COLLABORATIVE CCGS SHADOW JOINT COMMITTEE TERMS OF REFERENCE**

Councillor Vaughan welcomed Janet Cree, Managing Director of Hammersmith & Fulham CCG, and, Dr Tim Spicer, Chair of Hammersmith & Fulham CCG Governing Body. Janet Cree briefly explained that the eight-governing body that formed the NW London collaboration of CCGs had approved that a joint committee be set up in January 2018 in shadow form. The development of governance and logistical arrangements required to support this new structure would be work in progress and it was confirmed that there was no delegated authority, at that the time. The terms of reference for the shadow joint committee had been drafted and published. They would be formally considered by all the governing bodies, with a power for delegated decision making most likely to be in place by the second quarter of 2018/19.

Councillor Ben Coleman expressed concern that the report had not sought two-way dialogue between the governing bodies and interested stakeholders. The shadow joint committee would be working through the issues, and feedback any insights arising from this discussion. Janet Cree confirmed that this would then go back to each of the governing bodies for further consideration and acknowledged that there may be further amendments made to the terms of reference before being formally approved. Councillor Coleman pointed out that there had been little clarity on this issue and that it was legitimately open to discussion and scrutiny. Residents were concerned that local powers would be diluted and result in significant changes to services that were much needed and valued. He asked what those changes might be and whether they would be subject to scrutiny by eight of scrutiny committees of the NW London boroughs.

Dr Spicer confirmed that there would be changes to the draft terms of reference before formal approval. He explained that much of the CCG's work and activities were local, elements of which took place across North West London. In addition to supporting the on-going work of the Joint Health and Overview Scrutiny Committees (JHOSC), local scrutiny would also continue. There would be no change in terms of accountability and Dr Spicer assured Councillor Coleman that there would be consultation, recognising the importance of strong local involvement with residents. The local health economy was complex and there was a need for a governance structure to co-ordinate the more complex health provision across Hammersmith & Fulham. This would add to acute service provision activities such as cancer. It was explained that not all trusts do the more complex cancer treatments and care. This was not a matter of having more 'clout', it was about having access to more specialist care from acute service providing trusts.

Co-optee, Jim Grealy sought clarification regarding the CCG's attendance at the Committee and if they represented eight CCGs, or one (Hammersmith &

Fulham). Referring to point 17, Reporting, reference was made to local representation, engagement and public reporting, which were not the same. He asked the CCG how they would relate to the public in the Borough and address their concerns. Dr Spicer explained that they would be reporting differently but that local engagement would remain the same. Local accountability and support to the Health and Wellbeing Board would not change. The shadow joint committee would work similarly and did not replace Hammersmith & Fulham CCG. Day to day relationships would remain the same. Dr Spicer agreed that there was different demand across the Borough and that one size did not fit all, local adjustments were required to reflect local need.

The report inferred that there would be separate decision making and Jim Grealy sought assurance that the local collaborative would not be able to retreat to its own area. He asked how the CCG would reconcile potential differences. Dr Spicer replied that he did not think that it was a function of the shadow joint committee to take decisions that were detrimental to local people. The CCG wanted to take decisions that were consistent and useful across large sections of the community, for example, trying to ensure improved and consistent nursing care home standards. Dr Spicer acknowledged that any tension between the CCG and the collaborative joint committee would be resolved to the benefit of residents.

Councillor Vaughan referred to the draft terms of reference and the point that decision making would be achieved by consensus. He understood that this was preferable to the majority vote system where there was an obligation to attend PAC. He asked if the CCG had agreed to either a consensual, unanimity or majority voting processes, as part of that collaborative arrangement, which they may have to defend. Dr Spicer replied that currently there was no binding decision making. The CCG had set out the draft arrangement in the draft terms of reference and agreed to accept scrutiny of this, maintaining accountability.

Councillor Vaughan responded that it would be different in terms of the bigger decisions. If the CCG disagreed with the majority view, this would need to be defended this at PAC. Dr Spicer acknowledged this as a legitimate concern. The CCG had worked collaboratively for six years, and that while each CCG was not always happy with whole approach, the benefits outweighed this. He clarified that the PAC would be scrutinising Hammersmith & Fulham CCG.

Councillor Coleman observed that if the CCG was outvoted, then the other CCG members would not come to this PAC. He asked if the minutes of the meeting would demonstrate the CCG's disagreement at the joint committee. Dr Spicer confirmed that the minutes would record both the discussion and the vote.

Co-optee Bryan Naylor commented that there were some areas of uncertainty, and that his interpretation of the terms of reference was not the same. The shadow joint committee would make local decisions. He suggested that the terms of reference should be brought back to the PAC for consideration and amendment. Dr Spicer said that the agreed terms of

reference would be more helpful to review, depending on the timing. This would be a functional committee, engaged in a collaborative process, working for the benefit of local population. The PAC would have an opportunity to scrutinise the terms of reference once they were agreed, prior to implementation.

Lisa Redfern referred to point 4, Duties: Decision Making and asked about joint decisions in relation to all acute mental health services that the Local Authority was not involved in and suggested that greater clarity was required on this section. Dr Spicer agreed and explained that most of the work undertaken on acute services was joint but it was acknowledged that some further redrafting of the terms of reference was required.

Councillor Morton suggested that the wording around consensus, particularly voting, also required greater clarity. Dr Spicer felt that the wording required further clarity but pointed out that the document was first drafted in December 2017 and was now slightly dated, as discussions had developed. There were comparable anxieties across North West London but the CCG aspired to making decisions by consensus. Dr Spicer recognised that it might not always be possible to do this. A consensual approach would have to be worked through on a case by case basis. Where it was possible, the CCG would make decisions by consensus but this might later have to be by majority.

Councillor Brown asked that if the majority agreed a decision, did there exist a veto so that the CCG could opt out but still maintain its sovereign position. Dr Spicer confirmed that the joint committee existed with the agreement of all the CCGs. Hammersmith & Fulham CCG was still a statutory body and this would continue. Dr Spicer offered an assurance that if this did not work, the CCG would discontinue the process and would advocate for the benefit of LBHF residents.

Councillor Coleman's asked, if the CCG was out voted, was a six-month notice period required. Janet Cree explained that this was the reason the terms of reference were in draft form. The joint committee would need to work through the issues in practice and test it, hence, a period of shadow working. This would be further considered by the governing bodies. Janet Cree recognised the concerns but the CCG's response would depend on the individual circumstances.

Councillor Coleman asked if the CCG could envisage a situation where they might refuse to implement a joint decision. Dr Spicer said that there may be decisions that they would first come to a view on from within CCG, before going to the collaborative. Dr Spicer confirmed that, following lengthy discussions with the CCG collaborative, he would be prepared to disagree. The CCG would stand down, if it was felt that the decision was wrong for the residents of Hammersmith & Fulham. It was very hard work to get this number of individuals to agree. Seeking the agreement of five CCG's and for 18 contracts to align had taken two years. There remained some details within the contracts that were imperfect, however, Dr Spicer asserted that he would not have agreed to them as a clinician, if they were wrong for a patient.

Focusing on point 17, Jim Grealy asked about local stakeholders and the fact that the term 'consultation' was missing. Engagement had been one-way in recent years, with the CCG lacking engagement on large questions. Jim Grealy asked the CCG to reinstate the word "consultation" at the formative stage of policy formulation and development. Dr Spicer agreed to forward this point for consideration, acknowledging that the CCG retained a statutory duty to consult.

The CCG confirmed that if it were to take a collective decision, they would be willing to go to any of the health scrutiny committees to defend a particular decision. Councillor Coleman asserted that the collective CCG's should all equally be willing to go to each of the scrutiny committees. Dr Spicer affirmed that the CCG would do so, if necessary. His responsibility was to Hammersmith & Fulham CCG and that Ealing CCG would operate in the same way.

Councillor Coleman suggested that accountability to each council in future should be more explicitly reflected in CCG documents. Dr Spicer explained that some of the decision making was delegated to the joint committee. Councillor Coleman responded that the key issue was the provision of acute services, conferring massive power to the joint committee, which would collectively make decisions for other councils and that there was a duty for the CCG to go where called to maintain accountability.

Janet Cree reiterated that the minutes of the CCG would reflect discussion and voting but clarified that the joint committee was not currently a decision-making body. Dr Spicer confirmed that the eight CCGs had been meeting for six years, with the intention being that the joint committee would replace the need for this. Janet Cree explained that the details regarding Healthwatch representation had not yet been determined and was considering having a limited number of lay members.

Lisa Redfern sought further clarification that what was not explicit within the terms of reference was information about the commissioning arrangements, given the size of the collaborative. For example, Hammersmith & Fulham CCG led on specific areas and the other 2 CCGs had other specific lead commissioning arrangements. Given the power to delegate decision-making, it was important to be clear about which CCG would be lead for a specific commissioning arrangement. Janet Cree accepted that this required clarity.

Dr Spicer noted that Hammersmith & Fulham was the lead commissioner for Imperial although Hammersmith & Fulham residents were not the majority users. The lead commissioner arrangement was good for accountability but this was not an ideal arrangement due to the complexity of the provider arrangements in Hammersmith & Fulham. Lisa Redfern agreed and added that it was increasingly complex for local authorities to navigate commissioning arrangements so that this was even more important, given the complexity of the new 8 CCG collaborative arrangement.

Merril Hammer (Save Our Hospitals) commented that democratic and accountability arrangements were binding on all the CCGs but the joint

committee was accountable to the individual CCG, which in turn was accountable to the local authority. She asked why the collaboration required such a complex structure, when complex arrangements already existed, for example, acute service provision for cancer treatment and care. Dr Spicer explained that the infrastructure only reflected the complexity of the local provider landscape. NHS England encouraged the CCG to deliver increased level of co-ordination, to be considered by each of the eight CCGs. This new structure was necessary to deliver improvements in that co-ordination. Dr Spicer referred to an earlier point regarding the improvement of co-ordinating the consistency of care standards across residential homes which had taken over two years. The eight CCGs would remain but this is a way of bringing together collective decision making.

Councillor Vaughan summarised the discussion, noting that there were several points to be referred to the joint committee and the confirmation that minutes from the joint committee will go to Hammersmith & Fulham CCG. As this was the last PAC meeting of the municipal year, this would be added to the draft work programme, which would be agreed after the May elections. The

key issues were:

- Democratic accountability;
- Different operating models;
- Greater clarity around exercising vetoes;
- The distinction between consensual as opposed to unanimity and which would be better;
- Clarity around lead commissioning arrangements; and
- Consultation.

Councillor Vaughan thanked the CCG for all their contributions and participation throughout the meetings and for the constructive dialogue over past year.

#### **184. IMPERIAL COLLEGE NHS TRUST: CARE QUALITY COMMISSION INSPECTION REPORT FEBRUARY 2018**

Professor Julian Redhead, Interim Chief Executive and Professor Janice Sigsworth, Director of Nursing, of Imperial College NHS Trust, provided a brief introduction and presentation. The Care Quality Commission (CQC) had visited in November 2017 to look at specific services. This had been followed in February 2018 by a 'well led' inspection survey. Surgery at Charing Cross remained the same as previously designated in 2014 as 'requires improvement'. St Mary's remained as 'requires improvement' and leadership also 'requires improvement'. While this was disappointing, Professor Redhead said that he was pleased that the CQC recognised areas of good practice, although challenges remained on referral to treatment times (RTT) around elective care. Other areas to work on specifically included maintenance in operating theatres at Charing Cross and Prof. Redhead was disappointed about the evaluation of the emergency department at Charing Cross, identified as performing 'worse than expected'. There was considerable pressure on staff but the Trust had plans to ensure improvement.

Councillor Morton referred to the CQC report from 2014 and commented that there had been relatively little improvement in the intervening period and he asked whether the Trust should be looking for causes for the lack of improvement, particularly in case of Charing Cross. Prof. Sigsworth replied that in May 2017, outpatients had improved significantly. A second visit from CQC in October 2017 had looked at medical services, where Charing Cross was found to have performed well on stroke services and two services marked as outstanding. Overall, this was a positive review but Prof. Sigsworth acknowledged that St Mary's was an issue.

Referencing the various evaluations and their respective movements as to improvement or decline, Councillor Morton observed that it was disappointing that there were basic safety actions that the Trust needed to take, such as maintaining a key to access a locked medicine cabinet. Prof. Sigsworth acknowledged that the primary focus was patient safety. A clinician led team which included a doctor, nurse and general manager had been formed and changes implemented since 2014, but Prof. Sigsworth recognised that there was more work to be done. Prof. Redhead added that the CQC evaluations had been a disappointment to the staff and that the Trust would support them in helping to bring about change. He provided an assurance that the care provided was of a very high standard.

Co-optee Jim Grealy commented that safety was not ticked in every box and that this was a concern. He had observed that there was a repeat occurrence of delays in treatment which was above the national average and that the reason for this needed to be clearly identified. Prof. Redhead said that there were a range of issues such as loss of staff (ward nurses at Charing Cross) and seven operating theatres not being entirely safe. All of this meant that there was an enormous job to be undertaken to bring about improvement. All the Trusts safety indices were good, except for statutory management training and estates. Imperial had the biggest maintenance backlog of any trust. Prof. Redhead continued that delays in surgery were well documented. The Trust's root problem was with the lack of capacity. Issues were driven by A&E, which then impacted on elective work. Home care issues were well documented, where there were areas to improve on.

In terms of staffing, Prof. Sigsworth recognised the difficulty retaining and training staff. There were many large hospitals to work in within London and it was accepted that once trained, staff might then move on. There have been national policy changes and this movement was understood but there was a parallel need to recruit. There had been a reduction in numbers in applications for nursing courses. Charing Cross had vacancies in older people services but Prof. Sigsworth admitted that this was traditionally a more unpopular placement than critical care or surgery. The Trust hoped to address this with recruiting to 50-100 apprenticeships and nursing assistant roles.

Jim Grealy observed that there were significant concerns about the cut in the number of nurses, with a national shortage. The added difficulties in recruiting to older people services given the aging local population was further

exacerbated when considered in the context of the STP (Sustainability and Transformation Plans). Janet Cree explained that work had been undertaken to get medical staff up to speed on dementia treatment innovations. There was an increasingly older population to serve, and St Mary's acute mental health and trauma services meant that they needed to look closely at the mix of the Trust's workforce to meet future need.

Addressing the point on future training focusing on mental health and older people, Bryan Naylor expressed concern about older people being referred to as "bed blockers". He questioned references made to the reduction in the number of step down beds and asked if this was the case, stating that more were needed to alleviate pressure. Prof. Redhead said that there were undoubtedly many patients in the Trust whom he acknowledged may not be placed in the best environment for them. Support outside of hospital might be more suitable but it was necessary work together to identify the best service that the Trust could provide. There was currently no physical capacity to include step down beds and this would require further conversations about best way to achieve this.

Prof. Sigsworth added that removing a patient from the Trust sometimes added further difficulties as they would be removed from their locality. Bryan Naylor observed that most older people could not be effectively treated at home, and that 47% lived alone. Prof. Redhead commented that a lot of people in A&E needed support over a short period of time but accepted that that there were certain patients who could not go home.

Councillor Coleman commended the extraordinary staff at Charing Cross. Commenting on the earlier reference to staff bullying he suggested that these were not addressed or well managed. Prof. Redhead acknowledged that there were always interpretations which concerned the Trust and its Board. Action was taken last year to address bullying and harassment within the training undertaken by clinicians and managers. In the last year, there were no registered complaints, demonstrating that the Trust would effectively address these areas when highlighted. The staff survey indicated that satisfaction was bottom four years ago, but was now top. Prof. Sigsworth had previously received unsolicited emails about staff feeling bullied, which they had escalated to her directly. The trusts human resources staff had explored the use of case studies in training.

Councillor Coleman acknowledged the difficulties in recruiting and retaining staff but expressed concern about moving patients outside the Borough. He recognised that Prof. Redhead shared similar concerns about Charing Cross and observed that there had been a national failing by the NHS to predict the demands of the winter crises. Councillor Coleman suggested that it was therefore time to ditch the Shaping a Healthier Future programme (SaHF) which was now holding the Trust back. Prof. Redhead declined to publicly state that this was not what he wanted for Imperial, stating that SaHF was not a distraction as the Trust continued to invest in services at Imperial and reiterated that there were no plans for any changes at Charing Cross for the foreseeable future until 2021.



Jim Grealy focused on two key issues that were highlighted throughout the report: capacity of bed space and the availability of skilled staff. Private investment in healthcare indicated that many trusts derived income from private patients. He asked what proportion of staff and beds could be attributed to the treatment of private patients. Prof. Redhead responded that income generated by private patients was reinvested in the NHS. This was a dynamic symbiotic relationship which was also helpful in terms of providing elective care.

Councillor Coleman expressed concern about the exercise of power and the implications of moving from one CCG to eight. Prof. Redhead replied that while he understood Councillor Coleman's concern around governance and its challenges, the advantage was that there would be stronger powers to co-ordinate acute services as a provider.

Lisa Redfern expressed an interest reviewing the methodology used to monitor performance and improvement plans at a future PAC, ahead of the next CQC inspection. Performance, quality assurance boards and action plans provided focus. Prof. Redhead explained that within the Trust was an executive board committee tasked with scrutinising through many different internal mechanisms improvement and action plans.

Councillor Vaughan commented that engagement remained an issue and that there was a lot of work to be undertaken, particularly given the verdict in 2014. He asked the Trust if the CQC findings had come as a surprise, or were these areas ones that they had been cognisant of. He asked if the actions that followed were those that the Trust was taking in terms of those findings. Recognising the pressures faced by the Trust he asked how the Trust planned to address the issues. Prof. Redhead responded that they took the report very seriously and had implemented an improvement action plan. Some of the findings were surprising, such as Charing Cross's emergency department but overall, it was not unexpected that challenges around RTT, patient wait list, and huge backlog of estate maintenance had been identified.

Commenting on the issue of the estates backlog of maintenance, Councillor Vaughan asked if this was attributed to the lack of funding. He asked if there had been any improvement across Charing Cross and St Mary, comparing Oct to January, in the four-hour target figure which had dipped, and, issues of hygiene at Charing Cross and an infection control incident December 2017. Prof. Redhead explained that in terms of the backlog, this amounted to approximately £1 million, however there was a programme of essential maintenance that was on-going. Figures for the four-hour wait target were good this winter and there had been one ward closure at Charing Cross to protect other members of the public. A bigger problem had occurred at St Mary's, with a ward being closed because the ceiling had collapsed due to structural issues. Given the age of the estate it was expected that these incidents would continue to occur, making the estate at St Mary's a priority.

Councillor Vaughan requested that the PAC be provided with the action plan after the election, to better understand the estate priorities at St Mary's, and to ascertain where the funding might come from to improve it for the benefit of

residents. He expressed his thanks for the dedication and commitment of all staff at the Trust and hoped to see much sought-after improvement to scrutinise in the next municipal year. Charing Cross hospital was a much valued and needed local resource and many Councillors and residents were keen to see it continue securely beyond 2021.

## **RESOLVED**

That the report be noted.

### **185. IMPROVING TRANSITIONS - TASK GROUP FINAL REPORT**

Councillor Vaughan welcomed Jo Baty, Mandy Lawson, Steve Miley and Lisa Redfern, who jointly presented the report. This had been recognised as an important piece of work. Development of the report had been undertaken some time ago and consideration of the report now presented an opportunity to understand the implementation of its key recommendations.

Mandy Lawson explained this had been a long journey which represented a significant amount of work marking the end of shared services. Disaggregation had presented an opportunity to create a new department and establish a sovereign service, with a commitment to co-produce at its core. To date, a disabled children's manager and support team had been recruited, and was expected to launch on 26 March. The Special Educational Needs (SEND) team would be brought into the integrated team, with the aim of having one practitioner per child. The approach would be piloting new ways of working, aiming to have a single pathway, replacing the previous multi-pathway method to access Adult Social Care (ASC) provision.

Lisa Redfern said that the most exciting aspect was to unite ASC and children's social workers, working jointly to plan care from the age of 14 through to 25 years of age. The aim was to have a fully integrated service and ensure there were no more gaps in service provision for 14-25 year olds in transition.

Steve Miley observed that at the time of the task force, many aspects appeared obvious. Radical changes were made to reconfigure services within the new department, which reflected officer commitment to do something differently. This represented a significant change where parents and children would experience a seamless service.

Jo Baty emphasised the importance of co-production in the new service, referring to the recommendations of the Disabled People's Commission (DPC) Tara Flood, who chaired the DPC, continued to work with officers and they had also been assisted by contributions from parents as critical friends. This had helped officers to evaluate, address mistakes and make changes as necessary. Hammersmith & Fulham was an exciting borough for children's work and mainstream schools had expressed an interest in exploring work pathways.

Councillor Coleman commended Councillor Vaughan's commitment in driving forward the work of the task group, which represented one of the Administrations key manifesto pledges: that ASC and children's services work together. He welcomed report which was timely in its alignment with a key recommendation from the DPC to prioritise co-production.

Co-optee Victoria Brignell referred to page 94, section 11, opportunities for adults with learning disabilities, and asked about the possible timescales, dates, performance measures and next steps. Mandy Lawson responded that they had just opened a new disabled children's centre. Employment had been offered and declined by a young person to work within the new centre, illustrating that further work would be required to improve the low numbers of employed learning disabled in the Borough. Phase one had focused on 'Moving On' and establishing the new service. Phase two would be piloting new ways of working with ASC social workers. Timescale were difficult, but it was anticipated that planning would begin within the next 6 months. The aim was to initiate conversations with young people and their families from 13 years of age. In terms of next steps and performance measures, it was anticipated that Lisa Redfern would formulate and finalise an action plan to support this.

The measure of success, would be that no young person should slip through the net, so that everyone would have a transition plan, without exception. It was expected that a survey to monitor engagement would also be included in the action plan, together with individual reviews, to continually test the service methodology. Councillor Coleman observed that the question of measurement was hugely important and fundamental to developing the service and that this required further consideration.

Merril Hammer commended the report and asked the extent to which the project would have SEN children placed mainstream schools, with behavioural and numeracy issues. Jo Baty explained that the biggest group of SEN children were already in mainstream schools and would continue to be supported.

Co-optee Jim Grealy welcomed the report and was interested in how the service would be resourced, referencing section 7 of the report. Steve Miley explained that Education would also become a sovereign service in the Borough. He acknowledged that pressure on resources was an issue for every local authority and recognised by central government. Lisa Redfern continued that there were also significant budget pressures in ASC funding. However, where a young person was identified earlier at aged 14, who required specific help, this became easier to resolve. The cost of a supported housing became cheaper, so there was better, joined up provision. There was potential to save costs if provision was better planned with a longer lead in.

Councillor Vaughan thanked all the officers for their work and commitment to the new services and welcomed the new joined up approach that saw ASC and Children's services working together. He looked forward to receiving an update on this exciting development and wished officers well with its

implementation. It would be a real achievement to take away the struggles that parents and young people must deal with and improve outcomes for them.

**RESOLVED**

That the report be noted.

**186. WORK PROGRAMME**

The current work programme would be rolled forward to the next municipal, subject to confirmation at the next meeting of the Committee.

**RESOLVED**

That the report be noted.

**187. DATES OF FUTURE MEETINGS**

To be confirmed, following the London Council elections, being held on 3 May 2018.

Meeting started: 7pm  
Meeting ended: 10.30pm

Chair .....

Contact officer: Bathsheba Mall  
Committee Co-ordinator  
Governance and Scrutiny  
☎: 020 8753 5758  
E-mail: bathsheba.mall@lbhf.gov.uk