

Health and Social Care Scrutiny Commission

Monday 1 December 2025
7.00 pm
160, Tooley Street, SE1 2QH

Supplemental Agenda

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Contact

Julie Timbrell on 020 7525 0514 or email: Julie.Timbrell@southwark.gov.uk
Webpage:

Date: 27 November 2025



HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Thursday 16 October 2025 at 7.00 pm at 160, Tooley Street, SE1 2QH

PRESENT: Councillor Suzanne Abachor (Chair)
Councillor Maria Linforth-Hall (Vice-Chair)
Councillor Sandra Rhule

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Julie Timbrell, Project Manager, scrutiny

1. APOLOGIES

There were apologies from Councillor Charlie Smith, Councillor Esme Dobson, and Councillor Naima Ali.

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

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

4. MINUTES

The minutes of the meeting on held on 2 July 2025 were agreed as an accurate record.

5. CANCER PREVENTION AND EARLY DIAGNOSIS

The chair drew members attention to the headline scrutiny review report enclosed with the papers and invited members to comment.

Members commented that the evidence received supported a recommendation on FGM trauma informed cervical cancer screening.

The project manager reported that health colleagues have provided more up to date data on work to improve early diagnosis.

6. CABINET RESPONSE TO THE NURSING CARE HOME DELIVERY SCRUTINY REVIEW REPORT

The chair drew members attention to the cabinet report circulated with the agenda.

The chair then explained that the commission has a role in ensuring good governance , accountability and the long term interests of Southwark residents. She was pleased to acknowledge the cabinet's response to the commission concerns, regarding the delivery of the Asylum Road Care Home. The commission noted that at the cabinet meeting three additional amendments were made, and these were welcomed:

i) noted that further feedback from the Health and Social Care Scrutiny Commission meeting, scheduled for Thursday 16 October 2025, would be taken into account during the lease negotiation stage with Andover

ii) noted that Planning and Growth would explore options for appointing the Dementia Services Development Centre (DSDC) at the University of Stirling, as sector specialists, to comment on the proposed design, at the appropriate time.

iii) noted that, with reference to paragraph 23 of the open report, the Andover Nursing Home has now been rated 'Good' by the CQC (4 September 2025).

The chair then invited the scrutiny project manager explain how the item will be dealt with. The project manager advised that this item be deferred until after the call -in period as expired, on the advice of the monitoring officer. This was agreed.

7. NURSING CARE HOME SPACE STANDARDS

The documentation circulated was noted. Stirling University and officers will be invited to present at a future meeting.

8. WORK PROGRAMME

The work programme was noted.

CANCER PREVENTION AND EARLY DIAGNOSIS

Headline report : October 2025

1. REVIEW PURPOSE

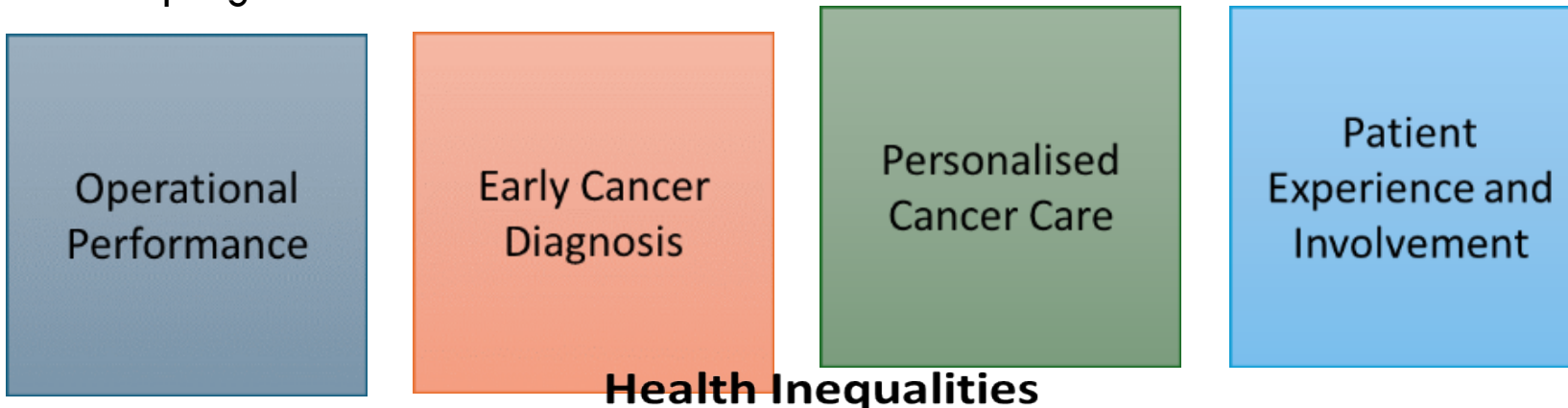
The review is driven by members concerns that Cancer Prevention and Early Diagnosis is important to ensure that as far as possible cancer is prevented, and that people can access health services early, when cancer is most treatable. Taken together prevention and early treatment will reduce the incidence of cancer, and reduce mortality.

2. REVIEW FOCUS 2024/25/26

The evidence the commission received during the administrative year 2024 – 25 focused more on Early Diagnosis , rather than prevention. In the following administrative year 2025/25 the commission had a focused session on Prevention.

3. CONTEXT - NHS ENGLAND CANCER

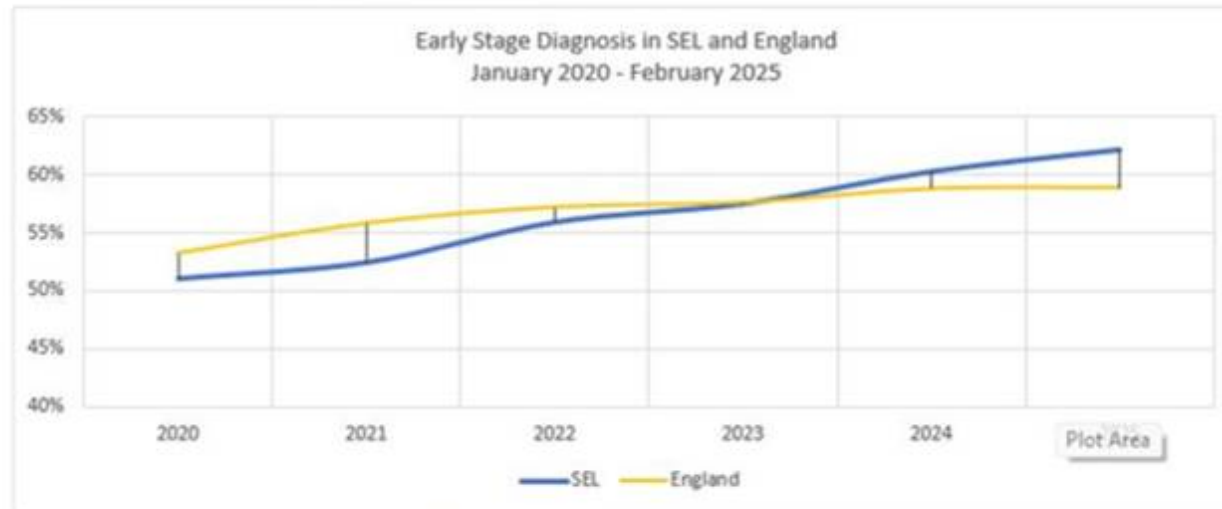
- i. National and locally there is a strong NHS focus on cancer diagnosis, cancer care and community engagement to support delivery of the NHS Long Term Plan commitments for Cancer.
- ii. NHS England has commissioned 20 Cancer Alliances.
- iii. South East London (SEL) Cancer Alliance (SELCA) serves the population within SEL Integrated Care System (ICS).
- iv. SELCA work across all 6 boroughs of South East London to bring together partners across the Integrated Care System, including NHS partners, Local Authority, third sector and the public that we serve to support improvement in Cancer services.
- v. The core programme areas are:



4. EARLY DIAGNOSIS — TARGETS & PERFORMANCE

- i. National ambition (NHS Long Term Plan) is to increase the proportion of cancers diagnosed at Stage 1 and 2 to 75% by 2028
- ii. In 2023 58% of people with cancer in SEL were diagnosed at this stage.
- iii. The proportion of SEL cancers diagnosed at stages 1 & 2 has improved over a 5 year period to 62.2% , which is higher than England average of 58.9% (February 2025 data)
- iv. There is variation by tumour and demographic with more deprived communities tending to have later diagnosis , however there have been improvements in Black and Asian communities and most deprived communities.

Early Diagnosis Data – All Cancers



Proportion of cancers diagnosed at stage 1 & 2 in SEL has improved over the last 5 years to being above the England average at 62.2% in February 2025 (England average 58.9%).

There is variation by tumour group and demographic group e.g. more deprived population tends to have higher proportion of later stage diagnoses.

However recent SEL RCRD data is showing improvements in early diagnosis for Black and Asian populations and patients in the most deprived areas.

Source: <https://concerstats.ndrs.nhs.uk/RCRD/RCRDDashboard>

Year	RCRD Data		Final Data	
	SEL	England	SEL	England
2020	51.0%	53.2%	52.0%	51.9%
2021	52.4%	55.8%	53.0%	53.9%
2022	55.9%	57.2%		
2023	57.5%	57.6%		
2024	60.3%	58.8%		
2025	62.2%	58.9%		
Improvement From 2020-2024	9.3%	5.6%		
Improvement From 2020-2025	11.2%	5.7%		

Difference From SEL RCRD to England RCRD	
	-2.2%
	-3.4%
	-1.3%
	-0.1%
	1.5%
	3.3%

** Up to Feb 2025



EARLY DIAGNOSIS & FASTER DIAGNOSIS

SEL Cancer Alliance outlined the main approach:

i) **Faster diagnosis**

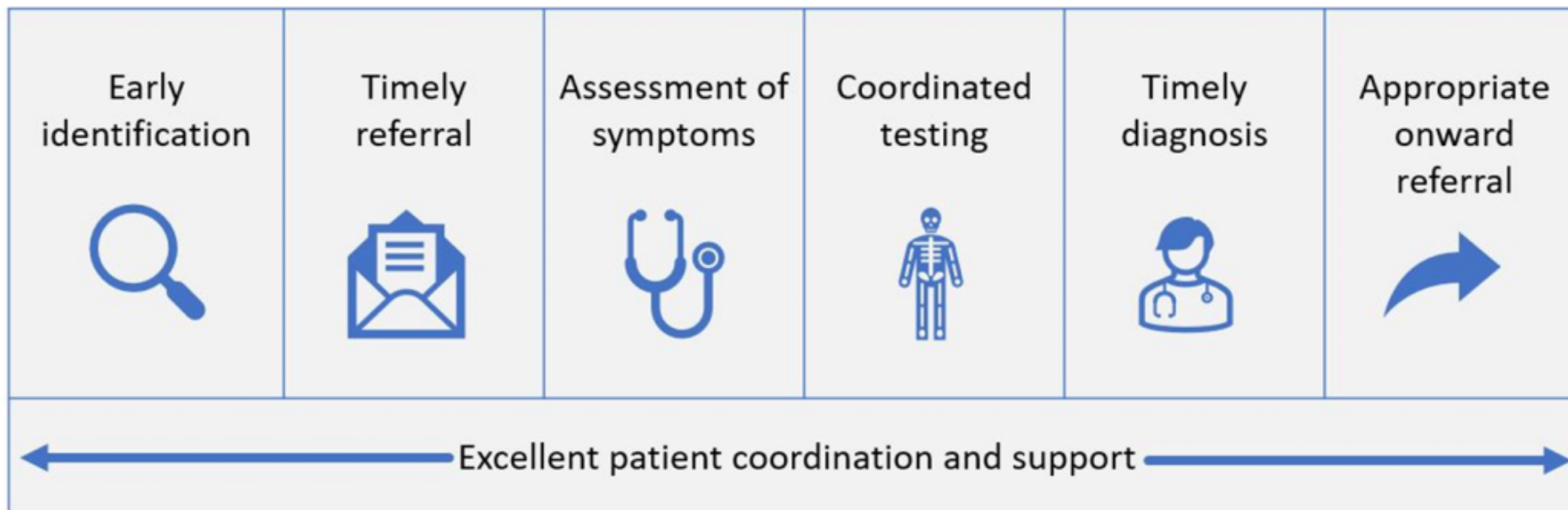
Improving cancer diagnostic pathways (including establishment of a Rapid Diagnostic Clinic RDC)

ii) **Early diagnosis**

- A. Timely presentation: Increasing public awareness of the signs and symptoms of cancer
- B. Screening Uptake: Increasing uptake of Breast, Bowel and Cervical Screening
- C. Primary Care pathways

FASTER DIAGNOSIS: RAPID DIAGNOSTIC CLINICS (RDC)

- i. Rapid Diagnostic Clinics (RDC) were set up as a way to help diagnose patients who may have symptoms of cancer, but it is not clear to the GP what type of cancer (non-site-specific symptoms).
- ii. The RDC aims to achieve earlier and/or faster diagnosis of cancer and other serious conditions. Aim to confirm/rule out cancer within 28 days of referral (FDS)

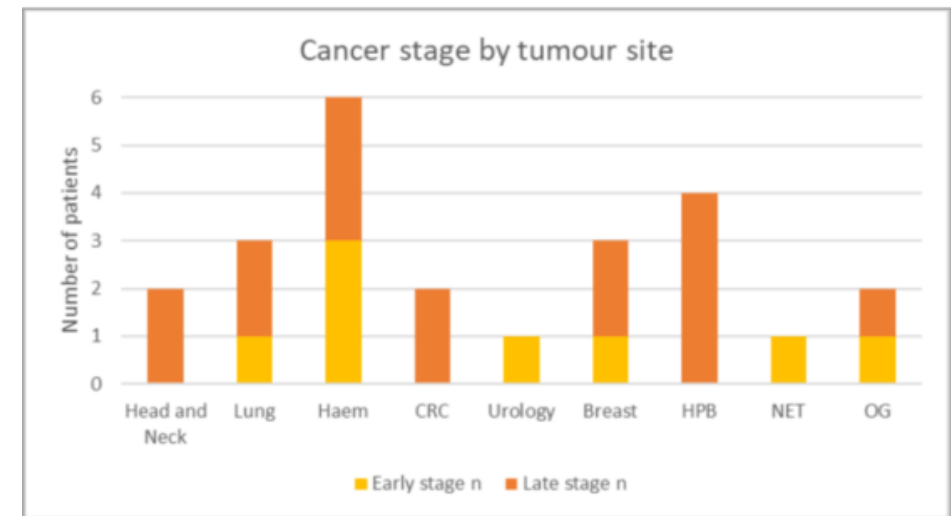
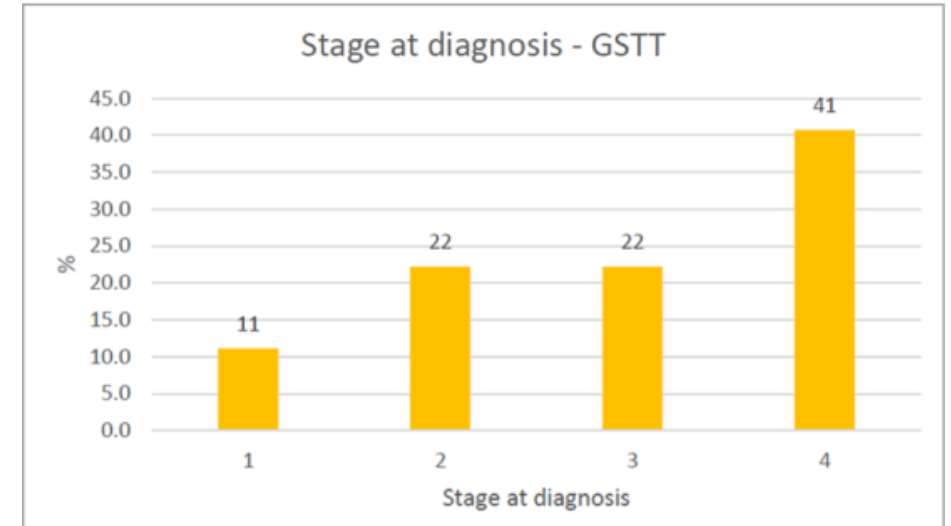


FASTER DIAGNOSIS: GUY'S RAPID DIAGNOSTIC CLINIC

Cancer stage at diagnosis: Sep 2022-March 2023

- i. Set up in 2016 Guy's RDC has been seen as a gold standard
- ii. The patient survey identified that respondents rated the RDC service highly with 93% of participants rating it as good or excellent.*

- The proportion of cancers diagnosed in 2023/24 was 5.9%
- This is similar to the proportion of patients diagnosed with cancer who were referred on an urgent suspected cancer pathway
- Highest proportion of cancers are diagnosed at a late stage



FASTER DIAGNOSIS: GUYS RAPID DIAGNOSTIC CLINIC

- i. Guy's RDC is an excellent service that the commission commends.

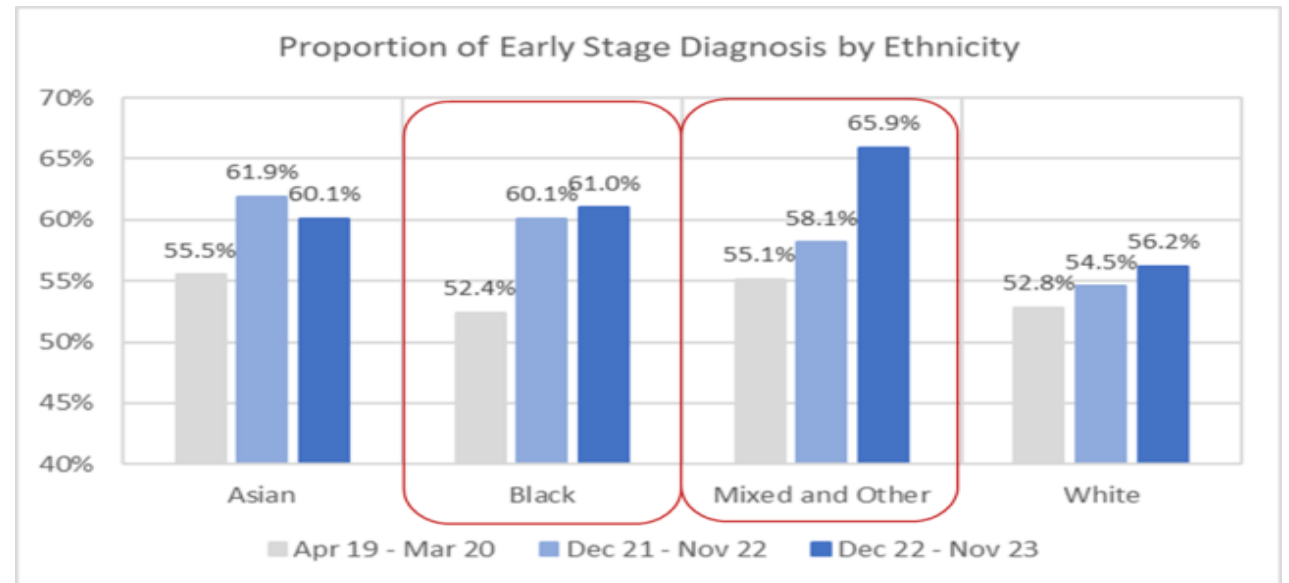
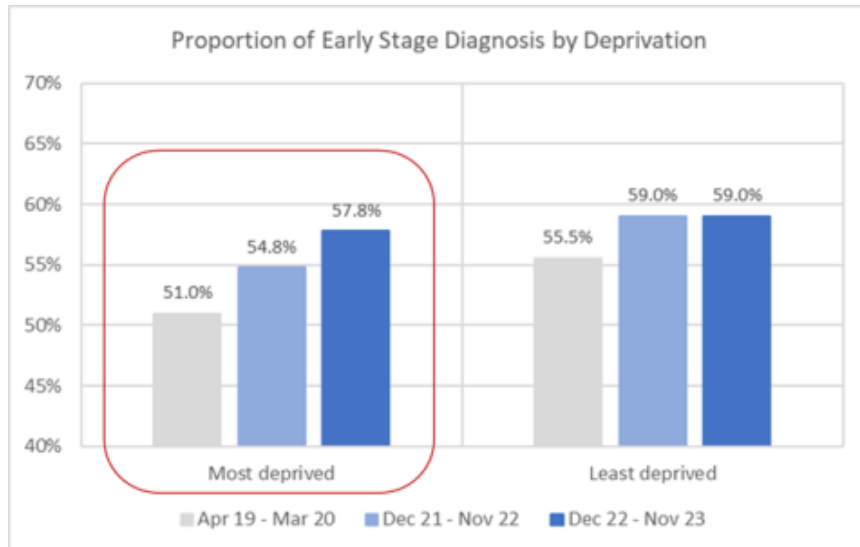
EARLY DIAGNOSIS: INCREASING SCREENING AND AWARENESS

There are several targeted programmes to increase screening uptake and knowledge of symptoms, including:

- I. Work with Latin American communities to increase understanding of NHS , including material in different languages
- II. Targeted work to increase breast screening and understanding of the signs of womb cancer
- III. Southwark was a part of an SEL wide initiative to proactively contact men at higher risk of prostate cancer a risk checker. Black men over 45, and anyone with a family history of prostate cancer over 45, were sent the PCUK Risk Checker

EARLY DIAGNOSIS: EQUALITIES IMPACT OF INCREASING SCREENING AND AWARENESS

SELCA work is focused on reducing the equity gap between populations. The national data shows an improvement in early diagnosis for our Black and Mixed other population as well as a larger rise in proportion of early stage diagnosis for our population living in the most deprived areas



EARLY DIAGNOSIS : PRIMARY CARE PATHWAYS

- I. SELCA advised that new Cancer Facilitator role was created 2 years ago and they offer support via individual practice resource packs plus the offer of practice engagement sessions to provide education and support for staff including how to improve on cancer screening participation and reduce inequalities, e.g. by providing easy-read format or multi-language resources, and providing signposting information for people who may need to attend specialist services . They also provide best practice tips for use of different cancer pathways to help ensure patients are diagnosed (or cancer is ruled out) as early as possible.
- II. GPs are skilled up through training packages, including one by Macmillan Cancer Support and Red Whale cancer referral guidelines.
- III. The Commission heard updates on how access to medical appointments is being improved, as part of ongoing work and in response to a previous scrutiny review .

EARLY DIAGNOSIS: COMMUNITY ENGAGEMENT & CO-DESIGN — CONCLUSION 1

The SELCA work shows a strong and effective focus on particular groups through community engagement and outreach . This is demonstrating excellent outcomes.

Further improvements to the system and partnership working are recommended to increase the use of community intelligence and stakeholder engagement to drive improvement programmes.

The work to encourage the early diagnoses for men with prostate cancer was noted, including the targeted testing. In addition members suggested additional outreach to places such as Southwark Pensioner Centre to increase awareness of signs and to provide reassurance that early diagnosis is non invasive .

In particular it is recommended that groups experiencing most barriers to accessing healthcare be identified as it was noted and these people are more likely to present with late stage cancers, through routes such as A&E rather than presenting to their GP. The clinicians noted it is essential that a facilitative approach is taken to address this through working with practices but also with local people and voluntary & community organisations.

EARLY DIAGNOSIS: COMMUNITY ENGAGEMENT & CO-DESIGN -CONCLUSIONS 2

Members and clinicians noted a concern that people experiencing significant social and economic deprivation , such as those on zero hour contracts, and / or working unsocial hours , and/or multiple jobs. Clinician reported that granular engagement shows that for some people health is not a priority as the focus is on trying to exist and survive – for example people on zero-hour contracts and low pay. Members noted this is also the cohort that may find it much harder to GP access appointments and primary care. People on zero-hour contracts /low paid are often also recent immigrants and there may also be language barriers; the and therefor outreach and leaflets in different languages are likely to be helpful.

In addition previous engagement with people with mental health for the Access to Medical Appointments had highlighted difficulty with accessing primary care. It would therefor be beneficial to:

- a. Undertake targeted engagement work with these cohorts: A low pay/multiple jobs/ zero hour contracts B Mental health
- b. Offer drop in sessions for primary care and testing

EARLY DIAGNOSIS: DATA -CONCLUSIONS 3

- i. SEL CA work is strongly data driven which is a positive.
- ii. Gaps in the quality of data were noted and that the following would increase the knowledge base:
- iii. Improved data quality, including that hospital and Primary Care record Protected Characteristics, plus post code and socio-economic status.
- iv. Ethnicity data ought to be granular eg Black British, Black African, Black Asian, plus the Latin American population , which is significant in Southwark
- v. EPIC has untapped potential, efforts should be made to explore and utilise its full functionality to improve data capture, sharing, and service design over time.

EARLY DIAGNOSIS: PRIMARY CARE - CONCLUSIONS 4

SEL CA and the Southwark Partnership have a strong focus on skilling up the local workforce and improving access to Primary Care .

Nevertheless Primary Care remains under pressure and requires more capacity to meet patient demand for timely appointments.

There must be a relentless focus by the local ICS and Partnership Southwark on improvements to primary care access, and particularly GP access , especially by increasing staff capacity , through retention and recruitment.

The commission heard there is now longer wait times for tests, scans and x rays, which means that GPs are referring with less certainty on timescales, which could delay diagnosis.

There therefore ought to be a focus on monitoring and bringing down wait time for tests.

5. CANCER PREVENTION

- i. The commission received a presentation by SELCA and Southwark Public Health at the meeting in July 2025. The presentation outlined a comprehensive approach to cancer prevention, focusing on reducing modifiable risk factors and improving access to protective interventions. This is summarised below along with the discussion.

VACCINATION:

- Targeted campaigns to improve HPV vaccination uptake among women, MSM, trans and non-binary individuals, asylum seekers, and refugees.
- Outreach through festivals (e.g. Mighty Hoopla), university events, and digital platforms like Grindr and Snapchat.

SMOKING CESSATION:

- Integrated into the lung screening programme.
- Southwark's Stop Smoking Services offer face-to-face and virtual support, outreach advisors, and Allen Carr's Easyway seminars.
- Smoking rates have declined significantly, with over 777 successful quits in 2024/25.

COMMUNITY OUTREACH & PUBLIC HEALTH CAMPAIGNS:

Making Every Contact Count approach used in GP practices.

- Community Health Ambassadors trained to deliver cancer prevention messages.
- Translated workshops and events delivered in multiple languages.
- Small grants provided to grassroots organisations for culturally tailored awareness campaigns.

ENVIRONMENTAL RISK REDUCTION:

Collaboration with Environmental Health teams on the Air Quality Plan to address environmental carcinogens

CERVICAL CANCER & SCREENING BARRIERS:

During the scrutiny discussion, specific concerns were raised by member regarding barriers to cervical cancer screening, particularly among women affected by Female Genital Mutilation (FGM):

A self-screening pilot has been launched to improve uptake.

- Outreach innovations include Tinder promotions, engagement with sports clubs, and pharmacies.
- Drop-in clinics, including weekend sessions, are being trialed.
- An estimated 7,000 women in Southwark are affected by FGM, with associated psychosexual trauma deterring screening.
- SELCA proposed self-sampling kits and language-specific information packs to reduce barriers.
- Members highlighted the need for trauma-informed care and better support for women whose trauma is often overlooked in clinical settings.

6. RECOMMENDATIONS: COMMUNITY ENGAGEMENT AND CO-DESIGN

6.1. Strengthen Community Intelligence and Co-Design Approaches

Building on SELCA's strong outreach, further improvements should include co-designing services with communities, ensuring the voice of residents and patients is central to tackling inequalities in cancer outcomes.

The excellent work engaging communities to increase early diagnosis ought to be continued and this approach adopted to co-design specific interventions with populations most at risk of developing cancers.

- a. Using data identify those demographic cohorts who are most at risk of developing cancer and co-design interventions focused on prevention.
- b. Develop targets for the prevention of cancer and monitor these to provide assurance that rates are going down over time.

6.2. Expand Outreach for Prostate Cancer Awareness

Continue targeted testing initiatives and expand outreach to trusted community spaces such as Southwark Pensioners Centre, to raise awareness of prostate cancer symptoms and reassure individuals that early diagnosis is non-invasive.

RECOMMENDATIONS: REDUCING BARRIERS TO ACCESS

6.3. Identify and Support Groups Facing the Greatest Barriers to Healthcare to improve Access

Populations more likely to present with late-stage cancers—often via A&E—must be identified and supported. A facilitative approach should be adopted, working with GP practices, local communities, and voluntary sector organisations to improve access and outcomes.

6.4. Apply Risk Factor Intelligence to Improve Access Models

Access models should be informed by known risk factors, including working patterns, poverty, and social difficulties. This includes recognising the challenges faced by those on zero-hour contracts, low pay, or working unsocial hours.

6.5. Target Engagement with Vulnerable Cohorts to improve the Access Model

Targeted engagement should be undertaken with:

- A. Individuals on low pay, zero-hour contracts, or working multiple jobs, who may deprioritise health due to economic pressures and face language barriers.
- B. People with mental health conditions, who have previously reported difficulties accessing primary care.

6.6. Provide Drop-In Sessions for Primary Care and Testing

To improve accessibility, drop-in sessions should be offered for primary care consultations and cancer testing, particularly for the above cohorts.

RECOMMENDATIONS: DATA QUALITY, INTELLIGENCE, AND SYSTEM CAPABILITY

6.7. Improve Data Collection and Granularity

Enhance data quality by ensuring hospital and primary care records include:

- Protected characteristics
- Postcode and socio-economic status
- Granular ethnicity categories (e.g., Black British, Black African, Black Asian, Latin American)

6.8. Leverage EPIC's Untapped Capabilities

Recognising that EPIC has untapped potential, efforts should be made to explore and utilise its full functionality to improve data capture, sharing, and service design over time.

6.9. Integrate Population Health Management Across Systems

Continue to develop the use of population health management tools across health, social care, and VCSE systems to inform decision-making. This should support:

- Public awareness campaigns
- Professional training
- Targeted and tailored interventions

RECOMMENDATIONS: PRIMARY AND SECONDARY CARE CAPACITY

6.10. Increase Primary Care Capacity and Access

Primary care remains under pressure. The ICS and Partnership Southwark must maintain a relentless focus on improving GP access by increasing staff capacity through recruitment and retention and neighbourhood team development.

6.11. Monitor and Reduce Diagnostic Wait Times

Longer wait times for tests, scans, and X-rays are impacting GP referral certainty and potentially delaying diagnoses. A focused effort, including an action plan, is needed to identify, monitor and reduce these wait times, including actions within trusts to address backlog.

RECOMMENDATIONS: TRAUMA-INFORMED

6.12. Expand Trauma-Informed Cervical Screening Access

- Develop specialist support pathways for women affected by FGM, integrating trauma-informed approaches into cervical screening services.
- Provide self-sampling kits accompanied by multilingual, culturally sensitive materials to empower women to screen in a safe and private manner.
- Train GPs and frontline staff to recognize and respond to psychosexual trauma, ensuring that conversations about screening are handled with sensitivity and care.

Item No. 9	Classification: Open	Date: 1 December 2025	Meeting Name: Health & Social Care Scrutiny Commission
Report title:		Health & Social Care Scrutiny Commission Work Programme 2025 - 26	
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 2025-26
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	27 November 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			27 November 2025

Health and Social Care Scrutiny Commission 2025/26

Reviews

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

Topics

Damp and mould (continue 2024/25)

Follow up and new items 2025/26

- Blue Badge – update on progress following an item last administrative year
- Care Nursing Care Home model delivery cabinet response and tracking delivery (including looking at Nursing Home Space standards)
- FGM update on work with adult survivors
- Menopause
- Children's respite care and cost impact of the ending the provision at Orient Street
- GP appointments (with reference to work Partnership Southwark are doing to improve access to timely appointments)
- Improving access to toilets – update on previous scrutiny review
- Overcrowding and the impact on the mental health of children (with reference to Partnership Southwark work neighbourhood work with complex children)
- TFL :a) explore an earlier than 9am Freedom bus pass starting time (see if older peoples organisations and groups such as Age UK / National Pensioners Convention / Southwark Pensioners Centre/ SPAG have a view or ongoing campaigns)
b) driver behaviour (eg allowing people to sit down and embark safely) .

Partnership Southwark / South East London Integrated Care Board (SELICB) suggested items

Update on government reform of the ICB

Update on local priorities:

Frailty

Mental health and complex needs of children with reference to

- Neurodivergence (ADHD and autism)
- Neighbourhood work with children with complex needs (see above item on overcrowding)

GP Appointments – report back on engagement with local practices to improve access to timely appointments , with a focus on ensuring people who are not digital natives or have communication difficulties have alternative and easily accessible methods to book appointments (see above item on GP appointments)

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

Follow up 2026/27 tbc

Pain management clinic – with reference to good practice community model in Lambeth

Health and Social Care Scrutiny Commission		
	Date	
1	Wednesday 2 July	<ul style="list-style-type: none">• Children's respite care and cost impact of the ending the provision at Orient Street.• Cancer prevention• Safeguarding review – recap

		<ul style="list-style-type: none"> • Nursing care home delivery scrutiny review report • Workplan
2	Monday 16 October	<ul style="list-style-type: none"> • Headline on cancer prevention and early diagnosis • Nursing care home delivery – cabinet response • Update on Nursing Care Home delivery : officer briefing on engagement with market, cabinet report • Nursing Care Home Space Standards
	Pre meet w/b 24 Nov – Tuesday 25 all day or Wednesday 26 am	<ul style="list-style-type: none"> •
3	Monday 1 December	<ul style="list-style-type: none"> • Blue Badge – update on progress following an item last administrative year • Healthwatch Annual report (to note) • Hoarding officer report • Final scrutiny review report on cancer prevention and early diagnosis
4	Tuesday 27 January	<ul style="list-style-type: none"> • FGM covering <ul style="list-style-type: none"> I. prevention work to prevent girls coming to harm II. work with adult women on recognising and healing trauma • Menopause covering: <ul style="list-style-type: none"> I. Presentation with a medical specialist and discussion on improving local practice II. Review and discussion of council policies • Nursing Care Home Space Standards (Stirling Uni invited to provide present and officers to comment on planning & policy, if timely) • Improving access to toilets – update on previous scrutiny review

		<ul style="list-style-type: none"> • Safeguarding review – headline report
5	Monday 2 March	<p>Mayor of London / TFL :a) explore an earlier than 9am Freedom bus pass starting time b) driver behaviour (eg allowing people to sit down and embark safely) . c) London wide work on Blue Badge scheme</p> <p>Invite Age UK / National Pensioners Convention / Southwark Pensioners Centre/ SPAG to contribute to above</p> <p>Nursing Home Care space standards – follow up</p> <p>Safeguarding scrutiny review report</p>

Scrutiny review scoping proposal

1 What is the review?

Adult Safeguarding – how can this be more consistently implemented to better protect and assist vulnerable adults, families, carers and paid staff?

The review is being conducted as members believe there is sometimes ambiguity, or different interpretations, over how Safeguarding is implemented for vulnerable adults and this can create difficulties for the people concerned: adults, staff, families, and carers.

These are some of the consequences inconsistent or poor quality Safeguarding approaches, including false accusations of abuse or neglect:

- Staff leaving the sector
- Staff staying but being resentful and demoralised (in the context of there already being a problem with recruitment and retention)
- In the case of family carers, them needing support and solutions but instead getting the opposite i.e criticism, leading to possible disengagement with services

2 What outcomes could realistically be achieved? Which agency does the review seek to influence?

Goals:

- To make things clearer for staff so that they are not accused of abuse or neglect when it is not abuse or neglect, so as not to put people off working in the sector
- Introduce checks and balances to prevent vexatious accusations
- Make the sure there is good systems in place for people to raise concerns / whistleblowing to report issues and ensure this is more transparent and accessible
- Improved guidelines for implementation of tricky safeguarding decisions

The review is aimed at improving outcomes for :

- Council safeguarding leads , social workers and commissioners
- Paid staff
- Care providers
- Vulnerable Adults
- Carers
- Family and friends of vulnerable adults

- 3 When should the review be carried out/completed? i.e. does the review need to take place before/after a certain time?**

Completed by 2024

- 4 What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)**

Full investigation.

- 5 What are some of the key issues that you would like the review to look at?**

Would it be beneficial to:

- To make better use in Adult Safeguarding of PIPOT (Persons in a Position of Trust) and replicate the LADO process – used in safeguarding children .
- promote undercover boss type work experience for senior managers to gain a better understanding of the work of care workers
- Recommend that social workers spend a week as a front line care worker (for example) as part of their training?
- SCIE training for local care home staff?

Conduct case studies and examine examples of where things are unclear:

- Some consider turning people every two hours during the night is necessary in order to prevent pressure sores, others consider this to be abuse. <https://hellocare.com.au/two-hourly-repositioning-prevent-bedsore-abuse-study/>
- Some staff are told that it is abuse to wake care home residents up, but sometimes staff are then told to do this
- Is it abuse or neglect to leave someone in bed all day?
- Call bells in care homes - disconnection considered to be abuse but there are cases where it could be necessary
- When looking after someone at home, families are often told that they should not lock the front door, but they do because they want to keep their relative with dementia safe. How can the approach of experienced practitioners be championed ? (see case study SLAM nurse)

6 Who would you like to receive evidence and advice from during the review?

- A. Hourglass (elder abuse charity)
- B. SCIE (Social Care Institute for Excellence)
- C. Chair of the Southwark Safeguarding Adults Board
- D. Officers from adult safeguarding department
- E. Managers of a local homes attend meeting to discuss i) Safeguarding ii) Disciplinary policy , with a view to discussing how investigations are carried out , and how to best balance fairness and valuing workers with the need to safeguard residents

[Agincare](#)

Greenhive Care Home (Peckham)
 Waterside Care Home (Peckham)
 Rose Court Care Home (Rotherhithe)
 Bluegrove House Care Home (Bermondsey)

[Country Court](#)

Camberwell Lodge Care Nursing Home

[HC One](#)

Tower Bridge Care Home

[Mission Care](#)

The Elms Residential Care Home

- F. Unions – to consider how investigations are conducted
- G. Care home resident (case study)
- H. SLAM dementia nurse (case study)
- I. Carer / former carers (case study)

Workshop / structured interviews addressing two themes:

- How are safeguarding investigations into allegations about workers being conducted and how can the right balance be found between being fair and valuing staff, whilst safeguarding vulnerable adults
- How to best reach consensus / balance safeguarding and autonomy over definitions e.g. people with dementia leaving home and turning people in the night

7 Any suggestions for background information? Are you aware of any best practice on this topic?

London Safeguarding Policy and Protocol

8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Interviews with organizations with expertise in this area.

Case studies – through a workshop.

Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2025-26

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