Open Agenda

Health, Adult Social Care and Community Safety Scrutiny Commission

Thursday 23 July 2026
7.00 pm
Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

Supplemental Agenda No.1

List of Contents

Item No.	Title	Page No.
5.	**Health scrutiny** A paper is enclosed on Health scrutiny's role, requirements, and best practice.	1 - 7
9.	**Asylum Road Care Home delivery update** A paper is enclosed.	8

Contact

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

Date: 20 July 2026

Agenda Item 5

Briefing note for new members of the Health, Adult Social Care and Community Safety Commission on their health scrutiny role, requirements, and best practice.

First produced September 2017, updated June 2022 and July 2026

Summary

- health scrutiny can review matters relating to the planning, provision and operation of local health services;
- the committee can require information and attendance from relevant NHS bodies/providers;
- scrutiny can make reports and recommendations and expect a response, generally within 28 days;
- substantial service changes should come to scrutiny early, using Appendix A;
- Local Healthwatch/patient voice arrangements are currently subject to proposed national reform.

Statutory health scrutiny functions, roles and responsibilities

"Overview and scrutiny" is the means by which a local authority operating executive arrangements (in Southwark, the "strong leader and cabinet" model) can review or scrutinise decisions and actions taken by the council in the exercise of its functions and make reports and recommendations to the authority or the executive. The council is required by law to have an overview and scrutiny committee ("OSC") to carry out its overview and scrutiny function.

A separate legal framework exists for the review and scrutiny by a local authority of the **local health service**. This is a role given by law to the local authority, but a local authority is permitted to arrange for an OSC to exercise these functions. Southwark has appointed an OSC and sub-committees (the commissions), and the council's constitution provides that its health scrutiny functions will be discharged by OSC, and it's Health commission, acting as the Health Overview and Scrutiny Committee (HOSC).

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 prescribe the scrutiny functions of a local authority in relation to the local health service:

1. A local authority **may review and scrutinise "any matter relating to the planning, provision and operation of the health service in its area".** It is largely for a local authority to determine what matters it might want to review and scrutinise.
2. Make **reports and recommendations** to certain NHS bodies and expect a **response within 28 days**;
3. A local authority also has a role in relation to **consultations relating to "substantial developments" of the local health service**. A health service body must consult the local authority on any such proposal. There is a Trigger Template, which provides an agreed format to convey this information to scrutiny (see appendix A). The Trigger Template should be used by NHS bodies, commissioners and relevant providers to notify scrutiny at an early stage of proposals that may affect local health services. It is intended to support early dialogue, help members understand whether a proposal may amount to a substantial development or variation, and identify whether wider consultation or joint scrutiny arrangements may be required.
4. A **"responsible person"** (in broad terms a relevant NHS or health service provider[i]) is, at the request of a local authority, required to provide information about the **planning, provision and operation of health services**.
5. A local authority may **require a member or employee of a responsible person to attend before it to answer any questions** that appear necessary for the discharge of its scrutiny functions. Provided reasonable notice of the date of attendance has been given, the member or employee is under a duty to comply with that request. They are not required to answer a question to the extent that answering it would involve the disclosure of confidential information or other information whose release is prohibited by statute, or if the person would be entitled to refuse to answer in, or for the purposes of, legal proceedings in a court.
6. Formerly, health scrutiny committees had a specific power to refer contested substantial reconfigurations to the Secretary of State. From 31 January 2024, that formal referral power was removed. Instead, **any local person or body, including a HOSC, may request that the Secretary of State consider calling in a proposed reconfiguration**. The guidance indicates that this route should be used only exceptionally, where local resolution has not been possible and there are concerns about process or the interests of the local health service.
7. When reviewing or scrutinising a particular matter, the authority should **invite comments from interested parties** and take account of information provided by Local Healthwatch.
8. **Local Healthwatch** may refer matters to the authority's overview and scrutiny function. Where such a referral is received, the authority must acknowledge the referral and keep Local Healthwatch informed of any action taken, subject to any future legislative changes to Healthwatch arrangements.
9. A local authority's health scrutiny functions can be carried out jointly with one of more other local authorities. In a case under bullet point 3, above, **when a**

substantial development or variation affects more than one local authority, then each affected local authority must appoint a joint Health Overview Scrutiny Committee (JHOSC) to deal with that consultation.

Local Health and Care arrangements

The Health and Care Act 2022 made significant changes to the way that health and care services are delivered. The former health focused Clinal Commissiong Groups (CCGs) ceased to exist, and Integrated Care Boards (ICBs) were established. Integrated Care Systems (ICS) are the new model for organising and delivering local health and care. The emphasis is on partnership working between all the organisations involved.

South East London Integrated Care System and Board (SEL ICS /ICB)

Southwark is part of the **South East London Integrated Care System (SEL ICS**), bringing together all the organisations responsible for delivering health and care in South East London. This includes six local councils (Southwark, Lambeth, Lewisham, Bromley, Bexley and Greenwich), primary care networks, NHS Trusts and NHS Foundation Trusts. South East London Integrated Care System is overseen by an **Integrated Care Board (SEL ICB).**

South East London Joint Health Overview and Scrutiny Committee (SEL JHOSC)

A standing South East London Joint Health Overview and Scrutiny Committee (SEL JHOSC) exists to bring together elected members from the six constituent local authorities (**Southwark, Lambeth, Lewisham, Bromley, Bexley and Greenwich**) to scrutinise local health provision. The Terms of Reference (TOR) allow the Committee to meet to consider and respond to proposals for substantial reconfigurations that affect the entire SEL ICS area. In this case the JHOSC acts as a mandatory committee. The TOR also enable greater scrutiny of wider, system level issues that relate to the planning, provision and operations of health services across the ICS, acting as a discretionary committee. The Committee consists of 12 elected members, and in Southwark these are usually the chair and vice chair of the health commission.

Partnership Southwark

More locally Partnership Southwark, brings together Southwark Council, NHS South East London ICB, NHS acute, community and mental health providers, primary care and the voluntary and community sector to **lead health and care provision locally and set priorities**.

Best practice and key principles guiding the operation of health scrutiny

In 2022 Department of Health and Social Care (DHSC), the Local Government Association (LGA) and the Centre for Governance and Scrutiny (CfGS) published a document[ii], which is still in force, setting out expectations of how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements will work together to ensure that new statutory system-level bodies are

locally accountable to their communities, and create better outcomes for patients and services users.

This set out some key principles to underpin the operation of health scrutiny arrangements[iii]:

1. **Outcome focused**. Outcome focused scrutiny will look at cross-cutting issues , including :
    - general health improvement
    - wellbeing
    - specific treatment services and care pathways
    - patient safety and experience
    - overall value for money
    - and the effectiveness of local measures to integrate health and care.

    HOSCs also have a role to evaluate place-based outcomes at local authority level, and to scrutinise place-based services as a result.

2. **Balanced**. This is about a balance between being future focused, and responding to current issues (including service performance and proposed reconfigurations). Of performance, the guidance says, "ICBs should take a proactive approach to sharing at an early stage any proposals on reconfigurations, drawing a distinction between informal discussions and formal consultations. ICBs should also take a proactive approach to involving relevant bodies on any other matters which system partners expect to be contentious, to help navigate complex or politically challenging changes to local services".
3. **Inclusive**. Health scrutiny is "a fundamental way for democratically elected local councillors to voice the views of their constituents, hold the whole system and relevant NHS bodies and relevant health service providers to account and ensure that NHS priorities are focused on the greatest local health concerns and challenges."
4. **Collaborative.** This is about clarity in the mutual roles of HOSCs, ICBs, ICSs, the NHS, local authorities, Health & Wellbeing Boards and local Healthwatch. The guidance suggests joint working across ICB areas to ensure strategic issues of importance can be identified and acted on collaboratively – which may include the establishment of mandatory and discretionary, JOSCs.
5. **Evidence informed**. This involves proactively seeking out information about the performance of local services and challenging information provided by commissioners and providers – which brings with it an obligation for those organisations to provide information "positively and constructively".

Further changes to NHS national leadership and patient voice arrangements

On 13 March 2025, the Government announced its intention to abolish NHS England and transfer its functions into the Department of Health and Social Care. This is being taken forward through national legislation and transition planning. Until the relevant provisions are commenced, references to NHS England may continue to appear in legislation, guidance and NHS documentation.

At the same time there is more regional integration of Integrated Care Systems, with local clustering between South East and South West ISCs.

Members should note that the Government has proposed reforms to Healthwatch England and Local Healthwatch through the Health Bill. If enacted, responsibility for patient and service-user feedback would transfer to Integrated Care Boards, local authorities and the Department of Health and Social Care. Until any legislative changes take effect, Local Healthwatch continues to operate under the current statutory framework.

---

[i] Specifically, a "responsible person" is a "relevant NHS body" or a "relevant health service provider". A "relevant health service provider" is a body or person other than an NHS trust, which provides any "relevant services" to person's residing in the authority's area. "Relevant services" in broad terms are those services provided by the Integrated Care System commissioning arrangements, NHS England/ DHSC public health-related services provided by a local authority, or services provided by a local authority, in pursuance of the Secretary of State's public health functions.

[ii] See Guidance Health overview and scrutiny committee principles. Published 29 July 2022 https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles

[iii] See Health scrutiny and the new reconfiguration arrangements: a further guide for scrutiny
Practitioners Published 9 January 2024 (incorporating changes made on 17 January 2024) https://www.cfgs.org.uk/wp-content/uploads/2024-01-09-HEALTH-SCRUTINY-PRIMER.pdf

TRIGGER TEMPLATE

Scrutiny welcomes early drafts of this form for proposals 'under consideration'.

NHS Trust or body & lead officer contacts:	**Commissioners e.g. Partnership Southwark SEL ICB, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:**

Trigger	**Please comment as applicable**
1 Reasons for the change & scale of change	
What change is being proposed?	
Why is this being proposed?	
What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.	
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	
2 Are changes proposed to the accessibility to services?	**Briefly describe:**
Changes in opening times for a service	
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	
Relocating an existing service	
Changing methods of accessing a service such as the appointment system etc.	
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	

3 What patients will be affected? (please provide numerical data)	**Briefly describe:**
Changes that affect a local or the whole population, or a particular area in the borough.	
Changes that affect a group of patients accessing a specialised service	
Changes that affect particular communities or groups	
4 Are changes proposed to the methods of service delivery?	**Briefly describe:**
Moving a service into a community setting rather than being hospital based or vice versa	
Delivering care using new technology	
Reorganising services at a strategic level	
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	
5 What impact is foreseeable on the wider community?	**Briefly describe:**
Impact on other services (e.g. children's / adult social care)	
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	
6 What are the planed timetables & timescales and how far has the proposal progressed ?	**Briefly describe:**
What is the planned timetable for the decision making? (Please note that the timeline **must** include the date that scrutiny is asked to respond to the proposal by, and the date that the NHS body/ Commissioners intend to make the decision on the proposal. If relevant it would be helpful include dates that any consultation will take place.)	
What stage is the proposal at?	
What is the planned timescale for the change(s)	
7 Substantial variation/development	**Briefly explain**
Do you consider the change a substantial variation / development?	
Have you contacted any other local authority OSCs about this proposal? (Please note that if this is viewed as a substantial variation by OSCs / NHS bodies / Commissioners , and the proposal impacts on more than one borough, then regulations stipulate that the relevant boroughs **must** consider forming a Joint Health Overview & Scrutiny Committee, a JHOSC)	

Agenda Item 9

Asylum Road Care Home Update paper

July 2026

To: Health and Social Care Scrutiny Commission

Author: Catherine Brownell, Head of Sustainable Growth North

Exec summary

1. Further to my update in March this year, regarding the land transaction with Andover Care Ltd. (Andover), this paper sets out a further update on the project.

Activity to date

2. The Agreement for Lease was signed in April 2026. This enables Andover Care to move to the next stage, design. (The Lease will be signed subject to successful Planning outcome).
3. Andover Care Ltd have now entered into a form Pre-Application Agreement with the Planning Authority; the first design meeting was held on 11 June 2026. A 6-9 month period is anticipated up to submission of the Planning application.
4. In parallel, the Sustainable Growth North team is seeking quotes for a care home sector-specialist to review, interrogate and comment on the emerging design. The scope of that appointment will be to review the design at:
   - RIBA Stage 2: Concept Design
   - RIBA Stage 3: Spatial Co-ordination (Planning)
5. Two organisations have been identified and invited to submit a fee proposal: Univ. of Stirling as well as the Univ. of Worcester. It's anticipated to formalise the appointment in August in alignment with the RIBA Stage 2.
6. In parallel, the team has passed across contact details to Andover Care of all the Voluntary sector groups in the borough to begin the consultation process.

SUMMARY

7. In summary, the project is moving at pace and in line with anticipated timescales.
8. A further update can be made to the HSCSC following the review by the sector specialist at RIBA Stage 2.

End.

Health, Adult Social Care and Community Safety Scrutiny Commission

MUNICIPAL YEAR 2026-27

AGENDA DISTRIBUTION LIST (OPEN)

NOTE: Original held by Scrutiny Team;

all amendments/queries to Julie.Timbrell@southwark.gov.uk

Name	No of copies	Name	No of copies
Paper copies		Julie Timbrell, Scrutiny Team	10
		SPARES	
		External	
Electronic Copy **Members** Councillor Dean Peters (Chair) Councillor David Noakes (Vice-Chair) Councillor Esme Dobson Councillor Sam Dalton Councillor Natasha Ennin Councillor Pascale Mitchell Councillor Lina Maria Usma **Reserves Members** Councillor Hellen Benavides Councillor Colin Boyle Councillor Dora Dixon-Fyle Councillor Tori Griffiths Councillor George Grime Councillor Felicia Johnston Councillor Richard MacMillan		**Total: 10** **Dated: July 2026**	