Fourteenth Meeting of the Dulwich Project Board  
Thursday 7 February 2013  
Room G02A, Tooley Street

**Present:**
- Robert Park (Chair) Non Executive Director  
- Malcolm Hines Chief Finance Officer - NHS Southwark CCG  
- Rebecca Scott Programme Director - Dulwich Project  
- Dr. Femi Osonuga GP – Clinical Lead  
- Dr. Roger Durston GP – Clinical Lead  
- John King Patient representative  
- Pam Cooper Patient representative  
- Alvin Kinch LINk Southwark  
- Gwen Kennedy Acting Director of Client Group  
- Alex Laidler Adult Social Care - Southwark Council  
- Rosemary Watts Head of Communications and Engagement - NHS Southwark CCG  
- Jill Solly Head of Primary/Secondary Care Interface, King’s College Hospital  
- Colin Beesting Communications and Engagement Manager - Dulwich Project  
- Leighann Li Head of Customer Service and Facilities Management, GSTT Community Services  
- Gaby Charing Lay Member Development Programme  
- Mimi Roughani Minutes

**Apologies:**
- Andrew Bland Chief Officer - NHS Southwark CCG  
- Tamsin Hooton Director of Service Redesign – NHS Southwark CCG  
- Kieran Swann Head of Planning and QIPP, - NHS Southwark CCG  
- Dr Amr Zeineldine Chair of Southwark Clinical Commissioning Group  
- Ann Wood Divisional Manager - Ambulatory Care and Local Networks, King’s College Hospital  
- Sec-Chan Hoong LINk Southwark  
- Barbara Hills Directorate General Manager GSTT Children’s Community Services  
- Angela Dawe Director of Operations, GSTT Community Services  
- Julian Alexander Senior Estates Manager, NHS SE London  
- Martin Saunders Local Involvement Network (LINk) Southwark  
- David Sturgeon Director of Primary Care, NHS SE London

**Action**

Chair: Dr Amr Zeineldine  
Chief Officer: Andrew Bland

*The best possible health outcomes for Southwark people*
1 **Introductions, welcomes and apologies**

The Chair welcomed Alex Laidler representing Adult Social Care for Southwark Council and Alvin Kinch from LINk Southwark. Project Board members introduced themselves. It was noted that Tamsin Hooton was represented by Jean Young, and Sarah McClinton by Alex Laidler.

2 **Minutes**

The minutes of the meeting held on 3rd January 2013 were agreed to be correct. The minutes of 29th November 2012 were noted for information only.

3 **Pre-Consultation Business Case**

RP thanked the Project Team for their work in producing the Pre-Consultation Business Case (PCBC), and confirmed that it had been approved by the NHS SE London Joint PCT Boards meeting held on the 24 January 2013. MH informed members that the PCBC was discussed extensively at the Public Q&A session before the meeting. RS noted that hard copies are available for anyone who had not yet received one, and thanked every one for their help and support.

4 **Consultation Plan**

RS presented the Consultation Plan, and noted that it had been discussed as a formal agenda item at the Southwark Council Health, Adult Social Care, Community and Citizenship Overview and Scrutiny Sub-Committee on the 28 January. The Sub-Committee approved the document subject to some amendments and additions to the section on groups to be contacted with reference to the nine protected groups. RS reported that the Sub-Committee were notified that the Chair had confirmed his agreement to this being a S242 consultation under the Health and Social Care Act 2006. The Project Board asked that the plan be explicit about the number of organisations to be approached, and proposed that the Maternity Services Liaison Committee be included as a group to be approached in relation to the 9 protected characteristics. CB informed that he had a list of over 600 groups to whom summary documents and invitations to engage will be sent, and said he would welcome any additions to that list.

5 **Consultation Document**

CB presented the draft consultation document and noted that he was working closely with GC on the detailed wording and
ENC H

phrasing.
He noted that communicating the issues was a factor of both the
wording and the design, and that at this point he was specifically
seeking feedback from members on the wording. He noted that
there was a version currently with the designers.
He also noted that he was working on the survey questionnaire
and confirmed that both the document and the survey would be
tested with local people before finalisation.
It was agreed that all comments should be back to Colin by
phone or email by the 11 February.
AL suggested that the LTC case study be amended to embrace
the input of social care provision and said she would work with
CB on refining it.

Given the tight timescale to which the team is working, the Project
Board agreed to give delegated authority for signing off the final
version to the following group of members: RP, JK, GC, AK, RW,
MH and RD.
It was also noted that the final version would be checked with our
legal advisors, and that we are continuing to work with the
Consultation Institute to ensure we are compliant with their model
of best practice.

Submissions and responses to the Southwark CCC and the
SE London Cluster PCT Board.
The Project Board noted the submissions and responses that had
been put to the Public Open Space part of the recent Southwark
Clinical Commissioning Committee meeting and the NHS SE
London Joint PCT Board.
RS noted that it had been agreed that there would be a
stakeholder briefing following each Dulwich Project Board where
members of the public could be briefed on the discussions and
recommendations made by the Project Board.
RS said that she discussed with AB and that it was proposed that
this start after the March Project Board.
The Project Board agreed that this would be useful way of
extending public engagement in the project. RP noted that it was
important to ensure that the process continued to have clear
governance structures and lines of accountability.
RP asked that final versions of key documents be available on
the website.

Notes of meeting held on the 11th January 2013 with ERW,
JW, KH and GP, and response to questions raised by JW
Members noted the notes of the meeting. There was a brief
discussion about putting all the project board papers into the
public domain. AB proposed that as this was a wider debate, and
had implications beyond the Dulwich Project, it should be

Chair: Dr Amr Zeineldine
Chief Officer: Andrew Bland

The best possible health outcomes for Southwark people
<table>
<thead>
<tr>
<th>8</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk log:</strong></td>
<td>RS noted that there were some proposed amendments to the risk log, and took members through the changes.</td>
</tr>
<tr>
<td></td>
<td>Members agreed that the risk relating to the engagement exercise should be closed, and agreed the addition of a risk relating to the thoroughness of the consultation.</td>
</tr>
<tr>
<td></td>
<td>Furthermore they agreed to the addition of a further risk relating to the breadth of the consultation, in that it was not including other public sector organisations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any Other Business</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Independent evaluation</strong></td>
<td>CB informed the Project Board that a company called Opinion Leader had been appointed to be the independent evaluator for the consultation. They will receive, analyse and report independently on all the responses to the consultation. During the consultation period, they will be a key contact for any queries from members of the public.</td>
</tr>
<tr>
<td><strong>Consultation meetings</strong></td>
<td>A letter has been sent out to all the groups on our database, including all GPs, flagging up the forthcoming consultation, and offering opportunities for discussion. We are now getting responses in and are agreeing times for those discussions. We will also be having two larger public meetings, one during a day and another during evening. It was agreed that these should be run as deliberative events, with smaller group discussions. These will be publicised as part of the consultation, and people will be asked to book into them. CB noted that he would be approaching some Project Board members to ask that they ‘host’ a discussion, although there will be separate facilitation. CB will send 6 optional days and ask members to let him have their availability. RW reported that one of the consultation methodologies was the production of a short film. Jonty Heaversedge has agreed to be involved in it, but there needs to be an additional clinical lead to present. RD agreed to participate.</td>
</tr>
<tr>
<td><strong>MLBU and Renal Dialysis Unit</strong></td>
<td>Jill Solly reported that she can now confirm that King’s College Hospital are pursuing the development of a Midwife-led Birthing Unit on the Denmark Hill site, alongside the obstetrics Unit. The Project Board noted that this means that we will not be including a similar unit as part of the Dulwich Project. She also confirmed that King’s do wish to pursue the possible</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>options around continuing to have a renal dialysis unit on the Dulwich Community Hospital site, either as part of a larger unit or as a stand-alone unit close to the health centre. It was agreed that MH and RS should meet with King’s to follow this up.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10</strong></td>
<td><strong>Date of next meeting - 21 March 2013 – 9.30 – 11.30</strong></td>
</tr>
</tbody>
</table>

*The best possible health outcomes for Southwark people*