

# Health and Social Care Scrutiny Commission

Thursday 25 April 2024  
7.00 pm  
160, Tooley Street, SE1 2QH

## Membership

Councillor Suzanne Abachor (Chair)  
Councillor Maria Linforth-Hall (Vice-Chair)  
Councillor Sam Dalton  
Councillor Esme Dobson  
Councillor Sandra Rhule  
Councillor Nick Johnson  
Councillor Sunil Chopra

## Reserves

Councillor Naima Ali  
Councillor Victor Chamberlain  
Councillor Sabina Emmanuel  
Councillor David Watson  
Councillor Kath Whittam  
Councillor Charlie Smith

---

## INFORMATION FOR MEMBERS OF THE PUBLIC

---

**Access to information** You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

**Babysitting/Carers allowances** If you are a resident of the borough and have paid someone to look after your children, an elderly dependant or a dependant with disabilities so that you could attend this meeting, you may claim an allowance from the council. Please collect a claim form at the meeting.

**Access** The council is committed to making its meetings accessible. For details on building access, translation, provision of signers or any other requirements for this meeting, please contact the person below.

### Contact

Julie Timbrell on 020 7525 0514 or email: [Julie.Timbrell@southwark.gov.uk](mailto:Julie.Timbrell@southwark.gov.uk)

---

Members of the committee are summoned to attend this meeting

**Althea Loderick**

Chief Executive

Date: 17 April 2024



## Health and Social Care Scrutiny Commission

Thursday 25 April 2024  
7.00 pm  
160, Tooley Street, SE1 2QH

### Order of Business

Item No.	Title	Page No.
	<b>PART A - OPEN BUSINESS</b>	
1.	<b>APOLOGIES</b>	
	To receive any apologies for absence.	
2.	<b>NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT</b>	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	<b>DISCLOSURE OF INTERESTS AND DISPENSATIONS</b>	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	<b>MINUTES</b>	1 - 6
	To approve as a correct record the Minutes of the meeting on 5 February 2024.	
5.	<b>PAIN MANAGEMENT</b>	7 - 23
	The following will present the enclosed presentation:	
	<ul style="list-style-type: none"><li>• Dr Nancy Kuchemann - Clinical and Care Professional Lead, Partnership Southwark</li><li>• Dr Tom Smith - Consultant in Pain Medicine, Service Lead, Guy's and St Thomas'</li><li>• Russell Don - Programme Manager, Partnership Southwark</li></ul>	
6.	<b>PHYSICIAN ASSOCIATES</b>	24 - 30

Item No.	Title	Page No.
----------	-------	----------

The enclosed presentation has been provided to address questions around the role of Physician Associate and GPs, protocols and best practice.

7.	<b>ACCESS TO DENTISTS</b>	31 - 45
----	---------------------------	---------

Dr Nancy Küchemann, Clinical and Care Professional Lead Partnership Southwark, will deliver the enclosed presentation.

8.	<b>TOWER BRIDGE CARE HOME PROCUREMENT OF A NEW PROVIDER, NURSING HOME PROVISION AND QUALITY</b>	46 - 47
----	---	---------

Genette Laws, Director of Commissioning, Children and Adult Services, Southwark Council will present the enclosed report.

9.	<b>SCRUTINY REVIEW: ACCESS TO TOILETS - OFFICER BRIEFING</b>	
----	--	--

10.	<b>SCRUTINY REVIEW: ACCESS TO TOILETS - REPORT ON PREVENTING ANTI- SOCIAL BEHAVIOUR</b>	48 - 103
-----	---	----------

11.	<b>SCRUTINY REVIEW: ACCESS TO TOILETS - HEADLINE REPORT</b>	104 - 131
-----	---	-----------

12.	<b>SCRUTINY REVIEW: SAFEGUARDING IMPLEMENTATION UPDATE</b>	
-----	--	--

13.	<b>WORK PROGRAMME</b>	
-----	-----------------------	--

**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.**

**BLANK**

Date: 17 April 2024

**EXCLUSION OF PRESS AND PUBLIC**

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”

**Item No.**

**Title**

**Page No.**



## HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Monday 5 February 2024 at 7.00 pm at 160, Tooley Street, SE1 2QH

---

**PRESENT:** Councillor Suzanne Abachor (Chair)  
Councillor Sam Dalton  
Councillor Esme Dobson  
Councillor Sandra Rhule

**OTHER MEMBERS  
PRESENT:**

**OFFICER  
SUPPORT:** Anna Berry, Independent Chair of the Southwark Safeguarding  
Adults Board (SSAB)  
Pauline O'Hare, Director of Adult Social Care  
Sarah Feasey, Deputy Head of Law  
Julie Timbrell, Project Manager, scrutiny

### 1. APOLOGIES

Apologies were received from Councillor Maria Linforth-Hall and Councillor Nick Johnson.

### 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 15 November 2023 were agreed as a correct record.

## **5. HEALTH SCRUTINY AND THE NEW RECONFIGURATION ARRANGEMENTS**

Sarah Feasey, Deputy Head of Law, gave a summary of the new reconfiguration arrangements with reference to a guide produced by the Centre for Governance and Scrutiny (CfGS), circulated with the agenda.

The chair then invited questions.

A member asked why the new Regulations have changed with regard to the former power that health scrutiny had to refer a matter to the Secretary of State for review. The Deputy Head of Law commented that one reason may be to enable ministers to instigate a review. She added that although health scrutiny has less of a role in triggering a review, it still has a role.

## **6. INTERVIEW WITH THE INDEPENDENT CHAIR OF THE SOUTHWARK SAFEGUARDING ADULTS BOARD (SSAB)**

The chair welcomed Anna Berry, Independent Chair of the Southwark Adult Safeguarding Board, and Pauline O'Hare, Director of Adult Social Care.

Independent Chair of the Southwark Adult Safeguarding Board presented the report and the chair then invited members to ask questions. The following points were made.

- In response to a question on the impact of the Covid pandemic on the workforce the Director of Adult Social Care said that all operational workers come into office. There is also a process for requests for flexible work, and this has been in existence from before the pandemic. There are vacancies within adult social care and a rolling programme of recruitment with a micro site. Covid did mean the council lost a cohort of older experienced staff who took early retirement because of underlying health conditions or caring responsibilities.
- A member asked about the Safeguarding stats, trends and meaning. The Independent Chair said that Southwark's are broadly reflective of national position. The board is looking for an enhanced data set from a wider range of partners. The Director of Adult Social Care added that the reduced number on concerns which may well be because of a new complex pathway so she is less concerned about this, they would

however expect more expect more referrals. A member requested a breakdown of categories of abuse and place.

- The Director of Social Care said that they are looking at innovation to the front door to older peoples' services. They have changed how the telephone system works to make it more digitally friendly and more regular phone calls. They are also looking at team locations. A Project Manager has been appointed today looking at bottle necks and good practice in other boroughs.
- Member asked about progress in replicating the Persons In a Position of Trust (PIPOT) work of children's in adult service. The Independent Safeguarding Chair said that for children's services there is a LADO - local authority designation officer. This person pulls together information around allegations. There is an emerging London PIPOT framework. This is a framework to manage allegations and how Safeguarding process intersect with HR disciplinary processes. It will help coordinate different processes, which is helpful. Currently it is a being looked at by a sub group of the board, with a view to adopting. One of the issues is the governance arrangement for holding the data. There are also training requirements. It is a good framework and no objections have been raised and as such the board is addressing the logistics. A couple of examples were given about when it could come into play:
  - a) Someone is accused of abusing their mother and works in care home of with people with Learning Difficulties
  - b) Someone has used social media to contact a client and overstepped a line with someone who is vulnerable
- Members asked if there are there protections against vexatious complaint. The board chair said not specifically but would help generate a proportionate response.
- Members asked how the lived experience can feed into training of social workers. The Director of Adult Social Care said often social workers will have older relations, or family or personal experience of Learning Difficulties and Mental Health. There is also an apprenticeship scheme for care leavers. She added that often people do front line work for experience. The Independent Chair added that there is a sub-group that is focused on learning, and referred to the Cuckoo package that pulls through the lived experience.

- There was a discussion on definition of abuse and that this includes neglect.

## **RESOLVED**

Members requested a breakdown of both the “concerns” and the “enquiries” in terms of:

- Who are the people being investigated around safeguarding issues – care homes / home care agencies / family members
- What types of abuse – financial / physical / emotional / neglect e.t.c

## **7. HOURGLASS**

The chair invited Kyra Gonzales, Community Response Officer and Independent Domestic Violence Advisor (IDVA) to provide a presentation.

Members were then invited to ask questions and the following points were made:

- The Community Response Officer said that often cases involve a diagnosis of dementia. Hourglass share information across professional disciplines and encourage looking at family relationships dynamics.
- A member asked if there are ever professional differences on if a matter is a safeguarding issue or a quality of care issue. The Community Response Officer said that there is often a fine line between quality of care and safeguarding. Sometimes people do not meet a threshold and there is not always a consensus on this.
- The differences can arise from differences in triage as well as insufficient understanding around Domestic Abuse and family members – including a lack of understanding of the nature of family abuse dynamics. However, she added, that professionals are keen to train and also to take a multi-agency approach.
- Members asked if the statistics accurately reflect where people live and experience abuse, given the much higher levels of abuse recorded in the home. The Community Response Officer said that referrals are often from friends



and family rather than individuals. It is therefore possible that there are less people to do this in care homes and hospitals. More support in institutions would help increase referrals.

- Community Response Officer was asked if there are situations where you encounter situations of abuse and insufficient action. She confirmed there were and gave an example of where a women whose carer was her son with mental health problems, however she was not considered vulnerable enough for intervention.
- A member asked what can be done to reduce abuse in care homes. The Community Response Officer recommended increasing training and increasing opportunities for open communication and professional curiosity. More multi agency working can facilitate this as care homes often feel closed off from the community.

#### **8. SLAM DEMENTIA NURSE INTERVIEW**

The scrutiny project manager reported that an interview had been held and the notes would come to a future meeting.

#### **9. SCRUTINY REVIEW: ACCESS TO LOOS - HEADLINE REPORT**

The chair invited the scrutiny Project Manager, Julie Timbrell, to present the headline report summarising the evidence received to date for the Access to Loos scrutiny review and the emerging recommendations.

Members made the following proposals for amendment:

- A member reported that Lewisham Council provide a hard copy map of toilets in the borough and requested that a recommendation include provision of a paper map; even if this is just council provision.
- Members recalled discussions on having one person leading at both cabinet and an officer level, with a discussion on this possibly being Cllr Evelyn Akoto (Public Health) or Cllr James McAsh (Environment) . It was noted that Public Health is often the most the apt brief and Cllr Evelyn Akoto and has taken a lead already, however both could work.
- There was a discussion about including more concrete examples of where anti-social behaviour had been mitigated

and good practice, and a suggestion that that Age UK London be contacted to provide this.

- A member referred to recent consultation around the change of use of the former GLA City Hall building. The number one concern raised during the consultation is the continued provision of toilets. The former City Hall houses a Changing Place toilet. There have been previous problems with anti-social behaviour and the venue has already taken steps to mitigate this , with further steps planed.
- Members referred to the toilet serving East Street market as a good example, as there is an attendant.
- A member requested poor provision of toilets is highlighted as an environmental health issue and how it negatively impacts on the health and wellbeing of the community. Members noted that homeless people are defecating and urinating in the streets and parks because there are no public toilets, and that parents are holding children over drains in the street because of poor provision.

## **RESOLVED**

The final report will reflect the above comments.

## **10. WORK PROGRAMME**

The work programme was noted.

# SEL and Southwark Chronic Pain Update

25 April 2024 – Version 7

Dr Nancy Kuchemann - Clinical and Care Professional Lead, Partnership Southwark

Dr Tom Smith - Consultant in Pain Medicine, Service Lead, Guy's and St Thomas'

Rashida Pickford - Consultant Physiotherapist, Guy's and St Thomas'

Russell Don – Programme Manager, Partnership Southwark

# Chronic Musculo-skeletal (MSK) pain

This slide introduces chronic MSK pain. It is recognised that there is some debate regarding that the language and definitions for chronic pain. These definitions are taken from the NICE [NG193](#) guidance.

<p><b>Chronic MSK pain</b></p>	<ul style="list-style-type: none"> <li>• Also known as long term or persistent pain, usually refers to pain that has been there for <b>more than three months</b>.</li> <li>• Chronic <b>primary pain</b> has no clear underlying condition or is where the impact of the pain is out of proportion to the injury/ disease. This includes fibromyalgia.</li> <li>• Chronic <b>secondary pain</b> is whereby pain is regarded as a symptom of a, injury/ disease.</li> <li>• Chronic primary and secondary pain can coexist</li> <li>• <b>High-impact pain</b> is moderate to severely disabling pain.</li> </ul>
<p><b>Why is this a priority?</b></p>	<ul style="list-style-type: none"> <li>• <b>34%</b> of adults in England reported experiencing chronic pain, <b>84%</b> is likely to be MSK</li> <li>• <b>5.5 million</b> people in England are affected by moderate to severely disabling pain, preventing them from activities that includes work and carrying out household tasks</li> <li>• <b>Early intervention</b> for MSK pain can reduce incidence of chronic MSK pain</li> <li>• <b>Healthy weight</b> and <b>increasing physical activity</b> can help reduce incidence of chronic MSK pain</li> <li>• If poorly managed, chronic MSK pain can result in <b>obesity</b>.</li> <li>• Chronic pain can also have adverse effects on a person's <b>mental health</b><sup>3</sup>. <b>Depression is four times more prevalent</b> in people with chronic pain</li> </ul>
<p><b>Health inequalities</b></p>	<ul style="list-style-type: none"> <li>• <b>Age</b> - affects people more as people get older. This is likely to be as some MSK conditions are more prevalent as people age</li> <li>• <b>Ethnic minority</b> – black people are more likely to have chronic pain, people who describe themselves as Asian are more likely to report high-impact pain</li> <li>• <b>Deprivation</b> - chronic pain drives people into poverty and isolation and impacts relationships with family and friends. People with high-impact chronic pain are also half as likely to be in paid work</li> </ul>

∞

# Understanding the local population

Chronic MSK pain affects people differently. It is important to understand our local population so we can ensure the most appropriate care is provided. Below looks at the demographics across SEL and Southwark and what this might mean for the provision of care.

## Age

In Southwark over 7,400 people are on pain medications, of these 62% are under 70 years old (Southwark Multiple LTC JSNA 2018)

**Possible impact** – younger populations may need a more targeted approach and the impact this has on working age adults

## Ethnic diversity

Compared to regional and national averages Southwark, Lambeth, Lewisham and Greenwich have more people from ethnic minorities

**Possible impact** – where there is a higher proportion from an ethnic minority there may be a greater need for support for chronic MSK pain, or further exploration as to whether there is an unmet need.



## Deprivation

In SEL, Southwark Greenwich, Lambeth, Lewisham and have higher levels of deprivation

**Possible impact** – where there are higher levels of deprivation there may be a greater need for support for chronic MSK pain, particular for social prescribing and supporting people to work.

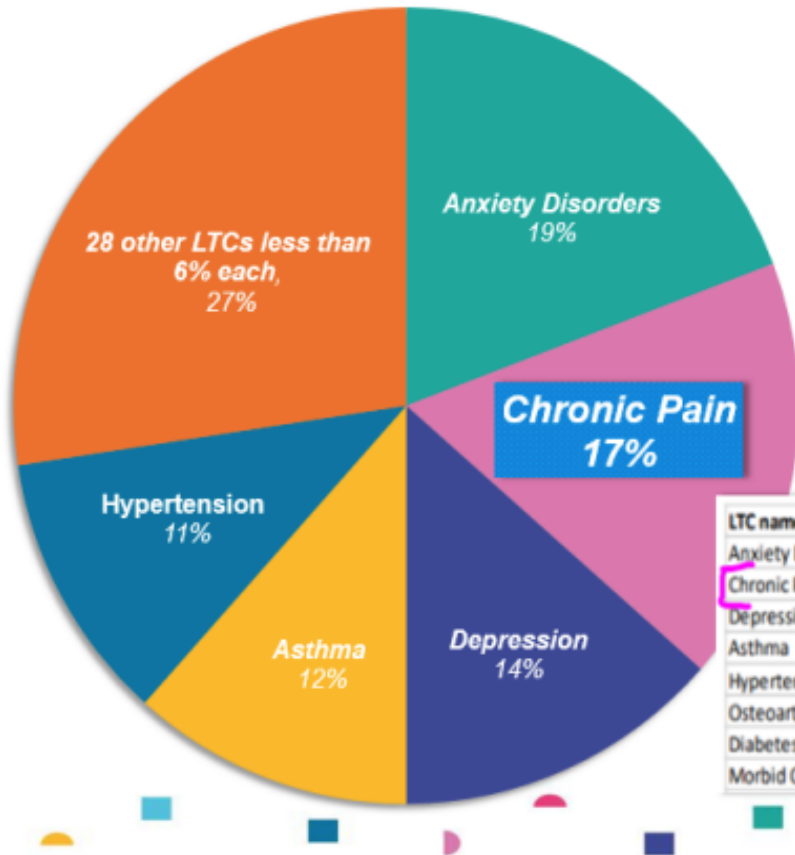
## Obesity and inactivity

Southwark and Greenwich have a more inactive population. Bexley, Bromley and Greenwich have a more overweight population.

**Possible impact** – to support people with chronic MSK pain, where the population is more overweight and there are higher levels of inactivity, a targeted approach may be needed for weight management and increased activity.

# Chronic Pain – Inequalities, 2022

Pie Chart 1. Prevalence of 'Top 12' Long Term Conditions in all adults registered at GP practices in Lambeth; data for whole adult population:



**Black Females (34.4%) are the most impacted population for chronic pain**

- x2 rates in the general adult population;
- almost double the rate when compared to black male (18.3%) & white female (19.8%) populations in Lambeth

Table 1. Extract of the raw data (Lambeth Data Net, n = 344,937) detailing the prevalence and health inequalities impact of Long Term Conditions in Lambeth

LTC name	Prevalence	White	Black	Asian	Male	Female	Most dep	Least dep	Black Male	Black Female	White Male	White Female
Anxiety Disorders	19.2	21.4	19.2	15.3	14.3	24.3	20.4	18.6	12.4	25.6	16.7	26.2
Chronic Pain	17.3	16.1	26.5	17.0	12.8	21.9	21.7	14.6	18.3	34.4	12.5	19.8
Depression	13.5	15.1	13.7	9.9	10.6	16.5	14.9	12.1	9.7	17.6	12.4	17.9
Asthma	11.6	12.4	12.3	11.0	11.2	12.1	12.0	11.4	10.8	13.8	12.3	12.6
Hypertension	11.0	8.4	22.7	13.0	10.5	11.4	13.4	9.8	20.2	25.0	8.9	7.8
Osteoarthritis	5.6	4.9	9.8	6.0	3.8	7.4	6.7	5.0	5.8	13.5	3.8	6.1
Diabetes	5.6	3.5	11.9	11.1	5.7	5.5	7.3	4.5	11.5	12.3	3.9	3.0
Morbid Obesity	3.5	2.9	7.1	2.0	2.1	5.0	5.0	2.5	3.1	10.9	2.2	3.6

Community based health and care support for adults

# Feedback on current provision



In breakout groups, participants including people living with chronic pain, were asked to consider what they think works well with the current care for people with chronic MSK pain and where they think there are opportunities for improvement. Themes that emerged are shown below.

## What works well?

- Increase in primary care workforce to support patients and provide holistic care, including, first contact practitioners (FCP), health coaches, care co-ordinators and social prescribers
- Effective MSK Single Point of Access pathways are in place to ensure patients access the right care first time
- Although there is variation across SEL, there is a need to increase in services available to support people with chronic MSK pain including peer support groups and online support and 'getubetter' app
- In some areas, there is evidence of multi-disciplinary working to support patient care, e.g. pain management programmes and multi-disciplinary team meetings

## What are the challenges/ barriers?

- Waiting times can be long
- Limited use of clinical / patient reported outcomes in chronic MSK pain to inform service delivery
- There are too many options ensuring patients able to access the right services first time
- Due to resource and capacity constraints sometimes, there is limited flexibility of services, e.g. locations and hours
- There have been challenges in recruiting to chronic MSK pain workforce e.g. clinical psychologists

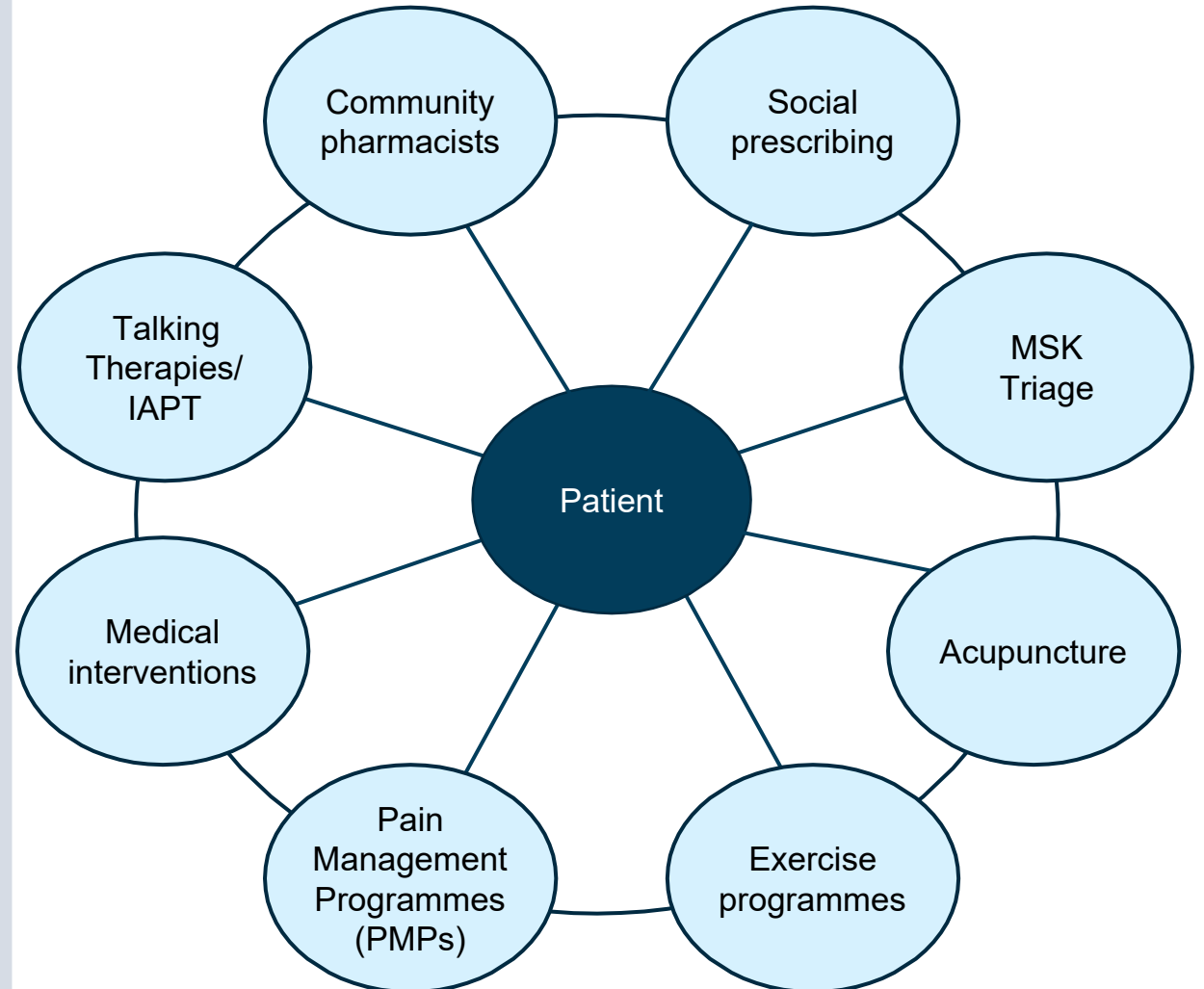
# National recommendations

National guidance is for health services to provide a pain network to enable people with chronic MSK pain to be channelled to the most appropriate service for their need.

Only 2-3% of patients need to be seen in a specialist pain service

The diagram on the right hand side outlines a proposed high level model of what this network might include, with **overarching principles** detailed below.

- Data driven approaches to meet the need of the local population
- Biopsychosocial approach with multidisciplinary workforce
- Appropriate use of medicines.
- Emphasis on self-management strategies and education
- Personalised care embedded throughout with clear support plan
- Provide support for work and education
- Access to peer support either virtually or face to face.
- Social, emotional, expectations and beliefs, mental health and biological factors should be considered when assessing chronic MSK pain
- Offer re-assessment if a person has a flare up





# Local provision (1/2)

The next two slides detail the current care for people with chronic MSK pain in SEL compared to the national recommendations. Throughout patient pathway there should be links with non-healthcare services to enhance self-management and the promotion of living well with a long-term conditions. This includes but is not limited to voluntary sector and groups in the community, peer support, social prescribers.

## Primary care provision

	Good awareness for what is available	Able to refer to Talking Therapies/ IAPT	MSK FCP provision	Social prescribers with knowledge of pain
<b>Bexley</b>	Unknown	✓	x	Partly known –
<b>Bromley</b>		✓	Partial	
<b>Greenwich</b>		✓	Partial	
<b>Lambeth</b>		✓	Partial	
<b>Lewisham</b>		✓	✓	
<b>Southwark</b>		✓	✓	

## Community MSK services provision

	MSK SPOA triage including pain	Secondary prevention groups	Tier 1: Pain management services (incl. clinical psychology)	Integration with secondary care E.g. MDT meetings	Acupuncture
<b>Oxleas &amp; KCH (Bexley)</b>	✓	✓	✓	✓	✓
<b>Vita (Bromley)</b>	✓	✓	x	x	x
<b>Circle (Greenwich)</b>	✓	✓	x	x	?
<b>GSTT (Lambeth/Southwark)</b>	✓	✓	x	✓	✓
<b>LGT (Lewisham)</b>	x	✓	✓	✓	✓
<b>KCH (Southwark)</b>	✓	✓	x	✓	✓

## Discussion summary

### Primary care provision

- Agreed the importance of linking with social prescribers
- A practice level pain register can help target patients that may benefit from a referral to social prescribers and referrals to MSK FCP provision
- Consider referral to Talking Therapies for patients with chronic MSK pain

### Secondary care provision (next slide)

- Pain clinics are included

### General comments

- Most patient don't need to be medicalised
- There is a wide variety of presentations, not one size fits all

# Local provision (2/2)

As a continuation from the previous slide, below details chronic MSK pain services in secondary care and the provision of Pain Management Programmes (PMPs) in SEL.

## Secondary care provision

	Tier 2: Multi-disciplinary pain management services	MDT meetings	Pain clinics, including medical interventions e.g. neuromodulation	Ability to access Tier 3: Adult Highly Specialist Pain Management Services
<b>GSTT</b>	Medical Consultants, Pain Nurse Specialist, Physiotherapists and Clinical Psychologist.	Ortho/ Spine/ Pain MDT	✓	✓
<b>KCH</b>	Medical consultant	Spine MDT	✓	Unknown
<b>LGT</b>	Medical Consultants, Pain Nurse Specialist, and Clinical Psychologist.	Pain MDT	✓	Ability to refer onwards

## Pain Management Programmes

Below provides an overview of PMPs provided in each borough.	
<b>Oxleas &amp; KCH (Bexley)</b>	MSK Pain Pathway - Consultant nurse led team as non-interventional service, including MDT PMP
<b>Vita Health Group (Bromley)</b>	Back skills programme – six weeks, physiotherapy led (back pain)
<b>Circle (Greenwich)</b>	Pathway to pain – online pain programme iBEST – online, 6 week programme (back pain)
<b>GSTT (Lambeth/ Southwark)</b>	Physiotherapy led back pain group INPUT (tertiary care)
<b>LGT (Lewisham)</b>	CALM service – includes 1:1 and MDT PMP, only secondary care referrals
<b>KCH (Southwark)</b>	Physiotherapy led back pain group. Fibromyalgia “FAME” - physio led with pain nurse and expert patient

# Training and education

Ensure there is provision of training and education for clinicians working with people with chronic MSK pain

## Background:

Feedback from people with lived experience of chronic MSK pain is that they hear different messages from different clinicians. There is a need to ensure care is consistent as per best practices across SEL. A sub-group has met and agreed the initial focus will be as follows:

1. **Primary care staff** – three one-hour webinars that discuss key topics in chronic MSK pain and links with the resource pack, for all roles in primary care. (See opposite).
2. **Staff in specialist pain roles** – create a SEL community of practice. A survey will be circulated to establish interest for the group.

---

## Group feedback summary:

### Primary care staff webinars

- Consider use of language e.g. exercise and holistic
- Important to consider the diagnosis element of chronic pain, whether it is primary or secondary and diagnosis of fibromyalgia
- Consider whether there is an opportunity for post webinar supervision to follow-up

### Pain Community of Practice

- There was agreement for a SEL multi-disciplinary community of practice

## SEL Chronic MSK Pain webinar series

1. **Introduction to chronic MSK pain and resources in SEL**
  - Introduction to chronic MSK pain
  - Introducing the SEL resource pack
  - Movement/ activity for people with chronic MSK pain
2. **Biopsychosocial approach to support people with chronic MSK pain**
  - Multi-disciplinary holistic approach
  - Mental health/ wellbeing support for people with chronic MSK pain
3. **Confidence and skills to have a conversation about chronic pain**

# Triage guidelines

Develop existing SEL MSK triage guidelines to include chronic MSK pain

- We know that people with chronic MSK pain re-attend health services and often “bounce around the system”.
- Each borough in SEL has an MSK triage service that triages MSK referrals.
- There are co-produced SEL MSK triage guidelines. Chronic MSK pain has been added to these guidelines.



# Resource pack

Develop a SEL chronic MSK pain resource pack, building on what is currently available in SEL

**Background:** It was agreed that there are a range of resources/ services/ pathways available to people with chronic MSK pain, however it is sometimes confusing for clinicians to navigate. The pack is intended for clinicians working in different sectors and the aim is “How to support and guide your patient around the system”. Information for the resource pack has been collated from different stakeholders. A first draft has been shared with stakeholders.

## Feedback on the pack:

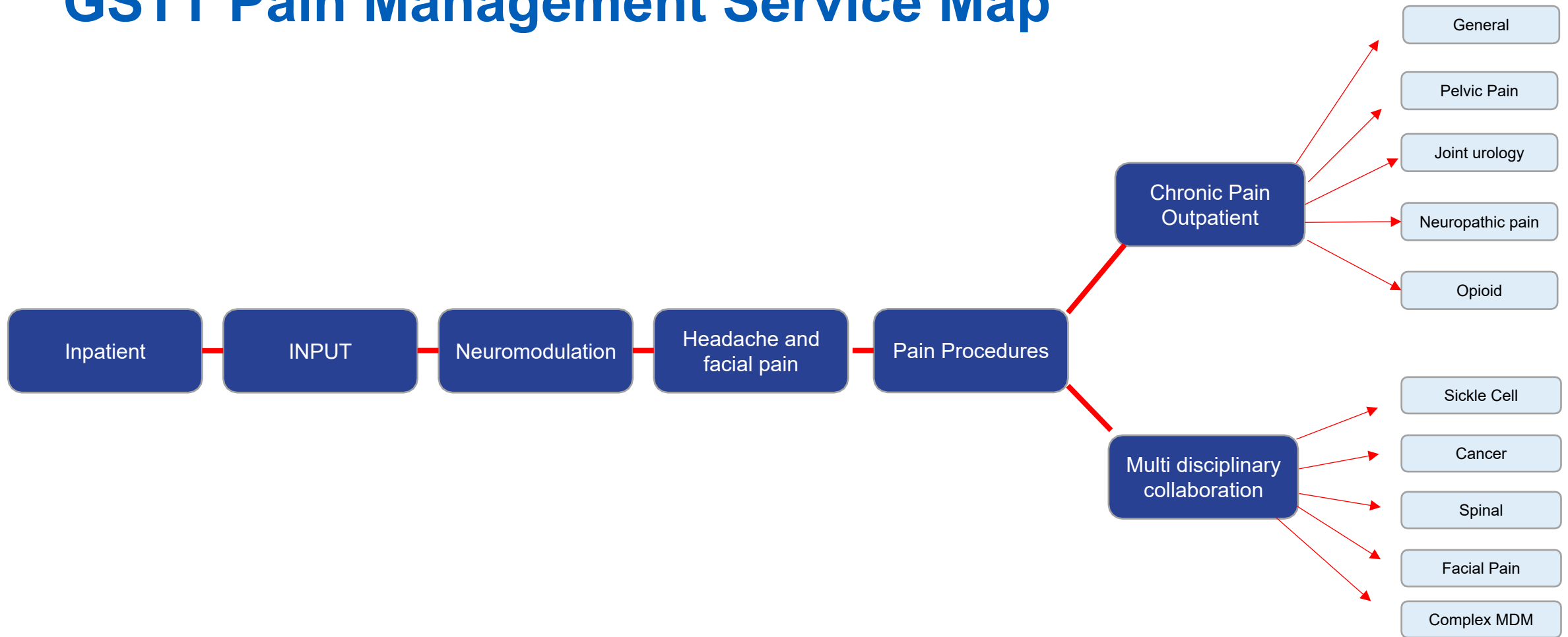
- Overall positive feedback, a useful resource that is easy to navigate
- Suggest amendments to terminology e.g. drivers to factors and exercise to movement/ activity
- Suggestions to consider alternatives for the decision matrix, this included using a scale or a tiered approach, flow diagram and to include how to manage complexity.

## Suggestions for where to share the pack:

Important to consider all touch points in the MSK pathway and the use of global emails. Suggested options include:

- **Primary care;** GP education days, community pharmacists, Talking Therapies
- **Community MSK;** team lead meetings
- **Secondary care;** audit days and with inpatient teams

# GSTT Pain Management Service Map



# Inpatient Wait List

- **Total waitlist booked and unbooked = 2007**
  - % Lambeth = 10%
  - % Southwark = 11%
- **Longest waiter as at 04/10/2023 excluding planned patients = 49 weeks**
- **Average wait excluding planned (where procedure has been booked)**
  - All booked: 14 weeks
  - Lambeth = 12 weeks
  - Southwark = 14 weeks
  - Average wait to 04/10/2023 where procedure has not been booked
  - All = 13 weeks
  - Lambeth = 13 weeks
  - Southwark = 13 weeks
- **Longest waiter excluding planned and booked = 49 weeks**

## Pain and Input Inpatient / DC wait list as 04/10/2023

Service	Procedure Booked?		Grand Total
	N	Y	
<b>Input</b>	141	57	198
<b>Lambeth</b>	26	8	34
<b>Southwark</b>	19	10	29
<b>Other</b>	96	39	135
<b>Pain Management</b>	1628	181	1809
<b>Lambeth</b>	187	16	203
<b>Southwark</b>	192	26	218
<b>Other</b>	1249	139	1388
<b>Grand Total</b>	1769	238	2007

# Outpatient Wait List

## New wait list

Count of Patient ID	Appointment Booked?		
Service	Booked	Not booked	Grand Total
<b>14A Pain Management</b>	144	1691	1835
<b>Lambeth</b>	20	295	315
<b>Southwark</b>	25	321	346
<b>Other</b>	99	1075	1174
<b>14B Input</b>	52	156	208
<b>Lambeth</b>	10	28	38
<b>Southwark</b>	11	24	35
<b>Other</b>	31	104	135
<b>Grand Total</b>	196	1847	2043

## Follow up wait list

Count of Patient ID	Appointment Booked?		
Service	Booked	Not booked	Grand Total
<b>14A Pain Management</b>	764	4560	5324
<b>Lambeth</b>	87	607	694
<b>Southwark</b>	82	621	703
<b>Other</b>	595	3332	3927
<b>14B Input</b>	40	266	306
<b>Lambeth</b>	4	29	33
<b>Southwark</b>	1	38	39
<b>Other</b>	35	199	234
<b>Grand Total</b>	804	4826	5630



# Outpatient Wait List

- **Longest wait:**
  - Pain / New / Unbooked: 73 weeks
  - Input / New / Unbooked: 71 weeks
- **Over 52 weeks =**
  - Pain = 16 (1 x Southwark)
  - INPUT = 1
- **Average wait**
  - Appointment booked = 25 weeks
  - Unbooked = 17 weeks

# Wait List Data – KCH

- **Admitted waiting list: 203 patients awaiting intervention; longest waiter 74 weeks; 13 patients >52 weeks and, of these long waiters, 1 has a to come in date booked. Average wait for an intervention is 55 weeks.**
- **Planned waiting list: 228 patients awaiting intervention; longest waiter 83 weeks; 46 patients >52 weeks and, of these long waiters, 4 have a to come in date booked. Average wait for an intervention is 46 weeks.**
- **Non-Admitted waiting list: 214 patients with outpatient department appointments; of these, 176 are first appointments and 38 are follow-up appointments. Longest waiter in terms of when their to come in date for a first appointment is booked is 43 weeks; average being 23 weeks. Longest waiter in terms of when their TCI date for a follow-up appointment is booked is 40 weeks; average being 16.5 weeks.**

# Questions

# Physicians Associates - developing new roles in primary care

Dr Olufemi Osonuga  
Clinical Director  
North Southwark PCN

# Role of physicians associates (PAs) in general practice

- PAs are an additional role introduced in the NHS Workforce Plan to help to manage increasing demand in primary, secondary and community care
- Created to improve capacity and improve primary care access
- Not designed to replace GPs and nurses but to complement these roles
- PAs are dependent practitioners working with a dedicated medical supervisor

25

# Qualifications & competence

- In 2006, the Department of Health released the 'Competence and Curriculum Framework for Physician Associates'
  - developed in partnership with Royal College of General Practitioners (RCGP) and Royal College of Physicians (RCP)
- Science degree, followed by 2 year training in clinical medicine rotating through hospital and general practice
- On completion of the 2 year programme, the prospective PA has to pass the Physician Associate National Examination (PANE) in order to be certified by the Faculty of Physician Associates

# Current RCGP position - March 2024

- PAs working in general practice must always work under the supervision of qualified GPs
- PAs must be considered additional members of the team, rather than substitutes for GPs
- PAs do not replace GPs or mitigate the need to urgently address the shortage of GPs
- PAs must be regulated as soon as possible
- Public awareness and understanding of the PA role must be improved

# Current RCGP position - March 2024

- Training, induction and supervision of PAs within general practice must be properly designed and resourced
- At a time of significant GP workforce challenges, funding allocations, resources and learning opportunities within general practice must be prioritised for the training and retention of GPs
- The significant responsibility and skills required for supervision must be recognised and resourced, with GPs able to choose whether or not they are willing to undertake supervision of PAs. PAs should not be employed unless sufficient supervision can be provided.



# Current situation in Southwark Primary Care Networks

- In March 2024 our Primary Care Networks employ PAs to complement the role of our GPs and nurses:
  - 23 PAs equivalent to 22.6 wte
  - across 7 practices
- Patients are usually informed about the role of the clinician who will attend to them when they book appointments
- All self-book appointments clearly state the type of clinician the patient is booking to see
- Our PAs always work under supervision of a GP

# Current situation in Southwark Primary Care Networks

- Some of our GPs are involved in the training of PAs, majority of whom we have been able to employ locally
- PAs are involved in various quality development activities such as
  - quality improvement projects
  - clinical audits
  - complaints review
- We continue to raise awareness amongst our patients about all additional roles in primary care through our websites, patient engagement events, posters at practices as well as when we answer our phones

# Dental Access – Southwark

*March 2024*

*Dr Nancy Küchemann, Clinical and Care Professional Lead  
Partnership Southwark*



Mixture of General Dental Services (GDS) and Personal Dental Services (PDS) agreements:

### **Contracted services**

1,106 providers across London (primary general and orthodontics services);

32 GDS providers in Southwark; Total Contract Value £17.6m; 474,495 UDAs

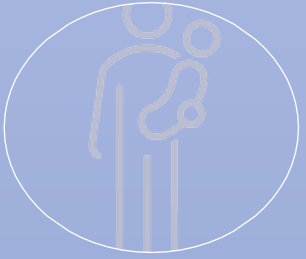
- General Dental Services (GDS) providers are primary care dental practices that deliver mandatory services; these contracts do not have an end date;
- Personal Dental Service (PDS) agreements are for a fixed period and allow for services to be re-procured on expiry. PDS are generally for advanced mandatory (e.g. Out of Hours or Specialist Services (e.g. Intermediate Minor Oral Surgery (IMOS))).
- GDS providers are High Street Dental Practices who contract with the NHS to deliver an agreed level of activity known as Units of Dental Activity (UDAs) for a fixed contractual sum.
- Part of the dental practices contractual income is derived from patient charges
- NHS Dental Practices do not receive reimbursement in respect of premises or staff costs
- Formal registration with NHS Dental Practices ceased on 31<sup>st</sup> March 2006 when the current contract was implemented. Patients although perceive they are 'registered' as they attend a practice regularly, however the obligation only extends to a course of treatment.



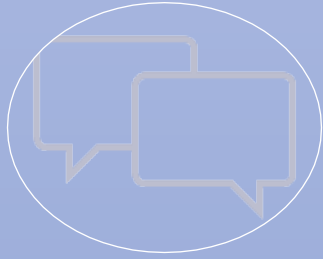
**Secondary,  
community &  
specialist  
dental services**

- Dental treatment is generally split into three categories of complexity
- Level 1 – mandatory services delivered by any dentist in the high-street setting.
- Level 2 – advanced mandatory and specialist services delivered by dentists with enhanced skills or recognised training in the high-street setting. Also referred to as intermediate services.
- Level 3 – complex treatment delivered by specialists and consultant led in the secondary care setting.
- National commissioning guides recommend the acceptance criteria and delivery for complexity levels 2 and 3.
- Community Dental Services deliver a range of complexity levels for paediatric, special care, domiciliary and homeless (rough sleeping) patients.

# Impact of poor oral health on children and families



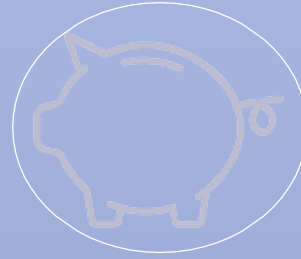
Poor start in life:  
affects children's  
development,  
nutrition, speech  
and social  
interactions



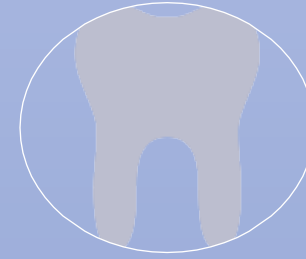
Poor wellbeing:  
low self-  
esteem and  
confidence.



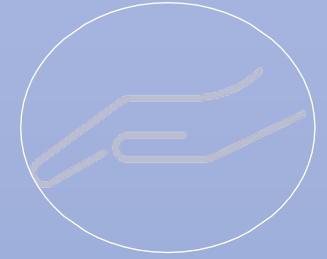
School  
readiness,  
school  
absence and  
school  
attainment.



Local  
economy:  
Parents/carers  
taking days off  
work to care  
for children.



Pain and sepsis  
leading to XGA.



Dental neglect  
and wider  
safeguarding  
issues.



# Impacts of the COVID-19 pandemic on CYP

- Children consumed more junk food and snacks and fewer fruit and vegetables during lockdown; this was more prevalent among children from poorer backgrounds highlighting health inequalities (National Food Strategy, July 2020)
- Lockdown has led to food insecurity (Food Standards Agency, 2020)
- Worsening of mental health
- Impacts on education
- It is very likely that oral health has been compromised and disproportionately impacted more disadvantaged children



# Impact of the Pandemic on Dental Access

---

The impact of the first national lockdown is still having an impact on routine delivery and many of those delivering NHS care have an ongoing backlog of treatments. The specifics of this are that acuity of patient need has increased significantly, due to outstanding treatments being deferred and consequently treatments are taking longer to complete.

---

The capacity to deliver routine care e.g. access to new patients continues to be a real challenge as there is significantly less available capacity than there was pre-pandemic

---

Contractual Activity Thresholds for providers were reduced during the pandemic and were increased incrementally; initially set at 20% in July 2020 with full resumption to 100% delivery from 1<sup>st</sup> July 2022

---

Urgent Dental Care Services; (UDCHs) were the only Dental Services available for face-to-face delivery from March - July 2020. these were accessed via 111 and Dental Triage in London; 42 UDCH were stood up across London, comprising of Hospitals, Community Dental Services and Primary Care.

Access to Urgent Dental Care delivery continues to be available in London 24/7, as per pandemic levels of delivery, as the pressure on primary care is such that it cannot be withdrawn without severely impacting patient care

Call levels to the Dental Triage Service are still around 1,100 calls per day

---

For practices, their priorities continue to be urgent care and outstanding courses of treatment

---

Patients at higher risk of oral disease and losing teeth



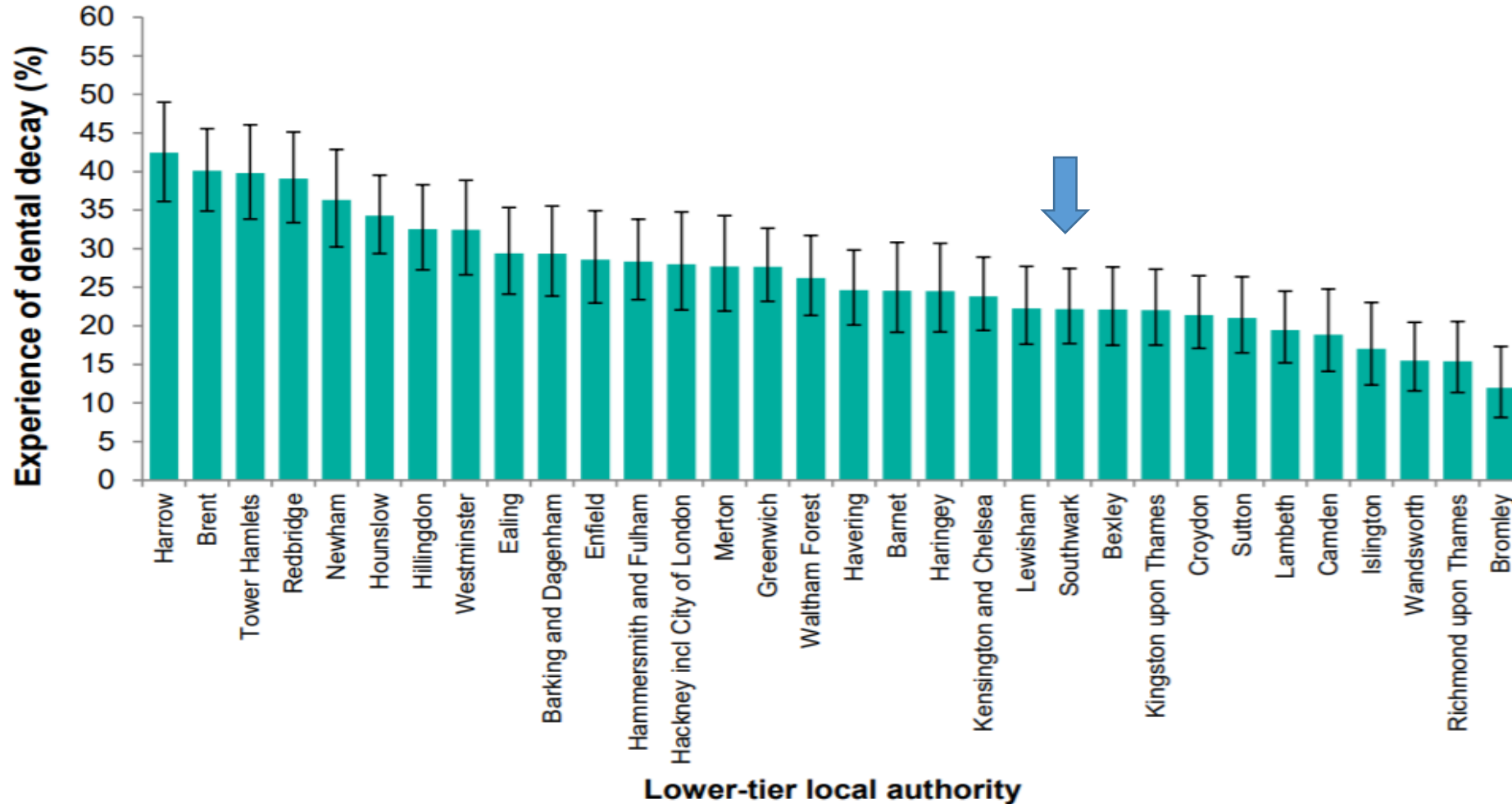
# Urgent Dental Care via NHS 111

Charlton Village Dental Practice, Greenwich, SE7 8UD  
 My Dentist (Sydenham), Bromley, SE26 5HF  
 Camberwell Dental Practice, Southwark, SE5 8QU  
 GK Ooi & Associates, Southwark, SE16 6HZ  
 Bromley Healthcare, Bromley, BR3 3QL  
 Surrey Docks Dental Practice, Southwark SE16 6AE  
 Greenwich Dental Practice, Greenwich, SE108NB  
 Maxident Clinic, Lewisham SE6 2NZ  
 Dentistry For You, Lambeth SW9 7NU

Borough	London %	Calls Per Borough
Southwark	4.54	2999
Lambeth	4.04	2669
Greenwich	3.61	2385
Lewisham	3.1	2048
Bromley	2.62	1731
Bexley	1.9	1255

# London data - experience of tooth decay among 5 year old Children 2019

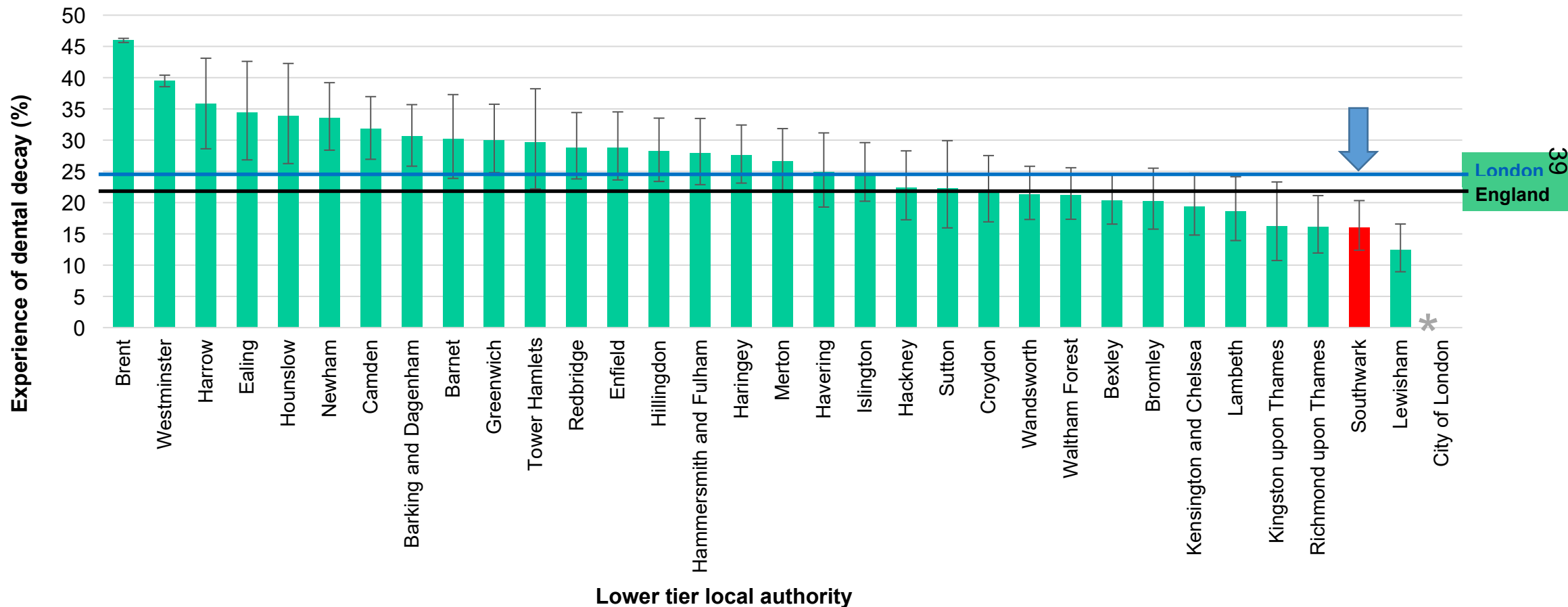
(National Dental Epidemiology Programme, 2020)



# London data - experience of tooth decay among 5 year old Children 2022

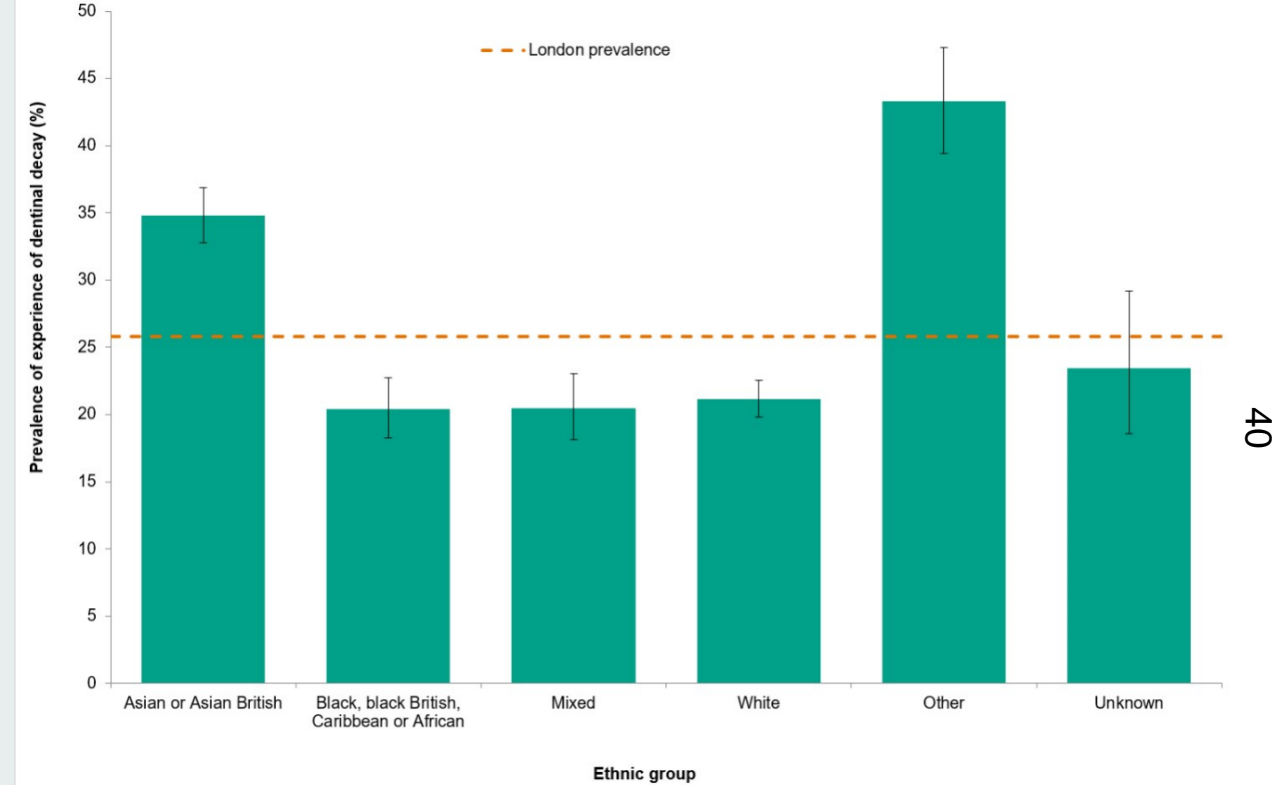
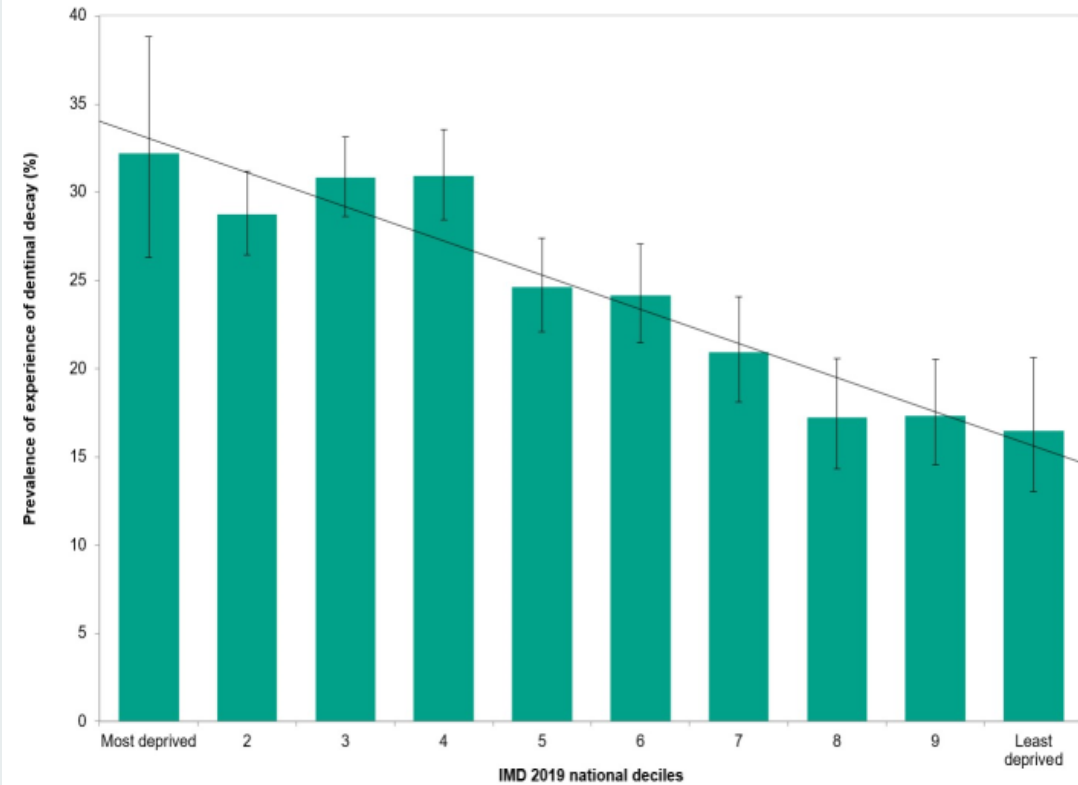
(National Dental Epidemiology Programme, 2022)

- In 2022, 1 in 4 children aged 5 years in London had tooth decay experience, ranging from 46.0% in Brent to 12.4% in Lewisham (*National Dental Epidemiology Programme 2022*).



\*Note 2022 NDEP data was not available for City of London in 2022.

# National data - Inequalities in children's oral health



- 5 year olds in the most deprived 20% of areas of the country were 2.5 times as likely to have experience of dentinal decay as those in the least deprived 20% of areas.
- Prevalence varies by ethnic group and was significantly higher in the other ethnic group, Asian or Asian British ethnic group compared to other groups.

Source: OHID, National Dental Epidemiology Programme, 2019, 2022

# What can we do to improve oral health and inequalities

- **Integration of oral health into general health and public health initiatives.**
- **Tackling the social determinants and ensuring every child has the best start in life.** Oral health as part of a whole systems approach with actions across sectors (education, health and social care)
- **Tackling shared risks:**
  - Sugar reduction
  - Increasing the availability of fluorides - regular toothbrushing with a Fluoride toothpaste, Fluoride varnish (FV) application, supervised toothbrushing/FV programmes, delivery of toothbrush/paste packs
  - Signposting to NHS dental services
- **Promoting positive oral health behaviours**
  - Improving oral health: an evidence-informed toolkit for local authorities**  
[GOV.UK](http://GOV.UK) ([www.gov.uk](http://www.gov.uk))
- **Training of the wider workforce**
- **Prevention delivered by dental teams using evidence-based toolkit DBOH 2021** [Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK](http://Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK) ([www.gov.uk](http://www.gov.uk))

Public Health England  
Protecting and improving the nation's health  
**Sugar Reduction**  
The evidence for action

Fluoride toothpaste has been shown to prevent tooth decay

**Local authorities improving oral health: commissioning better oral health for children and young people**

An evidence-informed toolkit for local authorities

New recommended maximum daily sugar intake\*

Age Group	Recommended Maximum Daily Sugar Intake
Adults & 11+	30g (x 7)
7-10 years	24g (x 6)
4-6 years	19g (x 5)

\*Scientific Advisory Committee on Nutrition, 2015

# Dental Recovery Plan

- The Government's Dental Recovery plan; [Faster, simpler and fairer: our plan to recover and reform NHS dentistry](#), was published on 7<sup>th</sup> February 2024 and the key strategic commitments made in the plan are:
  - a) In 2024, significantly expand access so that everyone who needs to see a dentist will be able to. This will begin with measures to ensure those who have been unable to access care in the past 2 years will be able to do so - by offering a significant incentive to dentists to deliver this valuable NHS care. Introduction of mobile dental vans to take dentists and surgeries to isolated under-served communities.
  - b) Launch 'Smile for Life' - a major new focus on prevention and good oral health in young children, to be delivered via nurseries and other settings providing Start for Life services and promoted by Family Hubs. The introduction of dental outreach to primary schools in under-served areas in addition to taking forward a consultation on expanding fluoridation of water to the north-east of England - a highly effective public health measure.
  - c) Ramp up the level of dental provision in the medium and longer term by supporting and developing the whole dental workforce, increasing workforce capacity as committed to in the NHS Long Term Workforce Plan, reducing bureaucracy and setting the trajectory for longer-term reforms of the NHS dental contract.

# Dental Recovery Plan

**Summary of Key NHS Commissioning Commitments** - the significant NHS aspects of the plan in respect of dental commissioning are:

- a) Increase in the minimum Unit of Dental Activity (UDA) value to £28.00.
  - b) Introduction of a new patient premium for 2024/25. This will pay an additional £50 for a new patient receiving a band 2 or 3, and an extra £15 for a new patient receiving a Band 1 in addition to the funding the practice would already receive.
  - c) Roll out of dental vans in certain underserved ICBs. This is focused on isolated rural and coastal communities **\*NOT APPLICABLE IN LONDON\***
  - d) Introduction of a 'golden hello' scheme (£20k per dentists, split over 3 years, available for posts agreed by regions / ICBs to be priorities for access) to encourage dentists into under-served areas and supporting those practices with the lowest rates of payment for their work. **\*NOT APPLICABLE IN LONDON\***
- The plan commits to bringing forward proposals for reform, however there is no specific detail around this, as they are subject to further work up and will require consultation.

# Dental Recovery Plan

## Specific ICB actions

**Increase the minimum UDA value to £28.00 from £23.00** – this affects 13 of our Dental practices ( their current range is from £25.33 – £27.89) and will result in less than £50K increase of the collective contract value. All eligible contracts will receive an additional in-year uplift to increase their UDA value and a contract variation which reflects the change.

**New patient premium** – implement the new patient premium scheme which started on 1<sup>st</sup> March 2024 and will run for 13 months until 31st March 2025. Participating practices will receive a nominal credit of UDAs equivalent to: £15 for each eligible new patient requiring only band 1 care and £50 for each eligible new patient requiring a band 2 or 3 treatment. This will be in addition to the UDAs a practice would already be deemed to have delivered for this care.

**Work with public health colleagues** – to support the delivery of the ‘smile for life’ programme for babies and very young children



# Thank you

## Any Questions?

<b>Report From:</b>	Director of Commissioning	<b>For:</b>	Health and Social Care Scrutiny Commission
<b>Subjects:</b>	Briefing re future provider for Tower Bridge Care Home, increasing nursing care provision and plans for quality improvement	<b>Date:</b>	25 April 2024

## 1. Selecting a future provider for Tower Bridge Care Home

1.1. Cabinet agreed that officers can undertake a procurement to select a provider to take over the operation of Tower Bridge Care Home from October 2024.

1.2. There are five stages to the procurement:

- 1 – Standard Selection Questionnaire completed for evaluation and shortlisting
- 2 – At least three bidders are shortlisted and invited to complete method statements
- 3 – Initial proposals submitted, evaluated and bidders meeting a minimum standard invited to negotiate
- 4 – Home visits plus negotiation and presentation meetings
- 5 – Final Proposals evaluated and preferred bidder recommended for contract award

1.3. Currently the procurement started in February and is currently at stage 4. So far six providers expressed interest in running the home and four were invited to complete method statements.

1.4. Officers from the commissioning division are leading the procurement with an Officer Evaluation Panel including adult social care, finance and property officers. The panel will review the submitted method statements, visit a nursing home of a similar size that the bidder is currently running, and hold the negotiation meetings regarding service delivery, service improvement, quality assurance and mobilisation.

1.5. There is also a Partner Evaluation Panel made up of 4 loved ones and four staff members from the home. They are contributing to the scoring by identifying the areas of interest that they would like to explore with prospective bidders via a presentation and a question and answer session.

## 2. Increasing nursing care provision in the borough

2.1. As set out in the table below access to local nursing care started to reduce from 2015.

**The evolving Southwark Nursing Care Market**

Nursing home and number of beds	Provider	2015	2018	2020	2022	2023
Camberwell Lodge*	Country Court Care from 2017 (Previously Four Seasons)	55	0	0	98*	98*
Tower Bridge	HC-One Ltd	128	128	128	128	128

Nursing home and number of beds	Provider	2015	2018	2020	2022	2023
Queens Oak**	Excel Care	88	88	88	88	0
Waterside***	Agincare from 2023 (Previously Anchor)	0	0	0	0	17
<b>Total</b>		271	216	216	320	249

\* The new home on this site recently increased nursing care beds from 52 to 72

\*\* Care home was initially block booked by Lambeth. It closed in 2022.

\*\*\* Residential care home converting some rooms to provide nursing care

2.2. Love Walk (formerly a residential care home) has been given planning permission to redevelop as a larger care home with nursing care. The home is owned by Mission Care.

2.3. Sustainable Growth has supported Children and Adult Services to identify a suitable site owned by the council for the development of a new nursing home. 128-148 Asylum Road was the only suitable site available within the council's portfolio. A resident meeting was held by Sustainable Growth to discuss this preferred purpose for the site, which was broadly well-received. The allocation of the site for nursing care provision is now subject to the required decision-making process; and this will be followed by a report to cabinet about the procurement strategy for the development and operation of the home.

### 3. Plans for quality improvement in the developing ASC Vision

3.1. Officers are engaging with a range of stakeholders - residents (including those who draw on services and their carers), frontline health and care staff, and providers to establish:

- **A vision:** for what Adult Social Care will look like for residents, staff, and partners in five years' time;
- **Values:** the ways in which our residents, staff, and partners want us to work with them and together to achieve the vision;
- **Our offer:** the changes to services we need to achieve our vision; and
- **Outcomes:** how we will measure if our vision has been a success.

3.2. Central to the vision is quality and equity – 'do the basics well'. To ensure that the vision is co-produced, engagement activities include a survey, workshops and visits to various group meetings/forums. The lead member has asked that the draft vision is presented to the Commission pre-decision by Cabinet and therefore the Commission is asked to receive a report in September 2024 to comment on the ASC Vision.

# **PUBLICLY AVAILABLE TOILETS PROBLEM REDUCTION GUIDE**

(Getting to where you want to go!)



Guidance for  
**POLICE • ARCHITECTS • LOCAL AUTHORITIES**  
And any organisation involved with the design, construction, operation or management  
of publicly available toilets

Third edition. Formerly - Public Conveniences: Problem Reduction Guide



Hertfordshire Constabulary Crime Prevention Design Service  
The British Toilet Association

Originally authored by Staffordshire Police  
Crime Reduction and Community Safety Unit

# ACKNOWLEDGMENTS

## **Public Conveniences Problem Reduction Guide AL06/98 revised 2003**

Grateful acknowledgment is given to the following individuals and groups who were consulted in the formulation of the original document and subsequent revision:

Colin Cockfield  
 John Grieves Smith RIBA  
 The British Toilet Association  
 ACPO Technical Committee  
 Danfo Ltd  
 JC Decaux Ltd  
 Staffordshire Lesbian, Gay and Bisexual Police Liaison Committee  
 Staffordshire Police Lesbian, Gay and Bisexual Group  
 South Staff MESMEN  
 Staffordshire Drug Action Team  
 Mr Phillip Vaughan

## **ACKNOWLEDGMENTS Third edition revised 2010**

The Committee wishes to thank Neil Russell, Architectural Liaison / Crime Reduction Officer of Staffordshire Police for agreeing to allow the revision of the Guide.

The Committee wishes to give special thanks to Clive Matthews, Crime Reduction Manager, Hertfordshire Constabulary for his support and whose efforts made this revision possible.

Grateful acknowledgment is given to the members of the Committee who actively participated in the revision of the 2003 Public Conveniences Problem Reduction Guide.

Gillian Kemp, (Chair) Management Committee Member, British Toilet Association  
 Gerry Brophy, County Architectural Liaison Officer, Hertfordshire Constabulary  
 Linda Stevens, Crime Prevention Officer, Hertfordshire Constabulary  
 Mike Bone, Director, British Toilet Association  
 Gail Knight, TACT3  
 Jo-Anne Bichard, TACT3

Further acknowledgment is given to the following individuals and organisations who offered assistance in connection with the revision of the 2003 document.

Richard Aston, FW3 Holdings Ltd  
 Roger Berry, Managing Director, Healthmatic Ltd  
 Mike Burton, Managing Director, Albany Hygiene Facilities  
 Jean Donovan, Marketing Manager, Wallgate Ltd  
 Professor Clara Greed, University of the West of England  
 Jane Gregory, Otodynamics Ltd  
 Alastair Humphreys, Director, Interpublic Urban Systems UK Ltd  
 Michael Le-Surf, Changing Places Development Officer, Mencap  
 Ross Longbottom, Managing Director, Danfo (UK) Ltd  
 Henry Shaftoe, University of the West of England  
 Phil Thorne, Commercial Manager, Wallgate Ltd  
 David Whittaker, Councillor, Isle of Wight County Council  
 Jasmine Wilson, Cleaning Service Manager, Ceredigion County Council  
 Darren Zygis, Product Manager, SaniPod

## Photographic Acknowledgements

Photo 1.....	Wallgate Ltd (Cover photo)	Photo 43.....	BTA
Photo 2.....	Danfo (UK) Ltd	Photo 44.....	LOYA
Photo 3.....	Gerry Brophy	Photo 45 .....	Mike Le-Surf
Photo 4.....	Gerry Brophy	Photo 46.....	LOYA
Photo 5.....	Bichard, VivaCity 2020 (2006)	Photo 47 .....	Wallgate Ltd
Photo 6.....	Bichard, VivaCity 2020 (2006)	Photo 48.....	LOYA
Photo 7.....	Gerry Brophy	Photo 49.....	Gillian Kemp
Photo 8.....	BTA	Photo 50 .....	Gillian Kemp
Photo 9.....	Gerry Brophy	Photo 51.....	LOYA
Photo 10.....	BTA	Photo 52.....	Gerry Brophy
Photo 11.....	Gerry Brophy	Photo 53.....	Bichard, VivaCity 2020 (2006)
Photo 12.....	Bichard, VivaCity 2020 (2006)	Photo 54 .....	Bichard, VivaCity 2020 (2006)
Photo 13.....	Bichard, VivaCity 2020 (2006)	Photo 55 .....	Bichard, VivaCity 2020 (2006)
Photo 14.....	Bichard, VivaCity 2020 (2006)	Photo 56.....	Danfo (UK) Ltd
Photo 15.....	Knight & Bichard, TACT3, 2009	Photo 57.....	Danfo (UK) Ltd
Photo 16.....	LOYA	Photo 58.....	Gerry Brophy
Photo 17.....	Gillian Kemp	Photo 59 .....	Bichard, VivaCity 2020 (2006)
Photo 18.....	BTA	Photo 60.....	Gillian Kemp
Photo 19.....	BTA	Photo 61.....	Gerry Brophy
Photo 20.....	BTA	Photo 62.....	Bichard & Knight, TACT3, 2009
Photo 21.....	Gillian Kemp	Photo 63.....	Bichard & Knight, TACT3, 2009
Photo 22.....	BTA		
Photo 23.....	Bichard, VivaCity 2020 (2006)		
Photo 24.....	Gerry Brophy		
Photo 25.....	BTA		
Photo 26.....	Gillian Kemp		
Photo 27.....	Bichard, VivaCity 2020 (2006)		
Photo 28.....	BTA		
Photo 29.....	Bichard, VivaCity 2020 (2006)		
Photo 30.....	LOYA		
Photo 31.....	Wallgate Ltd		
Photo 32.....	Wallgate Ltd		
Photo 33.....	Wallgate Ltd		
Photo 34.....	Bichard, VivaCity 2020 (2006)		
Photo 35.....	FW3 Holdings Ltd		
Photo 36.....	Wallgate Ltd		
Photo 37.....	Wallgate Ltd		
Photo 38.....	Bichard, VivaCity 2020 (2006)		
Photo 39.....	Bichard, VivaCity 2020 (2006)		
Photo 40.....	Bichard, VivaCity 2020 (2006)		
Photo 41.....	Bichard & Knight, TACT3, 2009		
Photo 42.....	Bichard, VivaCity 2020 (2006)		



# Contents

<b>ACKNOWLEDGMENTS.....</b>	<b>2</b>
<b>MANAGEMENT SUMMARY .....</b>	<b>7</b>
<b>INTRODUCTION .....</b>	<b>8</b>
Conservation areas .....	8
Background .....	8
Why this Guide is needed .....	9
 <b>SUGGESTIONS FOR BEST PRACTICE</b>	
<b>LOCATION .....</b>	<b>10</b>
Orientation.....	10
Natural surveillance.....	10
Artificial surveillance .....	11
Shrubbery.....	11
Perimeter .....	11
Pathways.....	12
Parking.....	12
Cycles, Buggies, Prams - and Dogs .....	13
Accessibility.....	14
Lighting.....	14
Street furniture .....	15
Siting (public toilets in close proximity to other buildings) .....	15
An attractive environment .....	16
Signage .....	17
 <b>BUILDING EXTERIOR.....</b>	<b>20</b>
Walls.....	20
Roofing.....	20
Guttering and downpipes .....	21
Windows.....	21
Ventilation.....	21
Lighting.....	22
Servicing .....	22
Storage.....	23
Entrance / Exit.....	23

<b>BUILDING INTERIOR.....</b>	<b>24</b>
Impersonal surveillance: CCTV.....	24
Personal surveillance: Attendants.....	25
Ceiling.....	26
Walls.....	26
Floor.....	27
Lighting (Internal).....	27
Doors.....	28
Cubicles.....	28
Toilet pan.....	29
Urinals.....	30
Flush.....	30
Toilet tissue dispensers.....	31
Sanpro bins.....	31
Handwashing / Drying.....	32
Sharps bins.....	33
Shelving.....	33
Hooks.....	34
Mirrors.....	34
Commercial Product Dispensers.....	34
Drinking water.....	34
Signage.....	35
Cleaning.....	35
Maintenance.....	36
<b>OTHER FACILITIES.....</b>	<b>37</b>
ACCESSIBLE TOILETS.....	37
General.....	37
Entrance / Exit.....	37
Fixtures and fittings within the accessible toilet.....	38
Emergency cord.....	38
Storage.....	38
CHANGING PLACES FACILITIES.....	39
General.....	39
External Access.....	39
Internal Access.....	39
Maintenance.....	39
FAMILY CUBICLES.....	40
General.....	40
Toilet pans and urinals.....	40
Baby changing benches.....	41
Paper Rolls.....	41
Toilet tissue.....	41
Disposal.....	41
Maintenance.....	41



AUTOMATIC PUBLIC CONVENIENCE (APC) .....	42
General .....	42
Location.....	42
Signage.....	43
Length of stay.....	43
Windows.....	44
Service area .....	44
STREET URINALS / URILIFTS / POP UPS.....	45
General .....	45
<b>REFURBISHMENT OF PUBLICLY AVAILABLE TOILETS .....</b>	<b>46</b>
General .....	46
Advice .....	47
Considerations .....	47
<b>INCOME GENERATION .....</b>	<b>48</b>
CHARGING .....	48
General .....	48
Charging.....	48
Signage.....	49
Cycles, Buggies, Prams, Motor Scooters.....	49
COMMERCIAL PRODUCT DISPENSERS .....	49
ADVERTISING OPPORTUNITIES .....	50
SMALL RETAIL OPPORTUNITIES .....	51
SPONSORSHIP .....	51
<b>CONCLUSION .....</b>	<b>52</b>
<b>CONTACTS .....</b>	<b>53</b>
<b>BIBLIOGRAPHY.....</b>	<b>54</b>
<b>LIST OF COMPANIES &amp; ORGANISATIONS.....</b>	<b>55</b>
<b>SELF ASSESSMENT CHECKLIST .....</b>	<b>56</b>

# MANAGEMENT SUMMARY

It is the intention of this document to provide practical guidance and advice for the Police Service, Architects, Local Authorities and anyone involved with the design, construction, operation or management of Publicly Available Toilets.

The aim of this practitioners' short Guide is to:

- Highlight best crime prevention practice in toilet design
- Provide suggestions to design out crime and misuse
- Allow assessment by the use of a self check list
- Encourage working together in partnership

This publication is one of a series of Police Architectural Liaison documents providing advice and good practice on Crime Reduction and Community Safety

# INTRODUCTION

This Guide is aimed at the Police Service, Architects, Local Authorities and any other individual or organisation involved with:

- Building new toilet facilities
- The refurbishment of existing facilities
- Dealing with problem sites

It can also be used:

- As a background to consultation
- As a benchmark for assessment
- As an aid to problem solving

## Conservation areas

The appropriate regulations for conservation areas must be implemented.

## Background

The Victorian era saw the rapid introduction of toilet facilities for public use in town centres, parks and other public areas. This was in an effort to alleviate appalling health problems associated with both open sewers and standards of public behaviour.

Many of these original facilities were built in locations that allowed their use to go 'unseen' by the general public. This desire to 'hide away' the facility has, at times, caused them to be used for unintended purposes. The internal layout of many existing toilet blocks has also encouraged misuse. Such incidents have led to calls to 'close them down'. In addition, the need to comply with new legislation, such as the Disabled Discrimination Act, has resulted in some facilities being closed because of the cost of remedial works. This has resulted in a severe reduction of available toilets.

Over the course of time, lifestyles have changed and now reflect an increased need for this most basic and essential facility. One of the Government's stated intentions is to 'get people out of cars'. This has and will continue to result in longer periods away from home as people take to bicycles or walk. If we factor in the 'leisure rich' times in which we live, the need for more public toilets starts to become apparent. A quick look around town centres on a weekend will also produce evidence of such a requirement.

A happy consequence of modern living is that we are enjoying longer and healthier lives. People with or without physical disabilities are surviving into their 80's or 90's in increasing numbers. As a consequence, legislation to incorporate 'lifetime' designs into all new housing stock has been enacted. This consideration should also be reflected in the supply of public toilets.

If we accept that the need for publicly available toilets is on the increase, we should ensure that they are built in suitable locations with security and functionality designed in. The crime prevention world has moved on and lessons learnt must be incorporated into the designs.

When we consider how to improve existing facilities that have deteriorated, or were inappropriately designed by modern standards, we may have to think in different terms. The surrounding and internal environments will have to be examined in detail in an effort to understand why the facility is failing and what changes can be made to bring about the desired improvement.

For too long, public toilets have been considered in isolation, rather than being seen as a constituent part of all locations where the public congregates or passes through. If public toilets are considered within the design context of their location, they can be built to complement and enhance the area rather than contribute to its decline.

*Gerry Brophy*

### **Why this Guide is needed**

- The field of crime prevention has progressed and so the existing document has been updated in order to reflect the needs of a changing society
- To ensure sustainable reductions in crime and anti-social behaviour
- To promulgate good practice
- To stimulate new ideas
- To help reduce costs and manpower commitments
- To unify action and effort

# SUGGESTIONS FOR BEST PRACTICE

## LOCATION

### Orientation



Photo 2

- Toilet blocks or direct access cubicles? Whatever the choice there are a number of considerations to be addressed in order to discourage vandalism. The more visibility and accessibility there is the better.
- A well used location reduces opportunities for vandalism.
- Smaller locations where there is a sense of ownership by the community have been found to limit incidents of vandalism.
- Building toilets in subways are to be avoided as there are too many opportunities for loitering and natural surveillance is limited.
- Large open spaces with short cuts should be avoided.
- Locations near unsupervised or areas where children can play unseen should be avoided.

### Natural surveillance

- The practice in the past of hiding the door at the rear of the building is discouraged.
- Having the entrance to the toilets facing the street / footpath / car park / road provides natural surveillance.
- A high level of footfall past a toilet block increases natural surveillance and limits the opportunities for vandalism to occur.
- Blind corners and dark alleyways should be avoided.

## Artificial surveillance

- If CCTV is deemed necessary to reduce misuse, siting the toilet facility within an open area where CCTV coverage is already installed may be more appropriate.
- Positioning and usage of CCTV equipment must be in accordance with the appropriate regulations.

## Shrubbery

- If shrubbery is to be used it is recommended that the plants selected should have a 'mature growth height no higher than 1 metre and trees should have no foliage below 2 metres, thereby allowing a 1 metre clear field of vision' [*ACPO Secured by Design, New Homes 2010, page 31*]. This ensures the building is more visible to both users and passers by whilst restricting places in which to loiter and hide.
- The shrubbery should be deliberately dense in order to deter people crossing it but not too prickly so as to trap litter and spoil the appearance of the surroundings.
- Wall climbing plants can help prevent graffiti.
- The use of soft landscaping with well tended flower beds or hanging baskets makes the building appear attractive and welcoming, but must be maintained as otherwise it can be counter productive.

## Perimeter



Photo 3

- If the building has to be enclosed, then weld mesh fencing is recommended as it provides unobtrusive natural surveillance whilst reducing places for loitering.
- Railings which deny casual access are an alternative.
- Gates and chain link fencing are not recommended.
- Any feature which could be used as a climbing aid, e.g. bins, boundary walls or flat roofs, should be avoided.

## Pathways

- ‘.....pedestrian routes should be designed to ensure that they are visually open, direct and well used.’ [ACPO Secured by Design, New Homes 2010, page 9]
- There should not be too many pathways to the facility which might inadvertently facilitate criminal activity or anti-social behaviour.
- Constructing pathways at the rear of a toilet block should be avoided.
- Pathways should be ‘at least 3 metres wide (to allow people to pass without infringing personal space) with at least a 2 metre verge on either side.’ [ACPO Secured by Design, New Homes 2010, page 12].
- Pathways should be kept free of overgrown shrubbery to prevent possible hiding places.
- Consideration as to possible misuse should be given to the surface material chosen for pathways. For example, gravel could be used as missiles.

## Parking



Photo 4

- Situating public toilets in a car park provides natural surveillance and extends usage to a wider range of people including mobile workers who are often ignored when toilets are under consideration, e.g. taxi drivers, delivery personnel, health visitors and care assistants.
- It is recommended that only parking for disabled users should be allowed directly next to the toilet block, providing easy access to the facility but discouraging loitering.



## Cycles, Buggies, Prams - and Dogs



Photo 5



Photo 6

- Many owners are wary of leaving their property outside a public toilet in case it is stolen. The provision of secure anchorage will help to reduce incidents of theft. Railings could be used for this purpose.
- Somewhere to tether one's dog is also very useful – possibly even with a dog bowl – and would add to the welcoming atmosphere that should be engendered.



Photo 7



## Accessibility



Photo 8

- Toilets should preferably be at ground level with clear access.
- Stairs and lifts incur costs and attract problems with fouling and criminal activity.
- Lifts require maintenance. If they are rendered out of action and stairs are the only route to the facilities problems with access will arise.
- Having toilets at ground level assists maintenance workers, enabling any repair / replacement / cleaning requirements to be dealt with more easily. This means the facilities remain in good order and the opportunity to vandalise the property is reduced.

## Lighting



Photo 9

- Appropriate anti-vandalism luminaries should be installed.
- Lighting should not conflict with other crime prevention measures.
- Lighting should be uniform in nature with no shadows.
- It is advised that lighting should only be used when the toilets are open.

## Street furniture



Photo 10

- Secured seating outside of the toilet building and just a short distance away in a well used position with natural surveillance may be a useful addition to the area, allowing people to rest or wait for each other.
- The use of bench seats divided by individual armrests creates space between the sitters and discourages anti-social behaviour and misuse.

## Siting (public toilets in close proximity to other buildings)



Photo 11

- This may offer additional surveillance, depending on the area.
- However, the surrounding buildings should appear well maintained and be visibly in use. Rundown, dilapidated buildings would be counter productive and encourage vandalism rather than reduce it.
- The disadvantage of relying on nearby buildings to offer some protection against vandalism is that when the buildings are closed surveillance is reduced.
- Appropriate signage about opening times and alternative facilities is therefore important in discouraging misuse.

## An attractive environment



Photo 12

- Pleasant, well maintained surroundings discourage vandalism.
- If a facility appears welcoming, safe, well maintained and caters for as many people as possible, it will be used and vandalism will be considerably reduced.

## Signage

'Uncertainty of ownership can reduce responsibility and increase the likelihood of crime and anti-social behaviour going unchallenged' [ACPO Secured by Design. New Homes 2010, page 7].

### Directional



Photo 13

- Clear and appropriate signage can increase usage and therefore reduce the opportunity for crime.
- Appropriate, legible signage about opening times and alternative facilities is important in order to discourage street fouling which may occur when toilets are not available or are inaccessible.

### Information for potential users

- **Websites:** Easy to find, clear, detailed information on a Council's website about the available toilets would be very helpful to the prospective user and advantageous to the community. Whilst some Councils consider such advertising as an invitation to damage the facilities, well used and well maintained toilets do, in fact, deter potential vandals. Having public toilets available increases footfall to the area and brings with it financial benefits whilst cutting costs to the public health purse.
- **Maps:** Wherever maps of an area are available, e.g. at tourist information offices, council offices, information boards and on websites, they should include the locations of public toilets. This assists with planning a visit to an area.



## Information in the area



Photo 14

- A clear sign visible from the main thoroughfare, identifying it as a toilet facility, will allow for quick recognition. Symbols are better than words and can be understood by all nationalities.



Photo 15

- Additional signs on the exterior of the toilet building should include:
  - o The opening hours.
  - o The address of alternative facilities should the toilets be closed for any reason.
  - o Up to date contact details – telephone, text and possibly email – to enable visitors to the toilets the opportunity to report any problems and thereby assist in keeping the facilities well maintained.
  - o Symbols advising what is available at the facility, e.g. baby changing, accessible toilet, family cubicle, male and female facilities, which can be particularly helpful.

### Condition of signage

- All signage should be well maintained.
- All signage should be up to date.
- Attractive signage within an area provides both a focus and a talking point for the local community, and is rarely vandalised.



Photo 16

# BUILDING EXTERIOR



Photo 17

## Walls

- Smooth surfaces encourage graffiti and should be avoided.
- Whilst rough cast surfaces and bricks may not be easy to clean they do act as a deterrent for graffiti artists.
- Special non-stick paints and coatings are recommended to deter graffiti.
- The design of the building should not provide a climbing opportunity.
- If the toilet block is in a conservation area there may be special requirements which will need to be addressed.

## Roofing



Photo 18

- Pitched roofs are recommended to deter climbing.

## Guttering and downpipes

- Guttering and downpipes should be installed in a way that does not provide a climbing opportunity.
- In new builds it is recommended that downpipes are installed inside the building flush to the wall.

## Windows



Photo 19

- Laminated glass is recommended. Laminated glass reduces the scope for damage and has inherent thermal and acoustic qualities.
- Roof lights and sky pipes are alternatives to windows.
- Windows should be installed as high as possible in the building to make access more difficult.
- Windows should have restricted opening or be non-opening.
- Small panes of glass are easier to replace than larger panes.
- Alternatives such as glass blocks may be considered.

## Ventilation

- Ventilation is important to limit the effects of condensation and to alleviate the accumulation of odours.
- Ventilation should be as natural as possible. Correct positioning of the entrances and exits to the building should allow reasonable ventilation into the building.
- Mechanical ventilation will be required where natural ventilation is not possible. However, this is expensive and will require maintenance. Vandal resistant air vents are one solution.
- Automatic air fresheners can be aggravators of asthma conditions [*Hanson et al, 2007*].



## Lighting

- External lighting is only appropriate whilst the facility is open.
- If lighting sensors are used then a means by which security is maintained in the event of failure must be considered.
- Lighting provides comfort for the user and is also a crime deterrent.
- Security luminaries should be installed flush into the soffits.
- Low energy lighting that does not cast shadows is recommended.
- Several low energy lights casting an even illumination are better than isolated spot lighting.
- Sensors reduce light pollution and encourage sustainability.

## Servicing



Photo 20

- A service area should be included in the design of the toilet building wherever possible. This will allow maintenance to be completed in a separate area from user areas.
- Separate servicing and public access doors are recommended.
- The inclusion of a service area also helps to protect the mechanism of the units in the cubicles from possible damage.
- External access to maintenance areas is recommended.
- Service area doors should be secured with suitable vandal resistant locks.



Photo 21

## Storage

- Separate access for the storage of materials, including consumable items and cleaning materials, reduces theft and damage and provides security of storage for hazardous materials.
- Storage areas should be secured with suitable vandal resistant locks.

## Entrance / Exit

- In order to aid surveillance and reduce places for loitering, there should be no physical doors at the entrances / exits to toilet blocks. This does not include direct access cubicles.
- Entrances and exits should be located in a position that retains privacy whilst maintaining opportunities for natural surveillance (see section on LOCATION).
- It is recommended that the following be avoided:
  - o Sheltered entrances and exits providing a 'gathering' space.
  - o Entrances and exits at the rear of the building.
  - o Blind corners and alleyways.
  - o Exiting into direct sunlight.
- Entrance barriers may be installed but must be to a design that allows access for all types of users.
- Fire evacuation risk – which is increased with the use of barrier entries - should be evaluated as part of the risk assessment.



Photo 22

# BUILDING INTERIOR

## Impersonal surveillance: CCTV



Photo 23



Photo 24

- CCTV inside a large public toilet area may be considered necessary and beneficial if there is a history of vandalism in the area.
- Appropriate signage will need to be displayed.
- CCTV should only be sited to view washing, drying or cubicle access areas and must not provide any viewing of urinal areas or the insides of cubicles.
- As with external CCTV such installations are only successful if monitoring is controlled effectively and regular maintenance of the system is carried out.

## Personal surveillance: Attendants



Photo 25

- The presence of an attendant deters vandalism, allows for prompt reporting of any defects and helps to maintain the standards of cleanliness within the facility.
- The presence of an attendant means that someone is always on hand in the case of user difficulty or emergency.
- An attendant will have some personal basic requirements for his / her health and comfort whilst on duty. This will include a space to store outer clothing and personal items safely.
- The benefits of having an attendant in public toilets need to be weighed against the costs of repairing acts of criminal damage.
- The presence of an attendant with immediate recourse to repair and maintenance contacts should they be necessary may be less costly than installing a CCTV system.

## Ceiling

- The ceiling should be high enough not to encourage graffiti or other forms of damage (Note: Building Regulations to be taken into account).
- The ceiling should be constructed so as not to provide hiding places.

## Walls



Photo 26

- Low maintenance, graffiti resistant surfaces such as tough glazed ceramic tiles that meet the requirements of the DDA (i.e. reduction of glare for visually impaired people) are advised for internal walls and possibly cubicles. They are easy to keep clean.
- Low maintenance, graffiti resistant panels for cubicles are attractive and are easy to keep clean.
- All walls should be strong enough to hold any fittings. Appropriate fixings will be required to secure items to non masonry walling.
- Walls and fixtures should be strong enough to hold any fitting when the weight of a person is applied (e.g. people leaning on toilet roll holder for support).
- All walls should be impact resistant to minimise the need for maintenance and repair and retain an attractive appearance.
- Walls should be light reflecting. A light colour scheme such as an off-white colour is softer and preferable to a harsh bright white and shows marks less. Special non-stick paints and coatings are also available.

## Floor



Photo 27

- The floor should be slip resistant.
- The floor should be designed so that any excess water can drain away.

## Lighting (Internal)



Photo 28

- Secure luminaries should be installed flush with the ceiling.
- Low energy lighting that does not cast shadows is essential.
- Natural light should be taken from roof space if possible in order to reduce damage and opportunities for voyeurism.
- It is recommended that lighting is only available when the facility is in use.
- Sensors reduce light pollution and encourage sustainability.
- Blue lighting is not recommended. Partially sighted users find it difficult to negotiate such an environment; people with autism find it unsettling. Drug users make alternative arrangements.



## Doors



Photo 29

- Doors will require careful consideration with regard to issues relating to wheelchair mobility and health and safety.
- Cubicle door locks which can be opened from the outside more easily in an emergency are recommended.
- In direct access toilet blocks a viewing out only facility for use from within the cubicles (such as installed in hotel rooms) should be considered.

## Cubicles



Photo 30

- Having a gap either above or below the cubicle partitions makes sounds audible and discourages misuse. It also makes floor cleaning easier.
- Partitioning between each cubicle should be drill resistant to avoid holes being made for illicit use.

- The height of cubicle partitions should conform to the current British Standards to ensure privacy for the user and deter voyeurism and theft either from above or below the cubicle partitions. (BS6465 Part 4 recommends that the height of a cubicle wall or door should not be less than 1900 mm and any gaps beneath walls and doors should not exceed 150 mm).
- If a family cubicle is not available then space to move within the cubicle with room for bags, children or a buggy is recommended to avoid theft. However, as mentioned before, a suitably secure anchorage for leaving buggies and prams outside should also be considered.

## Toilet pan



Photo 31



Photo 32

- Solid surface and stainless steel toilet pans both have vandal resistant properties.
- Stainless steel is easier to scratch and is difficult to maintain a pleasing appearance. However it is suitable for low footfall areas.
- Where there is a high level of usage, solid surface fittings and fixtures should be considered. They require heavy instruments and intense activity in order to cause damage. They are offered in a wide range of colours and are easy to clean. As they look attractive they have been found not to attract vandalism as much as the more austere stainless steel products and are more comfortable to use.
- Both solid surface pans and stainless steel pans can be installed with or without toilet seats. Solid surface pans can have a change of colour which appears to indicate a seat is in fact present. Apart from being easier to clean, a lack of a toilet seat discourages misuse and reduces maintenance.



## Urinals



Photo 33

- Unisex facilities are more inclusive and are preferable in all locations unless site specifics determine otherwise.
- Greater privacy for men needs consideration. Many men feel vulnerable in conventional male urinals that do not provide any privacy – whether perceived or actual.
- If urinals are to be installed privacy screens between urinals lessen the the sense of being observed.
- Stainless steel and solid service urinals provide vandal resistance and offer surfaces that are easy to clean with no gaps or crevices.
- The problems of anti-social behaviour and public needs are site specific and will form part of the risk assessment.

## Flush



Photo 34

- A non-touch system with a concealed cistern provides less opportunity to vandalise the unit and is more hygienic.

## Toilet tissue dispensers

- As well as being within easy reach and obtainable using one hand, the toilet tissue should be enclosed in a lockable container, to deter vandals.
- A large dispenser enables a bigger roll to be inserted which reduces the need for additional rolls to be sited within the cubicle thus discouraging theft or wastage from being dropped or thrown around. However this does reduce space within the cubicle.
- A roll of paper is preferable to single sheets which can easily be dropped from the dispenser and cause litter and an uncared for appearance to the facility thereby encouraging further unwanted behaviour.

## Sanpro bins



Photo 35



Photo 36

- Sanpro bins used for the disposal of feminine hygiene products and incontinence pads are seldom vandalised because of the nature of the contents (photo 26). However, they may be used to conceal items.
- Ducted disposal chutes or wall mounted bins are available. Not only do they allow more space in the cubicle, they also improve the appearance of the toilet area and thereby contribute to discouraging vandalism of the facilities (photo 27).
- Ducted systems are maintained from the service area behind the cubicles again discouraging any misuse and operatives do not have to work from inside the toilet area itself.

## Handwashing / Drying



Photo 37

### Handwashing

- Solid surface or stainless steel basins provide a deterrent for vandals as they are not easily destroyed.
- Automatic taps are better than uncontrolled taps as they limit opportunities for flooding.
- To avoid flooding, plugs should not be available.
- Soap, if not dispensed automatically, should be provided in a locked dispenser to reduce the possibility of misuse and theft.
- A flat surface or a hook for a bag or briefcase below the basin would allow the user to maintain control of the item whilst handwashing and reduce possible theft. Placing a bag on the floor is unhygienic and makes it easier to steal for an opportunist thief.

### Built in handwasher / driers

- Built in handwasher / driers take up less space, reducing the places in which drugs can be hidden and are less prone to criminal damage.
- Lack of visible piping reduces the ability to hide illicit items and keeps the toilet areas easier to maintain and clean.

### Paper towels

- The use of alternatives to paper towels should be considered to reduce problems of blockages and arson.
- If not well maintained and in unattended facilities, paper towels easily become litter which generates further lack of care by users.

### Roller towels

- Roller towels are not recommended as drugs can be hidden inside the mechanism.

## Sharps bins



Photo 38

- Clear signage, including a safety pin pictogram, will make the bin less threatening to toilet users and more user friendly.
- Sharps chutes and sharps disposal bins should be secured to walls at a height which deters children from tampering with the disposal facility and injuring themselves.

## Shelving



Photo 39

- Suitable shelving should be incorporated into the facility as an asset to users.
- Careful consideration should be given to the design of the shelving to minimise the risk of misuse.

## Hooks



Photo 40

- The provision of hooks on cubicle doors for coats and on the side of the cubicle for bags should be provided in preference to shelving.
- Hooks provide not only a hygienic method of depositing a coat or bag but they discourage theft if appropriately sited.
- Careful placement of the hooks will minimise the risk of theft and misuse.
- However, hooks should also be provided in addition to shelving in accessible toilets and family cubicles.

## Mirrors

- Mirrors should be installed flush to the wall to prevent substances being secreted behind.
- Mirrors should be shatter resistant.

## Commercial Product Dispensers

- The volume of footfall to the facility needs to be considered.
- Commercial product dispensers may be useful in areas where vandalism is not seen as a problem (see Income Generation).

## Drinking water

- This is not recommended in public toilets.

## Signage



Photo 41

- Internal signage should display a statement of the level of service provided and contact information of the person or department responsible for maintenance in the event of any problems.
- Information provided in welcoming terms contributes to the perception of a well run facility.

## Cleaning



Photo 42

- Storage for cleaning materials should be in a dedicated, locked area with no unauthorised access.
- A toilet cubicle or the attendant's room are not suitable places to keep chemicals and cleaning equipment as they may be too easily accessible to unauthorised users.
- Cleaning staff must have access to a dedicated sink and water supply preferably in a locked area to avoid opportunities for misuse by unauthorised users.

## Maintenance

- As with the exterior of the building, the interior of the facilities must be regularly maintained and inspected to avoid degeneration.
- Any repairs should be carried out as a matter of urgency to avoid attracting criminal damage and to minimise the additional cost inherent in delaying repairs.

# OTHER FACILITIES

## ACCESSIBLE TOILETS

---

### General

- Accessible toilets are for use by people with disabilities when standard toilets do not meet their needs.

### Entrance / Exit



Photo 43

- There should be no barriers to deter disabled users.
- Entry to many accessible toilets requires a RADAR key to deter unauthorised usage and potential misuse.
- Parking should be as close to the building as possible with secure anchorage for mobility scooters.



## Fixtures and fittings within the accessible toilet



Photo 44

- There are some additional features in an accessible toilet that are not included in a standard toilet. However, as in a standard public toilet facility, all installations should be as vandal resistant as possible and advice sought on the priorities required.

## Emergency cord

- The red emergency cord is an important feature of an accessible toilet.
- There should be clarity as to how any call is monitored, where it is monitored and what is the expected response.

## Storage

- The accessible toilet should not be used as a storage facility or a base for cleaning materials. Not only does this mean a lack of access for a disabled person, it encourages misuse of the area.

## CHANGING PLACES FACILITIES

### General



Photo 45

- Changing Places toilets are provided in addition to standard accessible toilets and are designed to meet the different needs of people with more complex and profound disabilities that need the support of up to two carers.

### External Access

- Many are situated in buildings with separate access via a reception area, which provides security and therefore opportunities for vandalism are significantly reduced.
- Parking should be as close to the building as possible.

### Internal Access

- As these facilities are usually locked and/or supervised they are less prone to vandalism.

### Maintenance

- Contact details for repairs and / or maintenance requirements should be clearly visible in the room.
- Any repairs should be carried out instantly to avoid attracting criminal damage.
- A separate secure area should be established for cleaning supplies. A Changing Places facility should not be used for storage.

## FAMILY CUBICLES

### General



Photo 46



Photo 47

- Family cubicles should be an important feature of public toilets in protecting a child from unwanted attention.
- Family cubicles improve the service offered and promote the family use concept, which can be a deterrent against criminal damage.
- Family cubicles should also be accessible to parents with disabilities.
- Most of the features which are suggested for the main toilet areas are also pertinent to family cubicles as they are part of the toilet facility.

### Toilet pans and urinals



Photo 48

- Vandal resistant fixtures and fittings suitably sized for young children can be installed in the facility alongside similar ones for adults.

## Baby changing benches



Photo 49



Photo 50

- Baby changing benches can be obtained in vandal resistant materials which are easy to clean.
- It is recommended that baby changing benches should be a pull down variety with straps and a weight limit to deter illicit use.

## Paper Rolls

- A disposable paper roll to cover the changing unit whilst in use should be available in a lockable dispenser to deter theft and misuse.
- A roll of paper is preferable to single sheets which can easily fall from the dispenser and cause litter. This produces an uncared for appearance within the facility and encourages further unwanted behaviour.

## Toilet tissue

- See Paper Rolls above.

## Disposal

- Nappy disposal units can be an integral feature which reduce the number of items in the cubicle that can be damaged. Ducted or wall mounted bins are available. Not only do they allow more space in the cubicle, they improve the appearance of the family cubicle and therefore contribute to discouraging vandalism of the facilities.
- Ducted systems are maintained from the service area behind the cubicles, again discouraging any misuse and operatives do not have to work from inside the toilet area.

## Maintenance

- Family cubicles should not be used as a storage facility or a base for cleaning materials. Not only does this mean a lack of access for a family it encourages misuse of the area.

## AUTOMATIC PUBLIC CONVENIENCE (APC)

### General



Photo 51

- The concept of this design of toilet is a pre-constructed, unisex, single cubicle, including accessibility for wheelchair users and baby change facilities, with the added benefits of revenue generation through fee charging and advertising opportunities.
- Many potential users are wary of APCs for a variety of reasons. For example, the time limit may be set for too short a period for some disabled users and some APCs can be opened by a key user whilst the toilet is in use.
- As they are expensive to install, consideration needs to be given to the number of users they will attract.
- They are easy to use, clean, hygienic and safe.
- APCs should not be recommended in areas of high footfall as time is needed to allow for the cleaning process to take place between each use.
- APCs are rarely vandalised. They include inherent safety features which deter mis-use. Occasionally attempts are made to access the coin collection system.

### Location

- As with other toilets, APCs should be sited in a prominent position.
- They should be installed in areas where there is natural surveillance, for the safety of the user and to reduce any possibility of vandalism.
- Screening is not appropriate, although their location in the middle of a pedestrian area with the door opening straight onto a public place also deters use.

## Signage



Photo 52

- Having access to a control centre is reassuring in case of need and how to access that help must be clearly described. Information on the reliability of response would need to be investigated for safety reasons.

## Length of stay



Photo 53

- Most APCs have a time limit of 15 minutes but this can be adjusted.
- APCs are designed for single use but, for example, a mother with a child or baby can use an APC together without activating the security system.

## Windows

- APCs do not have natural daylight.

## Service area

- The service area access door is usually flush to the unit and must be securely locked.



## STREET URINALS / URILIFTS / POP UPS

### General

- Street urinals, automated Butterfly urinals and Uri Lift retractable urinals are all robust and designed to be vandal resistant. By definition they are 'open' and in full view of other street users and therefore not so liable to abuse as toilets situated in a building.
- The construction of the facility naturally limits opportunities for criminal damage.
- These facilities are site specific for men. However they are not suitable for all men (e.g. some older men, those with disabilities, medical conditions, paruresis or those who observe hygiene rituals).



Photo 54



Photo 55



# REFURBISHMENT OF PUBLICLY AVAILABLE TOILETS

## General

- ‘Surroundings can make an important contribution to community safety and crime prevention’ [ACPO *Secured by Design, New Homes 2010, page 6*].
- Publicly available toilets prevent areas becoming degraded.
- Whether there has been a problem of misuse in either the male or female toilets, the action taken is often the closure of both facilities.
- The provision of publicly available toilets encourages people to stay in an area and enjoy the facilities. This provides natural surveillance which deters misuse and damage to property.
- The lack of publicly available toilets can deter a large proportion of the population from visiting an area: older people, disabled people, parents out with children, women and tourists.



Photo 56



Photo 57

## Advice

- Much of the content relating to Best Practice in this Guide is applicable to the refurbishment of older toilets.
- The Police and the British Toilet Association are willing to give impartial advice on refurbishing older toilet facilities as well as offering consultation on the provision of new toilets.

## Considerations

- There should always be the opportunity to profile what has been done before.
- Reference to the police or local council will have to be made on any proposals.
- User requirements will depend on the demographics of the area.

# INCOME GENERATION

## CHARGING

### General



Photo 58

- Paying to use the toilet creates an access barrier. Whilst this can be construed as a negative feature to many people, paying on entry can deter misuse whilst providing revenue for maintenance (“If I don’t have to pay for it, it must be worthless!”).
- Charging for entry if there is an attendant is often found to be more acceptable as the quality of cleanliness is generally better and defects get dealt with more quickly.
- The presence of an attendant also acts as a deterrent to possible vandalism.

### Charging

- Many years ago carrying a penny in one’s purse or pocket for the toilet was commonplace. Paying to enter a toilet deters the potential criminal who does not want to pay to vandalise property!
- A small coin charge will not inconvenience tourists if it is known to be a general requirement and is easy to carry around.
- Automatic public toilets are by coin payment or RADAR key.

## Signage

- Signage relating to charges needs to be very clear and should be included on directional signage as well as on the facility itself.

## Cycles, Buggies, Prams, Motor Scooters

- It is recommended that anchorage points are free.
- The costs of implementing charges for anchorage is considered to outweigh the benefits for income generation.

## COMMERCIAL PRODUCT DISPENSERS



Photo 59

- Commercial product dispensers are useful to the public and can include sanitary products, contraceptives, nappies and vanity packs.
- The presence of commercial product dispensers does invite a criminal element into the toilet facility.
- The introduction of commercial product dispensers is therefore site specific, i.e. in areas where criminal damage is not considered a problem.
- Access to small change from a machine may be appropriate where vandalism is not a problem.
- Commercial product dispensers may be included in family cubicles where there is a high usage of the room and vandalism is not considered a problem.

## ADVERTISING OPPORTUNITIES



Photo 60



Photo 61

- Information boards inside or outside the facility containing advertisements for local attractions, hotels and so on.
- Advertisements of wider interest to the public.
- It is recommended that advertisements are of a non-threatening nature, i.e. don't give rise to unease over criminal activity.

## SMALL RETAIL OPPORTUNITIES

- Areas of regeneration could include facilities for small retailers situated either adjacent to the toilet facility or as an attachment to it.
- The advantage of having small retailers is the added surveillance they provide.
- Types of small retail units that might be appropriate depending on the location include: information, toiletries, newsagents.

## SPONSORSHIP

- In some areas there may be opportunities to companies for sponsorship in or around the toilet facility, e.g. landscaping, lighting. Whilst the maintenance may still rest on the local authority, the capital expenditure would be covered by the sponsor.



Photo 62



# CONCLUSION

It is quite clear that the best practice identified in this document has been brought about by the establishment of a properly structured partnership between those agencies who have most to gain and have in the past suffered from duplication of effort. It is obvious that traditional methods of dealing with many of the problems have failed to have any lasting impact.

A changed approach to environment and building design can lead to a lasting solution which also enhances the public perception of an area whilst giving the partners a long term saving in revenue costs.

Using the problem solving approach advocated in this document will result in reduced problems for each agency and will assist the partners in achieving a safe and tranquil environment for the public.

This document complements the principles of Best Value and the three 'C's are clear:

- Consult
- Compare
- Challenge



Photo 63

# CONTACTS

**The Crime Prevention Design Advice Service**

Hertfordshire Constabulary Headquarters  
Stanborough Road  
Welwyn Garden City  
Hertfordshire  
AL8 6XF

phone: 0845 3300 222

**The British Toilet Association**

PO Box 847  
Horsham  
West Sussex  
RH12 5AL

phone: 01403 258779  
email: [enquiries@britloos.co.uk](mailto:enquiries@britloos.co.uk)  
website: [www.britloos.co.uk](http://www.britloos.co.uk)

**ACPO Secured by Design**

First Floor, 10 Victoria Street  
London  
SW1H 0NN

phone: 0207 0848962  
email: [acpocpi@acpo.pnn.police.uk](mailto:acpocpi@acpo.pnn.police.uk)  
website: [www.securedbydesign.com](http://www.securedbydesign.com)



# BIBLIOGRAPHY

- *At Women's Convenience: A Handbook on the Design of Women's Public Toilets* Sue Cavanagh & Vron Ware, Women's Design Service, 1990
- *Crime Prevention: Facts, Fallacies and the Future* Henry Shafteoe Bantam Books, 1977
- *Designing against Vandalism* The Design Council, 1979
- *Fixing Broken Windows: Restoring Order & Reducing Crime in our Communities* George L Kelling & Catherine M Coles, Touchstone: Simon & Schuster, 1997
- *Inclusive Urban Design: Public toilets* Clara Greed, Architectural Press, 2003
- *Improving Public Access to Better Quality Toilets: A Strategic Guide* Communities and Local Government, March 2008
- *Ladies and Gents: Public Toilets and Gender* Olga Gershenson & Babara Penner [editors], Temple University Press, 2009
- *New Homes 2010* ACPO Secured by Design
- *The Provision of Public Toilets: Twelfth Report of Session 2007-08* House of Commons: Communities & Local Government, The Stationery Office, 2008
- *Thinking of Small Children: Access, Provision and Play* Julie Jaspert, Sue Cavanagh, Jane Debono, Women's Design Service, London Borough of Camden 1988
- *Vandalism* Colin Ward [editor], Palgrave Macmillan, 2004

# LIST OF COMPANIES & ORGANISATIONS

**Please note:** inclusion in this list does not constitute an endorsement by the authors of this document

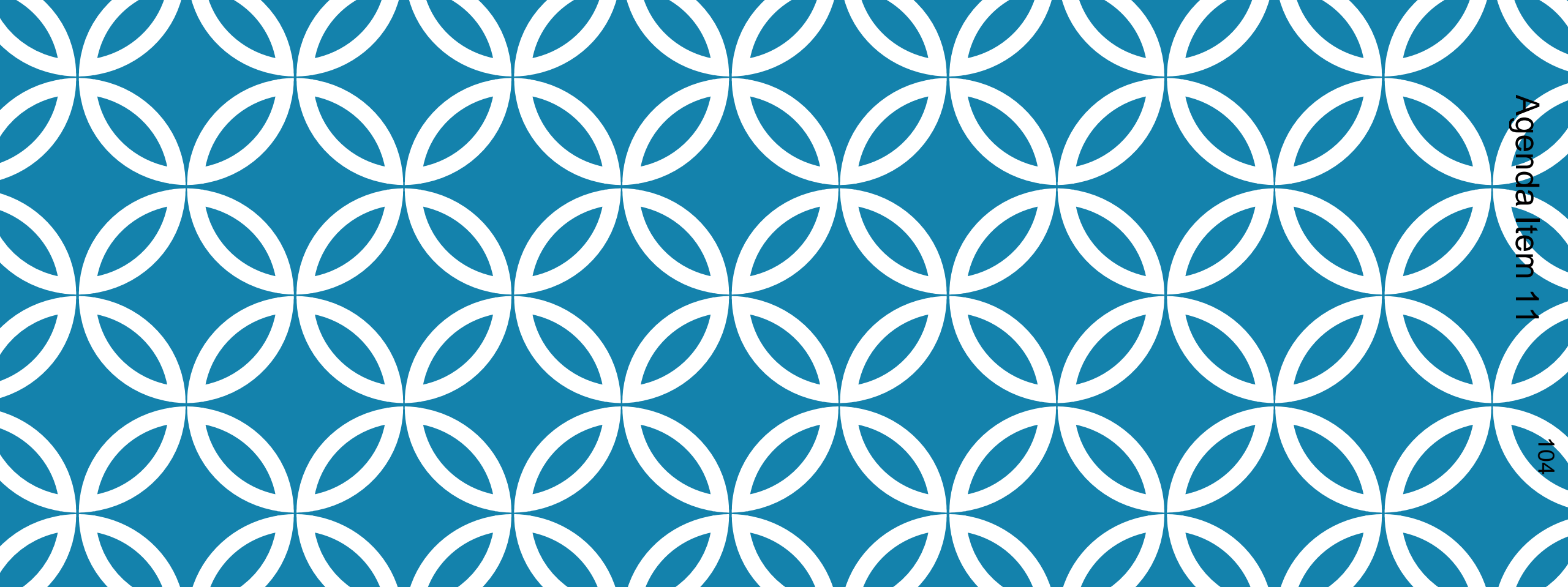
Aaztec Cubicles	<a href="http://www.aaztec.com">www.aaztec.com</a>
Airdri Ltd	<a href="http://www.airdri.com">www.airdri.com</a>
Albany Hygiene Facilities	<a href="http://www.albanyfacilities.com">www.albanyfacilities.com</a>
Andy Loos Ltd	<a href="http://www.andyloos.co.uk">www.andyloos.co.uk</a>
Blyth Valley Toilets	<a href="http://www.blythvalleytoilets.com">www.blythvalleytoilets.com</a>
Brighton & Hove Council	<a href="http://www.brighton_hove.gov.uk">www.brighton_hove.gov.uk</a>
British Cleaning Council	<a href="http://www.britishcleaningcouncil.org">www.britishcleaningcouncil.org</a>
Cambridge City Council, Environmental Services	<a href="http://www.cambridge.gov.uk">www.cambridge.gov.uk</a>
Ceredigion County Council	<a href="http://www.ceredigion.gov.uk">www.ceredigion.gov.uk</a>
Changing Places Campaign	<a href="http://www.changing-places.org">www.changing-places.org</a>
Clear Channel UK	<a href="http://www.clearchannel.co.uk">www.clearchannel.co.uk</a>
Cubicle Centre Ltd	<a href="http://www.washroomcubicles.co.uk">www.washroomcubicles.co.uk</a>
Danfo (UK) Ltd	<a href="http://www.danfo.co.uk">www.danfo.co.uk</a>
Environmental BioTech UK	<a href="http://www.environmentalbiotech.com">www.environmentalbiotech.com</a>
Gentworks Ltd	<a href="http://www.gentworks.co.uk">www.gentworks.co.uk</a>
Gillett Morrissey	<a href="http://www.gillettmorrissey.co.uk">www.gillettmorrissey.co.uk</a>
Healthmatic Ltd	<a href="http://www.healthmatic.com">www.healthmatic.com</a>
Initial Washroom Solutions	<a href="http://www.initial.co.uk">www.initial.co.uk</a>
InterPublic Urban Systems (UK) Ltd	<a href="http://www.interpublicurbansystems.co.uk">www.interpublicurbansystems.co.uk</a>
J C Decaux UK	<a href="http://www.jcdecaux.co.uk">www.jcdecaux.co.uk</a>
JMG Toilet Solutions	<a href="http://www.toiletsolutions.co.uk">www.toiletsolutions.co.uk</a>
Magrini Ltd	<a href="http://www.magrinichildcare.co.uk">www.magrinichildcare.co.uk</a>
Metsä Tissue Corp	<a href="http://www.metsatissue.com">www.metsatissue.com</a>
Ocean Contract Cleaning Ltd	<a href="http://www.oceanccl.com">www.oceanccl.com</a>
Phlexicare	<a href="http://www.phlexicare.com">www.phlexicare.com</a>
PHS Washrooms	<a href="http://www.phs.co.uk">www.phs.co.uk</a>
Portakabin Portaloo	<a href="http://www.portakabin.co.uk">www.portakabin.co.uk</a>
Premier Hygienic Ltd	<a href="http://www.PremierHygienic.co.uk">www.PremierHygienic.co.uk</a>
Premier Luxury Loos	<a href="http://www.premierluxuryloos.co.uk">www.premierluxuryloos.co.uk</a>
SaniPod	<a href="http://www.sanipod.com">www.sanipod.com</a>
Total Hygiene Ltd	<a href="http://www.clos-o-mat.com">www.clos-o-mat.com</a>
Vectair Systems Ltd	<a href="http://www.vectair.co.uk">www.vectair.co.uk</a>
Wallgate Ltd	<a href="http://www.wallgate.com">www.wallgate.com</a>
Wetton Cleaning Services Ltd	<a href="http://www.wettons.co.uk">www.wettons.co.uk</a>
Willings Services Ltd	<a href="http://www.willings.co.uk">www.willings.co.uk</a>

# SELF ASSESSMENT CHECKLIST

Use this checklist to evaluate all existing premises and proposed new development - Tick appropriate boxes ✓

**Priority Level 1 = IMMEDIATE ACTION 2 = MERITS ATTENTION 3 = LONG TERM ACTION**

FEATURE	YES	NO	PRIORITY LEVEL 1	PRIORITY LEVEL 2	PRIORITY LEVEL 3
<b>SITE CONSIDERATIONS</b>					
Is it accessible to all?					
Is there a confirmed need for this facility?					
Is this the best location for the facility?					
Has full consultation taken place?					
Have the appropriate partners been identified?					
Will there be an adverse effect on neighbours?					
Is the planned layout likely to lead to misuse?					
Do planning conditions need to be applied?					
Does the building orientation best suit surveillance?					
Is the orientation of the building best suited to the plot?					
Is the design size appropriate for the demand?					
Will future development impact on usage?					
<b>EXTERNAL CONSIDERATIONS</b>					
Are parking numbers commensurate with need?					
Are parking bays likely to generate crime?					
Have disabled parking facilities been considered?					
Is soft landscaping required?					
Have the right species of plant been identified?					
Are litter bins provided outside?					
Is the external furniture suitably vandal resistant?					
Is the building finish appropriate?					
<b>INTERNAL CONSIDERATIONS</b>					
Have secure facilities for storage been identified?					
Are the materials suitably vandal resistant?					
Are the internal fixings suitably vandal resistant?					
Is the lighting appropriate?					
Are the right luminaries used for economy?					
Are the right luminaries used for colour retention?					
Is the signage right and appropriate?					
Is the floor material appropriate?					
Is the roof design appropriate?					
Can natural lighting be lent other than via windows?					
Are the windows and glass of appropriate materials?					
Are the doors of appropriate materials and finish?					
Are combustible materials avoided internally?					
Has the provision of Sharps Bin(s) been explored?					
Are recesses and crevices kept minimal?					
Is the internal wall finish appropriate?					
<b>OTHER CONSIDERATIONS</b>					
Building regulations, DDA compliance etc.					
Is there an opportunity for income generation?					
Has a maintenance policy been produced?					
Has a correct cleaning regime been introduced?					



# ACCESS TO TOILETS

Headline report

# REVIEW PURPOSE

The review is driven by members concerns that limited toilet provision is impacting on mobility for disadvantaged groups, particularly older people, disabled people, pregnant women and parents and carers of young children.

# CONTEXT - LONDON AND NATIONAL LOO CAMPAIGNS

- i. The review took place during a resurgence of campaigns over the last few year for more loos, driven largely by older people and older people’s campaign groups, led in part by Age UK London.
- ii. The GLA health select committee wrote a report: The Toilet Paper in November 2021. This made several recommendations to the Mayor of London, including that Local Authorities develop Toilet Strategies and also included several actions for TfL to improve toilet information, accessibility and provision.
- iii. In May 2023 London Councils held an event focusing on Toilet Strategies, Community Toilet Schemes and more.
- iv. Age UK London have produced several resources on producing Toilet Strategies, Community Toilet schemes and using planning and public information.
- v. Age UK London have supported local Southwark residents to campaign.

# CONTEXT - CHANGING PLACES

- i. There is growing awareness of the access needs of people with higher access needs – people who are most disabled.
- ii. The government has provided funding for more Changing Places loos and Southwark has made good use of this.
- iii. Government guidance / regulations are expected on this (details to be sourced)



# OUTCOMES

The primary outcome the review aims to achieve is that the council develops a Southwark Toilet Strategy with local stakeholders.



# BACKGROUND – SOME HISTORY

The council has reviewed its approach to toilets twice formally in the last twenty years :

- i. In 2005 Cabinet agreed a mini review and decided to open up more toilets in its estate, work with stakeholders including local supermarkets to increase provision, improve signage and close toilets not DDA compliant
- ii. In 2018 the Council Plan refresh undertook to create a network of accessible toilets and baby changing facilities

# HOW THE COUNCIL DELIVERS TOILETS

The council delivers toilets through:

- i. Public Conveniences it maintains on the street and in parks.
- ii. Opening up toilets in buildings owned by the councils to the public, for example the office at Tooley Street and libraries.
- iii. Working with partners to increase publicly available provision, for example in Leisure Centre, Network Rail owned stations and by encouraging more provision through regeneration and planning.
- iv. Supporting Community Toilets whereby the council works with business to open up toilets in café, pubs, supermarkets etc to local people ( although this is not currently active).
- v. Provision of information on the council website and through AssessAble.

# TOILETS ARE AN EQUALITY AND PUBLIC HEALTH ISSUE

- i. Lack of toilets disproportionately impacts on old and disabled people, who will often not leave the home unless they can be sure of adequate provision.
- ii. Parents with young children also particularly need toilets.
- iii. Women need more toilets than men.
- iv. Race is a barrier to accessing public provision in café and pubs.
- v. Men with prostate cancer need bins.

# TOILETS ARE AN EQUALITY AND PUBLIC HEALTH ISSUE - RECOMMENDATION

Recognise that a lack of toilets disproportionately impacts on people with a Protected Characteristic, including old and disabled people in particular. A Toilet Strategy ought to conduct an Equality Impact Assessment. Poor provision is also a Public Health issue and negatively impacts on the health and wellbeing of residents.

# TOILETS ARE AN ENVIRONMENTAL HEALTH ISSUE

- i. Poor provision is an environmental health issue and negatively impact on the health and wellbeing of the community.
- ii. Homeless people are defecating and urinating in the streets and parks because there are no public toilets.
- iii. Parents are holding children over drains in the street because of poor provision.

# ENVIROMENTAL HEALTH - RECOMMENDATION

- i. The lack of adequate, decent toilet provision is leading to unsanitary conditions in public spaces, particularly parks and the street. Poor provision is an environmental health issue. The council ought to work with partners to ensure, as far as possible, that there is adequate provision to meet the needs of the whole population of Southwark, including homeless people.

# TOILET COLD SPOTS

- i. Provision is particularly poor in Peckham and Camberwell
- ii. Peckham Rye Station is due to have a toilet – however it unclear if this will only be a Changing Places Toilet and if other toilets will be provided in addition and if they will be located behind a barrier.
- iii. Concerns about anti-social behaviour are thought to be a concern here. These can and mitigated through engagement and good planning.
- iv. The council is a partner in the regeneration of the station led by Network Rail and such can use its influence to ensure provision meets the public's needs.
- v. Camberwell Green toilet provision is poor . The automatic toilet is frequently out of action , or has been removed ( **clarification** ) and the library toilet is not cleaned frequently enough. There is potentially an opportunity in nearby supermarkets and fast food places.

# TOILET — GOOD PRACTICE

The toilets at Sainsbury's East Dulwich were commended.

Southwark Park (Pavilion Café by the lake) has good toilets.

Dulwich Park will have the gold standard of a fully accessible Changing Place, that also meets heritage standards. This will cost £70k unit per unit , including the associated ground work cost. This will open up the park to disabled residents.

The toilet in East Street market is good and formally had an attendant ( **clarification on exact location and if it still has an attendant**)



# TOILET COLD SPOTS - RECOMMENDATIONS

Improve provision in Peckham Rye Station by prioritising this in the Toilet Strategy and Regeneration plans. Together the council and Network Rail ought to provide more transparency on the plan, and options for toilets at Peckham Rye Station, and consult with local residents and stakeholders to bring clarity by 2025.

Improve Camberwell Green toilet provision by a) ensuring the library toilet is cleaned frequently enough b) engage nearby supermarkets and fast food places through a Community Toilet Scheme.

# COMMUNITY TOILETS

- I. Southwark had, until recently, a Community Toilet scheme whereby it would work with businesses to promote use of toilets , however this has fallen into disuse over the last few years and is no longer actively supported.
- II. The Local Economy team are willing to liaise with businesses through their fora to promote such a scheme.
- III. There are a variety of good Community Toilet schemes, including ones in Richmond and Lewisham.
- IV. Community Toilet schemes enable the opening up or more toilets, particularly during business hours, in a resource effective way. They do require some consistent investment from the council and cannot be the only solution.

# COMMUNITY TOILETS - RECOMMENDATION

1. Invest in a refreshed Community Toilet scheme using London boroughs, such as , Richmond and Lewisham as examples .

# ANTI SOCIAL BEHAVIOUR (ASB) - 1

The Commission heard that concerns about anti social behaviour are sometimes given as reasons not to open toilets, or restrict provision . An example of this is Peckham Rye station where members and residents reported that concerns about ASB have been cited as a potential obstacle to delivery or may result in a toilet behind the barrier.

Officers said that that anti- social behaviour has been an issue in Southwark and that Belair Park toilet suffered an arson attack and Portland Street toilets near East Street Market have been destroyed twice, and immediately repaired.

Conversely members reported that once **Portland Street toilet ( clarify)** used to be well looked after , when there was a attendant.

The former GLA building , opposite Tooley Street, is currently under new ownership and the public have been consulted about future uses. A top public concern is that the toilets, which include a Changing Place, will remain open. These have been subject to anti social behaviour the there have been changes made to reduce ASB by amending the delivery and design. It is hoped that the consultation will modle keeping this provision open and reducing ASB through engagement.

# ANTI SOCIAL BEHAVIOUR (ASB) -2

AG UK London supplied some conducted some desk top research on the Commission behalf on this issue and this made the following points:

- I. Being clear that the value of clean , safe toilets, including the economic benefits to the entire community (such as business on the high street) and positive impact on resident's health and wellbeing is of more importance than the cost to maintain public toilets.
- II. Find out what the specific type of ASB is that people are concerned about as vandalism , drug use, sex work or using a toilet for shelter has different causes and approaches to mitigate .
- III. Take a partnership approach to develop measures and address concerns proactively. This can be by using various strategies such as regular monitoring, security measures, and cleanliness protocols, to ensure that the facilities are well-maintained and safe for all users.
- IV. Collaborate with local law and council enforcement and community organisations to deter any anti-social behaviour in the vicinity and to develop a realist plan based on capacity.
- V. Where possible include attendants as their presence deters many forms of ASB.

# ANTI SOCIAL BEHAVIOUR (ASB) - RECOMMENDATION

Toilet have a high value to the community and as such the cost of mitigating ASB is not a good reason to deny provision. ASB can be addressed through engagement with partners to improve design and make the most of local capacity to prevent and deter ASB . This ought to include understanding the types of passible ASB and working with the police, TfL, council enforcement and community organisations to mitigate and prevent. Consideration ought to be given keeping toilets clean and well maintained, and the use of attendants where possible.

# OPENING UP SOUTHWARK ESTATE TOILETS

- I. Since 2005 Southwark has opened up toilets in the council's control to increase public access.
- II. There is now an accommodation review looking at over 200 toilets in building in the council's control as well as local partners. It is anticipated that around 100 can be opened up to the public.

# SOUTHWARK ESTATE TOILETS - RECOMMENDATION

1. The Commission supports the accommodation review and recommends this is incorporated into a Toilet Strategy to maximise engagement and information.



# INFORMATION AND SIGN POSTING

- i. Southwark maps out toilet provision on the council website but the map is not always accurate.
- ii. Southwark uses AccessAble, which is a well used resource.
- iii. A paper copy map would be useful, as produced by Lewisham.

# INFORMATION AND SIGN POSTING - RECOMMENDATION

The Commission supports the use of AccessAble, which is a well used resource .

It recommends that the website is kept updated in the short term and over the longer term more work is done as part of a Toilet Strategy to provide accurate information to residents and visitors .

Officers indicated that that they consider a map would form part of a revised Toilet Strategy / Community Toilet scheme and this would consist of a hard copy as well as digital offer. The Local Economy Team could play a role in ensuring business engagement and anticipated that libraries would stock copies.

Lewisham have an excellent printed map that would be useful to replicate in Southwark.

# TOILET STRATEGY

Strategies are important as lots of different parts of the council have responsibility for different aspects of toilet provision. A plan will bring these together:

Age UK say a good toilet strategy should include:

- i. Meaningful ongoing community engagement with residents. This should be a diverse group, including older residents, representative of the wider community. It is important that meaningful consultation is inclusive and that people without the internet are included.
- ii. A needs assessment based on mapping existing toilets available for public use, identifying gaps by working with communities and other partners to identify solutions.
- iii. An action plan to review and improve public information about provision. Consideration should be given to the quality of signage, maps, website information, and the use of newsletters, media, posters and leaflets to raise awareness about toilet locations.
- iv. Aim to mainstream public toilet provision into strategic policy such as urban planning policy.

# TOILET STRATEGY - RECOMMENDATION

Develop a Toilet Strategy through engagement with a range of local people, mapping needs and gaps, co-creating solutions and provision of an action plan that interfaces with planning and regeneration.

# LEADERSHIP

Developing and delivering a Toilet Strategy will take leadership from both elected members and officers to pull together the work of different council departments, build partnerships with community stakeholders and engage with the public.

The Commission consider the either the cabinet member for Public Health or a Cabinet member with the Environmental Health and Streets for People brief in their portfolio is best placed to provide strategic leadership . Likewise a senior officer from either the Public Health team or Environment Department would be well placed to provide officer leadership.

# LEADERSHIP — RECOMMENDATION

The Commission recommend that the Toilet Strategy is led by:

- I. The cabinet member for Public Health or a cabinet member with the Environmental Health and / or Streets of People brief in their portfolio
- II. A senior officer

# NEXT STEPS

- I. Request information on upcoming Changing Places regulations/ guidance. Officers referred to new guidance expected on Changing Places toilet provision with duties to provide accessible provision where people convene.
- II. Request on update on provision in parks ( 2 page briefing )
- III. Request clarification on the current status of :
  - a) The automatic loo on Camberwell Green
  - b) Toilets in the vicinity of East Street market toilets location and status ( eg Portland Street) , and if they previously or currently have an attendant
- I. Request an update on the accommodation review





## Health & Social Care Scrutiny Commission

**MUNICIPAL YEAR 2023-24**

### 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
<b>Paper copies</b>		Julie Timbrell, Scrutiny Team SPARES	9
Councillor Suzanne Abachor (Chair)	1	<b>External</b>	
Councillor Maria Linforth-Hall (Vice-Chair)	1		
Councillor Sandra Rhule	1		
<b>Electronic Copy</b>			
<b>Members</b>			
Councillor Suzanne Abachor (Chair)			
Councillor Maria Linforth-Hall (Vice-Chair)			
Councillor Nick Johnson			
Councillor Sunil Chopra			
Councillor Esme Dobson			
Councillor Sandra Rhule			
Councillor Sam Dalton			
<b>Reserves Members</b>			
Councillor Kath Whittam			
Councillor Naima Ali			
Councillor Charlie Smith			
Councillor Sabina Emmanuel			
Councillor David Watson			
Councillor Victor Chamberlain			
Non Voting Co-opted places			
		<b>Total: 12</b>	
		<b>Dated: October 2023</b>	