

Health and Social Care Scrutiny Commission

Wednesday 2 April 2025
7.00 pm
160, Tooley Street, SE1 2QH

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Contact

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

Webpage:

Members of the committee are summoned to attend this meeting

Althea Loderick

Chief Executive

Date: 25 March 2025



Health and Social Care Scrutiny Commission

Wednesday 2 April 2025
7.00 pm
160, Tooley Street, SE1 2QH

Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	APOLOGIES	
	To receive any apologies for absence.	
1.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	MINUTES	1 - 5
	To approve as a correct record the Minutes of the meeting held on 3 February 2025.	
5.	INDEPENDENT CHAIR OF THE SOUTHWARK SAFEGUARDING ADULTS BOARD	
	Anna Berry, Independent Chair of the Southwark Safeguarding Adults Board (SSAB), will attend for her annual interview. The Southwark Safeguarding Adults Board Annual Report is to follow.	
6.	CARE HOME - DELIVERY MODEL	
7.	DAMP AND MOULD	6 - 21

The Housing department have provided the enclosed briefing updating the commission on damp and mould, to support scrutiny of this topic. In addition, Public Health have provided further information on research conducted showing the potential return on investment in damp and mould prevention.

8.	PAIN MANAGEMENT UPDATE	22 - 23
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9.	UPDATE ON ACCESS TO MEDICAL APPOINTMENTS REVIEW	
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10.	CANCER PREVENTION AND EARLY DIAGNOSIS REVIEW	
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11.	SAFEGUARDING REVIEW	
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12.	WORK PROGRAMME	
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DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

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Date: 25 March 2025



HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Monday 3 February 2025 at 7.00 pm at 160, Tooley Street, SE1 2QH

PRESENT: Councillor Suzanne Abachor (Chair)
Councillor Maria Linforth-Hall (Vice-Chair)
Councillor Esme Dobson
Councillor Sandra Rhule
Councillor Jason Ochere

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Michelle Peake, Head of Specialist Services
Julie Timbrell, Project Manager, Scrutiny

1. APOLOGIES

Councillor Sandra Rhule gave apologies for lateness as she was attending another council meeting.

Councillor Charlie Smith also provided apologies for absence as he was attending another committee meeting.

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

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. MINUTES

The minutes of the meeting held on 13 November 2024 were agreed as an accurate record.

5. BLUE BADGE

The chair welcomed Michelle Peake, Head of Specialist Services, and invited her to present the enclosed briefing. The chair explained that this is a follow up from an item held on 15 November 2023.

Shaidi Khan, Accessible Transport Manager, who took a lead in preparing the briefing for the commission, was unable to attend this evening and the project manager convey apologies on her behalf.

Following the presentation the chair invited questions, and the following points were made:

- The officer confirmed that once the transition over to the new government form is complete it will mean the Blue Badge application will no longer be combined with the Freedom Pass application and residents will need to apply twice.
- There was a discussion on how best to support people who struggle with technology to make an online application. The library service can provide access to a computer, however there is no help to complete a form. It is, however, possible to access support to complete the form through the [MySouthwark service point](#). Appointments can be booked by visiting the ground floor of Peckham Library or online. The service offers telephone and video calls to assist people to complete the Blue Badge application form. Members highlighted that presently the service is described as for council tenants only on the council website. The officer undertook to look into this and clarified that the service is available for all residents who require assistance to complete a form for a Blue Badge.
- The officer explained that there is also the [Local Support](#) team who will go out to peoples home to help, if a resident's disability means they cannot leave the home.
- A member said that constituents had reported problems in scanning documents. The officer said all the above services can assist residents with this.

- There was a discussion on rejection of applications and the appeals process. It was acknowledged that hidden disabilities can be difficult to prove, however the officer said that there is growing awareness that not all eligible disabilities are visible. Southwark do have independent assessors who can conduct assessments.
- A member asked how long it takes to have a parking bay provided. The officer said this is not her area of responsibility, however this information can be provided, by way of follow up.
- Members asked about fraudulent applications. The officer explained that there is a fraud team who do a check of a sample of cases, and this did recently uncover a case. The officers undertook to get back to the commission regarding work to examine patterns.
- Members welcomed the transition to the national system. In particular it was noted that it would be a significant improvement for people making a reoccurring application for one of the recognised lifelong conditions, as they would only take an estimated 10 minutes to apply.
- There was a discussion on sharing information across government departments with Southwark officers, to overcome the issue of disabled people having to prove their disability to different agencies. The officer was asked about accessing information held by the Department of Work and Pensions (DWP) related to Personal Independence Payment (PIP) awards. The officers said there is limited information sharing between government agencies, however this will not cover life-long medical information because of GDPR concerns by government.
- Members spoke of concerns from a national advocacy organisation that disabled people are often getting rejected even though they are meeting the criteria for a Blue Badge. The officer was asked about the successful appeal rate of 52% and if this indicated a difficult to negotiate the application system. The officer said that at the reconsideration stage the person will be linked to an assessor to ensure they get good quality assistance, which is why the appeal outcome success rate is high.
- A member highlighted that disabled residents / carers often need to apply for a Blue Badge, a disabled parking permit, an

AD permit, and a Streetscape exemption. The member commented that it can be easy to miss deadlines and asked if there is a way for these to be combined so that applications are every three years, like the Blue Badge, rather than yearly. The member asked if it is possible to harmonise and join up the system, and pointed out this is virtual in some boroughs and synchronised. The officer explained this is not her area of responsibility, however there are forums that work on this.

- Officers were asked about grace periods, and it was explained that people were asked to apply three months before expiry.
- Members thanked the officer for the detailed report and expressed appreciation for all the steps taken to reduce the administrative burden on residents and improve access.

RESOLVED

Officers to:

- Clarify the position on access to MySouthwark service point and the Local Support service point to ensure it is correctly and clearly publicised for all eligible residents who need assistance to complete a Blue Badge application.
- Provide a briefing on fraudulent applications for Blue Badges addressing patterns and learning from case sampling.
- Clarify what more can be done to synchronise applications for Blue Badges, AD permits, Streetscape exemption and Parking permits, and if there is scope to join this up over similar three-year timescale as the Blue Badge and automate.
- Provide timescales for installing a parking bay.

6. DAMP AND MOULD

This item was deferred to the following meeting.

7. WORK PROGRAMME

The work programme was noted.

	Classification: Open	Date: February 2025	Meeting: Health and Social Care Scrutiny Commission
Report title:		Housing's Damp and Mould Update to the Health and Social Care Scrutiny Commission	
Ward(s) or groups affected:		All	
From:		Housing, Responsive Repairs	

RECOMMENDATIONS

1. That the Health and Social Care Scrutiny Commission be invited to supply their comments in response to the contents of this joint report from the council's Housing Directorates.
2. That the Health and Social Care Scrutiny Commission note the contents of the report.

BACKGROUND INFORMATION

3. A previous report was presented to the Health and Social Care Scrutiny Commission in July 2024.
4. The Commission have requested further information from Housing to cover how the Council's approach:
 - A. Utilises intelligence from the reactive damp and mould service
 - B. Dovetails with any Stock Condition Surveys
 - C. Dovetails with Major Works
 - D. Links to any planned retrofit work to improve insulation to the fabric of the building and ventilation
 - E. Cost and budget implications related to capital investment, including any barriers to accessing sufficient resources as well as any opportunities, and savings over the longer term
 - F. Sources of external funding that may be utilised eg Social Housing Decarbonisation Fund / Carbon offset funds / Energy Company Obligation (ECO4) flex

- G. How damp is assessed and addressed in temporary accommodation as members were advised that this is dealt with separately.
- 5. Responsive Repairs is currently underway in planning for the implementation of Awaabs law, being implemented in October 2025. This will have an impact on how the Council assesses and responds to cases of damp and mould
- 6. The service is currently in the planning phase, looking at the resources in place and required to respond in the timescales required. The service will also be looking at the use of data and proactive measures in addition to the responsive element of eliminating the mould when present.

UPDATES

Utilises intelligence from the reactive damp and mould service

- 7. The reactive damp and mould service collect data around the type, location, geographical location and required actions for each report of damp and mould made. Completion notes and photos are also collected on each visit.
- 8. Housing also have information from a number of sensor trials across the borough. The largest being 400 'Switchee' sensors used on the Kingswood Estate. These sensors provided the data that was used to decide the scope and extent of works required for our Planned Works project. These works are now complete and these sensors continue to provide us with information on the effectiveness of the completed improvements.
- 9. This information is being collated to be fed into the priorities for our planned works moving forward.
- 10. Information we do not routinely collect can also be made available when required. For example following the last commission, the team undertook an exercise with Public Health to map the demographics of residents who have reported damp and mould (Appendix 1).
- 11. The service is committed to meeting the Housing Ombudsman recommendation that providers become more proactive in their response to damp and mould.
- 12. The data required to move to a truly proactive service is not yet fully available and ties in with the Council's commitment and move towards stock condition surveys. This data will join with data from our reactive damp and mould team to form the basis of improvements and intervention in our stock moving forward.

Dovetails with any Stock Condition Surveys

13. The Council have committed to undertaking stock condition surveys of our blocks and individual homes, beginning in June 2025.
14. The tender for this work is expected to be awarded in April 2025, with a pilot programme of stock condition surveys taking place between April-June 2025. From early summer 2025 this will be rolled out as a formal programme across all of our homes.
15. These surveys look at a number of factors including damp and mould present in a property, as well as looking for factors that may cause damp and mould. These include heating, structure and windows and doors.
16. Visiting all of our homes will take some time but will allow the Council to gain a picture of all of our stock and allow use of data to lead decisions on our planned improvement works across the borough.
17. The stock condition survey data will be cross referenced with data collected by our reactive works team to prioritise interventions in blocks and homes where damp and mould is common or is predicted to be at higher risk of developing due to other factors (e.g., lower energy efficiency, poor ventilation).
18. Exploring data links with Primary Care data is something the Council are interested to look at, as this has potential to help weight and flag vulnerabilities and prioritise households who are at a greater risk of health harms from damp and mould.

Dovetails with Major Works

19. The planned works programme for the coming years is currently under review and will be heavily influenced by the stock condition surveys mentioned above.
20. Factors that can impact air flow within a property once planned works have been completed are new/upgraded windows and doors, insulation and positive input ventilation systems.
21. The damp and mould team within Reactive Repairs input into these schemes and on occasion works have to be done following planned works to relook at ventilation due to an increase in thermal efficiency.
22. This collaborative working will increase as the stock conditions are completed across the borough and a forward plan is agreed internally.

Links to any planned retrofit work to improve insulation to the fabric of the building and ventilation

23. Information on the current works around insulation and the fabric of the building are contained in the external funding section of this report
24. Moving forward it is inevitable that insulation and works to the building itself will form part of the Council's plans, both as a result of stock condition surveys but also following our programme of building safety inspections currently underway across the borough.

Cost and budget implications related to capital investment, including any barriers to accessing sufficient resources as well as any opportunities, and savings over the longer term

25. There will be budget implications for any works that are required as a result of the stock condition surveys and generally as our stock ages. This includes works to proactively prevent and manage damp and mould
26. The exact cost of these works won't be known until we get the results of a large sample of our stock condition surveys. We know there will always be works needed to improve the ventilation in our homes but works around the building itself, insulation etc. aren't currently forecastable.
27. Repairs and Maintenance have a Strategic Asset Management team who are working to gather and consolidate the data into a comprehensive strategy for the coming years.
28. Once planned works are complete costs to residents and the council around damp and mould will decrease. Works to make the building more thermally efficient, for example insulation, new roofs and new windows and doors result in both a reduction in maintenance costs as well as a reduction for residents in running their homes.

Sources of external funding that may be utilised eg Social Housing Decarbonisation Fund / Carbon offset funds / Energy Company Obligation (ECO4) flex

29. The Council submitted a bid for the Warm Homes: Social Housing Fund (WH:SHF), as part of the pan-London Strategic Partnership led by the Retrofit London programme at London Councils, in November 2024. We have been notified that our bid was successful but unfortunately, not upto the funds we bid for.
30. Through this scheme, Southwark will deliver energy efficiency and carbon reduction measures to 250+ street properties in Nunhead & Peckham (dependent on size of grant ultimately received), including installing air-source heat pumps to 40 homes. This work will improve the comfort of these homes and positively impact on cost of living for residents.
31. In addition, the Council is seeking funding through the ECO/GBIS programme, which will deliver insulation and other energy efficiency measures to a further 80 homes, as an initial pilot.

32. The learning from both these projects will give the Council valuable insight into the delivery of these types of work and the resident engagement required to complement it.
33. The team is still in the scoping phase but looking at new and innovative ways that moisture can be monitored and managed in the home and are aiming for a pilot programme in April 2025.
34. A campaign will be developed with educational resources to support all key stakeholders to promote prevention approaches (as landlords, tenants and repairs staff). Public health and housing colleagues will collaborate on development of data solutions to enable risk stratification to inform prioritisation of future responses and reduce harm to health.
35. Longer term the Council would be interested to identify a research partner to capture the impact of different methods of intervention on health and wellbeing and indoor air quality.

How damp is assessed and addressed in temporary accommodation as members were advised that this is dealt with separately.

36. Following the Scrutiny Commission meeting in July 2024 the Responsive Repairs team looked at the service offering around damp and mould in temporary accommodation.
37. A review was undertaken around temporary accommodation properties at the point void works were undertaken and the team are satisfied that the properties are being handed back after works with no damp and mould present.
38. There is more internal scrutiny around ventilation being offered and improved at the point any of our homes become void and the management within the service are monitoring this on a property by property basis.
39. Damp and mould works required to temporary accommodation homes are now undertaken by our dedicated damp and mould team, not the temporary accommodation repairs team. This will ensure that there is one consistent service across our stock and reduce waiting times for those residents in temporary accommodation.

Policy framework implications

40. These have been covered throughout the report.

Community, equalities (including socio-economic) and health impacts

Community impact statement

41. Living in homes that are warm, dry and safe and free from damp and mould enables individuals and communities to thrive. Damp and mould in the home has consequences for social, physical and mental health. Resulting damage to internal décor and belongings can also be expensive to rectify or replace. Communities and households will benefit when damp and mould issues are reduced and removed completely.

Equalities (including socio-economic) impact statement

42. Damp and mould can affect individuals and communities who are at a higher risk of fuel poverty. Linking the causes and long term solutions of damp and mould is key.

Health impact statement (provided by Public Health)

43. The report has acknowledged the implications and impact of the community, equalities (including socio-economic) and health impacts in the report.
44. One of the primary concerns associated with damp and mould is the health risks they pose to residents. Exposure to damp and mould can lead to a range of respiratory problems, including asthma, allergies, and other respiratory illnesses.
45. These health problems can have a significant impact on residents, particularly those who are vulnerable, such as children, the elderly, and people with pre-existing health conditions.
46. To reduce health impacts the Council is committed to address damp and mould issues quickly, to work on targeted approaches to protect more vulnerable residents, and to embed preventative solutions to support longer term outcomes.

Climate change implications

47. There are no climate change implications as part of this report

Resource implications

48. There are no resource implications as part of this report

Legal/Financial implications

49. There are no legal or financial implications as part of this report

Consultation

50. This report was written jointly between Responsive Repairs and Public

Health. No other consultation was undertaken as part of this report

CONCLUDING POINTS

51. Teams across Repairs and Maintenance are working hard to gather all of the data needed through stock condition surveys as well as responsive repairs data to build a programme of planned maintenance that addresses the challenges around damp and mould in an aging stock and with 21st century living.
52. The Responsive Repairs and Public health teams now have an embedded and proactive link between the services and are actively working to assist each other in the data and actions around proactively preventing damp and improving health across the borough, this work will continue at pace in 2025.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Spotlight on: Damp and mould Housing Ombudsman (housing-ombudsman.org.uk)	https://www.housing-ombudsman.org.uk/reports/spotlight-on-damp-and-mould/	

APPENDICES

No.	Title
1	Demographic Analysis of Reports of Damp and Mould among Tenants of Southwark Council

AUDIT TRAIL

This section must be included in all reports.

Lead Officer	Hakeem Osinaike Strategic Director of Housing Sangeeta Leahy Director of Public Health		
Report Authors	Marc Cook, Continuous Improvement Manager - Responsive Repairs		
Version	1		
Dated	12 Feb 25		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title	Comments Sought	Comments Included	

Assistant Chief Executive, Governance and Assurance	No	No
Strategic Director, Finance	No	No
List other officers here	No	No
Cabinet Member	No	No
Date final report sent to Scrutiny Team		

Appendix: Cost-effectiveness of housing investments

Modelling the cost to the NHS of ‘poor housing’: the implications for Southwark Council housing

The Building Research Establishment (BRE) is an international centre of building science based in the United Kingdom, owned by the charitable organisation the BRE Trust. It is a former UK government national laboratory and was privatised in 1997. BRE provides research, advice, training, testing, certification and standards for both public and private sector organisations in the UK and abroad.

Since 2010, the BRE has produced four ground-breaking papers modelling the cost to the NHS of people living in poor housing and the investment costs required to mitigate the associated housing problems. In June 2023, the BRE published a briefing paper, ‘The cost of poor housing in England by tenure’ which applied its established methodology for determining the ‘cost burden’ to the NHS of the poorest quality homes by tenure. This report used 2018 and 2019 combined year English Housing Survey data and NHS treatment costs inflated to 2019 prices to enable comparison at the same reference point.

The BRE methodology and modelling is of direct relevance to Southwark Council’s housing and tenants as it provides a starting point from which an estimate can be made of the costs to the NHS locally of health-related hazards in Council dwellings, and the investment cost required to mitigate those hazards.

The BRE modelling has been developed on the basis of a series of nationally-derived assumptions as follows:

- ‘Poor housing’ is defined as ‘a dwelling that fails to meet the statutory minimum standard of housing in England’, i.e., containing one or more Category 1 health-related Hazards under the HHSRS. The two most prevalent Category 1 hazards are excessive cold and falls associated with stairs.
- Costs to the NHS assume that one person is treated per dwelling, for one year only (‘first year treatment’). Costs are national averages determined from publicly available treatment cost data, predominantly the National Schedule of Reference Costs for 2017-18 (NHS Trusts and NHS Foundation Trusts) inflated to 2019 prices.

These costs could be updated and modified to reflect costs in Southwark and could also include treatment costs, and costs to adult social care, beyond the first year, where appropriate.

- The costs of the work required to mitigate Category 1 Hazards in social rented homes are national averages and were determined during the 2019 English Housing Survey by surveyors applying the 'cost to make safe' model.

These costs could be updated and modified to reflect investment costs in Southwark.

- The BRE modelling enables an estimate to be made of the number of years required to enable a 'payback' to the NHS of the housing investment costs required. The payback period is estimated by dividing the cost of remedial work to mitigate the hazard by the savings to the NHS.

BRE costs are not available for all Southwark's hazards, but the following tables use data available identifying:

- the average national cost per social rented dwelling of addressing a Category 1 Hazard;
- the annual (first year) treatment cost to the NHS and implied saving to the NHS of mitigation, and
- the estimated payback to the NHS achievable in years.

The first table is ordered in terms of average investment cost, and the second table in terms of largest annual savings to the NHS.

Hazard	Average investment cost per dwelling	Annual cost/savings to the NHS	Estimated payback (years)
Crowding & space	£20,413	£137	148.74
Excess cold	£3,800	£516	7.36
Fire	£1,902	£175	10.86
Noise	£1,478	£498	8.64

Falling on level surfaces	£1,114	£259	4.31
Damp & mould growth	£985	£521	1.89

Table 1: Summary of average national investment costs per dwelling, annual savings to the NHS and estimated payback in years at 2019 prices, ordered by investment costs. Source: BRE, The Cost of Poor Housing in England by Tenure, 2023.

Key findings

- The lowest cost interventions deal with the Hazards of damp and mould growth (£985) and falling on level surfaces (£1,114) and the highest cost deal with excess cold (£3,800) and crowding and space (£20,413).

The following table expresses the same data but ordered by the size of the annual saving to the NHS.

Hazard	Average investment cost per dwelling	Annual cost/savings to the NHS	Estimated payback (years)
Damp & mould growth	£985	£521	1.89
Excess cold	£3,800	£516	7.36
Noise	£1,478	£498	8.64

Falling on level surfaces	£1,114	£259	4.31
Fire	£1,902	£175	10.86
Crowding & space	£20,413	£137	148.74

Table 2: Summary of average national investment costs, NHS benefits of addressing Southwark hazards and estimated payback in years, 2019 prices, ordered by size of savings to the NHS. Source: BRE, The Cost of Poor Housing in England by Tenure, 2023.

Key findings

- Annual savings to the NHS range from damp and mould growth (£521), excess cold (£516) and noise (£498) to fire-related (£175) and crowding and space (£137).

In terms of lowest investment cost combined with highest savings to the NHS, the optimum investments relate to the hazards of:

- Damp and mould growth - which particularly benefits families with young children and older people and others who are vulnerable, for example, with a long-term health condition or disability and who spend a lot of time in the home; and
- Falling on level surfaces - which also particular benefits older people.

Although local investment and NHS costs will differ in Southwark, these average 2019-based costs indicate the potential impact for the health service locally of targeted investment to deal with hazards in the Council's stock.

The cost of poor housing: modelling the impact for Southwark Council tenants

Using the example of the Hazard of 'damp and mould growth', this section applies BRE and HHP modelling to all Southwark's Council tenants and to an illustrative housing estate of 1,500 homes, identifying the investment costs, annual savings to the NHS and estimated payback years by life course stages.

Modelling applied to all Southwark Council's tenants

Modelling has been applied to Southwark Council housing using the following assumptions:

- An incidence rate of 'damp and mould growth' affecting 4% of the Councils' stock and tenants. This is derived from the June 2023 BRE briefing paper, 'The cost of poor housing in England by tenure' which identified this incidence rate across all social housing. A more accurate assessment would apply the actual incidence rate for Southwark Council housing but this is not currently available.
- BRE modelling assumes that only one person is treated in each household living in 'poor housing' and therefore, the number of people and households treated are the same.
- We have applied a second HHP option, which assumes that all the members of a household affected by 'damp and mould growth' will require treatment. The number of people treated per household is based on the average household size of 2.5 for Southwark Council housing. A more accurate assessment would apply the actual number of people treated but this data is not currently available.

The following table applies for all Southwark Council households affected by the Hazard of 'damp and mould growth', BRE modelling which assumes that one person per household will be affected and require treatment.

Total households	Proportion of properties/households affected (4%)	Number of people affected @ 1 person per household	Total investment cost @ £985 per dwelling	Total annual savings to the NHS @ £521 per person affected	Estimated payback years (BRE)
35,433	1,417	1,417	£1,395,745	£738,257	1.89

Table 3: Investment costs, annual savings to the NHS and estimated payback years for the Hazard of 'damp and mould growth' affecting Southwark Council tenants, BRE modelling. Source: BRE, The Cost of Poor Housing in England by Tenure, 2023, and HHP modelling.

Key findings

- Applying BRE modelling identifies 1,417 households and people require treatment as a result of the effects of the Hazard of 'damp and mould'.
- The cost of investment to remove this Hazard from affected homes is estimated at £1.4 million.

- The annual savings to the NHS would be just over £738,000.
- The investment in housing would pay back NHS first year treatment costs within 1.9 years.
- The following table applies for all Southwark Council households affected by the Hazard of 'damp and mould growth', HHP modelling which assumes that all members of a household will be affected and require treatment.

Total households	Proportion of properties/households affected (4%)	Number of people affected @ 2.5 people per household	Total investment cost @ £985 per dwelling	Total annual savings to the NHS @ £521 per person affected	Estimated payback years
35,433	1,417	3,543	£1,395,745	£1,845,903	0.76

Table 4: Investment costs, annual savings to the NHS and estimated payback years for the Hazard of 'damp and mould growth' affecting Southwark Council tenants, BRE and HHP modelling. Source: BRE, The Cost of Poor Housing in England by Tenure, 2023, and HHP modelling.

Key findings

- Applying HHP modelling identifies a higher 3,543 people in 1,417 households affected and requiring treatment by the Hazard of 'damp and mould'.
- The cost of investment to remove this Hazard from affected homes would be £1.4 million.
- As the number of people requiring treatment would be greater, the annual savings to the NHS would increase to £1.846 million.
- The investment in housing would pay back NHS first year treatment costs within a shorter 0.76 years.

Modelling applied to an illustrative Southwark Council housing estate of 1,500 homes

The following tables apply modelling for the Hazard of 'damp and mould growth' to an illustrative multi-storey housing estate of 1,500 properties, assuming an increased incidence rate of 10%. The following table applies BRE modelling which assumes that only one person per household will be affected and require treatment.

Total households	Proportion of properties/households affected (10%)	Number of people affected @ 1 person per household	Total investment cost @ £985 per dwelling	Total annual savings to the NHS @ £521 per person affected	Estimated payback years
1,500	150	150	£147,750	£78,150	1.89

Table 5: Investment costs, annual savings to the NHS and estimated payback years for the Hazard of 'damp and mould growth' affecting the residents of a typical Southwark Council estate, BRE modelling. Source: BRE, The Cost of Poor Housing in England by Tenure, 2023, and HHP modelling.

Key findings

- Applying BRE modelling identifies 150 people in 150 households affected and requiring treatment from the Hazard of damp and mould.
- The cost of investment to remove this Hazard from affected homes is estimated at £147,750.
- The annual savings to the NHS would be just over £78,000.
- The investment in housing would pay back NHS first year treatment costs within 1.9 years.

The following table applies HHP modelling which assumes that all members of a household will be affected and require treatment.

Total households	Proportion of properties/households affected (10%)	Number of people affected @ 2.5 people per household	Total investment cost @ £985 per dwelling	Total annual savings to the NHS @ £521 per person affected	Estimated payback years
1,500	150	375	£147,750	£195,375	0.76

Table 6: Investment costs, annual savings to the NHS and estimated payback years for the Hazard of 'damp and mould growth' affecting Southwark Council tenants, HHP modelling. Source: BRE, The Cost of Poor Housing in England by Tenure, 2023, and HHP modelling.

Key findings

- Applying HHP modelling identifies 375 people in 150 households affected by and requiring treatment from the Hazard of 'damp and mould'.
- The cost of investment to remove this hazard from affected homes would be £147,750.
- The annual savings to the NHS would be a higher £195,375.
- The investment in housing would pay back NHS first year treatment costs within a shorter 0.76 years.

Next step: Southwark-specific modelling

The next step is to populate the BRE and HHP models with Southwark-specific data enabling modelling which determines:

- the extent of Category 1 Hazards in Southwark Council homes/households;
- the number of people at each life course stage in each household who are affected by Category 1 Hazards and will likely require treatment;
- the investment costs of mitigating Category 1 Hazards;
- the treatment costs associated with Category 1 Hazards, including treatment costs beyond the first year, and
- the 'pay-back' years to the NHS of the housing investment costs.

Pain and Neuromodulation Service: update**1.0 Introduction**

On 25 April 2024, the Southwark Health and Social Care Scrutiny Commission received an update on South East London (SEL) and Southwark chronic musculoskeletal (MSK) pain services. The update provided a broad overview of the patient population's needs, chronic pain inequalities, national guidance on pain delivery networks, and the service model across SEL. The joint presentation was led by the Clinical and Care Professional Lead for Southwark Partnership, along with a Consultant in Pain Medicine and a Consultant Physiotherapist from Guy's and St Thomas'.

During the committee's discussion, members raised concerns about patients being lost to follow-up, which were believed to be related to administrative issues. As requested, Guy's and St Thomas' is pleased to provide a brief update on the matter and reassure the committee.

2.0 About the pain and neuromodulation service at Guy's and St Thomas'

Guys' and St Thomas' Pain and Neuromodulation Service is recognised nationally and internationally as a leading centre of pain medicine. It is a NHS specialist service for Spinal Cord Stimulation and for residential psychology-based pain management programmes. The service offers leads or supports a number of multidisciplinary subspecialist services:

- Neuromodulation (spinal cord stimulation/dorsal root ganglion stimulation/peripheral nerve stimulation)
- Spinal Pain
- Neuropathic Pain
- Headache and Facial Pain
- Cancer pain
- Pelvic Pain
- Urological Pain
- Refractory Angina
- Sickle Cell Pain
- Opioid reduction
- Paediatric Pain

Patients seen by the service present with a high degree of complexity due to high rates of multiple biological conditions (multimorbidity) as well as significant psychological and social issues.

The service is committed to teaching pain medicine and serves as a centre for chronic pain training for NHS anaesthetic trainees at both basic and advanced levels, NHS and international pain fellows, visiting international consultants, and NHS and international nurses. It also presents widely at national and international meetings.

The service supports clinical research in neuromodulation and interventional pain management, pharmaceutical treatments, and psychology-based management. Research is published in peer-reviewed journals and presented at national and international conferences.

It is staffed by 10 consultants (7 whole-time equivalents), 18 nurses, 13 psychologists, 3 occupational therapists, 11 physiotherapists, and 18 administrative staff. In addition, other specialists from surgical, medical, and imaging disciplines contribute to multidisciplinary meetings.

The service has dedicated facilities, including consulting rooms, a procedure room equipped with x-ray imaging and ultrasound, where procedures can be performed under local anaesthetic. There is also an annex with rooms for residential pain management programmes.

For more complex procedures or those requiring sedation, the service utilises Guy's and St Thomas' theatres.

The table below provides a summary of patient activity.

	Pain management	Input
Number of patients seen each year (<i>based on booked appointments for the period from Jan' 2024 to Jan 2025</i>)	19,929	2510
Number of patients waiting for first appointments.	1055	64
Number of patients waiting for follow up appointments.	407	67

3.0 Summary and update on the issue

From early 2022 to 2023, the Pain and Neuromodulation Service at GSTT faced administrative staffing challenges due to long-term sickness absences and turnover. Consultant and nursing staff sickness absences and turnover also impacted the service. In addition, in 2022, a significant Trust-wide IT incident, lasting several weeks, disrupted service administration. In 2023, the Trust introduced a new electronic healthcare record system, Epic. During this transition, the service experienced multiple issues with appointment booking and omissions. Some of the reasons for these issues included:

- Patients not being added to clinic lists
- Patients being placed on incorrect lists
- Clinic lists not being accessed
- Difficulties and delays in transferring lists smoothly to the new healthcare record system

As a result of these problems, approximately 80 patients have been identified and seen whose follow-up appointments were "lost." We are pleased to report that these issues have now been resolved. Administrative capacity has improved, including the appointment of a full-time service manager and enhanced recruitment and retention of administrative staff, with staff sickness absences also reduced. As a result, appointment scheduling, care administration, and communication with patients via phone and email have all significantly improved.

4.0 Recommendations

The Committee is asked to:

- a) **NOTE** the above update and resolution of administrative issues that previously affected patient care administration.

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Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2024-25

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