

# Health and Social Care Scrutiny Commission

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

## Membership

Councillor Suzanne Abachor (Chair)  
Councillor Maria Linforth-Hall (Vice-Chair)  
Councillor Esme Dobson  
Councillor Sandra Rhule  
Councillor Nick Johnson  
Councillor Charlie Smith  
Councillor Naima Ali

## Reserves

Councillor Victor Chamberlain  
Councillor Dora Dixon-Fyle MBE  
Councillor Sam Foster  
Councillor Emily Hickson  
Councillor Leo Pollak  
Councillor Joseph Vambe  
Councillor David Watson

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## INFORMATION FOR MEMBERS OF THE PUBLIC

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**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.

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

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Members of the committee are summoned to attend this meeting

**Althea Loderick**

Chief Executive

Date: 24 June 2025



# Health and Social Care Scrutiny Commission

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

## Order of Business

Item No.	Title	Page No.
<b>PART A - OPEN BUSINESS</b>		
<b>1. APOLOGIES</b>	To receive any apologies for absence.	
<b>2. 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.	
<b>3. 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.	
<b>4. MINUTES</b>	To approve as a correct record the Minutes of the meeting held on 13 May 2025.	1 - 3
<b>5. CHILDREN'S RESPITE CARE</b>	A presentation on Short Breaks and preventative care is enclosed.	4 - 11
<b>6. CANCER PREVENTION</b>	A presentation has been provided by Southwark Council's Public Health team and South East London Cancer Alliance to support the scrutiny mini review on Cancer Prevention and Early Diagnosis.	12 - 38

Item No.	Title	Page No.
7.	<b>NURSING CARE HOME DELIVERY SCRUTINY REVIEW REPORT</b>	39 - 55
	The final scrutiny review report is enclosed, to note.	
8.	<b>SAFEGUARDING SCRUTINY REVIEW</b>	
	This item is to recap on progress to date and plan future items.	
9.	<b>WORK PROGRAMME</b>	56 - 60

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

Date: 24 June 2025

**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.”



## HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Tuesday 13 May 2025 at 7.00 pm at 160, Tooley Street, SE1 2QH

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

### OTHER MEMBERS

**PRESENT:**

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

### 1. APOLOGIES

There were no apologies.

### 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 2 April 2025 were agreed as an accurate record.

## 5. DELIVERY OF A NEW NURSING HOME

Members discussed the scrutiny review headline report circulated with the agenda.

There was a discussion on whether a Gateway 0 process ought to have been followed and if a market led approach is a type of procurement process- with reference to contradictory evidence received.

Members asked if the call-in process could be utilised, once a decision by cabinet has been made, and if this is a better process for recommending a Gateway 0 report. The project manager advised that members could use this procedure, but call-ins are only admissible if members have demonstrated that the council's decision-making process had not been followed. It could therefore be used to test if the Gateway 0 process ought to have been followed, but a scrutiny review report is a better way of making a case for exploring alternative delivery models more fully and setting out the case for this. It is possible to do both.

There was a discussion on if capital could be found for direct delivery. A member commented that a workspace in Peckham is receiving £10 million capital. It was noted that exploring sources of capital more thoroughly is a subsidiary recommendation, as part of a Gateway 0 process, rather than an outright proposal.

### RESOLVED

- The headline report was agreed and will be progressed to a full report, with the recommendation amended to refer to a Gateway 0 report.
- Members will attend cabinet to support the chair presenting the report.

## 6. WORK PROGRAMME

The commission recommended the following items are put forward for next years work programme:

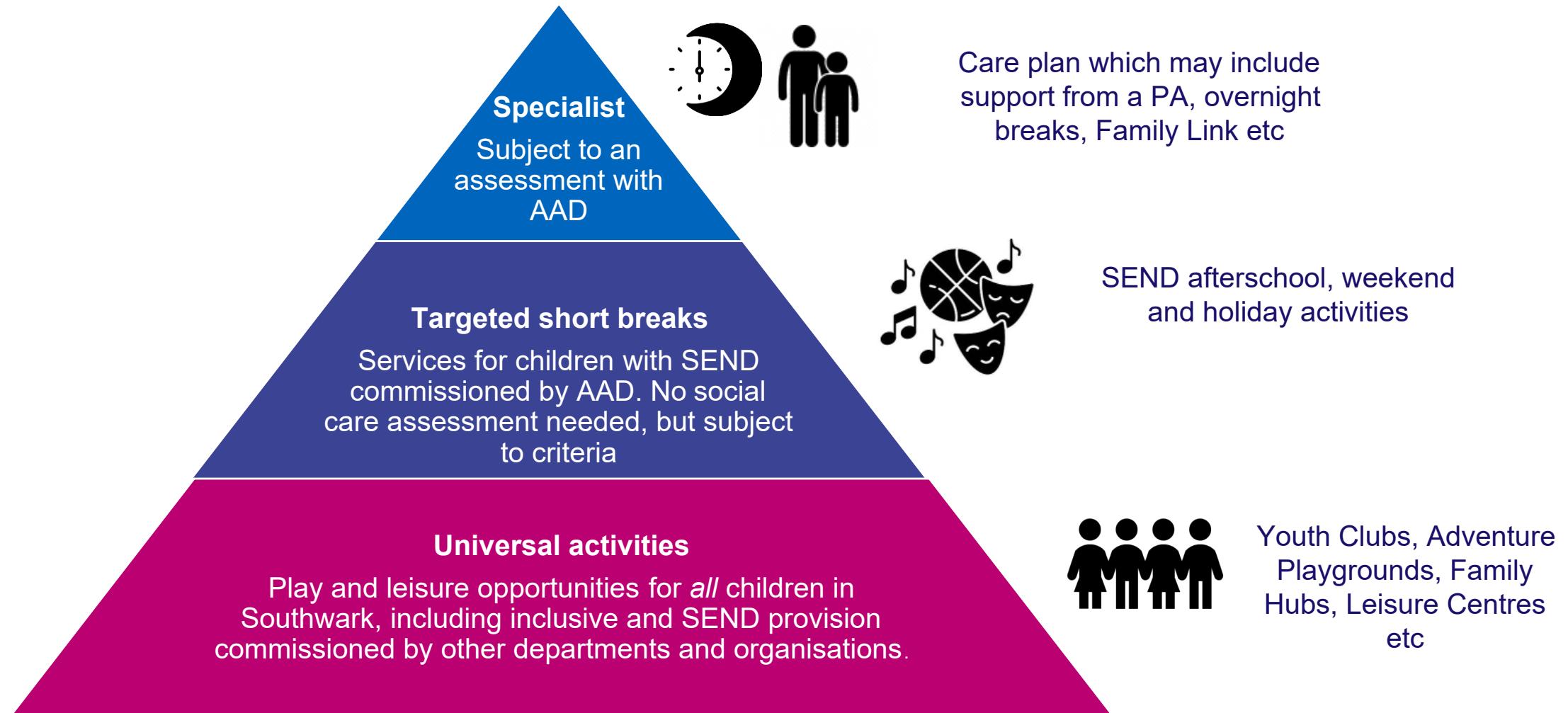
- Follow up on Toilet Strategy
- GPs - waiting times and access
- Blue Badge follow up items

- TfL : free bus pass times and promoting considerate bus driving

# Short Breaks and Preventative Support Offer

**Southwark's Short Break and Preventative Support Offer and the impact of moving away from the previous short break model.**

# Short breaks overview



# Key changes

## Focus on prevention

- Improved Targeted Short Breaks (i.e. afterschool, weekend and holiday activities); Positive Behaviour Support; and work with universal services to improve inclusive policies and practices
- Enabling families to access the support they need, when they need it to avoid escalation to statutory intervention and more specialist services

## Expanded range of targeted services

- A wide range of activities to accommodate different ages, interest and needs (including enhanced schemes offering 1:1 support)
- Afterschool, weekend and holiday schemes
- Workshops, trips and family events during school holidays
- Special interest groups or social clubs for young people 16+

## New online registration and booking platform

- Registration and booking via an online booking platform:  
[www.eequ.org/southwarkshortbreaks](http://www.eequ.org/southwarkshortbreaks)
- Improved navigation for families, equity of access and improved oversight by the local authority

	April 2022	April 2025
Number of targeted short break provisions	3	17
Targeted short breaks places per annum	2600	8050
Unique cyp accessing targeted short breaks	<100	Over 400

# Southwark 2030

**The new short breaks offer reflects the guiding principles of Southwark's 2030 Vision:**

## **Strengthening preventative services**

Providing more targeted support to families when they need it to avoid escalation to statutory intervention and more specialist services

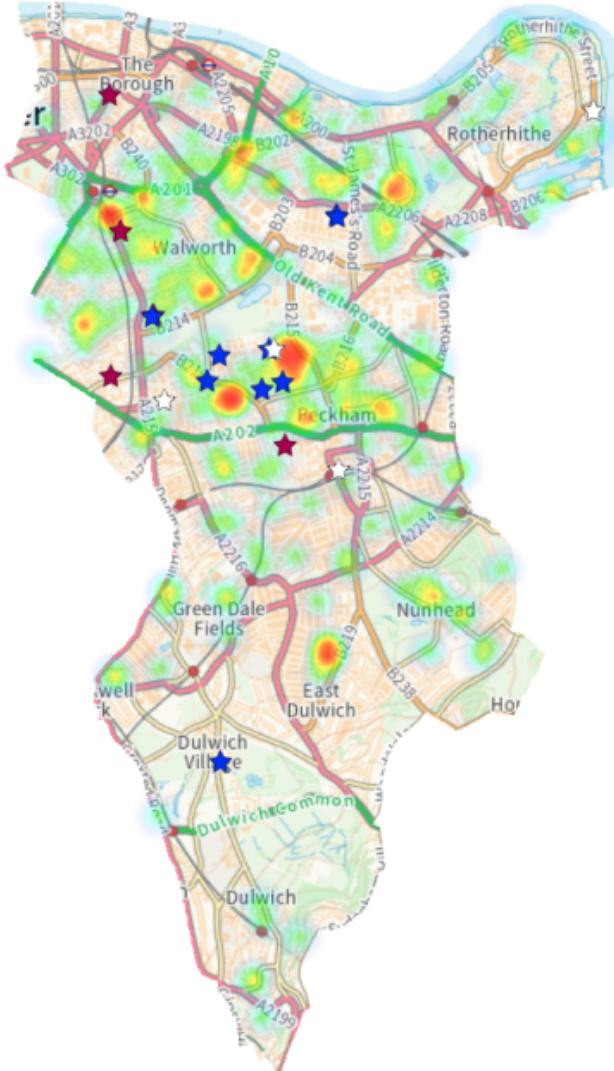
## **Reducing inequality**

Ensuring that children and young people with SEND have access to meaningful out-of-school activities like their non-disabled peers and that their parents/ carers can access breaks during high pressure periods (such as school holidays)

## **Empowering people**

Giving families choice and control over the services they access, whilst avoiding statutory intervention unless needed

# Short breaks delivery locations

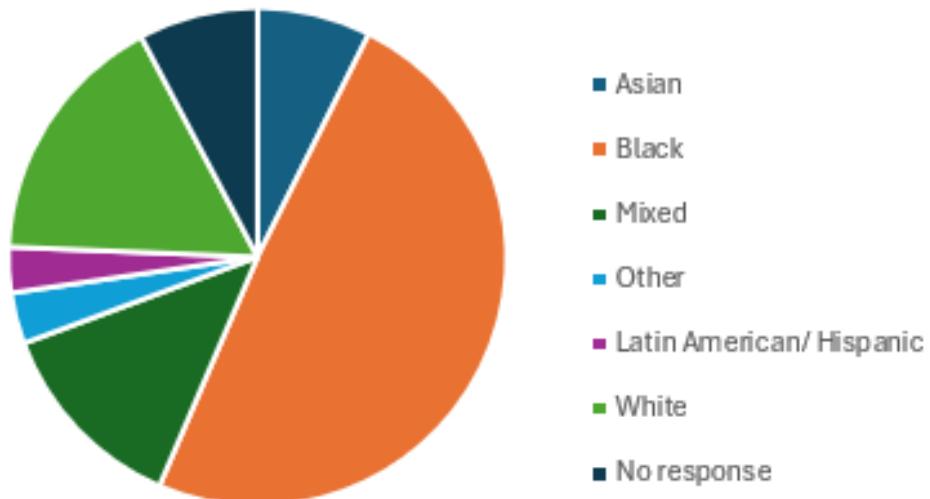


- ★ Core Short Breaks Provision (Afterschool, weekend, holiday playschemes)
- ★ Workshops, trips and family events
- ★ 16+ provision
- Home addresses of current service-users

**Notes:** Awaiting confirmation of delivery locations for some new provision starting April; Some providers deliver one-off workshops, trips or events at venues in or out-of-borough at locations not depicted on this map

# Demographics and feedback

## Ethnicity of current users of targeted short breaks service



Almost 50% are Black, 17% are White, 13% are mixed ethnicity and 7% are Asian.

### Survey

In September 2024 we launched an annual short breaks survey. The survey was distributed to those who had accessed short breaks in 2024/25. We received 123 responses.

### Key headlines:

- 88% of young people/ parent carers rated the provision they had accessed as good or excellent
- 94% of parent carers either agreed or strongly agreed that the short breaks provision had a positive impact on their mental wellbeing
- 92% of parents/ carers stated that their child had tried new things
- Respondents that had booked activities using the new online short breaks registration and booking platform gave it an average rating of 4 out of 5

# Overnight short breaks

## Overnight Short Breaks- Feb 24- January 2025

The **5 CYP** accessed overnight short breaks totalling **131 days** with the median total for a child and young person being **23 nights** the overall cost of **£117k** at an average cost of **£896** per night.

The flexibility that the council has with regards to only paying for what it requires has freed up £475k to invest into a more comprehensive short break offer as well as spending £117k overnight short breaks.

## Orient Street overnight short breaks in 2022

When operational in 2022, Orient Street provided overnight short breaks to 28 children and young people. The service had an occupancy rate of 45.12%.

### Of the 28 cyp attending before it's closure:

- 11 young people are either about to or have moved into adulthood.
- 12 cyp in receipt of specialist support in the form of DP or care packages.
- 2 cyp remain in receipt of overnight short breaks, these are now purchased through third party providers.
- 2 cyp have been accommodated, the overall the number of children looked after in AAD has not risen.
- 1 young person died of natural causes

“ The scheme was essential to us for preventing a family placement breakdown. My son currently cannot access the community, so he is not socialising or exercising etc, having the scheme helped to stop my son from being isolated and stuck at home. My son really enjoyed the sessions. RFA is the only provider that could meet my son's complex needs and behaviours. My son enjoyed every session, was able to stay for the whole session, every time. The staff at RFA have a brilliant understanding of autism. This is reflected in their sessions and their approach. I was really impressed with them. There is no other provider that I'm aware of that is willing and able to meet my sons needs ”

Parent, September 2024



# Early Diagnosis Programme – Prevention and Cancer Screening

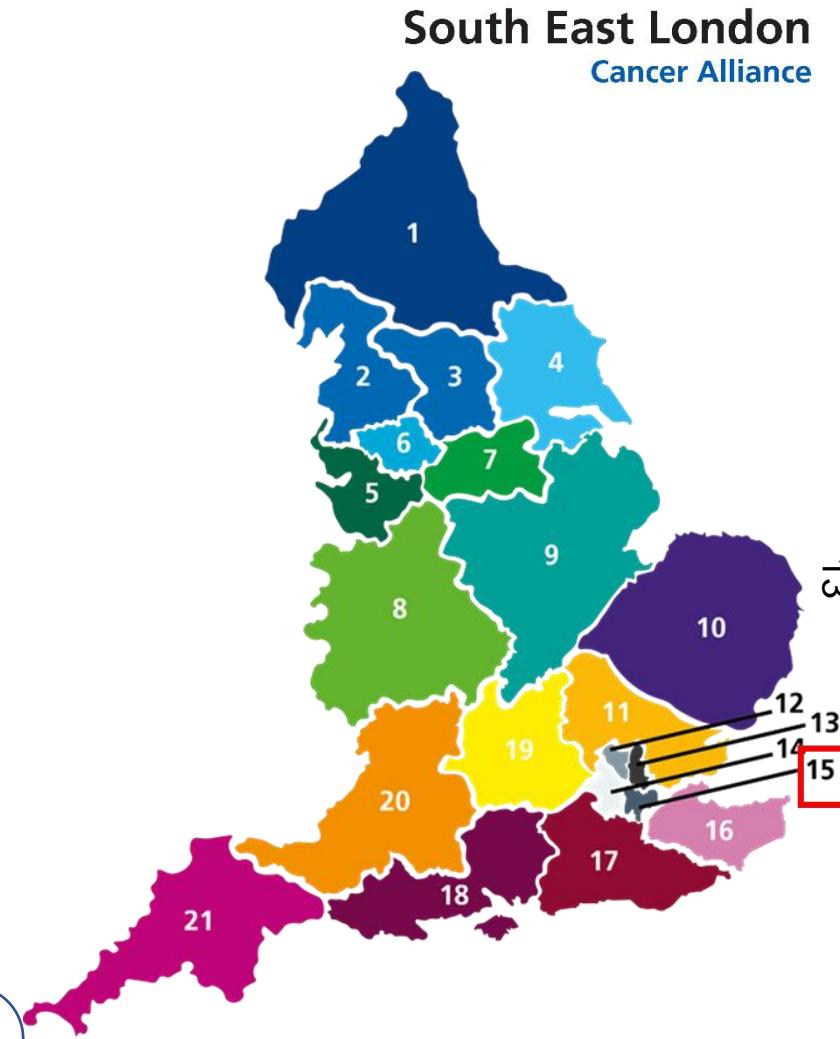
Smitha Nathan – Deputy Director SELCA

Vicky Stewart – Lung Screening Senior Programme Manager

Zara Gross – Early Diagnosis Senior Programme Manager

# Background to Cancer Alliances

- Cancer Alliances were established in 2016, following the recommendations of the Independent Cancer Taskforce. The Taskforce recognised the need for capacity and leadership for delivering improvements to cancer services, much of which had been lost following an overhaul of the former cancer networks in 2013.
- Cancer Alliances lead whole-system planning for improving cancer care on behalf of their constituent Integrated Care Systems.
- Remit is across all of cancer pathway from prevention and early diagnosis to personalised cancer care (survivorship)
- Systems leadership - bring together partners from across their geography including representatives from place and system level – includes NHS Trusts, GPs and Primary Care Networks Patient advocates and carers, ICB, local authorities and voluntary organisations
- SE London has a population of 1.9 million, 3 acute Trusts (5 hospitals, 36 Primary Care Networks, six local authorities and a single Integrated care Board (ICB).



**Speed up cancer pathways,**  
reducing waiting times and improving operational performance

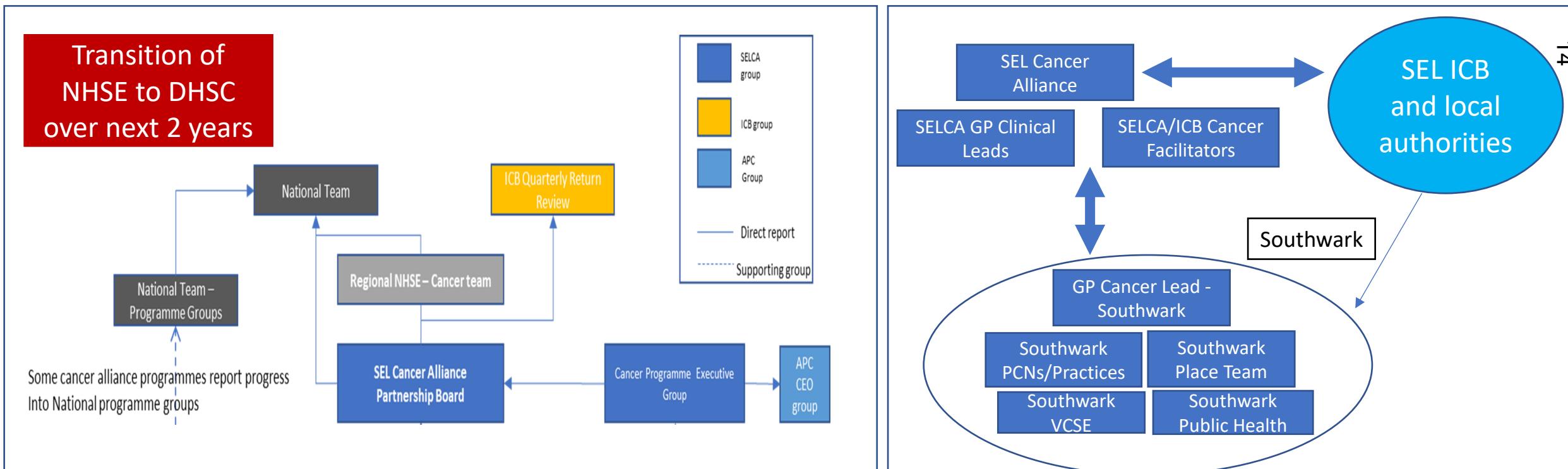
**Diagnose cancer earlier and improve survival,**  
by delivering Long Term Plan projects like Targeted Lung Health Checks and by reducing treatment variation

**Improve patient experience and quality of life,**  
supporting providers to implement new follow-up pathways for personalised care

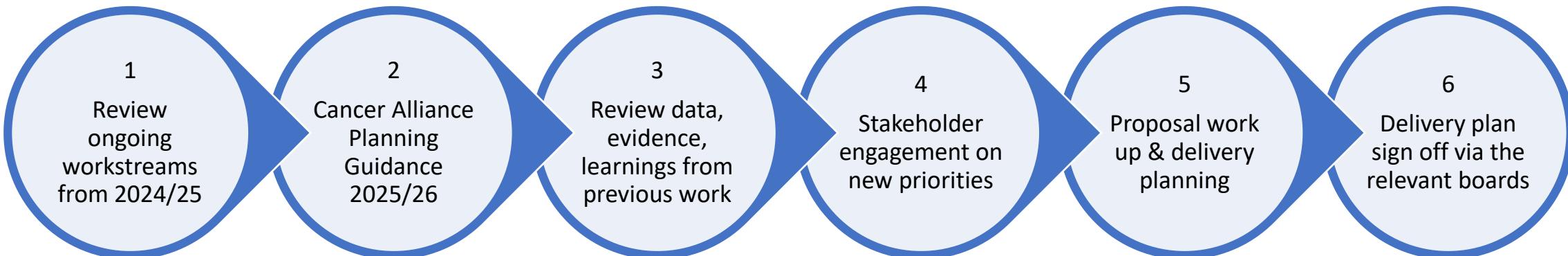
**Reduce health inequalities in cancer services,** using latest data and working with partners to identify solutions

# Governance and funding – national

- DHSC/NHS England – sets funding allocation for NHS Cancer programme / Cancer Alliances
- NHS Cancer Programmes determines funding allocation to cancer alliances and produces the national planning pack for cancer alliances setting out cancer priorities (aligned with any national plans – e.g. Long Term Plan, new 10 year plan and cancer plan in development).
- Cancer Alliances receive funding from NHSE – service development funding (SDF) for local transformation, and targeted funding for specific workstreams e.g. lung cancer screening. Cancer alliances required to develop local plan to address national and local cancer priorities for their geography
- **Alignment between national, regional and local priorities with a clear annual delivery plan**



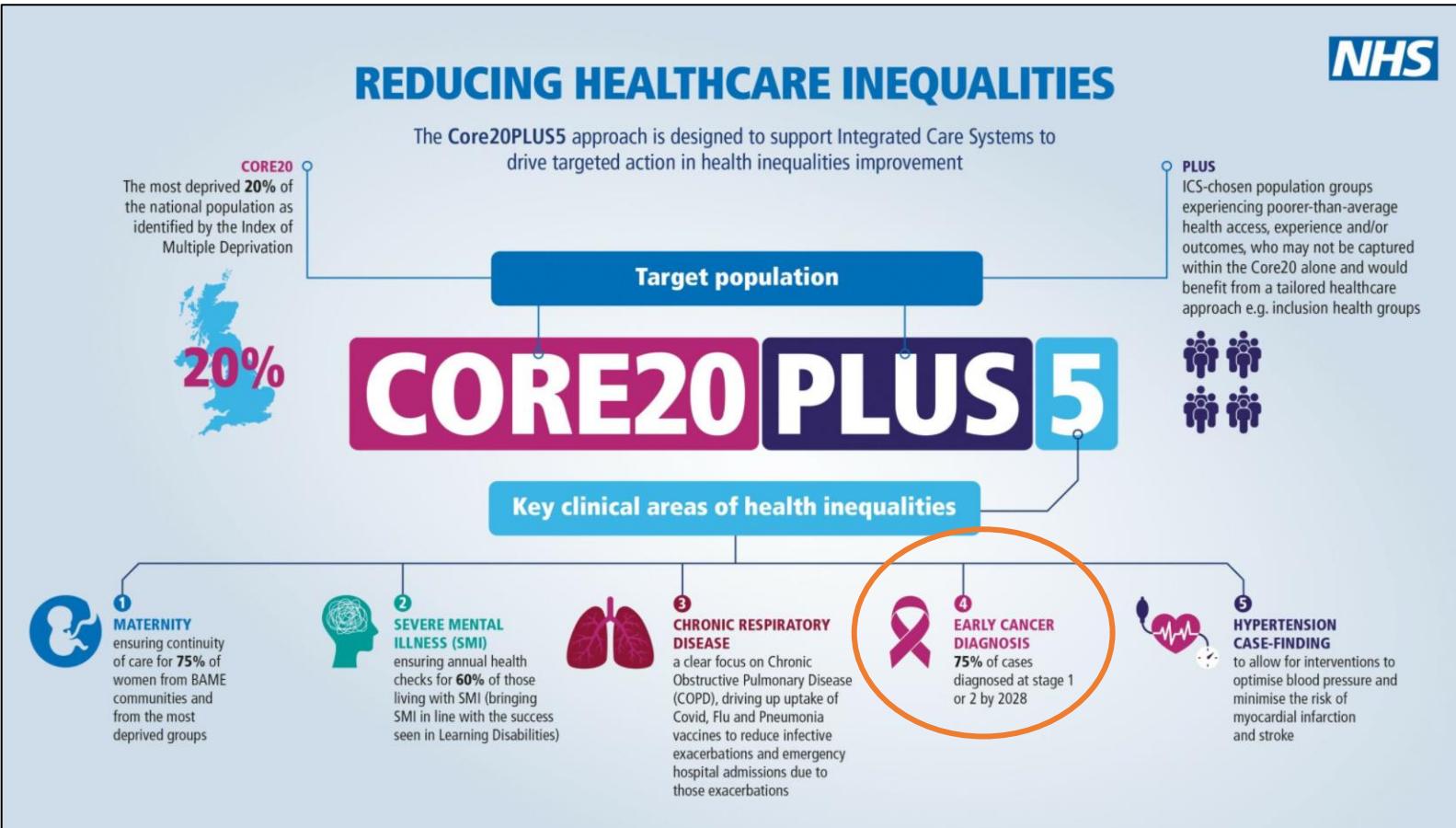
# SELCA Early Diagnosis Strategic Planning Process



- Review and understand our current position on outcomes:
  - Review local data and evidence on population health needs and health inequalities in early cancer diagnosis (including staging data, 1& 5 year survival, screening uptake, deprivation)
  - Review evaluations and learnings from completed and ongoing projects, as well as learning from other areas.
- Identify any new priorities together with key stakeholders.
- Develop high-level plan (Cancer Alliance Delivery Plan) based on local needs and submit to NHSE
- Once plan is approved team develop more detailed plans and budget is allocated.
- Projects commence – either delivered directly by the cancer alliance team or in collaboration with or by system partners, including place teams, public health, charities, community groups, acute providers.
- Scope and scale of projects vary – SEL level, borough level, place/PCN/practice
- Ongoing – monitoring and evaluation of progress and impact.

# Core20-PLUS-5

Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level



## Core20

20% most deprived of the national population.

## PLUS

Population groups experiencing poorer than average health access, experience and/or outcomes.

## 5

Key areas of health inequalities, early cancer diagnosis.

# Prevention and Screening Priorities 25/26

Cancer Alliances should work with NHSE Regional Public Health Commissioning Teams and local partners to develop and deliver plans to: increase uptake and coverage of the NHS breast, bowel cancer and cervical screening programmes and encourage the uptake of HPV vaccination in the catch- up cohorts

# What do we mean by prevention?

- Primary Prevention – action that stops problems from happening. Aims at reducing the incidence of disease and health problems within the population or targeting high risk groups within the population

Metric Domain	Metric	Period	Source	Benchmark	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	England	Change from previous scorecard
Behavioural Risk Factors	Adults overweight or obese (18+)	2022-23	FingerTips	England Average	66.2%	62.1%	57.2%	53.2%	62.9%	56.5%	-	57.2%	64.0%	Y
	Physically active adults (19+)				63.0%	66.8%	63.3%	72.4%	69.9%	72.6%	-	66.3%	67.1%	Y
	Active Smokers	2023			-	-	-	-	-	-	14.6%	15.0%	13.6%	Y
	Incidence rate of alcohol related cancers (Persons 16+ per 100,000)	2017-2019			36.5	35.8	39.7	36.7	36.9	34.3	-	34.5	38.0	N
	Adults drinking over 14 units per week (Persons 18+)	2015-2018			23.7%	26.8%	17.5%	32.2%	28.7%	31.2%	-	20.1%	22.8%	N
Emotional Wellbeing and Mental Health	Reporting Depression or Anxiety (Persons, 18+)	2016-17	FingerTips	England Average	12.4%	11.7%	13.2%	14.0%	12.2%	13.5%	-	12.4%	13.7%	N
	Premature mortality due to cancer in adults with SMI (Persons, Aged 18-74 per 100,000)	2018-2020			16.7	19.0	27.5	29.9	25.8	33.5	-	22.2	20.2	N

- Secondary Prevention – action which focuses on early detection of a problem to support early intervention and treatment

# SELCA Primary Prevention Priorities

- Improving uptake of HPV vaccination amongst catch up cohorts (women up to the age of 25, MSM up to the age of 25 and high risk population groups) by carrying out awareness campaigns across South East London, including out of home advertising, university freshers weeks and local festivals (Mighty Hoopla – LGBTQIA+ festival)
- Provide funding for teachable moments programme in South East London in Primary Care, GPs will make every contact count by engaging with patients who have been taken off of an urgent suspected cancer pathway and provide holistic and cessation services advice
- Smoking cessation support as part of the targeted lung health check/lung cancer screening programme, offering patients an opportunity to speak to a stop smoking specialist.

# Primary Prevention Example – Improving HPV vaccination uptake



Campaign took place between 29<sup>th</sup> May – 1<sup>st</sup> June. Ads targeted users of Grindr and Snapchat, as well as out of home advertising at Brixton Tube and Herne Hill Station, and campaign stand at the festival with branded freebies and staff on hand to engage with 60,000 + festival goers.

**NHS launches 'Catch feelings, not HPV' campaign at the Mighty Hoopla festival this weekend**

Fri 30th May, 2025 - by Contributor - Leave a Comment

# Cancer Screening Summary

Month

Jan-25

Jan-25

Latest Month Available

**IMPORTANT:** This dashboard estimates cancer screening coverage based on SNOMED CT codes within primary care data. This methodology mirrors EMIS searches as far as possible and relies heavily on up to date and accurate coding within the data, which is known to be a challenge. Given this, it is vital the results of this dashboard are not regarded as cancer screening 'performance', and instead should be seen as an estimate of coverage for cancer screening programmes within the selected populations/demographics. Please refer to the SEL Cancer Screening Dashboard for official cancer screening performance data.

Borough > PCN > Practice

All

Ethnic Group > Label

All

Latin American Flag

All

Gender

All

Deprivation (IMD) Decile

All

LD Flag

All

## Bowel Cancer Screening

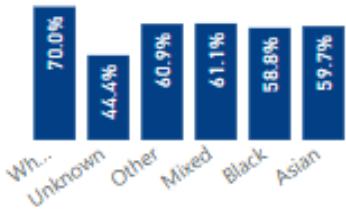
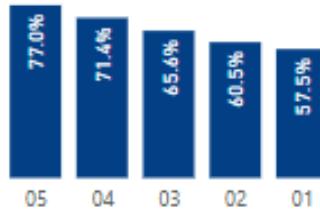
178,447

Screened

274,113

Eligible

65.1%



## Breast Cancer Screening

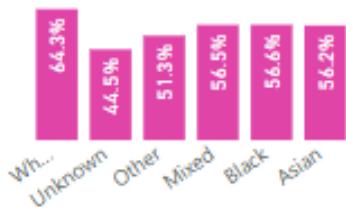
114,349

Screened

189,870

Eligible

60.2%



## Cervical Cancer Screening

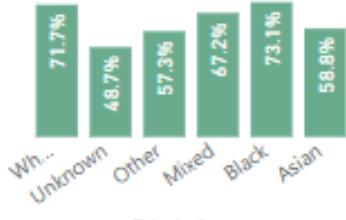
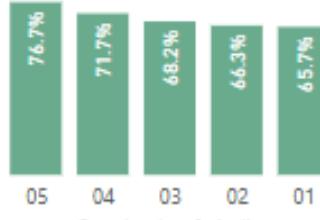
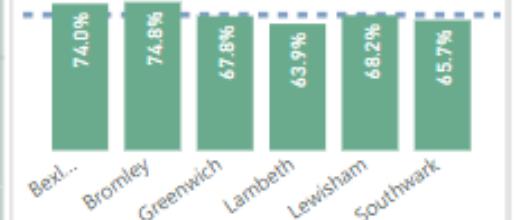
412,402

Screened

603,457

Eligible

68.3%



# Current picture across South East London

- Performance improvement in cancer screening is **generally positive on historic performance**, but needs to improve further to meet local ICB ambitions:
  - **Bowel screening has seen a +1.8% increase since Apr'23**, which is equivalent to an additional 4,400 individuals being screened. The current performance is **above the local objective ambition** and is predicted to meet the year end ambition.
  - **Breast screening has seen a 3.9% increase since Apr'23**, the largest overall improvement of all the cancer screening programmes, following significant focus in the system. **Despite this, the current performance against local objective ambitions is still low**. This is in part due to the starting position of breast screening, which was 8-10% lower than the other screening programmes at the time the ambitions were set – the step change required to meet a compliant position by Y5 means a steeper improvement rate is required.
  - **Cervical screening has seen a 0.1% increase since April'23** – this is very modest compared to the other screening programmes, despite a good level of focus across LCPs. This may in part be due to the longer screening rounds for cervical, which means initiatives over the course of 1 year may take multiple years to be seen in the performance data i.e. current performance is reflective of screening participating since 2022 and 2020.
- There has been **significant progress made on reducing inequalities** within cancer screening:
  - **Breast screening rates for black women have increased +10% over the past 24months**. This is an improvement seen across all boroughs. The differential in rates between this group and the wider population is now 3% vs 5% 12 months ago. **Coverage in the CORE20 population has increased +9% on 24months ago**. The differential in screening rates between this group and the wider population is now 10% vs 12% 12 months ago.
  - **Bowel screening rates in the CORE20 population has increased +2%** over the past year, showing improvement at a faster rate than the wider population. The differential in screening rates between this group and the wider population is now 7% vs 8% 12 months ago. **Southwark and Bexley have seen a +4% increase in screening amongst patients with learning disability. Bromley has seen a +4% increase in screening for patients with SMI**.
  - **Cervical screening rates for patients with autism have improved +5% over the past year**, across all boroughs. The differential in screening rates between this group and the wider population is now 9% vs 15% 12 months ago. **Southwark and Bromley have shown significant improvement (+4%) in screening rates amongst those with learning disabilities** on a year ago.

# SELCA Pan South East London Secondary Prevention Priorities

- Improve uptake of bowel screening by carrying out awareness campaign, specifically targeting core 20 + 5 populations and younger patients (50+)
- Roll out lung screening across South East London, started in October 22 in Southwark and has now rolled out across four boroughs (Greenwich, Lambeth, Lewisham)
- Roll out HPV cervical screening pilot across high deprivation and low uptake areas + focusing on increasing uptake amongst Trans and non binary patients, LD patients and Asylum Seekers and Refugees
- Improve cervical screening amongst 25-45 age cohort across South East London
- Reduce DNA in Bowel Screening programme
- Working with digital innovation partners to improve cervical screening across high deprivation practices in South East London
- Improve uptake and awareness of cancer screening amongst Asylum Seekers and Refugees
- Targeted funding to primary care to improve cancer screening in the areas of highest deprivation in South East London
- Funding VCSE and local community groups to carry out awareness raising of cancer screening through community events and development of materials amongst their populations

# Example of SELCA Breast and Prostate Awareness Campaign

- Evidence** – higher risk of prostate cancer and later diagnosis of breast cancer in black populations
- Aim** - ensure more black men aged 45 plus get a PSA blood test to identify prostate cancer & black women aged 50 - 71 are up to date with their breast cancer screening.
- Target locations based on population** - Greenwich, Lambeth, Lewisham and Southwark
- Co-production** – focus groups to further understand barriers and enablers to access healthcare and cancer screening, co-design of actions, communications and care card.
- Impact and next steps** – current evaluation shows increases in breast screening coverage among black women and increased prostate cancer referrals for black men in period following campaign. Evaluation (with NHS referral data due Q2). National Breast Screening campaign to used local SEL assets. Won HSJ award for communications campaign of the year

Launch of campaign 13 January 2024:  
Morley's Department Store, Brixton



24

Street team in action across Lambeth



Exceeded our social reach target by 19%, compared to the 366K target and achieved the lowest cpc of 27p in comparison to the previous 3 phases

Onboarded and worked with 15 trusted voices: 4 Faith Leaders, 5 case studies and 6 HCPs who supported the campaign

Delivered 5 events at Places of Worship with over 425 people reached  
Over 30 cancer related questions asked to our spokespeople

91% of women surveyed at events were 'more likely' to attend their breast screening. Compared to 77% in phase 1 street team activity (14% uplift)

BREAST CANCER.  
ATTEND YOUR BREAST SCREENING AND GET PEACE OF MIND.

Media Relations  
16 pieces of local media coverage with a reach of 835k in South East London

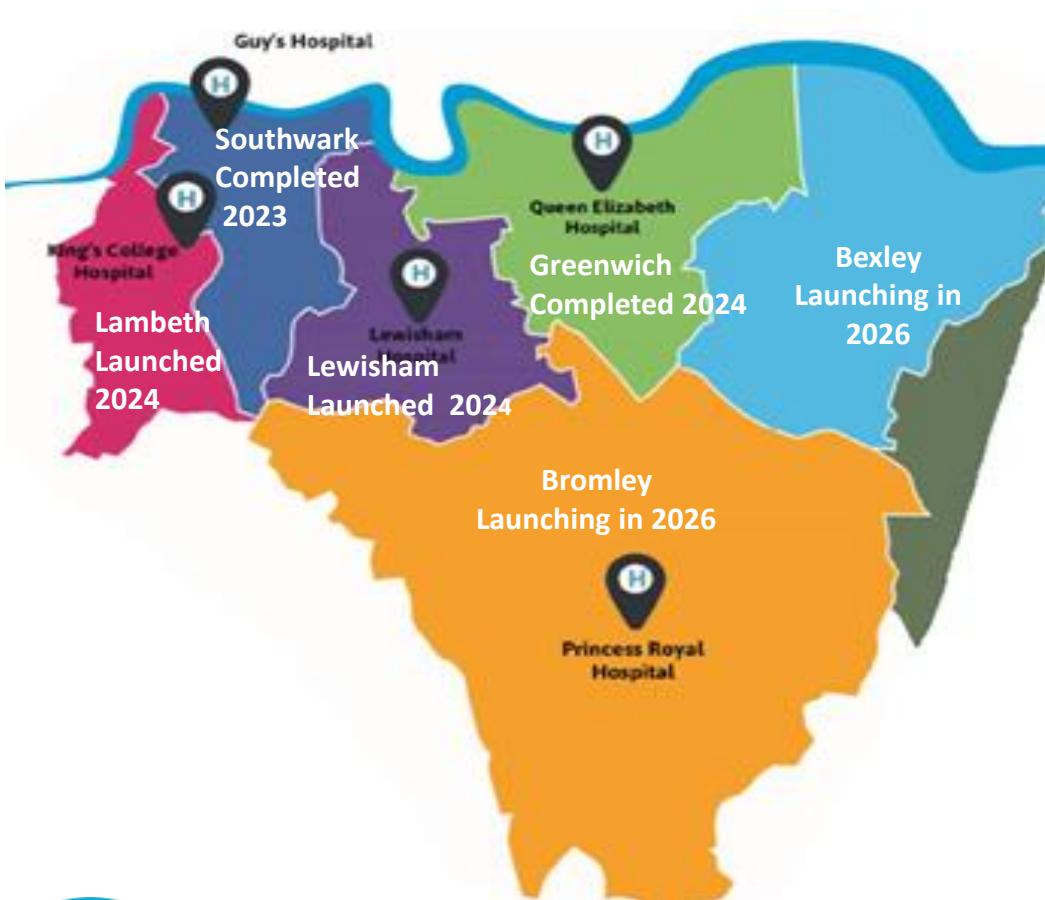
Charlene  
Patient advocate  
Lost a loved one to breast cancer Southwark

76% of men surveyed at events would be 'more likely' to contact their GP to discuss a PSA test  
Compared to 60% in Phase 1 street team activity (16% uplift)

A2 Posters in 25 Barbershops and Nail/Hair salon total reach 25K over 4 weeks

New explainer video created in collaboration with SELCA, featuring Jonathan Noel, Joe Appiah, Femi Omolade and B2BM2M. 1.5k YT views

# Lung Cancer Screening



- National funded programme to detect lung cancers at an early stage when more treatable – over **4,500 lung cancers** have been diagnosed nationally to date - **75%** of lung cancers detected through programme at Stage 1 or 2.
  - Highlighted in recent Darzi independent review for improving early detection of lung cancer.
  - Ever smokers (current or former smokers aged 55-74 years old) are eligible. Estimated **140,000 eligible population in SEL**. We know smoking is a key driver of inequalities in health outcomes in SEL.
  - Patients are invited every 2 years to the screening. Current smokers are also offered smoking cessation support.
- SEL programme (hosted by Guy's and St. Thomas' Trust) started October 2022 in **Southwark**, since rolled out in four boroughs; Greenwich, Lambeth and Lewisham, **40%** roll out of the total SEL population.
  - Rollout plan based on prioritising boroughs with highest deprivation, smoking prevalence and lung cancer mortality.
  - **107 lung cancers** diagnosed through programme so far - **75% at early stages** (plus 17 other cancers).
  - Key partners supporting delivery include SELCA, acute provider respiratory and cancer teams, ICB central and place teams, primary care, public health, local smoking cessation teams, spirometry teams.
- Originally named Targeted Lung Check Health Programme, it has now been approved by the **National Screening Committee** as the next screening programme and changed it's name in April 2025 to **Lung Cancer Screening**.



# Improving uptake to Lung Screening

SELCA awareness campaign launched in 2024 addressing barriers to lung screening, available in multiple languages. The TV ad and patient story videos, over **100,000 views** and digital reach of **over 35,000 interactions** in the first 6 months.



SELCA media and outreach campaign with community events as well as specialist days for harder to reach and vulnerable groups.

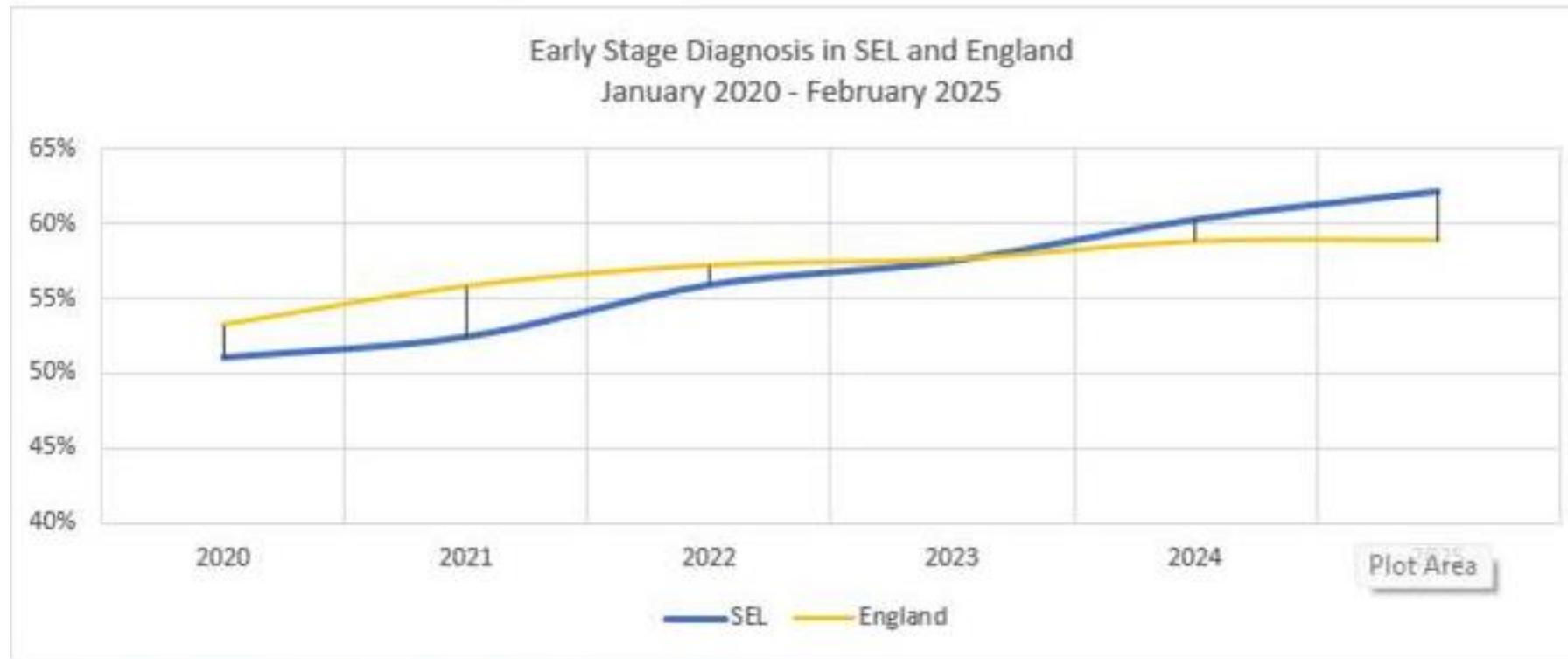


# Screening & Timely Presentation – Place/PCN Based Projects Continuing into 25/26



	PCN or Place Based?	Delivery Area	Project Title	Targeted Group	Funding year
1	Bromley - Beckenham PCN	Screening	Beckenham PCN HPV catch-up for 18-25 year olds	18-25 year old women	24/25
2	Bromley - Orpington PCN	Screening	Learning Difficulties and Serious Mental Health Illnesses for Cancer Screening.	People with LD and SMI	24/25
3	Greenwich Public Health / Healthwatch Greenwich	Screening	Together We Prevent: Youth-Led Participatory action on HPV	16-21 men and women eligible for HPV vaccination	24/25
4	Lambeth - AT medics PCN Streatham	Screening	Reducing inequality and improving cervical screening uptake and breast screening recall	Invitees for cervical and breast in area of high deprivation	24/25
5	Southwark - Gardens Surgery	Screening	Cervical Screening in the Gender non conforming population in Southwark	LGBTQIA+ population	24/25
6	Southwark	Screening	Promotion of Southwark Cervical Screening Social Media Assets	Women aged 25-45 eligible for cervical screening	24/25
7	Bromley	Screening	Bromley - Funding to support roll out of Cervical Campaign	Women and people with a cervix from 25-64	24/25
8	Greenwich	Screening	Breast screening behaviour change campaign	Women aged 50-70 eligible for breast screening	23/24
9	Southwark	Screening	Fund Southwark Public Health to include Screening and TLHC in NHS Health Checks	Men and Women aged between 40-74 in Southwark and in areas of high deprivation	23/24
10	Bromley - The Crays PCN	Timely Presentation/Screening	Co-creation and Collaboration In The Cray's Community: Catch Cancer Early	Care home residents, patients with LD and SMI	24/25
11	Greenwich - Heritage PCN	Timely Presentation/Screening	Heritage PCN Timely Presentation Project	Black and minority ethnic communities, homeless and undocumented migrants	24/25
12	Greenwich Public Health	Timely Presentation/Screening	Talk Cancer Training for Cancer Prevention Community Champions & Breast Self Exam models	Black and minority ethnic communities	24/25
13	Lambeth - Brixton & Clapham Park PCN	Timely Presentation/Screening	Patient engagement event-Cancer screening and early diagnosis awareness	Black and minority ethnic communities	24/25
14	Lambeth & Southwark	Timely Presentation/Screening	Cancer awareness and access to screening for Latin Americans in Southwark and Lambeth	Latin American Community in Southwark and Lambeth	24/25
15	Lambeth NWA	Timely Presentation/Screening	Somali Community - Your Health Matters Project	Somalian community	24/25
16	Lewisham Public Health	Timely Presentation/Screening	Lewisham Cancer Awareness; Public Engagement Resources	Lewisham general population	24/25
17	Lewisham Public Health	Timely Presentation/Screening	Fund Lewisham Council to provide funding to community groups to reduce inequalities in screening	Black African and black Caribbean communities	23/24
18	Aplos PCN - Lewisham Borough	Timely Presentation/Screening	Aplos PCN Community Engagement Project - Screening & Cancer Awareness	Black African, Black Caribbean, Asian, SMI and LD population groups	23/24
19	Southwark	Timely Presentation/Screening	Cancer Awareness Programme with Southwark Traveller Action Group (STAG)	Travelling community	24/25
20	Southwark	Timely Presentation/Screening	Fund Translated CRUK Talk Cancer workshop	Non English speakers	23/24

# Early Diagnosis Data – All Cancers

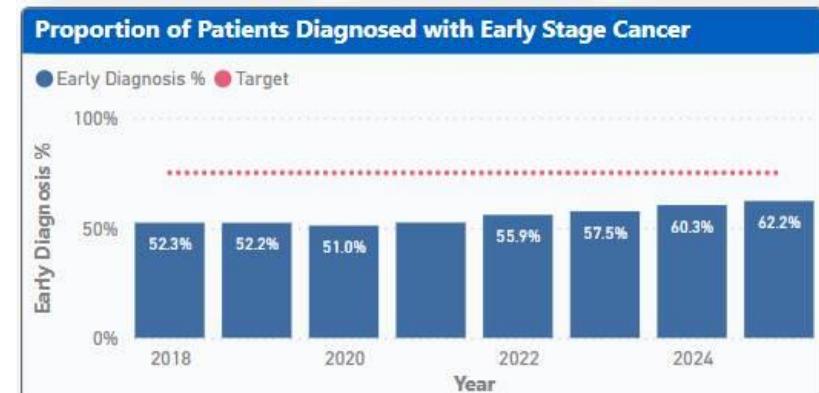


Source: <https://cancerstats.ndrs.nhs.uk/RCRD/RCRDDashboard>

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

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

\*\* Up to Feb 2025



# Southwark Public Health

## Cancer prevention

3 July 2025



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*Southwark*  
Council

# Public Health's approach in Southwark

## A key focus is tackling health inequalities

1. Targeted awareness
2. Making more of every contact with residents
3. Using Public Health interventions to tackle the causes of cancer: Tobacco case study

## Underpinned by:

- Data – to help understand and target more effectively
- Evidence of what works
- Partnership - especially working with SELCA as a funding partner and various Southwark community groups

# Targeted awareness prevention projects

## **Work with Southwark Travellers' Action Group (SELCA funded)**

- Working with the Southwark Traveller Action Group to promote cancer screening and cancer prevention and reduce inequalities in these populations who are known to experience worse health outcomes and face barriers to accessing healthcare. The project includes delivering focus groups and themed sessions as well as developing bespoke cancer materials to respond to the community members' concerns, barriers and attitudes.

## **Translated workshops (SELCA funded)**

- Nine translated cancer workshops have been delivered to different community groups who do not have a good level of spoken English in collaboration with Cancer Research UK. The workshops have been translated into Spanish, Somali, Tigrinya and Arabic. In total, 92 residents have been engaged through the sessions delivered by nurse trainers. The workshops aim to raise awareness about risk behaviours, common symptoms of cancer and screening programmes.

## **Cervical screening assets and campaign (SELCA funded)**

- Cervical screening media assets were developed in collaboration with London College of Communications. The videos were circulated on social media (Meta and X platforms) between Nov 24 - Jan 25, resulting in 795,720 views reaching 106,075 individuals. The assets aim to improve awareness of the importance of screening, increase understanding of what is involved in cervical screening and increase the number of people aged 25-29 to attend timely cervical cancer screening.

# Targeted awareness prevention projects

## Training and awareness raising – Community Health Ambassadors

- Cancer training has been provided for the Southwark Community Health Ambassadors to equip them to have conversations about cancer and screening with residents at outreach events.

## World cancer day

- World cancer day event was held in Peckham Square in February 2025. The event was run by the NHS, voluntary sector organisations and Public Health. In total, the teams had 354 engagements with the members of public. 60 health checks were delivered and 7 people were tested for Hepatitis C on site.

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## Previous SELCA funded projects

- Small grants provided to VCS organisations to improve understanding of barriers and to engage and communicate with target groups who are disproportionately impacted by inequalities in screening uptake.
- **Flashy Wings** were funded to deliver five coffee mornings, with different topics at each session, led by a Ugandan-born nurse. Each event had between 47 and 58 attendees, with over 600 additionally receiving information.
- **IRMO** were funded to develop, translate and disseminate information in Spanish and Portuguese, hold community events with health and wellbeing specialists, deliver outreach across a range of locations and provide individual support to people experiencing barriers.
- **SRCF** were funded to deliver cancer awareness workshops in various languages, to hold community events and visits to asylum seeker hotels, to distribute leaflets and to hold conversations with congregations in mosques and churches.

# Making more of every contact

## **Cancer screening questions added to the NHS Health checks (SELCA funded)**

- Questions about cancer screening and early diagnosis programmes (breast, bowel, cervical, lung and prostate) were added to the NHS Health Checks from October 2024. This aims to prevent late diagnosis of cancer through identifying 40-74-year-old people who are due to have screening and encouraging them to attend. An initial mixed method evaluation to investigate the effectiveness and acceptability of the added questions is in progress.

## **Training care home staff**

- Training care home staff and providing guidance to equip them to have conversations about cancer and screening with residents and their family members and to support with screening if appropriate.

# Working in partnership

## HPV vaccination promotion

- We work closely with the school immunisation provider to improve HPV vaccination uptake. The HPV vaccine protects against several types of cancer including cervical. It is routinely offered to Year 8 boys and girls in secondary schools during the summer term. Internal communication channels and educational initiatives are used to promote this vaccination.

## Work with the Indo-American Refugee and Migrant Organisation (SELCA funded project)

- Ongoing work with Indo-American Refugee and Migrant Organisation (IRMO) to raise awareness of cancer and screening in Latin American population, including developing translated materials in Spanish and Portuguese. This is a cross-borough initiative with Lambeth council.

# Case study: using public health services to tackle the causes of cancer

## Tobacco smoking is the largest preventable cause of cancer and death in the UK

- Cigarettes contain over 5,000 chemicals, 70 of which are known to be carcinogenic. These cause DNA damage which can lead to cancer. Smoking is known to cause at least 16 different types of cancer.
- Smoking (both active smoking and environmental tobacco smoke) causes 3 in 20 (14%) cancer cases in the UK. There were an estimated 57,200 cases of cancer caused by smoking in the UK in 2023.
- Smoking prevalence in Southwark is still high at 13.7% in 2023, with the three-year average prevalence (which is a more reliable figure) at 12.4%. This equates to roughly 34,000 adult smokers in Southwark and amounts to 570 deaths per year.
- Smoking prevalence is not even across Southwark with many groups experiencing far higher rates, mirroring the socio-economic disparities and inequalities in the borough.
- Figure 1 shows the percentage of deaths attributable to tobacco use for 13 different cancers. Most notably are the respiratory and oral cancers. Over 70% of lung and larynx cancers in Southwark are attributable to tobacco use.

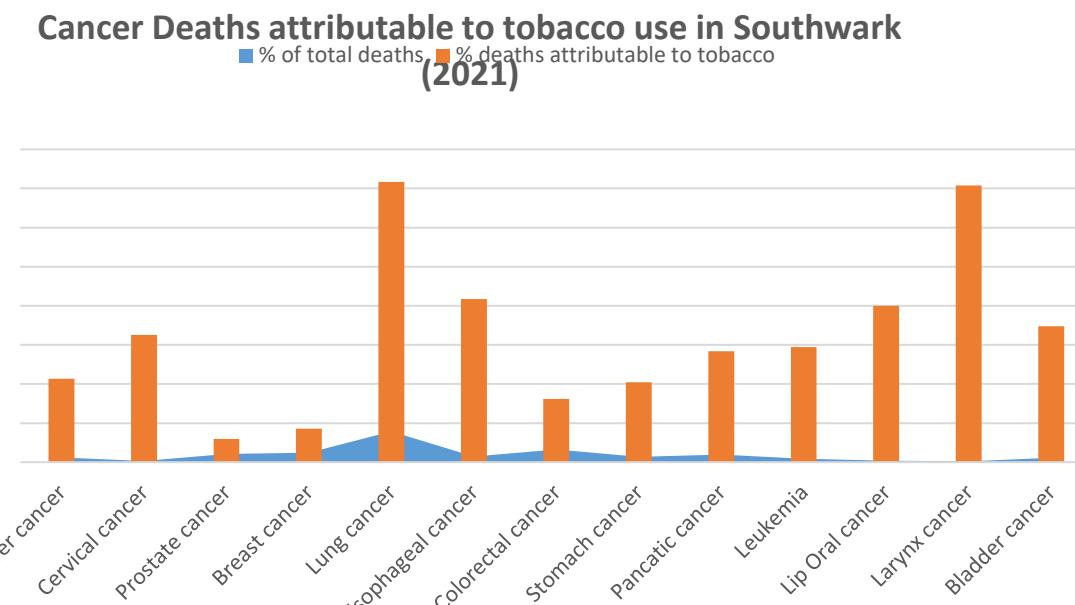


Figure 1. Percentage of deaths by disease and the percentage of these deaths that are attributable to tobacco use in Southwark in 2021. (Global Burden of Disease, Southwark)

### References:

1. Cancer Research UK Cancer Intelligence team. The fraction of cancer attributable to known risk factors in UK countries in 2023, 2013, and 2003. In preparation, 2024.
2. International Agency for Research on Cancer (IARC). Personal Habits and Indoor Combustions IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 100E. IARC: Lyon; 2012
3. GBD Compare (2019): <https://vizhub.healthdata.org/compare>
4. OHID: Fingertips Public health data. <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/401/are/E09000028/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

# Projects and outcomes

**Southwark Public Health team commission a stop smoking service for Southwark residents and invest in wider tobacco control projects to reduce smoking related diseases**

## **Tobacco Control Strategy 2024-2030**

- Southwark have recently published a Tobacco Control Strategy to provide a clear plan to reduce the harm caused by smoking in our Borough with a focus on smoking related health inequalities.
- The strategy has 3 overarching targets becoming a smokefree borough which are:
  1. To reduce adult smoking prevalence in Southwark to less than 5% by 2030
  2. To reduce the inequality gap in smoking prevalence between our priority populations and the general population
  3. To reduce uptake and prevalence of youth vaping

# Projects and outcomes

## Stop Smoking Services

- Residents can receive specialist face to face or virtual support through the stop smoking service's participating pharmacies and leisure centre clinics.
- Funding to recruit two outreach-based stop smoking advisors to engage with underserved groups who struggle to access support and have high smoking prevalence such as people experiencing homelessness, and drug and alcohol service users.
- We have commissioned Allen Carr's Easyway, a NICE approved alternative option for smoking cessation based on a one-day seminar using behaviour change techniques. This has been highly popular with over 800 seminar spaces used and over 60% of attendees quitting smoking at 4-week follow up.
- In 2024/25 1390 people set a quit date and 777 people recorded a quit with Southwark stop smoking services. This far exceeds the 2024/25 target set by OHID of 912 smokers setting a quit date. Southwark also have the highest increase in number of quits across South-East London from 2023/24 to 2024/25.

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## Lung Cancer Screening (Targeted Lung Health Checks)

- Lung Health Checks are for people aged 55 to 74 registered with a GP in Southwark who are a current or previous smoker. Lung Cancer Screening aims to pick up cancers early – before there are any symptoms. The Lung Cancer Screening programme has been in Southwark on and off since November 2022.
- In Southwark 166 people have been referred to Southwark smoking services following Lung Cancer Screening, 99 have accessed support and set a quit date with 51 achieving a quit which is a 51% success rate.

# Southwark Stop Smoking details

## Support to Stop Smoking

- The Southwark Stop Smoking Service offers free, confidential one-to-one stop smoking support which is available in-person or via the telephone service.
- People aged 18 and over who live, work or are registered to a GP in Southwark can access the service by calling directly:
  - 0333 005 0159 (Hours are Mon-Fri – 8:30 to 19:00, Sat – 10:00 to 14:00)
  - Or emailing: [eh.southwark@nhs.net](mailto:eh.southwark@nhs.net).
- The service is also offered at participating pharmacies via appointment or drop-in, at [Bonamy Pharmacy, Jamaica Road Pharmacy](#), [St George's Pharmacy](#)

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## Allen Carr's Easyway Stop Smoking Seminars

- People who live, work or are registered to a GP in Southwark can attend an Allen Carr's Easyway Stop Smoking Seminar for free, if they currently smoke and are aged 18 or over.

[Stop smoking | Southwark Council](#)

# **Nursing Care Home Delivery**

## **Scrutiny Review Report**

**Health and Social Care Scrutiny  
Commission**

**May 2025**

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## Introduction

This mini review examines the delivery of a new nursing home, and has been conducted in order to respond to plans to deliver a new nursing home on a site identified on Asylum Road in SE15.

The Commission are seeking to ensure that the executive has thoroughly considered all available options to deliver the home; including the Market-led approach, commissioning a development partner through a procurement process, Direct Delivery and exploring potential partnerships with the NHS and charitable sector.

The Asylum Road site, on council land, is a unique opportunity and it is common ground that this is a very good site for a new home, and that a new nursing care home is much needed. While currently 70% of nursing care home residents live in the borough, there are still residents who are placed out of borough and out of London, on occasions when they would prefer a local home. In addition, demand for new nursing home places is predicted to rise from 292 in 2024, to 387 in 2034.

## Decision-making history and approach

In April 2024 an Individual Cabinet Member Decision (IDM) was taken to utilise the site of Asylum Road for a nursing care home. The IDM report set out the intention to pursue a development-partner approach and said that a cabinet decision would be sought to approve a Gateway 1 Procurement report in due course. In the autumn of 2024 the Commission requested the expected cabinet report in advance to undertake pre-scrutiny of the delivery options. However, this was not forthcoming, and by the Spring of 2025 the commission was advised that instead a Market-led approach had commenced, and that Cabinet approval to proceed with the land 'sale' (a Long lease) will be sought in around September 2025.

A presentation and paper was provided to the Commission in April 2025. Here the explanation provided for this new approach was that the Sustainable Growth Division (SGD), were now taking a lead, working in partnership Adult Social Care (ASC) . The paper provided outlined how other approaches had been considered, and why they were not recommended. The SGD, with the support of ASC, outlined the advantages of inviting the market to step forward with its proposals to deliver a targeted nil-cost solution, ( e.g no capital) and why this was considered the best way of delivering a new home.

Members at the April 2025 meeting asked why a Gateway 0 report had not been pursued, as this this could have been an early opportunity to undertake a strategic assessment of options, prior to embarking on a course of action. Furthermore Southwark Council's Fairer Future Procurement Framework states that a Gateway 0 report is required for any 'make or buy' option for service contracts over the value of £10 million, in order to consider in-house delivery <sup>1</sup>.There was, however, a

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<sup>1</sup> See Southwark Council's Fairer Future Procurement Framework, April 2024, page 6 , point 15: 'As part of the "make or buy" option, full consideration of in-house service delivery is the first part of the planning process and explicit consideration of whether the works, goods or services could be provided in-house must be included when developing the procurement strategy. This consideration must be clearly set out in Gateway 0 strategic assessments for services contracts worth over £10m.'

divergence of views on if a market-led approach, formalised through a land-transaction, is a type of procurement process. Notwithstanding this, members put forward the view that undertaking a Gateway 0 report would be a valuable exercise, and bring the council back into line with the underlying intention of the Fair Future Procurement Framework, which is to ensure that in-house delivery is fully considered for substantial initiatives.

### Options considered

The paper, provided to the Commission, outlined three options considered to deliver a care home. These are summarised below along with the reasons the commission were given for adoption and rejection:

#### I. Market-led approach (adopted)

Rational: An excellent land offer (Long Lease) is envisaged to attract good offers from quality providers, such as independent family-run businesses acting at sufficient scale to have capacity to deliver. This is expected to deliver around 50 nursing care home places at reduced cost to the council. The quantum of council-funded places, and the fee-level, will be part of the bidder offer. As a guide, the council has set out, in the marketing pack, an indication of what it would expect the council-funded fee level to be<sup>2</sup>.

#### II. Development partner procurement – open market, invited or framework (rejected)

Rational: procurement is a longer and more costly process than a market-led process, and is better suited to a situation where a specific output, service, or design is required.

#### III. Direct delivery (rejected)

Rational: The Capital Monitor funding allocation of £16m for the nursing care home has been largely expended with the purchase of Tower Bridge Nursing Home and there is no further capital budget allocation. In addition, there is a risk the design would not suit the future operator, and a tie in arrangement is unfeasible.

While the commission appreciated the presentation and opportunity to understand the approach taken, the commission was not convinced that sufficient consideration had been given to all the alternative delivery options and that embarking on a Market led approach was premature, and a thorough options appraisal ought to be undertaken prior to cabinet approving a land sale, for the reasons outlined below.

### Care home history, market failure and care quality

The Commission is particularly keen to ensure that all delivery options are explored in full, given the precarious nature of care homes in Southwark, and the variable quality of provision. The borough has lost three homes over the last decade, with the relatively recent loss of Queens Oak, and further back Camberwell Green and

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<sup>2</sup> Officers provided by clarification , by email 3/06/25, in response to the draft report, on the how fees would be set and the number of council funded places established.

Burgess Park. In addition, in early 2024 the council almost lost Tower Bridge Care Home when the provider HC One decided to exit. The facility was only saved because the council was able to step in and buy the home, using the majority of the £16 million set aside to deliver a new home.

Members are acutely aware that homes closing often leads to poor outcomes for residents, and stability is important, and this is a key risk for any delivery mechanism to reduce or eliminate.

The other key concern is value for money and delivering high quality care. It is widely accepted that we have a care crisis in this country, particularly in delivering good quality, secure and affordable nursing care home places, however the causes are subject to debate. While inadequate funding because of stretched council budgets has been given as one reason, this was not substantiated by the evidence the commission heard.

Rather officers and academic reports indicated the cause could often be traced to the business model used by large providers. This frequently utilises a buy and lease back arrangement where the building asset is rented out to a care home operator. This is particularly problematic when this is associated with large levels of debt loaded onto the building, through the involvement of Private Equity, and recouped through high rents.

In addition, while it is often hard to establish the level of profit because of complex ownership models, these can range from modest to considerable. '*Plugging the Gaps in the UK Care Home Industry Report*', Centre for Health and the Public Interest (CHIP) advocates for a 'reasonable' level of profit that fairly reward companies that provide care so they can continue to operate and grow, but warns that the regulatory environment is too weak presently to prevent large leakages, in part because of complex ownership models pursued by many large operators, including offshore companies.

Many of the country's largest providers, including Southern Cross, Four Seasons, Terra Firma and HC One, utilise the sale and lease back model, backed by Private Equity, and operate using the problematic complex ownership structures outlined in the CHIP report. Several of these providers have been involved in running many of the homes in Southwark that closed or were threatened with closure (Burgess Park, Camberwell Green and Tower Bridge - see table one) because they became insolvent or chose to exit the market when profits are down. In addition, prior to their closure many of these providers had been delivering sub-standard care with 'requires improvement' ratings by CQC for several years.

### **Nursing care home quality**

Recent academic reports into the delivery of care have noted the significance of ownership in delivering better quality care, with the 'Evidencing the outsourcing of social care provision in England' report sponsored by the Nuffield Foundation /Oxford University finding that '*inspection ratings from regulators consistently show that public and third sector adult care homes and children's homes outperform those run*

*by for-profit providers*<sup>3</sup>. This mirrors the local picture with the four Southwark owned homes, formally operated by Anchor, showing consistently 'Good' CQC ratings.

### Council levers to improve care home quality

The council has commissioning leverage it can use, when purchasing places under contract, or through a procurement development partnership process. Not all care homes are under commissioning contract as an alternative approach is spot purchasing.

The council also engages with care homes to monitor and improve quality, particularly those it commissions. There are also additional services that can be brokered to improve monitoring and performance. Formerly the council commissioned the Lay Inspectors scheme, and this was focused on quality, however it is now a visiting service. In addition, Southwark Healthwatch has 'enter and view' powers, although it is not currently contracted by Southwark Council to undertake any 'enter and view' visits. The council could step up these arrangements, however, there is a cost to the council for all these services, and sustaining higher quality can be costly.

### Future proofing the building and operating quality

The commission are therefore keen to future proof the building, avoid the possibility of unplanned closures, and maximise the quality of the care home operator. The securest way of doing this to ensure the council own the asset (building). This will prevent closure. There are, however, other measures that the council has used in the past, and plan to employ going forward, that will offer a significant measure of protection from unplanned closure, or lease and buy back arrangements. This can be done by adding conditions to a Long Lease land sale and ensuring the council is not charged the 'rent' element. Officers provided assurances at the April meeting that the Market Led approach will protect against unplanned closure and provided approximately 50 rent free places for council placements<sup>4</sup>.

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<sup>3</sup> Evidencing the outsourcing of social care provision in England, Executive Summary, Key Findings, point 6, page 2.

<sup>4</sup> The Strategic Director of Children's and Adults Services said the land sale will include a care contract, which includes break clauses. Consequently, the Council will not be liable for rental charges for places reserved through the associated land deal. Instead, charges will be limited to 'hotel' services, specifically the provision of care. The care contract will also incorporate additional obligations relating to the operation of the care service. Furthermore, the Strategic Director referenced the Unit Costs of Health and Social Care publication, produced annually by the Personal Social Services Research Unit (PSSRU), which provides benchmark cost estimates for a range of health and social care services. These estimates typically include a minimum (floor) and maximum (ceiling) unit cost for each service category, such as nursing home placements, community-based services, and children's services. It was noted that the structure of the land deal is expected to reduce the per-room, per-night cost, although an additional supplement will apply to reflect the requirements of the Living Wage. This matter will be subject to further review and analysis by the Council's finance team as the process progresses.

In response to the draft report, officers provided additional clarification via email on 3 June 2025. They confirmed that both the number (quantum) of council-funded placements and the associated fee level will form part of the bidder's proposal. To guide prospective bidders, the Council has included an indicative fee level for council-funded places within the marketing pack.

While conditions on a Long Lease will ensure service continuity it will nevertheless grant the council less control over the quality of the care operator. Officers provided assurances that the future care home provider will be carefully chosen with smaller independent operators favoured, however, there can be no guarantees that companies will not change over time, in terms of ownership and quality of care. A Long Lease is likely to be granted for at least the expected lifetime of the building, which is 60 years. The council can add quality conditions via clauses to the Long Lease or via the Development Partnership approach, but these are in practice hard to enforce, unless performance is extremely poor. However, it is much easier to commission an operator for a fixed period and then decide to renew or end a contract and reprocure if the service is inadequate, when the building is owned by the council.

### **Direct delivery**

The commission heard that it is challenging for the council to deliver the building of a new nursing care home for two reasons; firstly the majority of the £16 million capital set aside for the new home was spent on unexpectedly stepping in to buy Tower Bridge Care Home, and in addition the council priority for the Capital Monitor budget is housing. A new home could cost between £25-30 million.

The other reason given was that building a new home would be better done in partnership with the care provider, however this is unfeasible over the long timeframe required to bring forward a home.

The Commission was unconvinced that undertaking the delivery of a new building was beyond the capacity of the council, or that a partnership with a provider is required. The council undertake in-house design and delivery of schools and this is analogous. The in-house department, Southwark Construction, also oversees the building of extra care housing for the Council, a task which it took over from the Sustainable Growth Team. Moreover many of our existing care homes were designed and delivered by the council decades ago to a high standard, with generous space standards. Existing council owned care homes have been operated by successive operators with no apparent problems.

Other councils have embarked on building new care homes:

- In 2018 Enfield opened a new home operated by Independence and Well Being Enfield, which is a [wholly owned Council company](#)
- [Flintshire County Council](#) has provided the capital for a new care home with the care being provided by the NHS and social services teams:

### **Capital and revenue**

While the commission understands the challenge of raising capital for a cash strapped council to build our own home, members were of the view that all avenues to access capital had not been fully explored to fully consider Direct delivery, including the Community Infrastructure Levy (CIL) or Section 106 agreements to levy money from large developments in the pipeline, such as Old Kent Road. Members noted that while schools are considered critical infrastructure that the

council will take responsibility for delivering, using planning gain and other capital resources, the same approach is not adopted for nursing care homes, despite this being a similarly vulnerable demographic. In addition, use of a loan did not seem to have been fully appraised.

Members acknowledged that a Market-led approach will alleviate the immediate capital burden on the council, however the Commission was concerned that it may potentially place a higher burden on the council's revenue budget over time for places it is required to fund, and place a greater strain on resident budgets, thus exhausting them faster. This is because commercial operators in privately owned building generally charge more than operators in council owned buildings. While money is tight, the council's revenue budget is under much more pressure than the capital budget, as the council is land and asset rich, but cash poor. The Commission would therefore like to see more financial evaluation of the impact of various models on the revenue budget, including potentially incurring higher costs to monitor and sustain good quality, as well as exploration of how planning gain through CIL and Section 106 could potentially be utilised.

The Commission was also unsure if a market led approach would deliver the right type of homes given previously officers have advised that the borough has fewer self-funders than many outer boroughs. A council delivered nursing care home may therefore be more aligned with local need and resources.

### **Partnership approach**

Given the evidence that the public sector and third sector deliver better outcomes the Commission would like to see a more thorough exploration of possible partnerships with the NHS and charitable institutions. Although the local NHS have indicated that it would not be viable to staff a nursing care home the commission would still like other possibilities to be explored including capital partnerships, given the nursing component of care is an NHS responsibility. Southwark is also well served by excellent charities working with the community and older people and there may be partnership opportunities here left unexplored.

### **Summary**

The Commission is not advocating a particular course of action, rather it is urging Cabinet to undertake a more thorough evaluation of all the options before committing to a land sale via a market-led approach. As such the commission recommend a Gateway 0 report is undertaken prior to any cabinet decision being taken.

The Commission's view is that following the Gateway 0 process would ensure that direct delivery can be fully considered and appraised, additional sources of potential capital explored, alongside a more thorough assessment of other partnerships and the impact on the revenue account of different models.

## Recommendation

A Gateway 0 options appraisal report is produced for cabinet to ensure a more thorough process is followed, and that all the delivery options are fully considered.

This ought to include consideration of the below:

- Direct Delivery – investigate and consider all possible sources of capital (Community Infrastructure Levy, Section 106 etc) plus a loan. The commission would encourage the cabinet to adopt a similar principle towards infrastructure provision for older people in the same way we deliver schools, libraries and leisure centres. In addition the commission would urge that cabinet consider low interest loan opportunities from the Public Works Loan Board.
- An appraisal of the impact of each delivery model on the revenue account.
- A partnership with the NHS.
- A partnership with a charitable association.

**Table One: Care Homes Ownership and Operation Models**

Model	Land	Building Ownership	Care Operator	Example	Fate
A (historic)		Private Equity	Private Equity	Burgess Park Camberwell Green Tower Bridge	Closed Closed Building acquired by council
B (Historic)		Company	Company	Queens Oak	Closed
C (Historic)	Council freehold	Council	Housing Association	Bluegrove Greenhive Rose Court Waterside	Continue with changed operator
D	Council freehold	Council	Company	Bluegrove Greenhive Rose Court Waterside Tower Bridge	Operational
E	Council freehold with long lease	Company	Company	Camberwell Lodge	Operational
F		Charity	Charity	The Elms	Operational

Types of owners	Key
Private Equity controlled enterprise : Terra Firma / Four Seasons/ HC One	Red
Company - Independent Family run business: County Court care Home / Agincare / Excelcare	Yellow
Housing Association / not for profit : Anchor	Blue
Charity : Mission Care	Green
Local Authority : Southwark Council	Yellow

## Table Two: Delivery models – an overview of some advantages and disadvantages

<b>Market-led approach</b>	
<p>In this favoured approach, the council would invite the market to put forward proposals for a new nursing care home, which will be formalised through a land transaction. Modelling predicts that the council can expect around 50 places of a 100 bed home to be delivered rent free, with the council paying for care costs only.</p>	
Advantages	Disadvantages
Minimal capital and revenue investment to bring the home forward.	The council has reduced leverage to ensure the building and operator practices align with the council's values.
A good land offer is envisaged to attract good offers from quality providers, such as independent family-run business acting at sufficient scale to have capacity to deliver.	Only a for-profit operator is likely to have the capacity to deliver. Commercial delivery of care homes is associated with poorer quality care. Business owners change over time and this cannot be controlled – a family business may sell out or be acquired by larger operators, including Private Equity controlled enterprises, where there is likely to be more profit leakage.
Expected to deliver approximately 50 nursing care home place at reduced cost to the council.	It is expected that around 50 places are envisaged to be set aside for the council rent free, this leaves a shortfall as over 100 are required (although some local self-funders will be able to access the remainder).
The land transaction deal de-risks the opportunity for the developer to sell on the asset. The council cannot be charged rent on the places it negotiates, only care costs, with reference to national standards.	A land transaction deal, based on a sale of a lease, limits contractual safeguards. While an operator is 'preferred', it is possible a developer will come forward who will sub-contract the care home operation to another provider.
Stakeholders can be involved in assessing the offers that come forward.	The business model may be over reliant on self-funders, unsustainable and less aligned with local need.
Minimal capital and revenue investment to bring the home forward.	Stakeholder involvement is envisaged, but no resident involvement.

Minimal capital and revenue investment to bring the home forward.	More pressure on the revenue account as places will likely be higher cost than via direct delivery of a council owned building.
<b>Development partner through a procurement process</b>	
In this approach the council sets out what it wants through a procurement process. These requirements are then put to the market, and assessed according to criteria.	
Advantages	Disadvantages
The council is able to set out clear criteria, standards and contractual obligations for the partner to adhere to.	Procurement is an expensive process
No capital required, although a capital injection could increase places.	Obligations and break clauses on a long lease are onerous to enforce and in practice a building is likely to remain in the hands of the original providers unless performance is extremely poor.
Expected to deliver 50 places out of 100.	50 places rent free will not meet demand for nursing places, although self-funders may access some of the remaining places.
Likely to attract a good quality provider	The contractor is likely to be for profit and associated with lower quality provision than third sector.
Significantly de-risks the opportunity for a development partner to sell on the asset or care operation through an enforceable contract.	The business model may be over reliant on self-funders, unsustainable and less aligned with local need.
Previous procurement has involved stakeholders and resident' representatives, because it is a longer process.	Over the longer term the building may depreciate over time as the lease nears expiry of the lifetime of the building.
<b>Direct Delivery:</b>	
<b>Here the council would fund the building of a nursing care home using its own capital and undertake the design in-house or with input from an architect or an operator. The care home operation could then be delivered in-house by the council or through commissioning an operator.</b>	
Advantages	Disadvantages
Ownership of the building offers the highest level of security. Even if a care home operator departs the home	Capital is required, which is under pressure. The majority of the previous Capital Monitor capital allocation has been spent. The priority for capital

<p>remains and a new care home operator can be re-commissioned. It is possible that other sources of capital may come onstream, from the Community Infrastructure Levy, or Section 106 could be utilised.</p>	<p>is housing. A loan would put a liability on the council's account.</p>
<p>There will be long-term protection of the asset quality - the council has an incentive to build well.</p>	<p>The council has no experience of designing care homes.</p>
<p>The council is able to commission high quality providers (or deliver in-house) according to its values and standard, including third sector and family providers, and easily exit from poor performance.</p>	
<p>100 places will be produced, reducing impact on overstretched revenue budget, and potentially resident savings.</p>	
<p>The council has design experience for schools, inputted into the design of Extra Care housing and is developing children's care home direct delivery expertise. The four council owned homes delivered 20 years ago are of an excellent, spacious standard. In addition there is architectural design expertise that the council has the capacity to commission. Other councils have more recently directly designed and delivered homes.</p>	

Over the longer term there may be reduced quality assurance burden.	
The places provided are likely to be lower cost and better aligned to demand.	
<b>Partnership with the NHS and / or a Charitable Association</b>	
In this model the NHS would take on responsibility for the some of the delivery of the nursing care home; recognising that nursing care is an NHS responsibility. Other councils have partnered with Housing Associations.	
<b>Advantages</b>	<b>Disadvantages</b>
The NHS or third sector charitable association involvement could offset capital or revenue costs.	The local NHS has indicated that recruitment is a barrier to delivering nursing care.
The asset is likely to be more secure over the longer term.	
Third sector involvement is associated with better care.	

## Contributors to the review and research

### Officers

- David Quirke-Thornton, Strategic Director, Children's & Adults Services
- Pauline O'Hare, Director of Adult Social Care
- Genette Laws, Director of Commissioning
- Catherine Brownell, Head of Sustainable Growth North, Planning and Growth

### Cabinet member

Councillor Evelyn Akoto, Cabinet Member for Health and Wellbeing

### Publications

- Evidencing the outsourcing of social care provision in England. Anders Bach-Mortensen, Benjamin Goodair, Michelle Degli Esposti, Christine Corlet Walker, Jane Barlow. Nuffield Foundation/ Department of Social Policy and Intervention, University of Oxford, October 2024.
- Plugging the leaks in the UK care home industry: strategies for resolving the financial crisis in the residential and nursing care home sector. Vivek Kotecha, Centre for Health and the Public Interest (CHPI), November 2019.

## Acknowledgements and thanks

Health and Social Care Scrutiny Commission 2024/25 members:

- Councillor Suzanne Abachor (Chair)
- Councillor Maria Linforth-Hall (Vice-Chair)
- Councillor Nick Johnson
- Councillor Esme Dobson
- Councillor Charlie Smith
- Councillor Jason Ochere
- Councillor Sandra Rhule

Julie Timbrell, scrutiny Project Manager and report author.

# Agenda Item 9

<b>Item No.</b> 9	<b>Classification:</b> Open	<b>Date:</b> 2 July 2025	<b>Meeting Name:</b> Health & Social Care Scrutiny Commission
<b>Report title:</b>		Health & Social Care Scrutiny Commission Work Programme 2024 - 25	
<b>Ward(s) or groups affected:</b>		N/a	
<b>From:</b>		Julie Timbrell, Project Manager, scrutiny.	

## RECOMMENDATIONS

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

## BACKGROUND INFORMATION

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

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

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

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

4. The work programme document lists those items which have been or are to be considered in line with the commission's terms of reference.

## **KEY ISSUES FOR CONSIDERATION**

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

## BACKGROUND DOCUMENTS

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

## APPENDICES

No.	Title
Appendix 1	Work Plan 2025-26
Appendix A	Review: Adult Safeguarding – how can this be implemented to better protect vulnerable adults, carers and paid staff?

## AUDIT TRAIL

<b>Lead Officer</b>	Everton Roberts, Head of Scrutiny	
<b>Report Author</b>	Julie Timbrell, Project Manager, Scrutiny.	
<b>Version</b>	Final	
<b>Dated</b>	24 June 2025	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Scrutiny Team</b>	24 June 2025	

## **Health and Social Care Scrutiny Commission 2025/26**

### **Reviews**

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

### **Topics**

Damp and mould (continue 2024/25)

### **Follow up and new items 2025/26**

- Pain management clinic – with reference to good practice community model in Lambeth
- Blue Badge – update on progress following an item last administrative year
- Care Nursing Care Home model delivery ( mini review) cabinet response and tracking delivery ( including looking at Nursing Home Space standards)
- FGM update on work with adult survivors
- Children's respite care and cost impact of the ending the provision at Orient Street
- GP appointments
- Improving access to toilets – update on review
- TFL :a) explore an earlier bus pass starting time ( see if older peoples organisations and groups such as Age UK / National Pensioners Convention / Southwark Pensioners Centre/ SPAG have a view or ongoing campaigns )  
b) driver behaviour ( eg allowing people to sit down and embark safely) .

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### **Standing items**

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

**Interview Cabinet member/s :** Cabinet Member for Health and Well-being

<b>Health and Social Care Scrutiny Commission</b>		
	<b>Date</b>	
1	Wednesday 2 July	<ul style="list-style-type: none"> <li>• Children's respite care and cost impact of the ending the provision at Orient Street.</li> <li>• Cancer prevention</li> <li>• Safeguarding review – recap</li> <li>• Nursing care home delivery scrutiny review report</li> <li>• Workplan</li> </ul>
2	Monday 13 October	<ul style="list-style-type: none"> <li>• Blue Badge – update on progress following an item last administrative year</li> <li>• Headline / final report on cancer prevention and early diagnosis</li> <li>• Safeguarding review – Hoarding officer report</li> <li>• Nursing care home delivery – cabinet response</li> </ul>
3	Monday 1 December	
4	Tuesday 27 January	
5	Monday 2 March	



## Health & Social Care Scrutiny Commission

**MUNICIPAL YEAR 2025-26**

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

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Councillor Joseph Vambe			
Councillor Sam Foster			
Councillor Dora Dixon Fyle			
Non Voting Co-opted places			
		<b>Total: 12</b>	
		<b>Dated: June 2025</b>	