HEALTH, ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMISSION

MINUTES of the Health, Adult Social Care and Community Safety Scrutiny Commission held on Thursday 23 July 2026 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT:
Councillor Dean Peters (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Sam Dalton
Councillor Esmé Dobson
Councillor Natasha Ennin
Councillor Pascale Mitchell
Councillor Lina Usma

OTHER MEMBERS PRESENT:

OFFICER & PARTNER SUPPORT:
Darren Summers, Strategic Director Integrated Health and Care/Southwark Place Executive Lead
Ruman Kallar, Research and Projects Officer, Healthwatch Southwark
Anthony Lewis, Interim Director of Community Safety and Integrated Enforcement
Julie Timbrell, Project Manager

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 were noted.

5. HEALTH SCRUTINY

Julie Timbrell, the scrutiny Project Manager, summarised the paper circulated with the agenda, covering Health scrutiny's role, requirements, and best
Practice. This outlined the statutory basis for health scrutiny, including the ability to request information, require attendance of NHS representatives, and make recommendations. The importance of early engagement with NHS partners and stakeholders, evidence-based scrutiny, and community engagement was highlighted.

6. PARTNERSHIP SOUTHWARK

Darren Summers, Strategic Director for Integrated Health and Care/ Southwark Place Executive Lead, provided a presentation setting out local health provision and priorities.

This covered the following points:

- **Partnership Southwark:** was established in its current form in 2022, bringing together representatives from the council, public health, children and adults' services, the Integrated Care Board, NHS trusts, GPs, the voluntary sector, Healthwatch, and care providers. The partnership aims to agree shared priorities and oversee their delivery, focusing on integration across the health and care system.
- **Recent Meeting and Governance:** The partnership meets every two months, with the latest meeting chaired by Councillor Chamberlain and Dr Nancy Kuchemann. Key agenda items included integrated neighbourhood health and care teams. Partnership Southwark operates as a subcommittee of the South East London Integrated Care Board.
- **Financial Challenges and ICB Reform:** The Strategic

Director highlighted that the Integrated Care Board is undergoing a 35% reduction in running costs, part of a national target, and faces an underlying deficit of over £100 million. Funding convergence is reducing budget allocation, creating significant financial pressures similar to those faced by local authorities.

- **Strategic Priorities:** The partnership has agreed five priorities: mental health (children, young people, and adults), primary care access (especially GP access), prevention and health inequalities, services for the elderly, and developing neighbourhood health and care services. These priorities were set in September 2024 and align with national NHS policy directions.

- **Neighbourhood Health and Care Services:** Significant progress has been made in developing neighbourhood health teams, now aligned with council neighbourhoods. These teams focus on children with complex needs, people with multiple long-term conditions, and frail elderly populations, with plans to expand to serious mental illness and preventative services, including piloting financial shield workers.

- **Physical Premises and Shared Spaces:** Some health centres, such as Tessa Jowell Health Centre, are being repurposed to allow shared use by multiple organisations, moving away from siloed operations. New health centres are planned in Canada Water, Falkland Street, Southwark Park Road, and Elephant and Castle, with regeneration funding supporting these developments.

- **Service Expansion and Pilots:** Neighbourhood teams are piloting the inclusion of financial shield workers to address wider determinants of health, such as financial insecurity, which impacts both mental and physical health. The teams plan to expand their focus to serious mental illness and preventative care.

- **Outcomes and Metrics:** While system-level outcomes are not yet available due to the recent launch of the teams, metrics being tracked include emergency department attendances, hospital admissions, and care home placements. Early case studies are being collected to assess impact.

The chair invited questions and the following points were made:

- **Workforce Shortages and Causes** The Strategic Director clarified that workforce shortages are primarily due to pay not keeping pace with inflation, increased job pressures, and insufficient staff numbers, rather than direct impacts from Brexit or immigration reforms. There is concern about the supply of key professionals, such as speech and language therapists and midwives.

- **Financial Pressures and Service Delivery:** The Integrated Care Board is implementing significant cost reductions, which may lead to stopping or reducing some activities. While efforts are made to avoid negative impacts on patient outcomes, the scale of the challenge means some services may be affected.

- **Joint Commissioning and Efficiency:** Opportunities exist for joint commissioning between the council and the ICB, allowing for more efficient service delivery and reducing duplication of contracts with providers.

- **Health Inequalities:** Members highlighted the biases towards men in developing prescriptions and treatments , rather than women. The Strategic Director said that the partnership recognises significant inequalities in health outcomes related to deprivation, sex, gender, race, and sexual orientation. Efforts are underway to address these through targeted outreach and service improvements.

- **Variation in Service Quality:** There are acknowledged variations in service quality across different providers and services, with some rated as outstanding and others requiring improvement. Regular reporting and follow-up with providers such as Kings and SLAM are planned.

- **Language and Accessibility:** Translation and interpreting services are commissioned for primary care and other health services, with a wide range of languages covered. However, gaps remain, particularly for certain communities, and feedback from residents is used to identify and address these issues.

- **Mental Health Services and Waiting Times:** The commission discussed long waiting times for mental health services, funding challenges, and the effectiveness of partnership working, with the Strategic Director providing updates on investments and ongoing pressures.

- **Investment and Demand:** Despite increased investment in children and young people's mental health services, demand

has risen sharply, particularly since the pandemic, leading to continued long waiting times.

- **Service Redesign and Outcomes:** Efforts are being made to redesign care pathways and reduce very long waits, with some success in reducing waits over a year. However, overall waiting times remain longer than desired.
- **Partnership Working and Funding Responsibilities:** There are ongoing discussions between the council and the ICB about funding responsibilities for services like the NEST, aiming to avoid cost-shifting and promote joint decision-making.

RESOLVED

An update will be provided on the neighbourhood health case studies, with a report back on the outcomes of the pilots, including when adult mental health will be included

7. HEALTHWATCH

Ruman Kallar, Research and Projects Officer, Healthwatch Southwark, presented the following reports circulated with the agenda :

Annual Report 2025–26

Healthwatch Southwark engaged over 7,000 residents, collected feedback from over 300 people, and provided signposting and advocacy support. Research focused on health inequalities, including work with Latin American communities, disabled and autistic adults, and Black African and Caribbean men.

Housing, health and hope: Experiences of living in and moving on from asylum accommodation report

The report examined the experiences of refugees and asylum seekers moving on from Home Office accommodation, highlighting poor conditions, lack of information, and significant health impacts, especially for single adults and disabled individuals.

Findings included poor food quality, overcrowding, lack of privacy, and barriers to securing housing. Recommendations were made to improve conditions, provide early information, prevent homelessness, and enhance coordination between services. The

council has begun implementing some recommendations, such as a singles housing needs pathway**.**

Healthwatch requested the commission's support in holding the council and partners accountable for implementing recommendations, suggesting six- and twelve-month follow-ups.

The chair invited questions and the following points were made:

- The commission discussed the potential impact of Healthwatch's decommissioning and the loss of statutory powers, particularly powers to Enter and View care homes. Healthwatch said that once the Healthwatch ends there is no similar set up in place and rather the functions move to the Integrated Care System to commission.

- There was a discussion with the Research and Projects Officer on the refugee rent deposit scheme to ensure its effectiveness and address issues with landlord confidence and timely payments by the council.

- Members commended the Housing, health and hope report and its accuracy.

RESOLVED

Healthwatch will come back to the commission on the ability of the council to commission a service to conduct Enter and Views, after Healthwatch is abolished.

8. CRIME AND DISORDER SCRUTINY

Anthony Lewis, Director for Community Safety and Integrated Enforcement, provided a briefing on the statutory roles, powers, and best practices for community safety scrutiny.

The Director explained the statutory framework for community safety partnerships and the role of the ‘Crime and Disorder Committee‘ scrutiny commission in holding the partnership to account. The focus is on strategic, multi-agency collaboration rather than individual cases.

The chair invited questions and the following points were made:

- The November meeting will be dedicated to scrutinising the Crime and Disorder Partnership, with key partners in attendance including the Police Borough Commander.
- Members requested access to previous community safety partnership documents and suggested these were published going forward to improve transparency.

9. ASYLUM ROAD CARE HOME DELIVERY UPDATE

The report was noted.

10. WORK PROGRAMME

Members discussed the work programme and noted this was to be agreed by OSC in October.