

## Partnership Southwark Strategic Board

### Agenda

Thursday 7 July 2022 13:00 – 14:15 Part 1

Venue: Microsoft Teams

Chair: Cllr Evelyn Akoto and Dr Nancy Küchemann

Time	Item	Lead
13:00 – 13:05	<p><b>Welcome and Introductions</b></p> <p><b>Apologies</b></p> <p><b>Declaration of Interests</b></p>	<p><b>Chairs:</b> Cllr Evelyn Akoto and Dr Nancy Küchemann</p> <p><b>Encl No.1</b> <b>Declarations of Interest</b></p>
13:05 – 13:40	<p><b>Introduction to Partnership Southwark</b></p> <ul style="list-style-type: none"> <li>• Who we are and what are we here for</li> <li>• Working arrangements within ICS</li> <li>• Wider Integrated Care System</li> <li>• Spotlight Community Story</li> <li>• Agree Terms of Reference</li> </ul>	<p>Cllr Evelyn Akoto Dr Nancy Küchemann James Lowell Andrew Bland Zoe Scott</p> <p><b>Encl No.2</b> <b>Strategic Board member pen pictures</b></p> <p><b>Encl No.3</b> <b>ICS outline</b></p> <p><b>Encl No.4</b> <b>Local Care Partnership Terms of Reference (TOR)</b></p>
13:40- 14:00	<p><b>Place Executive Report</b></p> <ul style="list-style-type: none"> <li>• Updates on key highlights and developments in the borough</li> </ul>	<p>James Lowell Martin Wilkinson</p> <p><b>Encl No.5</b> <b>Place Executive Report</b></p>
14:00 – 14:10	<b>Public Questions</b>	Chairs Julian Walker
14:10 – 14:15	<b>AOB</b>	All
14:15	<b>Close Meeting</b>	Chairs

Next public meeting date: **1 September 2022 13:00 (TBC)**



## Declaration of Interests

**Name of the meeting: Partnership Southwark Strategic Board**

**Meeting Date: 07/07/2022**

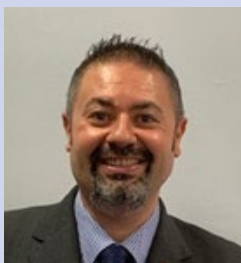
Name	Position Held	Declaration of Interest
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director Community Southwark	No interests to declare
Annie Norton	Programme Director Partnership Southwark	No interests to declare
Caroline Bruce	Strategic Director, Environment & Leisure	No interests to declare
Cllr Evelyn Akoto	Partnership Southwark Co-Chair / Cabinet Member for Health & Wellbeing	No interests to declare
David Quirke-Thornton	Strategic Director of Children's and Adults Services	No interests to declare
James Lowell	Place Executive Director	1. Chief Operating Officer for South London and Maudsley NHS Foundation Trust
Julie Lowe	Site Chief Exec for Denmark Hill	No interests to declare
Gavin McColl	PCN Clinical Director, South Southwark	<ol style="list-style-type: none"> <li>GP Partner Hurley Group: Holds a number of primary care contracts including urgent care contracts. Also runs the National Practitioner Health Service. As a partner of HG has a share allocation of Econsult Ltd</li> <li>Trustee of Doctors in Distress: Works to prevent suicide of healthcare professionals</li> <li>Trustee 'On Call Africa' Medical charity that works to address rural healthcare in Southern Zambia</li> </ol>
Kishor Vasant	GP, Co-chair, LMC	No interests to declare
Martin Wilkinson	Place Based Director Lewisham & Southwark	No interests to declare



Nancy Küchemann	Co-Chair Partnership Southwark	<ol style="list-style-type: none"> <li>1. Practice also works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, some of which is funded through the local enhanced service scheme.</li> <li>2. Villa Street Medical Centre is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network.</li> <li>3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee.</li> <li>4. Husband is Labour Councillor in Village ward (south Southwark).</li> <li>5. Villa Street is currently providing clinical sessions to support triage and care of residents at the local bridging hotels for Afganistani refugees. Payment is via direct invoice to CCG for the sessions</li> <li>6. Indirect Interest Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich.</li> </ol>
Nigel Smith	Director, IHL	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	<ol style="list-style-type: none"> <li>1. GP Partner Nexus Health Group Director Quay Health Solutions Director PCN, North Southwark</li> </ol>
Rebecca Dallmeyer	Director, QHS	<ol style="list-style-type: none"> <li>1. Executive director of QHS CIC GP federation that has bud for and been succession delivering 4 contracts awarded by Southwark CCG. These are the extended Primary Care Hub, population health management services, the GP Care home practice and New Mill Street surgery</li> </ol>
Rod Booth	Director of Contracts, Performance and Operational Assurance	No interests to declare
Sabera Ebrahim	Deputy Chief Finance Officer	No interests to declare
Sangeeta Leahy	Director Public Health	No interests to declare
Sarah Austin	Chief Executive Integrated & Specialist Medicine	No interests to declare
Shamsur Choudhury	Manager, Healthwatch	No interests to declare

# PARTNERSHIP SOUTHWARK

## WHO WE ARE



**James Lowell**  
Place Executive Director

James Lowell will join the ICB as a Board member and will provide the lead executive role for Southwark. James will perform the role alongside his current post as Chief Operating Officer at South London and Maudsley NHS FT (SLAM) and will work alongside and be supported by Martin Wilkinson as Chief Operating Officer in Southwark. He is an experienced systems leader with over 24 years experience working in several health and systems partnership roles. James grew up and attended school in South East London. In 1996, after leaving school, he joined Guys' and St Thomas' NHS Foundation Trust (GSTT) initially as a Porter and then as a Healthcare Scientist apprentice in Anatomical Pathology. He continued to work for GSTT for the next 20 years in progressive leadership roles.



**Martin Wilkinson**  
Chief Operating Officer

I'm delighted to be joining Partnership Southwark full-time after working for South East London Clinical Commissioning Group in Lewisham for many years and more recently in Southwark. I have always worked in partnership building strong collaborations and helping to join up care. I'm excited to continue that through Partnership Southwark, working with our local communities, to help improve access, equity, and experience of services and support for local people.



**Dr Nancy Küchemann**  
Partnership Southwark Co-Chair & Joint Chair of Clinical Care & Professional Leads

Dr Nancy Küchemann has been a GP Principle at a thriving Southwark practice for over 16 years and in May she moved from being one of the Southwark Governing Body members for NHS South East London CCG to Co-Chair of Partnership Southwark. Her insights as an inner-city GP have helped develop her interest and expertise in the care of people with mental health conditions and substance misuse as well as the value of personalised and integrated care for all patients at a neighbourhood level. As a clinical commissioner she has been able to advocate for this group at borough and region and contributed to strategy development, quality improvement and transformation programmes and gained capability in population health management. Coming together as Partnership Southwark creates the capability, opportunity and motivation to achieve better outcomes for Southwark residents and she is looking forward to facilitating this in her new roles.



**Cllr Evelyn Akoto**  
Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing

Cllr Akoto leads the council's work to improve the health and wellbeing of our residents. This includes our work on COVID-19, public health, adult social care and our partnership with the NHS. She also leads the council's work to ensure older people and people with disabilities are fully included in the life of our borough – "I am looking forward to working with partners to drive forward a truly joint up approach and reduce health inequalities in our borough".



**Annie Norton**  
Programme Director  
Partnership Southwark  
(non voting)

I have worked across the private and public sectors for 30 years in many different roles and remain passionate about making a difference to local people's lives. I am very keen that the member organisations of Partnership Southwark and Partnership Southwark's Strategic Board work together to reduce inequalities and improve outcomes for those most disadvantaged across the Borough of Southwark. I am equally keen that we do this by really listening to what local people are saying about what they need from us, using relevant data as appropriate and working hand-in-hand with residents to re-design the way that we do things to meet these needs.



**Julie Lowe**  
Site Chief Executive for  
Denmark Hill, KCH

Julie is an Executive Director at King's College Hospital NHS Foundation Trust with particular responsibility for the Denmark Hill campus. Julie previously worked for the STP/ ICS in South East London and is very keen to strengthen and develop partnership working between King's and Southwark. Denmark Hill is many Southwark residents' local hospital and we also employ several thousand Southwark residents. We want to work together to ensure that we contribute fully to the local community.



**Sarah Austin**  
Chief Executive  
Integrated & Specialist  
Medicine, GSTT

Sarah Austin is the Clinical Group Chief Executive responsible for one of four groups in GSTT. With 8000 staff and over £500,000 income, the Integrated and Specialist Medicine Group includes acute and general medicine-clinical imaging and medical physics- dental- integrated local services- medical specialities- pharmacy and medicines optimisation - specialist ambulatory services-therapies and rehabilitation. The Group has a particular interest and role in addressing population health inequality. Sarah has worked in the NHS for 44 years both in clinical, teaching and managerial roles and in partnership roles for 20 years or more delivering services across traditional organisational boundaries creating joined up care for communities. Her previous role in Solent NHS Trust was as Chief Operating Officer and Commercial Director focusing on community and mental health services and improving integration with social and primary care. Sarah also holds executive leadership in GSTT for Armed Forces and Health inequalities.



**Rod Booth**  
Director of Contracts,  
Performance and  
Operational Assurance

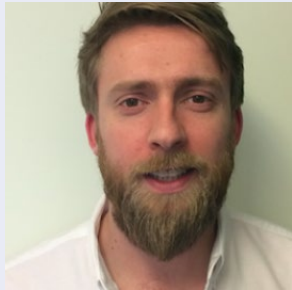
With over 20 years experience working across Local Authority, Charity and NHS sectors, I am looking forward to shared planning with colleagues, service users and carers to use all our resources in further improving support and care in Southwark.



**Dr Olufemi Osonuga**  
GP, PCN Clinical Director,  
North Southwark

Olufemi has been practicing as a GP in Southwark for the last 20 years. He was appointed as a QHS Director for a four-year term in April 2016. He was elected as Chair in September 2017.

A lot of changes have occurred in primary care in that time, and with many more changes coming our way, Olufemi believes we need to work with our patients and other stake holders in ensuring that we continue to develop good quality services in the community.



**Dr Gavin McColl**  
GP, PCN Clinical Director,  
South Southwark

Gavin is a lead GP with the Hurley Group and a Clinical Director of south Southwark Primary Care Network and is a trustee of 'DiD' a charity that supports healthcare workers and prevents suicide within the profession. He helped establish the 'Primary Care Gambling Service' and is passionate about transforming the patient journey through health services in order to better address the complexity now seen in modern primary care. In 2010 he established the charity 'On Call Africa' with three colleagues and has developed a replicable model that addresses remote health care delivery in Zambia. Outside work Gavin enjoys outdoors pursuits and sports including cycling, hill climbing, kayaking, tennis and football. He plays acoustic guitar to help him relax.



**Sangeeta Leahy**  
Director of Public Health,  
Southwark Council

As the Director of Public Health for Southwark I'm delighted that the PSSB will be focussing on improving population health and wellbeing. Partnership working means we will be better placed to create programmes to address public health challenges in the borough. Through shifting the focus from treatment to prevention and early intervention we will together improve the health of Southwark's population and reduce health inequalities



**David Quirke-Thornton**  
Strategic Director of  
Children's and Adult's  
Service, Southwark Council

David is the Chief Officer with responsibility for Social Care, Commissioning and Education. David trained in Adult Mental Health and worked in the NHS, voluntary sector and local government. David took up his current post in 2014.





**Rebecca Dallmeyer**  
Executive Director Quay  
Health Solutions, North  
PCN  
(non voting)

Rebecca has been working in Southwark since 1992 as a Pharmacist and as a senior manager across both primary and secondary care.

Rebecca is committed to develop primary care, building on and embracing local skills and talent to ensure it is the heart of healthcare in North Southwark.



**Anood Al Samerai**  
Director, Community  
Southwark

Community Southwark has almost 1,000 brilliant member organisations from the voluntary and community sector, supporting every section of our community across the whole of the borough. My priority as CEO is to listen to our members, give them the support they need, and champion the issues that matter to them. I know, from my own experiences working in, serving as a trustee of, and running charities, that training, support and networks make a real difference to organisations and their beneficiaries. I also understand the opportunities for working in partnership, having been a community campaigner and local councillor here for almost two decades.



**Kishor Vasant**  
GP, Co-Chair LMC  
(non voting)

I have been a GP partner in Peckham and Camberwell since 1984, active in general practice and out-of-hours care through SELDOC and A&E and through teaching. I have been a Primary Care Network Clinical Director and work with the Local Medical Council. I am excited about Health, Care and Trusts coming together to provide an integrated system for our patients.



**Shamsur Choudhury**  
Manager, Healthwatch  
Southwark

Shamsur Choudhury is the manager for Healthwatch Southwark, he joined in February 2021. Shamsur has substantial experience of working within the Healthwatch network, having previously being a manager at another London Healthwatch for over 8 years.

Shamsur leads on the overall strategic and day to day operational management of Healthwatch Southwark. His role also encompasses being the main liaison link with key stakeholders in Southwark and South East London.



**Nigel Smith**  
GP, Director of IHL  
Federation, South PCN  
(non voting)

Nigel is the Executive Director for the South Southwark GP Federation and Primary Care Network. He has been a member of Partnership Southwark for many years and excited to be involved in this stage of partnership development which he believes has huge potential for our population. Nigel has worked in both provider and commissioning positions in the health sector. Prior to this Nigel led on corporate governance and public sector improvement with the Audit Commission, and enjoyed a number of roles in local government.

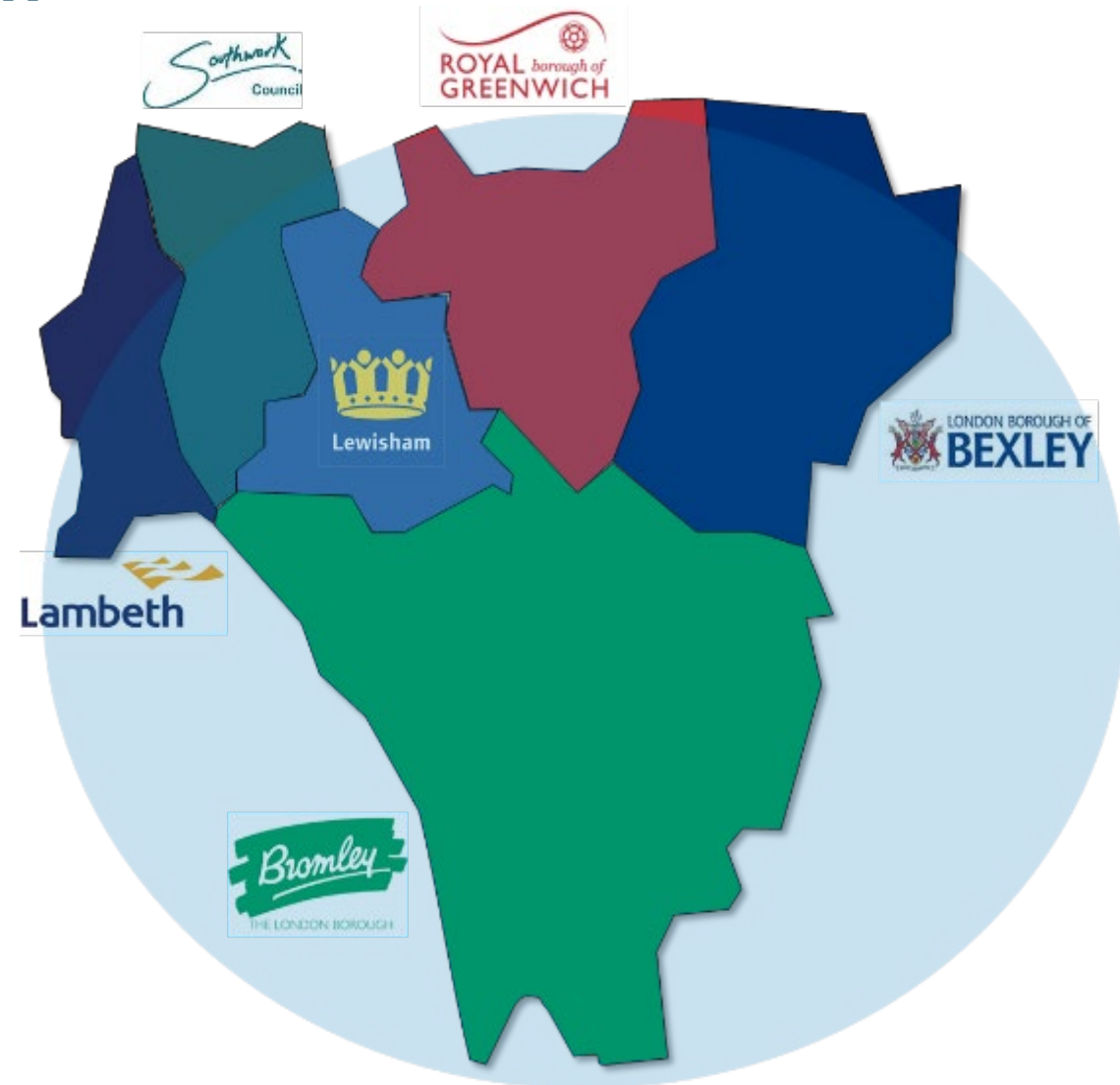
**Ami Kanabar**  
GP, Co-Chair LMC  
(non voting)

**Caroline Bruce**  
Strategic Director,  
Environment & Leisure,  
Southwark Council



# Integrated Care Systems (ICS) – the next chapter for health and care in south east London

- Integrated Care Systems (ICSs) will be a new model for organising local health and care, aiming to:
  - Improve outcomes in population health and healthcare
  - Tackle inequalities in outcomes, experience and access
  - Enhance productivity and value for money
  - Help the NHS support broader social and economic development
- Our ICS brings together all organisations involved in delivering health and care in south east London
- For us, an ‘ICS’ is shorthand for partnership working
- We have committed to working together, combining our staff and resources, and making best use of our funding to improve the health and wellbeing of our communities

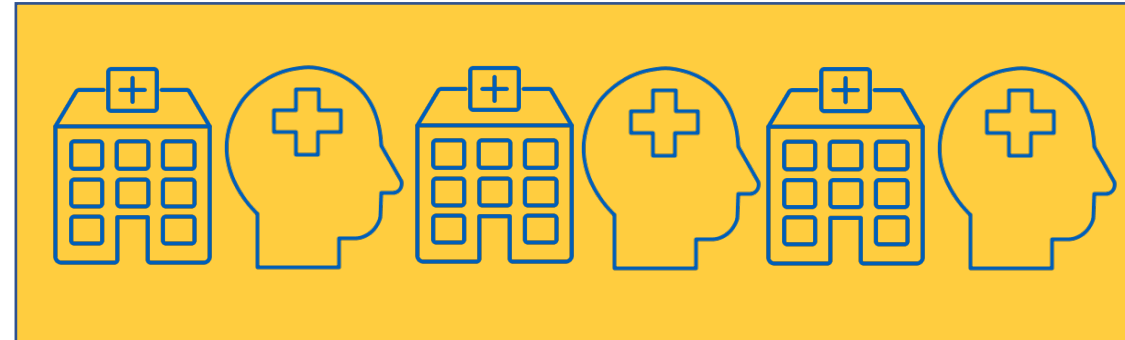


# Our Integrated Care System (ICS)



## Local Care Partnerships

Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark



## Provider collaboratives

Groups of NHS trusts

Engages

Convenes

Understands

Delegates

Enables improvement

**NHS ICS Body**  
(NHS Integrated Care Board – ICB)

**ICS Partnership**  
(Integrated Care Partnership – ICP)

# What we believe success looks like – our six priorities

- We have six overarching priorities for improving the lives of people in south east London:



Preventing illness and helping people to live healthier, happier lives



Delivering compassionate, whole-person care, as close as possible to people's homes



Ensuring rapid access to high quality specialist services when people need them



Joining up care across health and other services



Improving care for disadvantaged groups



Supporting the development of more resilient communities

# Our system architecture and our partnerships

Level of the system	Description
Integrated Care Partnership	Sets strategic direction, may lead some key programmes, may help to hold system to account.
Integrated Care Board	Strategic planning, use of NHS resources, overall performance
Local Care Partnerships	Lead integration and innovation in community-based services in boroughs ('place') and neighbourhoods which aim to build community as well as join up care
Provider Collaboratives	Groups of providers leading improvement of specific services (acute, mental health and community) across south east London, inc. planning, quality improvement, use of resources, benchmarking.
Primary Care Networks	GP practices working together with community, mental health, social care, pharmacy, hospital, voluntary, community and social enterprise services in their local areas.

## Integrated Care Board

### Southwark Local Care Partnership Committee (Partnership Southwark)

#### Terms of Reference

22 June 2022

#### 1. Introduction

- 1.1. The NHS South East London Integrated Care Board (ICB) Local Care Partnership committee [the “committee”, locally known as Partnership Southwark Strategic Board] is established as a committee of the ICB and its executive powers are those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.
- 1.2. These terms of reference set out the role, responsibilities, membership and reporting arrangements of the committee, under its terms of delegation from the ICB Board.
- 1.3. All members of staff and members of the ICB are directed to co-operate with any requests made by the Local Care Partnership committee.

#### 2. Purpose

- 2.1. The committee is responsible for the effective discharge and delivery of the place-based functions<sup>1</sup>. The committee is responsible for ensuring:
  - a. The place contribution to the ICB’s agreed overall planning processes including the effective planning and delivery of place based services to meet the needs of the local population, with a specific focus on community based care and integration across primary care, community services and social care, managing the place delegated budget, taking action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the Local Care Partnership to ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider ICS.
  - b. The Local Care Partnership can secure the delivery of the ICS’s strategic and operational plan as it pertains to place, and the core objectives established by the LCP for their population and delegated responsibilities.

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<sup>1</sup> As defined by the South East London Integrated Care Board in the relevant delegation agreement

- c. The Local Care Partnership plays a full role in securing at place the four key national objectives of an ICS, aligned to ICB-wide objectives and commitments as appropriate:
  - i. improve outcomes in population health and healthcare
  - ii. tackle inequalities in outcomes, experience and access
  - iii. enhance productivity and value for money
  - iv. help the NHS support broader social and economic development
- d. The representation and participation of the Local Care Partnership in the wider work of the ICS and Integrated Care Board, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.

### 3. Duties

- 3.1. **Place-based leadership and development:** Responsibility for the overall leadership and development of the Local Care Partnership to ensure it can operate effectively and with maturity, work as a collective and collaborative partnership and secure its delegated responsibilities with appropriate governance and processes, development and relationship building activities and meaningful local community and resident engagement. The LCP also needs to support the Place Lead to ensure they are able to represent LCP views effectively whilst also considering the needs of the wider ICS.
- 3.2. **Planning:** Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement. The LCP must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full Local Care Partnership.
- 3.3. **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the Local Care Partnership. The LCP will ensure the plans are locally responsive, deliver value for money, support equity of access, outcomes and experience and support quality improvement. The LCP will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial consequences are within the budget of the LCP and made available to enable delivery.
- 3.4. **Monitoring and management of delivery:** Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICB as



required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary.

- 3.5. **Governance:** Responsible for ensuring good governance is demonstrably secured within and across the local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the LCP complies with all legal requirements, that risks are proactively identified, escalated and managed.

#### 4. **Accountabilities, authority and delegation**

- 4.1. The LPC committee is accountable to the Integrated Care Board of the SEL Integrated Care System and to the accountable organisations in the partnership.
- 4.2. The place lead has directly delegated powers from the ICB, including responsibility to take due account of statutory responsibilities in respect of safeguarding and equalities, diversity and inclusion, whilst working with other partners.

#### 5. **Membership and attendance**

- 5.1. Core voting members of the committee will include representatives of the following:
- a. 2 x Co-chairs (1 appointed, 1 Council-nominated Cabinet Member)
  - b. 1 x Local Care Partnership Place Lead
  - c. 1 x Local Authority Director Adult Social Care & Children's Social Care
  - d. 1 x Local Authority Strategic Director, Environment & Leisure
  - e. 1 x Local Authority Director of Public Health
  - f. 2 x Primary Care Network Leads (North & South)
  - g. 1 x Community Services Provider (GSTT)
  - h. 1 x Mental Health Services Provider (SLaM)
  - i. 1 x Acute Services Provider KCH)
  - j. 1 x VCS Lead
  - k. 1 x VCSE Sector Representative
  - l. 1 x Healthwatch Lead
- 5.2. The following postholders will be invited to join the committee in attendance, and will not be voting members:
- a. 1 x Local Care Partnership Chief Operating Officer

- b. 1 x Local Care Partnership Programme Director
- c. 1 x Local Medical Committee Representative (rotating)
- d. 1 x GP Federation Representative (rotating)
- e. 1 x Lived Experience Assembly Chair

## **6. Chair of meeting**

- 6.1. The meeting will be chaired by two co-chairs (an appointed clinical chair and a Council-nominated Cab Member chair covering health and well-being), and the Deputy Chair will be appointed by the committee. There will also be an Associate Chair who is the Chair of the Lived Experience Assembly (working title) as a developmental opportunity.
- 6.2. At any meeting of the committee the Chair or Deputy Chair, if present, shall preside.
- 6.3. If the presiding Chair is temporarily absent on the grounds of conflict of interest, the Deputy Chair shall preside, or, in the case that they also may not, then a person chosen by the committee members shall preside.

## **7. Quorum and conflict of interest**

- 7.1. The quorum of the committee is that the following must be present:
  - 1 x Local Care Partnership Place Executive Lead
  - 1 x Local Authority Director Adult Social Care or Director Children's Social Care
  - 1 x Local Authority Director of Public Health
  - 1 x Primary Care Representative
  - 1 x Community Services Provider
  - 1 x Mental Health Services Provider
  - 1 x Acute Services Provider
  - 1 x VCS Lead or VCSE Sector Representative or Healthwatch Lead
- 7.2. In the event of quorum not being achieved, matters deemed by the Chair to be "urgent" can be considered outside of the meeting via email communication.
- 7.3. The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the chair.

- 7.4. The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).
- 7.5. Members will be required to declare any interests they may have in accordance with the ICB's Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

### **8. Decision-making**

- 8.1. The aim of the committee will be to achieve consensus decision-making wherever possible. If a vote is required, the core members are the voting members of the Local Care Partnership. Core members are expected to have a designated deputy who will attend the formal Local Care Partnership with delegated authority as and when necessary.

### **9. Frequency**

- 9.1. The committee will meet once every two months (in public) with ability to have a private session. as Part B in addition to this.
- 9.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 9.3. Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the committee Chair and meeting secretariat.
- 9.4. Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

### **10. Reporting**

- 10.1. Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 10.2. The committee will report on its activities to ICB Board. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the committee; and any actions agreed to be implemented.
- 10.3. The minutes of in public meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.

## **11. Committee support**

- 11.1. The LCP will provide business support to the committee. The meeting secretariat will ensure that draft minutes are shared with the Chair for approval within three working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.

## **12. Review of Arrangements**

- 12.1. The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.

FINAL DRAFT

## PLACE EXECUTIVE LEAD BOROUGH REPORT

This report is to update the board on key highlights on Partnership Southwark and the delegated functions.

### **ICB delegation to Partnership Southwark**

I will attend the first South East London Integrated Care Board (ICB) meeting in public on 1st July [south-east-london-board-meeting-1-july-2022](#) where I'm privileged to represent Partnership Southwark and the borough working with other ICB colleagues across the South East London Integrated Care System to support delivery of the ICB's core objectives to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

The ICB is expected to agree the delegation to Partnership Southwark for out of hospital services – defined as primary care, primary care prescribing, community services for physical and mental health, continuing health care and client groups. This includes delegation of budget responsibility, delivery of locally agreed objectives and national requirements as set out in the South East London 2022/23 operational plans, and support the discharge of the ICB's statutory functions such as quality and safeguarding.

Alongside the Terms of Reference for the Partnership Southwark Strategic Board, a Memorandum of Understanding (MOU) covering July 2022 to March 2023 is being developed to support ICB delegation and confirms ways of working across the system that are inclusive and transparent across the partnership and across the system. The MOU will be reviewed before March 2023 with local experience, future ambition, national guidance, and flexibilities informing collective agreement to developing delegation for the future.

As previously committed by partners, a local roadmap is being developed setting out the key local milestones and activities we need to explore to help identify any future proposed areas of further delegation from Partnership Southwark partners, as well as from the ICB.

### **Delegated budget for 2022/23**

The ICB's delegated budget setting process is now complete. Budgets have been set on a 2022/23 full year basis for all CCG (3 months) and ICB (9 months) expenditure either at a delegated Place level or at central level. Budgets have been calculated in line with national and system planning assumptions for both growth and efficiencies. The ICB's running cost budgets have been held on a flat cash basis.



Within the delegated budget of £234m, £145m is managed by Southwark place and NHS Contracts for Mental Health (£38m) and Physical Health (£51m) whilst delegated are managed by South East London Planning team on a South East London wide basis.

**South East London CCG/ICS - Southwark Borough  
Annual Budget 2022/23**

Southwark	Total 22/23 Allocation £000s
Other Acute Services	736.576
Other Community Health Services	6,357.750
Mental Health Services	5,212.475
Continuing Care Services	19,265.245
Prescribing	31,093.519
Other Primary Care Services	995.206
Other Programme Services	20,971.237
Delegated Primary Care Services	55,917.800
Corporate Budgets	4,172.325
<b>Total</b>	<b>144,722.133</b>
Community Mental Health	37,958.000
Community Physical Health	51,105.000
<b>Total Delegated Budget</b>	<b>233,785.133</b>

For 2022/23, the ICB is facing a broadly flat cash scenario in terms of its funding envelope. To enable the inflationary pressures to be managed an efficiency factor of 2.5% is required. The delivery of financial savings in 2022/23 is a consistent ask across the ICS. The agreed budgets for 2022/23 are net of this savings requirement. Any additional cost pressures that emerge in-year will need to be managed within agreed budgets.

To have a balanced budget Southwark borough will need to deliver savings of £1.84m. This includes £465k additional savings agreed as part of closing the system financial gap. Corporate/Running cost savings of £138k is included within £1.84m. Savings plan for both Continuing Health Care and Prescribing have been developed, and will be implemented, on a joint and consistent basis across the SEL Places. Some savings have been delivered through rebasing budgets but the borough will need to deliver the remainder of its savings requirement across its overall delegated funding.

### **Joint Health & Well-being Strategy**

The joint Health & Wellbeing Strategy sets out our aims for the health and wellbeing of people in Southwark. It was ratified by the Southwark Health & Wellbeing Board, which brings together key organisations with a role in improving health in Southwark, on 4th July.





The document is informed by data, research and needs assessments to help us to understand health inequalities across Southwark.

The priorities within it have been shaped through engagement with local communities and we will now work with our communities and partners to develop a Health & Care Plan that will set out how we will deliver the priorities within this strategy.

The focus of the Southwark Joint Health and Wellbeing Strategy is on tackling health inequalities. Together with Health and Wellbeing Board members and stakeholders, Partnership Southwark through the 'Wells' (Start Well, Live Well, Age Well and Care Well) has helped to shape the shared priorities. The Strategy takes a three-tiered approach underpinned by the Marmot evidence base, local data, community research and needs assessments:

- **Drive:** These areas are the focus for delivery and monitoring as they are the 'Drive' activities which will significantly reduce inequalities in the borough.
- **Sponsor:** Work is already taking place in these areas; there are existing strategies or action plans. The named lead organisation will monitor progress and highlight when the Health and Wellbeing Board needs to consider aspects of this work in detail.
- **Observe:** Although these areas are important to population health, the decision-making sits outside of the Health and Wellbeing Board. The Board's role is to observe and influence.

The five 'Drive' areas are:

- A whole-family approach to giving children the best start in life;
- Healthy employment and good health for working age adults;
- Early identification and support to stay well;
- Strong and connected communities;
- Integration of health and social care.

The Partnership Southwark Executive will lead the development and implementation of the Health and Care Plan which will set the blueprint for integration.

For further information, please contact [Rebecca.harkes@southwark.gov.uk](mailto:Rebecca.harkes@southwark.gov.uk)

### **Partnership Southwark communications and public engagement**

In the run up to 1 July, we have further developed our communications and engagement strategy. The strategy seeks to support people and communities to be involved in our work and to encourage co-design. It also supports our partnership and workstreams to communicate in a timely, efficient and effective way on the work undertaken within the projects and programmes of the partnership.

From an involvement perspective, the Partnership's approach to engagement has developed and will run alongside the SEL ICS engagement framework [SEL-ICS-WWPC-strategic-](#)



[framework.pdf \(to be approved 1 July 2022\)](#) as well as engagement work undertaken by partners in the borough. This is to ensure that Southwark people can be heard, involved and represented within decisions and projects being undertaken across south east London as well as at a borough ('place') level.

The Partnership's approach to engagement is to strive to reach co-production and will be split between three distinct areas:

1. **Engagement, involvement or co-design undertaken around specific "asks", or "by-topic/issue"** where input is sought to ensure we incorporate the views of service users, qualified by their lived experience, or their representatives.
2. **Engagement through Local Care Partnership and programme governance** - where input from key stakeholders is sought to inform our priority setting and decision making at Board-level, through the lived experience assembly, or as part of integrated health and care service redesign and development taking place within our population-based approach.
3. **Harnessing engagement activities and intelligence undertaken through our constituent partner organisations** - we make best use of engagement activity and intelligence that may be collected by partners individually, and we look at opportunities to maximise joint engagement and involvement where it makes sense to do so. We are developing an engagement map of the borough to help share this information between partners.

Partnership Southwark has made initial progress in starting conversations with an assembly of people, communities and VCS colleagues. We convened a workshop of interested partners, including voluntary and community sector organisations, and people from across the borough to discuss and start to co-design with us a new community forum, with the current working title of 'lived experience assembly'. This forum aims to advise and feed into the Partnership Southwark Strategic Board, bringing the concerns and topics that are important to our residents and communities to the decision makers across the borough. Recruitment to the assembly will start in the summer and autumn.

This isn't the only way people can get involved. We have been invited to and are attending summer events across the borough to deliver health and wellbeing sessions with partners, such as the Feel Good Festival and the Healthwatch Southwark health event. We would encourage people to attend these to talk to the team, attend the Strategic Board meetings in public, to sign up to our mailing list and by keeping an eye out for future opportunities to get involved in programmes and workshops on our website and social media channels. With the involvement of local people and communities, we hope to develop the range of these engagement opportunities.

This work is supported by an engagement group as well as a communications group, made up of statutory and VCS partners. These newly established Partnership Southwark meetings



have driven forward our engagement work as well as the development of our online presence. From 1 July, the Partnership Southwark online presence expanded to try and reach more of our people and communities than before. We have a presence on the ICS website, as well as partner website as well as Twitter, YouTube and NextDoor accounts to help us communicate with partners, community leaders and at a neighbourhood level. We are also seeking to trial developing a local Facebook account to enable us to reach Facebook and Instagram users in the borough.

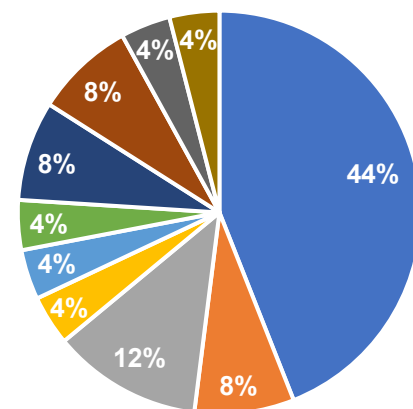
**Clinical & Care Professional Leads (CCPL)**

Colleagues within Partnership Southwark have recruited to the vast majority of Clinical Care Professional Lead roles. The people appointed to these roles come from varied clinical backgrounds and will work with a range of stakeholders in Partnership Southwark, providing advice, guidance and support in key priority areas using frontline intelligence and expertise. Each portfolio is made up of a mix of people working in health, care and the voluntary and community sector within Southwark, who are passionate about making a difference to the lives of our local residents. The joint-chairs of the Clinical and Professional Advisory Group are taking on an overall leadership and development role across the team of Clinical and Care Professional Leads.

Appointed Leads started at the beginning of June and have been under-going induction to familiarise themselves with the partnership, its aims and to meet relevant colleagues. We will be recruiting again during late July to make up the full complement of this team.

I am very pleased to be tell you that Partnership Southwark has the most varied team of Clinical & Care Professional Leads compared to other boroughs:

**Southwark**



- % recruited - GPs
- % recruited - Nurses
- % recruited - Secondary care doctors
- % recruited - Midwives
- % recruited - Pharmacists
- % recruited - Social prescribers
- % recruited - Radiographers
- % recruited - Managers
- % recruited - Mental health practitioners
- % recruited - VCSEs



As you can see from the graph, we have managed to appoint a wide range of professionals so we can draw on a diverse expertise when we are working with communities to improve outcomes for them.

### **Health Inequalities Funding**

The predecessor to South-east London Integrated Care Board (ICB), South-east London Clinical Commissioning Group (CCG, recently invited bids from each borough to help each Local Care Partnership identify work that would specifically seek to reduce health inequalities and improve outcomes. I am happy to be able to report that we have been awarded the sum of £781,000 (recurrent money) which we will spend on relevant, prioritised areas of work for the benefit of those most disadvantaged within Southwark. We are currently discussing all the strands of our bid to ensure that we commit resources where they can have the most impact, given that we have been awarded less than the size of our overall bid.

James Lowell  
30<sup>th</sup> June 2022