

Health and Social Care Scrutiny Commission

Tuesday 13 May 2025
7.00 pm
160, Tooley Street, SE1 2QH

Supplemental Agenda

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Contact

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Webpage:

Date: 8 May 2025

Health & Social Care Scrutiny Commission

2 April 2025

Minutes

Present

COMMISSION MEMBERS

Cllr Suzanne Abachor (chair)
Cllr Maria-Linforth-Hall (Vice Chair)
Cllr Esme Dobson
Cllr Charlie Smith
Cllr Jason Ochere
Cllr Sandra Rhule

MEMBERS

Cllr Evelyn Akoto , Cabinet Member for Health & Wellbeing

OFFICERS & PARTNERS

Anna Berry, Independent Chair of the Southwark Safeguarding Adults Board (SSAB),
David Quirke-Thornton, Strategic Director, Children's & Adults Services
Pauline O'Hare, Director of Adult Social Care
Hakeem Osinaike, Strategic Director of Housing
Marc Cook Customer Journey Lead - Southwark Repairs , Housing and Modernisation
Catherine Brownell, Head of Sustainable Growth North, Planning and Growth
Julie Timbrell, Project Manager, scrutiny

1.APOLOGIES

Cllr Nick Johnson

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

There was none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There was none.

4. MINUTES

The minutes of the meeting held on 3 February 2025 were agreed as a correct record .

5. INDEPENDENT CHAIR OF THE SOUTHWARK SAFEGUARDING ADULTS BOARD

The chair welcome Anna Berry, Independent Chair of the Southwark Safeguarding Adults Board (SSAB), and explained that she is attending for her annual interview, with support from Pauline O'Hare, Director of Adult Social Care.

The Independent Chair provided a summary of the Southwark Safeguarding Adults Board Annual Report, provided in the agenda papers.

The chair then invited questions, and the following points were made:

- In response to a question on who the board are strengthening work with homeless people the Independent Chair refer referred to government guidance. There is a task and finish group and leading on this work. They will be learning from serious case reviews.
- There is a focus on under reporting of people with learning difficulties and autism to understand the reasons and take action.
- More information on actions to address Black and Minority Ethnic under reporting is being provided by the Integrated Care Board.
- Members asked about self-neglect and hoarding, and measures to address this. The Independent Chair agreed that self-neglect is a challenge, included hoarding. Often linked with complex issues and people who sit below the threshold of services. The complex pathway is where this multi-agency work happens to work with people, including fire services. Pauline O'Hare, Director of Adult Social Care gave some examples or different approaches and reason. Hoarding can differ as some types can relate to anxiety, or in other cases to lots of belongings. There are different causes- and so require different approaches. In some cases, working with people with a focus on clearings pathway maybe sufficient, whereas in other cases legal input maybe required and rehousing.

- A member asked what issues are of most concern and the independent Chair said often complex cases are most concerning. Complex safeguarding is a theme of the board.

6. CARE HOME - DELIVERY MODEL

The chair invited the below to introduce themselves and provide and provide an overview of the plans to deliver a new nursing home.

- Cllr Evelyn Akoto , Cabinet Member for Health & Wellbeing
- David Quirke-Thornton, Strategic Director, Children's & Adults Services
- Catherine Brownell, Head of Sustainable Growth North, Planning and Growth

Cllr Evelyn Akoto , Cabinet Member for Health & Wellbeing began by setting out the context for the provision of a new nursing home. Demand for new nursing home places is predicted to rise from 292 in 2024 to 387 in 2034. Currently 70 % of current placements are in borough, however this will need to increase provision to meet demand. The cabinet member said her challenge to officers has been to ensure high standards are met and sustained; that that our residential home care charter and other standards are met ; and that we keep local people views in mind through the process. She asked officers to keep this in mind when in their presentations and responses to the commission .

Catherine Brownell, Head of Sustainable Growth North, Planning and Growth provided an overview of the market led approach that the paper provided set out:

The market led approach relies on the interest coming from market specialists. The expectation is of a high-quality offer, given the attractiveness of the land being offered by the council and the calibre of providers this will attract, particularly the opportunity to provide care in central London. The officer explained the mechanism used to go out to market will include policies such as Residential Care Charter and Fairer Future pledges to ensure our values are taken forward. The process of choosing a provider would include visiting providers.

The officer also gave an overview of other options considered but not pursued, as outlined in the paper provided:

A land disposal, where the land is offer to the market, and a development comes forward. This is usually general needs housing. This site is not well suited for housing as there are height restrictions, however this will not impact on a care home, as these are usually low or medium height, moreover the local community is supportive of a care home and the location is well suited in terms of local amenities , including transport.

Direct delivery and the paper set out why this is not being pursued:

- The Capital Monitor Funding allocation of £16m for a new nursing care home has been largely expended with the purchase of Tower Bridge Nursing and there is no further capital budget allocation. A cost analysis for a new care home at today's rates would be circa £25-30m.
- Undertaking the delivery itself would involve entering into a tie-in agreement with an operator over a 4 year development period , which is unlikely to be feasible relationship. In the absence of this there is a risk of the design being less suited to a future operator.

A developmental partner through a procurement process. Procurement differs from the market led approach as in this method the council sets what it wants. These requirements are then put to the market. The market then has to show the council to what degree they are meeting these requirements and the offer is accessed against a set criteria. The paper sets out why the council are not doing this, which is that a procurement is a longer and more costly process than a market-led process. The Procurement Act 2023 set out the requirements that must be met. An alternative, and less onerous approach, involves using Framework however, the framework route restricts the bidding entities to those on a Framework lot. A procurement route is suitable where specific, or tailored, output requirements are sought that are beyond the requirements of statutory bodies, however in this case, there are no bespoke or specific programme requirements.

David Quirke-Thornton, Strategic Director, Children's & Adults Services explained that the council has a duty to meet the needs of local residents and have to look to the future trends. A decade ago more people were going into residential care however now the borough is seeing less people going into residential care because there are other options like Extra Care, housing services, health care, but the borough are seeing more people requiring nursing care. The people entering nursing care are older, frailer and often come with dementia. Often people are now staying for one two years which is less than previously. While some people do want to be placed out of borough near relatives , many people want to have the option to be near family and friends and live locally .

The experts in healthcare are the NHS and they do lead provision of nursing care home in other places, outside of London. The possibility of a NHS delivered nursing home has been discussed with the NHS locally however they have said there is not the capacity to recruit, as this is difficult in London.

The Strategic Director said that the different models to deliver a nursing care home take different amounts of time to deliver and capital investment. The council has chosen to prioritising capital on housing, which he supports.

He spoke in favour of the market led approach, noting this is a great site for a care home and could generate a very good offer from a quality provider. He said that there are good quality care home operators , including independent family run care home providers, that would be interested, particularly given the ideal location.

He provided assurances that a market led approach would seek to involve key stakeholders in the decision making.

The chair then invited questions and the following points were made:

- Members asked how a quality will be achieved through pursuing the market led approach and in response officers said this will assured in part through the obligations for the building to go through planning process to meet nursing home standards. In addition the financial aspects will be overseen by the Strategic Director of Finance to ensure a good money deal. In terms of operators the Strategic Director said that the council would only entertain providers working in a number of local authorities and they would visit their current provision , as well as seeking input from colleagues in other boroughs and the CQC. Through this the council would seek to ascertain their business approach and how they support senior management, as good care home managers are key.
- There was a discussion on the nature of independent family run business ; the value this may offer, if this includes share holder investors, how accurately this can be ascertained or defined, and if the benefits can be sustained over the longer term.
- There was a discussion about population needs of people requiring a care home and a member spoke about people with dementia who are physically well but in a more difficult middle stage , and if care home provision is currently adequate for this cohort. The Strategic Director spoke about the growing population with dementia and people living in Extra Care, but also on occasions requiring residential care use . In order to receive nursing care people must meet a high NHS threshold.
- A member asked why this had not been treated to a Gateway 0 process at the outset, with a report to cabinet, in order to undertake an initial the strategic assessment of all the options prior to arriving at the market led approach. The member referred to another councillors view, who is the social care lead for Unison , and conveyed their opinion that a market-led approach is still a procurement strategy, simply via a slightly modified route , and as such ought to be subject to the Gateway 0 process. In response the Head of Sustainable Growth North, said that this is not a procurement process as defined by legislation, and rather a very different approach . Instead this is going out to the market for a product, model , and offer . This approach is about casting the net widely and seeing what comes back.
- There was a discussion on how much modelling had been done to look at both the impact on the quality of care and the costs of delivery each model , on the revenue budget. There are hidden costs of such as ongoing quality assurance costs that may

be higher . A member commented that there are potentially higher care cost that impact directly on fee paying residents and indirectly on the council if later done the line care, if fees fall on the council once private reserves are exhausted. Council owned nursing homes tend to charge less than privately owned homes.

- The member suggested that this is not zero cost to the council but rather but zero capital investment, furthermore the council's revenue account is under particular pressure , and a direct delivery model may reduce costs here. In addition, there was the risk that the council may have to pay out millions to buy back a building in a crisis as the council did for Tower Bridge. It was proposed that the Direct Delivery option warranted further exploration..
- The Head of Sustainable Growth North said that council modelling suggests that it can expect 50 beds offered back on a 100-bed home through the market led approach.
- There was a discussion on how the council will mitigate risks, and a question on if the market led approach is seeking to offload risk . The cabinet lead said that transparency and accountability will be delivered by a paper going via the cabinet process and in addition this will be offered to scrutiny.
- The Strategic Director spoke about biggest risk is a company owning the building and then cashing in via Private Equity. He went through the history of former care homes being sold off by Local Authorities, which were initially run by staff groups. These were then often sold off to larger private providers, for a profit. The business model used by the large providers, such as Southern Cross, utilised a lease back arrangements to profit, whereby the care business was divided into two, with one part acting as operator delivering care and the other business owning the building asset and charging rent from the operator. In the latter stage, Private Equity enterprises such as Terra Firma brought care home groups and the costs of paying back the Private Equity investment also had to be factored into the business model. The major underlying reason for the demise of Southern Cross, and other care providers existing the market, was not the price being paid for care offered by councils, but rather the legacy of successive previous owners cashing out.
- A member asked the officer if the market led approach is considered a land sale. The officer clarified that this is a sale of long lease; the length has not been decided, the longer the lease the more valuable. The member asked if rent would be charged by the council on the land and the officer clarified that rather than rent on the land there would be a deal whereby the land lease owner builds the care home and in return the council get a certain number of places in the home rent free.

- The member asked for further clarification on if in that case can the owner of the land lease could sell the building to Private Equity as happened with Southern Cross / Four Seasons / Terra Firma, and then charge rent to the care home operator , in a similar fashion to the lease back arrangement . The Strategic Director clarified that this in this case because there will be a care contract, with break clauses, which means the council cannot be charged rent , only 'hotel' (care services) for places reserved through the land deal. In addition, the Strategic Director said that there will be other care contract obligations , around the care operation.
- The Strategic Director said there is a Unit Costs of Health and Social Care that has a floor and ceiling . This annual publication, produced by the Personal Social Services Research Unit (PSSRU), provides estimates for the cost of various health and social care services, including nursing homes, community services, and children's services. The publication typically includes a floor and ceiling for each unit cost. This means that for a specific service, like a nursing home stay, there's a minimum cost (the floor) and a maximum cost (the ceiling) that is expected. The Strategic Director explained that the land deal reduces the cost per room per night (but there is a supplement for living wage). This will be addressed further during the process by the finance team.
- Officer commented that 60 years is the lifetime that a building is predicted to last when built to high sustainability standards.
- A member said it is a shame that the council cannot build their own home and floated the idea of borrowing as other councils have done . The member also commented that a market led approach would likely attract a for-profit operator who would come with a profit motive rather goodness of heart . In addition, 50 beds did not sound that attractive . In response it was noted that if the council borrowed between 20 - 25 million then the council would need to carry this as a burden on our finances , whereas in the market led model the council get 50 beds free of rent; which is a pragmatic approach. Care home providers profit margin is in the order of 3-5% so not that hugely lucrative .
- There was a discussion on direct delivery design. The Head of Sustainable Growth said the council is not well placed to carry out the design of a nursing care home building, and does not have experience . A member queried if it was really necessary to link up with an operator to deliver the design, given there are several examples of different operators delivering care in the same buildings that the council own; Anchor previously ran the homes now deliver by Agincare, and more recently Tower Bridge has switched operator.

- There was a comparison made with the council funding, delivering and designing schools, and a question whether this was analogous and with the predicted demographic changes towards an older population the council ought to take on more responsibility for provision of care homes, as it does presently for schools. Officers were asked how schools are built and designed . The Head of Sustainable Growth confirmed that the council do design and deliver schools directly and that in these situations some distance from the head teacher is considered advisable . The Strategic Director commented that he does agree there is a place for the public sector to deliver directly and in the children's space, the council are building two care homes, enabled by government grants, and intend to run them in house.
- Members suggested that more research is conducted on models under consideration and that this include looking at the impact of all models on the revenue account and the overall financial and quality implications of different care models. In addition it was suggested that further work was done on a possible NHS partnership

7. DAMP AND MOULD

The chair welcomed the following officers and invited them to present the report circulated with the agenda

- Hakeem Osinaike, Strategic Director of Housing, Housing
- Marc Cook Customer Journey Lead - Southwark Repairs , Housing and Modernisation

The chair then invited questions and the following points were made:

- A member asked about repeat visits and how damp can be prevented, as some constituents complain this is a reoccurring problem. Officers explained that there is follow up after 6 weeks . Damp can be seasonal damp and addressed by ventilation such as fans. The Stock Condition Survey will be comprehensive and include communal spaces , and identify any structural issues causing damp, as well inform the investment required .
- There will be demographics details in the Stock Condition Survey, on the advice Public Health . There is a panel including Public Health looking at data which includes demographics .
- Outreach has been conducted with schools to identify children with respiratory problems that may be caused by damp in their homes.

- Members raised concerns about Housing Associations . Officers said there is a panel and offered to get back on this and how the council can help navigate improvement although it was noted that that the council have no enforcement powers . Housing Association have the same responsibilities as the council, as a landlord.
- Officers agreed that the council need to be more proactive in tackling damp and the Stock Condition Survey will inform decisions and set priorities , given the housing revenue account is insufficient to tackle everything. As such this will be about priorities. There are properties which are very old, need investment, and are hardest and most expensive to tackle. In terms of shortfalls Southwark has called for Decent Homes Standards to be revisited and for funding to be provided to cover this.
- The proactive work has been extensive , impactful and aided the move towards a proactive approach.
- The Stock Conditions Survey will be 40% completed by by summer of next year. This will be sufficiently representative of the overall stock and enable the council to write an asset management programme .
- Members spoke about previous problems in Arbitration where tenants were often blamed for their lifestyle but lived in situations where bathrooms with had no windows , for example. The Strategic Director stressed that structural problems are often a reason . Another member spoke about education to reduce damp . An example was opening windows in the mornings which can actually reduce heating costs . Officers spoke of the importance of address underlying building issues , alongside providing education, for example tenants can worry about loss of heat through ventilation , however opening the windows in the morning for a brief period can lower moisture content, which will reduce the risk of damp and reduce heating costs. It is important to avoid a blame culture . The service does offer a hydrometer to assist in monitoring damp.

RESOLVED

Officer will provide more information on demographics reporting details .

8. PAIN MANAGEMENT UPDATE

This was noted.

9. UPDATE ON ACCESS TO MEDICAL APPOINTMENTS REVIEW

This was noted.

10. CANCER PREVENTION AND EARLY DIAGNOSIS REVIEW

This was noted.

11. SAFEGUARDING REVIEW

This will be carried over to the following administrative year.

12. WORK PROGRAMME

RESOLVED

It was agreed that the Commission will meet in May to agree a short report regarding delivery of a new nursing care home, with a recommendation that a better and more thorough process is followed , where all the options are fully considered .

Item No. 6	Classification: Open	Date: 13 May 2025	Meeting Name: Health & Social Care Scrutiny Commission
Report title:		Health & Social Care Scrutiny Commission Work Programme 2024 - 25	
Ward(s) or groups affected:		N/a	
From:		Julie Timbrell, Project Manager, scrutiny.	

RECOMMENDATIONS

1. That the Health & Social Care Scrutiny Commission note the work programme as attached as Appendix 1 Work Plan, and review scope in appendix A.
2. That the Health & Social Care Scrutiny Commission consider the addition of new items or allocation of previously identified items to specific meeting dates of the commission.

BACKGROUND INFORMATION

3. The general terms of reference of the scrutiny commissions are set out in the council's constitution (overview and scrutiny procedure rules - paragraph 5). The constitution states that:

Within their terms of reference, all scrutiny committees/commissions will:

- a) review and scrutinise decisions made or actions taken in connection with the discharge of any of the council's functions
- b) review and scrutinise the decisions made by and performance of the cabinet and council officers both in relation to individual decisions and over time in areas covered by its terms of reference
- c) review and scrutinise the performance of the council in relation to its policy objectives, performance targets and/or particular service areas
- d) question members of the cabinet and officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects and about their views on issues and proposals affecting the area

- e) assist council assembly and the cabinet in the development of its budget and policy framework by in-depth analysis of policy issues
 - f) make reports and recommendations to the cabinet and or council assembly arising from the outcome of the scrutiny process
 - g) consider any matter affecting the area or its inhabitants
 - h) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working
 - i) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the scrutiny committee and local people about their activities and performance
 - j) conduct research and consultation on the analysis of policy issues and possible options
 - k) question and gather evidence from any other person (with their consent)
 - l) consider and implement mechanisms to encourage and enhance community participation in the scrutiny process and in the development of policy options
 - m) conclude inquiries promptly and normally within six months
4. The work programme document lists those items which have been or are to be considered in line with the commission's terms of reference.

KEY ISSUES FOR CONSIDERATION

- 5. Set out in Appendix 1 (Work Programme) are the issues the Health & Social Care Scrutiny Commission is considering in 2024- 25.
- 6. The work programme is a standing item on the Health & Social Care Scrutiny Commission agenda and enables the commission to consider, monitor and plan issues for consideration at each meeting.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Health & Social Care Scrutiny Commission agenda and minutes	Southwark Council Website	Julie Timbrell Project Manager
Link: https://moderngov.southwark.gov.uk/ieListMeetings.aspx?Committeeld=518		

APPENDICES

No.	Title
Appendix 1	Work Plan 2024-25
Appendix A	Review: Adult Safeguarding – how can this be implemented to better protect vulnerable adults, carers and paid staff?

AUDIT TRAIL

Lead Officer	Everton Roberts, Head of Scrutiny		
Report Author	Julie Timbrell, Project Manager, Scrutiny.		
Version	Final		
Dated	8 May 2025		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		Comments Sought	Comments Included
Director of Law and Governance		No	No
Strategic Director of Finance and Governance		No	No
Cabinet Member		No	No
Date final report sent to Scrutiny Team			8 May 2025

Health and Social Care Scrutiny Commission workplan 2024/ 25

Potential reviews, topics follow up and standing items:

Reviews

1. Adult Safeguarding – how can this be better implemented to protect vulnerable adults, carers and paid staff?
2. Nursing Care Home model delivery (mini review)
3. Cancer prevention and early diagnosis

Topics

Damp and mould

Follow up 2024/25:

- Access to Medical Appointments
- Orient Street/ Respite Care update on Short Break consultation and outcome
- Blue Badge – update on progress following an item last administrative year
- Pain management clinic - assurance around administration at GSTT
- Care Home model – Asylum Road site delivery
- Adult Social Care Vision - pre scrutiny of Cabinet report (governance timeline to follow)

Follow up 2025/26 (provisional)

- Pain management clinic – with reference to good practice community model in Lambeth
- Care Home model pre-scrutiny of options under consideration (scrutiny in a day)
- FGM follow up on work with adult survivors
- Children's respite care and cost impact of the ending the provision at Orient Street.
- Damp and mould (topic)

Standing items

- Interview with the Independent Chair of the Southwark Safeguarding Adults Board (SSAB). The Safeguarding Adults Board is a multi-agency partnership which has statutory functions under the Care Act 2014. The main role of Southwark Safeguarding Adults Board (SSAB) is to ensure that local safeguarding arrangements work effectively so that adults at risk due to health needs, social care needs or disabilities are able to live their lives free of abuse or neglect.

Interview Cabinet member/s

- Cabinet Member for Health and Well-being

Dates

Meeting	Date	
Informal meeting to workplan	Tuesday 11 June	
1	Thursday 25 July	<p>Damp and Mould</p> <p>Request a report from Damp and Mould specialist in housing and the work of Public Health, with reference to:</p> <ul style="list-style-type: none"> • The work of Public Health , including outreach to check for respiratory health • How to tackle damp and mould in different types of tenure including council homes, housing association, private rented and homeowners • How the construction of buildings can impact on damp and mould • Current and planned statutory housing duties that impact on damp and mould including Awaab's Law • Advice and education that can be provided to supplement the landlord's primary responsibility to address the underlying causes of the problem, such as structural issues or inadequate ventilation.

		<p>Local Pharmacies</p> <p>A report will be requested from commissioners with reference to a petition and correspondence from a local pharmacy regarding the sustainability of current commissioning of pharmacy services. Commissioners will be asked to clarify to what extent problems can be addressed at a local, South East London and/ or national level.</p> <p>Access to Toilets scrutiny review report – final report sent to July cabinet , arising from last year, to note.</p>
2	Monday 21 October	<p>Topic: Cancer prevention and early diagnosis : Rapid Diagnostics Presentation on 'cancer of unknown origin / rapid diagnostic specialist cancer treatment centre'</p> <p>Access to testing – responding to the cyber-attack in Primary Care</p> <p>Refresh Partnership Southwark priorities – early discussion</p> <p>Access to Toilets scrutiny review report – cabinet report back</p>
3	Wednesday 13 November	<p>Topic: Cancer prevention and early diagnosis</p> <p>Primary Care Access</p>

		<p>GP appointments (with particular focus on accessing face to face appointments and timely care) and an update on ‘collective action’ by GPs in response to the new contract, and any Southwark specific action)</p> <p>Cabinet Member for Health and Well-being – annual interview</p> <p>Cllr Evelyn Akoto’s portfolio includes supporting carers, improving health services and adult social care, as well as public health.</p> <p>Healthwatch</p> <ul style="list-style-type: none"> • Annual report 2023 -24 • Empowering Voices: Examining Healthcare Access for Adults with Learning Disabilities and Autistic Adults Healthwatch Southwark
4	Monday 3 February	<p>Blue Badge – follow up</p> <p>Damp and mould - including follow up on equalities data from Public Health</p> <p>Interview with the Independent Chair of the Southwark Safeguarding Adults Board (SSAB) tbc</p>
Informal	March	Care Home model - Asylum Road delivery

5	Wednesday 2 April	<p>Interview with the Independent Chair of the Southwark Safeguarding Adults Board (SSAB)</p> <p>Care Home model - Asylum Road delivery</p> <p>Damp and Mould report and presentation</p> <p>Pain Management update (GSTT written briefing update only)</p> <p>Update on Access to Medical Appointment recommendations (written briefing update only)</p> <p>Cancer mini review summary interim headline report</p> <p>Safeguarding review</p>
13 May 2025		Agree report Nursing Home delivery

Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2024-25

AGENDA DISTRIBUTION LIST (OPEN)

NOTE: Original held by Scrutiny Team; all amendments/queries to Julie.Timbrell@southwark.gov.uk

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Councillor Leo Pollak				
Councillor Victor Chamberlain				
Councillor Joseph Vambe				
Councillor Sam Foster				
Councillor Dora Dixon Fyle				
Non Voting Co-opted places				
		Total: 12		
		Dated: July 2024		