

## Partnership Southwark Strategic Board

### Agenda

Thursday 1 September 2022 13:00 – 14:15 Part 1

Venue: Room G02ABC, Ground Floor, 160 Tooley Street, SE1

Chair: Cllr Evelyn Akoto

Time	Item	Lead
13:00 – 13:05	<b>Welcome and Introductions</b> <b>Apologies</b> <b>Declarations of Interest</b> <b>Minutes of the last meeting</b>	Chair  <b>Enc 1 – Declarations</b> <b>Enc 1i - Minutes</b>
13:05-13:10	<b>How to ask the board questions</b>	Chair  <b>Enc 2 – How to ask Q paper</b> <b>Enc 2i – Glossary of terms</b>
13:10-13:30	<b>Community Spotlight</b>	Sophie Wellings LinkAge Southwark
13:30 – 13:45	<b>Developing our Health &amp; Care Plan</b>	Annie Norton  <b>Enc 3 – Health &amp; Care Plan</b>
13:45-14:00	<b>Place Executive Report</b>	James Lowell Martin Wilkinson  <b>Enc 4 – Place Executive Report</b>
14:00 – 14:10	<b>Public Questions</b>	Chair
14:10 – 14:15	<b>AOB</b>	All
14:15	<b>Close Meeting</b>	Chairs

Next public meeting date: 3 November 2022, 12:00



## Declaration of Interests

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

**Meeting Date: 01/09/2022**

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
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 Adult's Services	No interests to declare
James Lowell	Place Executive Lead	1. Chief Operating Officer for South London and Maudsley NHS Foundation Trust
Julie Lowe	Site Chief Executive 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	Chief Operating Officer	No interests to declare
Nancy Küchemann	Co-Chair Partnership Southwark and Co Chair of Clinical and Care Professional Leads	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.



		<ol style="list-style-type: none"> <li>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>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>Husband is Labour Councillor in Village ward (south Southwark).</li> <li>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>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>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>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	Associate Director of Finance	No interests to declare
Sangeeta Leahy	Director of 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
Sumeeta Dhir	Co-Chair of Clinical and Care Professional Leads	No interests to declare



## PARTNERSHIP SOUTHWARK STRATEGIC BOARD – PART 1 MINUTES

Thursday 7 July 2022 at 13:00

Microsoft Teams

Chair: Cllr Evelyn Akoto

### Attendees

Members	
Cllr Evelyn Akoto	Co-Chair, Cabinet Member of Health & Wellbeing
Dr Nancy Küchemann	Co-Chair, GP and Joint Chair of Clinical & Care Professional Leads
Annie Norton	Programme Director, Partnership Southwark
James Lowell	Place Executive Lead, Partnership Southwark
Martin Wilkinson	Chief Operating Officer, Partnership Southwark
Sangeeta Leahy	Director of Public Health, Southwark Council
David Quirke-Thornton	Strategic Director of Children's and Adult's Services, Southwark Council
Ami Kanabar	GP, Co- Chair LMC
Gavin McColl	GP, Clinical Director South Southwark PCN
Olufemi Osonuga	GP, Clinical Director North Southwark PCN
Anood Al-Sameraai	Chief Executive Officer, Community Southwark
Sarah Austin	Chief Executive Integrated & Specialist Care, GSTT
Sumeeta Dhir	GP, Joint Chair of Clinical & Care Professional Leads
Attendees	
Andrew Bland	Chief Executive, SEL ICB
Julian Walker	Head of Comms and Engagement, SEL NHS Southwark
Sabera Ebrahim	Associate Director of Finance, SEL NHS Southwark
Harprit Lally	Programme Manager, South Southwark PCN
Beth Penwarden	Strategy & Change Manager, Renewal, Southwark Council
Bola Olatunde	Communications & Engagement Manager, SEL NHS Southwark
Madeleine Medley	Business and Governance Support, SEL NHS Southwark
Apologies	
Julie Lowe	Site Chief Executive, KCH
Nigel Smith	Director, IHL
Kishor Vasant	GP, Co-Chair LMC
Caroline Bruce	Strategic Director of Environment & Leisure, Southwark Council
Shamsur Choudhury	Manager, Healthwatch
Rod Booth	Director of Contracts, Performance and Operational Assurance, SLAM
Joseph Reynolds	Programme Manager, Partnership Southwark



1.	<b>Welcome &amp; Introductions</b>
	<p>The Chair welcomed all to the first Partnership Southwark Strategic board and made introductions with apologies noted.</p> <p>Voting members were specified within the papers circulated and the pack included declarations of interest. No further declarations were made and the Chair asked members to ensure any future changes are updated.</p>
2.	<b>Introduction to Partnership Southwark</b>
	<p>A brief overview was given on Partnership Southwark and what the board hope to achieve by bringing together system partners to oversee transformation and delivery with health and care by working closer together on functions. The Chair welcomed partners reflections and their ambitions for the partnership.</p> <p>NK clarified their role; to break down barriers between services and bring organisations working more closely together for people who need help, particularly those who have disproportionately worse outcomes for their health. The role is to convene this group and create conditions for the right conversations on neighbourhood development, understand wider determinants of health, improve protective factors and develop workforce for integrated working.</p> <p>DQT recognised what is already in place in the borough and the talented colleagues and stated high aspiration for better outcomes and experiences. He expressed a strength of welcome and inclusiveness with a focus on inclusion to reach all and tackling barriers, including racism and other issues getting in the way of people fulfilling their lives, which will inspire colleagues across the system and residents to engage to make a better future for all.</p> <p>OO was pleased to see commitment from partners, with the energy and enthusiasm encouraging, and hoped this will break down barriers that stop us delivering transformation to patients, understand challenges and enhance together. He welcomed more use of community assets in primary care and emphasised the need for patient needs to be at the heart of decision making and to test on selves, asking; is it good enough for a family member.</p> <p>AAS has lived in Southwark for many years, involved in the voluntary sector, been a local Councillor and has a good understanding of the borough and its issues. There is a shared frustration around inequalities and AAS welcomes the opportunity to bring all together to improve for residents. The diverse and expansive voluntary sector was highlighted, with request for the system to recognise and respect their time and expertise of their detailed and granular knowledge which will contribute to important work.</p>



The Chair advocates amplifying for those without voices in these forums and feels it is important her role is used to voice for them.

JL gave overview of working arrangements of Partnership Southwark with slides shared from the pack circulated. He welcomed the good intent and genuine shared agenda and dedication to deliver a real difference to local populations. It was also noted the ambition of Southwark is mirrored by the Integrated Care Board (ICB) and noted south east London (SEL) are one of the most delegated ICBs in the country which signals intent to push the integration agenda and achieve the maximum benefit.

Comments were welcomed from AB who has had association within Southwark for thirteen years. He also acknowledged the great people in the borough and is excited for the opportunity of partnership. Delegation to place specifically, is on the assumption that partners in the place will make the most difference to people's health and wellbeing. A wider assumption that institutions will continue to do great work, with the ICB in the space as a partner to make it easier to collaborate, with a role to convene, engage and understand the system to delegate to the right level of the system. Population is the focus, defined by the place you live or the need you have. A third assumption made is that solutions to people's wellbeing sit beyond the health service which needs investment of time, commitment and resources. There is critical focus on inequalities, with learning from the pandemic around the importance of neighbourhoods and a hyper local approach. AB gave personal aspiration in interest around employment and living costs, CYP and mental wellbeing and work of integrated neighbourhood teams and wants work to be meaningful. He expressed excitement for the partnership but in context of incredible challenge with finance and workforce pressures across the system needing creative ways to address to take forward.

NK introduced a short video of NK and Zoe Scott, one of the new Clinical and Care Professional Leads (CCPL) to demonstrate the diversity of the new leads and introduce the concept for neighbourhood teams to develop around the need to do extra. The video shares an example to help understand the challenges residents are experiencing and to highlight ways of signposting or directly help rather than close the door on them.

The Chair welcomed the interesting example and noted the importance of effective information sharing especially in healthcare and asked how as a system we can help make things smoother and ensure systems talk to each other to support residents.

AAS highlighted work of community links and social prescribing officers that support peoples mental health and earlier interventions which help acute services.

NK shared reflection as a GP in anticipating problems for patients but also expressed uncertainty of other professionals and what they can do, emphasising the need to empower each other to do the extra bit of communication and to influence the environment patients are entering.



	<p>The Chair noted a partnership objective of early intervention and asked how do we use partners, including smaller community groups to support the work we do and use the information to push through change.</p>
<b>3.</b>	<p><b>Place Executive Report</b></p> <p>JL summarised and highlighted key points of the Partnership Southwark work tabled in the pack and noted the vibrance of the borough and the good track record it has and welcomed continuation of the work already started.</p> <p>The ICB formally met 1 July 2022 and formally constituted which JL attended representing Partnership Southwark and signed a Memorandum of Understanding (MOU) of the delegation with the ICB to deliver on improving outcomes on population health, tackling inequalities in outcomes and experiences, enhancing productivity for value to support social and economic development. Delegation to Partnership Southwark is formal for out of hospital services with the MOU signed up to. The terms of reference (TOR) were included in the public pack for full transparency and to ensure an open and collaborative relationship with all. Within the delegation is out of hospital services defined as primary care, primary care prescribing, community services, physical and mental health and continuing health care. The delegated budgets from the integrated care system (ICS) to Partnership Southwark for this year amount to £234million delegated to place. It is recognised across the country that financially difficult times lie ahead with cash flows broadly flat and a 2.5% efficiency factor to be identified, making £1.84million in a savings requirement. The aim for savings is by being collaborative, reducing bureaucracy and making selves more efficient and not by cutting services. Savings plans will come back in further meetings.</p> <p>The joint Health and Wellbeing Board met on 4 July 2022 which presented documents driven by data, research and needs assessment, specifying the social determinants of health and the inequalities within Southwark and crucially asking how place will understand enable and drive the strategy and tackle inequalities. There is a three tiered approach across the borough with need to be discerning for Partnership Southwark board and sovereign organisations to ensure specific pieces of work are being driven and progressing. A five area focus of the strategy is whole family approach, giving children the best start in life, healthy employment and good health for working age adults, early identification of support to stay well, strong and connected communities and integration of health and social care. Partnership Southwark Executive will lead on the development and implementation of the Health and Care plan which will set the blueprint for integration.</p> <p>Partnership Southwark communications are keen to ensure public engagement is right with involvement across the brough in developing the communication and engagement plan along with the SEL framework. Using all local resources and making best use of the system to co-design around topics, engagement with local care partnership and governance, link together without duplication.</p>





Initial progress has commenced for the assembly of people from the community and voluntary sector with workshops to codesign the engagement strategy. The lived experience assembly will be part of taking decisions and setting the agenda for Partnership Southwark.

Clinical and Care Professional Leads (CCPL) have been vastly recruited to and it was noted that Southwark had the most varied team compared to other boroughs.

The bid for health inequalities funding was successful in £781K of recurrent money for specific areas of work that reduce health inequalities and improve outcomes. The board will later share how the money is used and what it will do to drive the agenda.

SA thanked for the clear report and focused on the word 'discerning' and how this would play out; what are the benefits to realise and how are they taken into organisations in the partnership. Sharing an example of healthy employment, a benefit of that is a thriving recruitment programme of Southwark residents into for example an organisation i.e. GSST in jobs or apprenticeships. The benefits will ensure the attention of the partnership organisation as it will resonate with their strategic direction and objectives. SA expressed that what must happen in this new phase is that organisations are much more embedded, more connected, supportive and active and be stronger than before.

A lack of clarity around population health money bids was also highlighted with request that different streams from individual organisations are also properly accounted for and included.

JL welcomed the benefit of anchor institutions coming together. The level of ambition at place and in organisations must be clear to know whether it is being achieved. He reflected on personal experience and the opportunities unlocked from an anchor institution. It is important partner organisations come together and state their intent, publish the numbers and make them a reality.

JL will come back on the inequality bids.

SL reflected on the three things likely to make a long happy life; a decent home, a decent job and friends/people you trust. Building on having a decent job, SL highlighted the importance of apprenticeships, making sure they are really meaningful with a responsibility to not just fulfil organisations own criteria with a number of people, but a vow to ensure they are meaningful roles with a decent wage.

The Chair highlighted neighbourhood work and the need to compliment each other as we move forward with own strategies.

AB highlighted the need to understand the financial challenges across the partnership and that without the mutual understanding, will be unable to proceed or do at the pace required.





	<p>JL agreed that the first topic as a board is to understand the financial health and sustainability across the borough to scope challenges, risks held and close the gaps together.</p> <p>The Chair asked the group for any comments on the terms of reference (TOR). The deputy chair was questioned. NK clarified this is an associate chair role to think and develop from as part of the lived experienced assembly representation and as an opportunity for equality across populations.</p> <p>The Chair formally <b>AGREED</b> the TOR as <b>APPROVED</b>.</p>
<b>4.</b>	<b>Public Questions</b>
	<p>The Chair informed of an error in the meeting start time publicised on the website and gave apologies.</p> <p>Advance questions were received and the responses are published on the website. <a href="https://www.selondonics.org/events/partnership-southwark-strategic-board-meeting-7july2022/">https://www.selondonics.org/events/partnership-southwark-strategic-board-meeting-7july2022/</a></p> <p>The Chair highlighted one question for discussion;  <i>"Will PS produce a chart clearly outlining how PS fits into the delivery of health and social care in the borough, indicating its relationship up to OHSEL, London and NHSE and down to GP services, community services in mental health and social care?"</i></p> <p>The Chair felt this was an opportunity to socialise and explain to our community the connectiveness between the ICB and community groups for example, but in plain English and simple terms without the many acronyms used by organisations.</p> <p>JL agreed with the need to explain in plain English and being clear on what we mean to do. There are charts which were included and discussed but it is understood this does not bring it to life for people. There will be more explanation through the work programmes and achievements of Partnership Southwark and how it makes a difference to the local community and teams. The power will be within the communications and engagement.</p> <p>AB reflected on the top down communication but felt clarity was first needed on where the questions were coming from to enable the right answer, sometimes using technical responses or resident stories and patient narrative.</p> <p>MW stated that Partnership Southwark work with all engagement leads across organisations who are meeting to think about tools, blogs and support and how they might engage to test and develop materials. Using examples to work through to demonstrate how organisations work together is important and something to take forward.</p>



5.	AOB
	<p>No further business was raised.</p> <p>The next meeting is September and the updates will be on the website.  <a href="https://www.selondonics.org/events/">https://www.selondonics.org/events/</a></p> <p>The Chair noted the health and care plan and the terminology used and asked that we are clear and explain it as it develops.</p> <p>The Chair also thanked all for their time and looked forward to making changes together in the borough.</p>

# How you can ask questions to the Partnership Southwark Strategic Board



## Advance questions



Questions are welcomed before the meeting by emailing Partnership Southwark [partnershipsouthwark@selondonics.nhs.uk](mailto:partnershipsouthwark@selondonics.nhs.uk)

The response is published on the south east London(SEL) Integrated Care System's (ICS) website and also emailed to those who submitted the questions, they may also be referenced in the meeting.

Where a question is raised we will identify who asked it in the published response; this will apply to individuals and groups. If you don't want your name included in the response, please let us know.



## In meetings



Questions are welcomed at both face to face and online Teams meetings. There will be specific time allocated in the Partnership Southwark Strategic Board agenda to invite questions from attendees.

All questions will be responded to. If we don't have time in the meeting, we will publish a response on our website within a week.



When it is the allocated time for questions, you can raise your physical hand when you are attending the meeting in person or raise your virtual hand online.



When the meeting is virtual, you can post your question in the Teams Chat function at any point in the meeting so that it can be responded to in the allocated time for questions on the agenda.



You can find responses, papers and up to date news and events information on the south east London (SEL) Integrated Care System (ICS) website [www.selondonics.org](http://www.selondonics.org)

# Partnership Southwark

## Understanding system language

# Understanding system language

<b>Integrated Care Systems (ICS)</b>	The full range of organisations – the NHS, our local authorities, the voluntary, community, social enterprise (VCSE) sector, that play a role in organising and providing health and care in south east London and need to work together to better serve local people.
<b>NHS South East London Integrated Care Board (ICB)</b>	A statutory body responsible for allocating resources, high-level planning and overseeing the performance of our health and care system. The NHS South East London ICB is the legal name for the board and the public name for the ICB is NHS South East London.
<b>Integrated Care Partnership (ICP)</b>	A group of senior leaders including representatives of the Integrated Care Board, our local authorities, our NHS providers, the VCSE and Healthwatch with specific responsibilities for helping to set and oversee strategic direction for our system.
<b>Provider Collaboratives (PCs)</b>	Partnerships between groups of NHS providers such as our acute providers and our mental health providers, responsible for working together to make better use of resources and improve the quality of more specialist services.
<b>Local Care Partnership (LCP)</b>	Partnerships between our local authorities, NHS organisations and the VCSE in our boroughs responsible for developing and overseeing out of hospital care.
<b>Primary Care Networks (PCNs)</b>	GP practices working together with community, mental health, social care, pharmacy, hospital, voluntary, community and social enterprise services in their local areas.

Acronym/ abbreviations	Term
ADHD	Attention Deficit Hyperactivity Disorder
AHC	Annual Health Check
AQP	Any Qualified Provider
BAF	Board Assurance Framework
BAU	Business As Usual
BI	Business Intelligence
CCG	Clinical Commissioning Group (dissolved and now ICS)
CCPL	Clinical Care Professional Lead
CHC	Continuing Healthcare
COI	Conflict of Interests
CPCS	Community Pharmacy Consultation Service
CQC	Care Quality Commission
CYP	Children and Young People
D2A	Discharge to Assess
DPIA	Data Protection Impact Assessment
DIPC	Director of Infection Prevention and Control
DoLS	Deprivation of Liberty Safeguards
EIP	Early Intervention in Psychosis
FTE	Full time Equivalent
IAF	Improvement Assessment Framework

Acronyms/ abbreviations	Term
GP	General Practice
GSTT	Guy's and St Thomas' NHS Foundation Trust
H1	Half 1, referring to the first 6 months of the financial year (April-September)
H2	Half 2, referring to the last 6 months of the financial year (October-March)
HCP	Healthcare Professionals
HDP	Hospital Discharge Programme
ICB	Integrated Care Board
ICS	Integrated Care System
KCH	Kings College Hospital Foundation Trust
KHP	Kings Healthcare Partnership
KPI	Key Performance Indicator
LCP	Local Care Partnership
LeDeR	Learning Disability Mortality Review
LMC	Local Medical Committee
LPS	Liberty Protection Safeguards
LSAB	London Safeguarding Adults Board
LSCB	London Safeguarding Children Board
LSCP	Local Safeguarding Children Partnership
LTP	Long Term Plan

Acronym/abbreviations	Term
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MHST	Mental Health Support Team
MLTC	Multiple Long Term Conditions
MO/Meds Op	Medicine Optimisations
NSCO	No Cheaper Stock Obtainable
NHSE	NHS England
NHSPS	NHS Property Services
NICE	National Institute of Clinical Excellence
PAU	Project Appraisal Unit
PCG	Primary Care Group
PCSP	Personal Care and Social Prescribing
PHB	Personal Health Budget
PPA	Prescription Pricing Authority
PSSB	Partnership Southwark Strategic Board
PSwk	Partnership Southwark
QA	Quality Alerts
QIPP	Quality Innovation Productivity and Prevention
RTT	Referral to Treatment

Acronym/abbreviations	Term
SEL	South East London
SELCA	South East London Cancer Alliance
SI	Serious Incident
SLaM	South London and Maudsley NHS Foundation Trust
SMI	Severe Mental Illness
SMT	<i>Senior Management Team</i>
Swk	Southwark
STP	Sustainability and Transformation Partnership
TCST	Transforming Cancer Services Team
ToR	Terms of Reference
UKHSA	UK Health Security Agency
VCS	Voluntary Care Sector
VCSE	Voluntary Community and Social Enterprise



## Partnership Southwark Strategic Board Cover Sheet

### Item 4 Enclosure 3

<b>Title:</b>	<b>Developing our Health &amp; Care Plan</b>
<b>Meeting Date:</b>	<b>1 September 2022</b>
<b>Author:</b>	Annie Norton
<b>Executive Lead:</b>	James Lowell

<b>Purpose of paper:</b>	<b>An update about how we are developing the Health and Care Plan, which also refers to the Fuller Stocktake and what we are already delivering during 22/23.</b>	<b>Update / Information</b>	✓
		<b>Discussion</b>	✓
		<b>Decision</b>	
<b>Summary of main points:</b>	<p>As partnership, we have committed to the Health and Wellbeing Strategy. The Health and Care Plan will be our delivery commitment for the Health and Wellbeing Strategy.</p> <p>This plan will set out a shared set of integrated priorities that we will start delivering as a partnership to tackle the areas of deepest inequality at neighbourhood level.</p> <p>The focus within the plan will be on what we are going to do, where we are going to do it (place/neighbourhood/which population(s)) and the timescales we will be looking to achieve.</p> <p>The approach we will be taking to deliver the work set out within the plan is one of co-design and co-production. This means that all detailed work will be done <u>in</u> and <u>with</u> communities to ensure that solutions:</p> <ul style="list-style-type: none"> <li>▶ are developed iteratively to gain insight and learn as we go</li> <li>▶ have a positive and sustainable impact on the things that matter most to the people of Southwark</li> <li>▶ make the best use of community assets (defined in its broadest sense)</li> <li>▶ increase the autonomy of staff</li> </ul> <p>Existing work on identified priorities will continue during 22/23 while we develop the plan and will be incorporated into the final version, as appropriate.</p> <p>The plan will also incorporate our response in terms of the Fuller Stocktake (integrated neighbourhood working) through the detailed delivery work on place-based priorities.</p>		

	<p>The Delivery Executive will receive regular operational updates on progress, with high level summaries being reported to the Strategic Board.</p> <p>The presentation contains some questions at the end for discussion.</p>	
<b>Potential Conflicts of Interest:</b>	N/A	
<b>Impact:</b>	Equality Impact	The Health & Care Plan will directly consider impact on equality – its key purpose is to reduce the deepest inequalities within Southwark, as well as improving health and well-being for all.
	Financial Impact	Partnership Southwark is working within the financial envelope of the delegated budget from the integrated Care Board.
<b>Other Engagement</b>	Public Engagement	As above
	Other Committee Discussion/ Engagement	As above
<b>Recommendation:</b>	To note the update given.	

# Partnership Southwark



Working together to improve health and  
wellbeing for the people of Southwark

**Developing our Health and Care Plan**  
September 2022

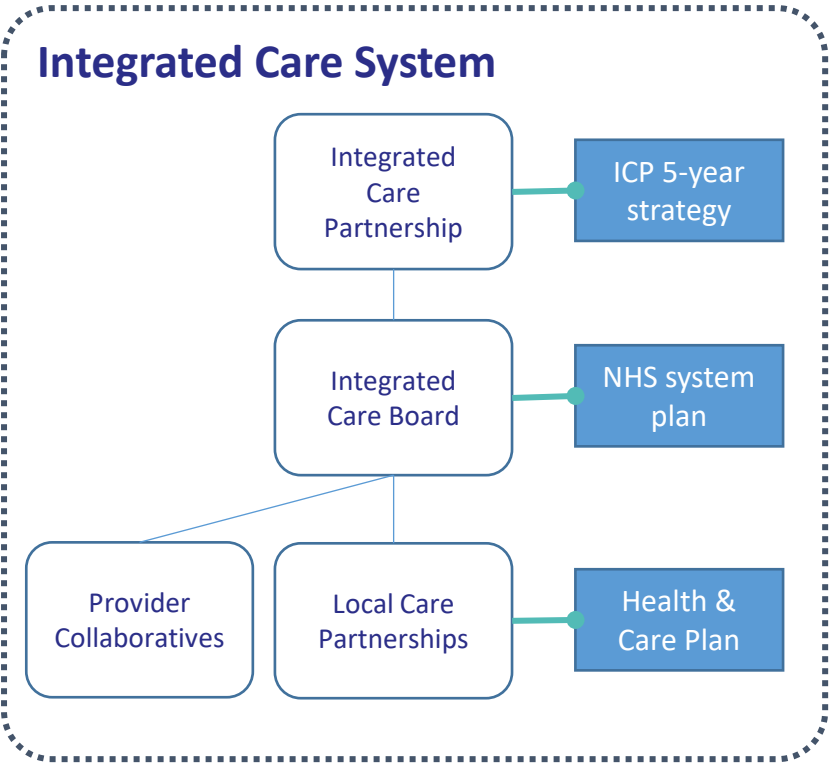


# Partnership Southwark Health and Care Plan

## Aim

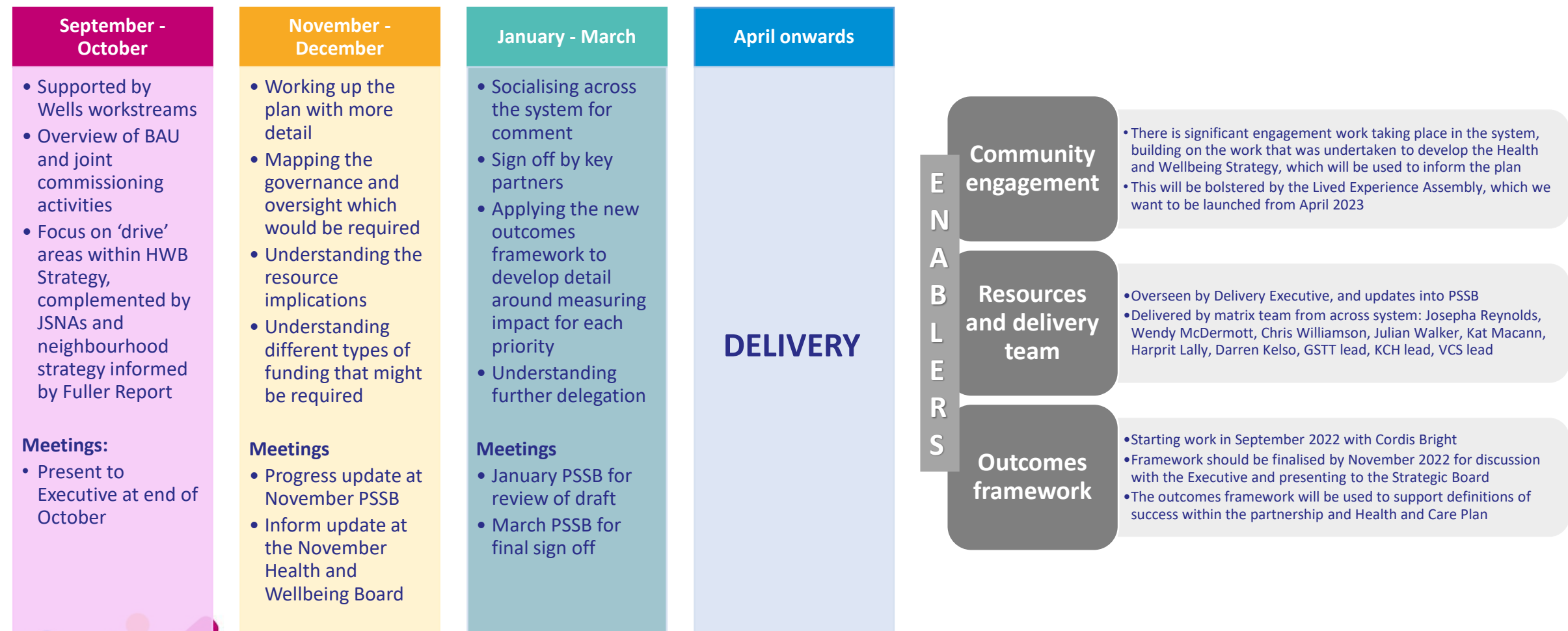
Partnership Southwark Strategic Board to comment on and endorse the timing and approach to the Health and Care Plan

### Integrated Care System



- We want to have the most impact from working together as Partnership Southwark
- We have committed to the Health and Wellbeing Strategy. Our Health and Care Plan will be our delivery commitment for the Health and Wellbeing Strategy as a partnership, linked to our memorandum of understanding
- The plan will lay out a shared set of integrated priorities to start delivering as a partnership – this isn't about tackling everything at once, but focusing our shared energies on areas which we know would benefit from multi-agency working
- We will also align with existing partner organisational strategies
- Existing work and identified priorities will continue while we develop the Plan and will be incorporated into the final version e.g. 1001 days & Community MH Transformation
- The Delivery Executive will receive regular operational updates on progress of the plan and high level progress summaries will be reported to the Strategic Board
- All engagement will be aligned to the work taking place at an ICS level to develop our ICP Strategy (by December 2022) and System Plan (by March 2023)

# Developing the Health and Care Plan



# What we will continue to deliver this year

Alongside developing the Health and Care Plan, we will continue to deliver our existing Partnership Southwark activity – underpinned by our “Wells” workstreams

- **Chosen inequalities projects**
  - Using our new sources of funding to tackle inequalities within the borough
- **Optimising Clinical and Care Professional Leads**
  - Working with our multi-agency team to use their expertise to advise and guide our work
- **Engagement with residents**
  - Co-designing our Lived Experience Assembly
  - Continuing to work with our local residents and forums
- **Learning from Fuller and our neighbourhood approach** *(see Appendix A at end for further details and link to full report)*
  - Thinking about how we use the insight from the Fuller report to drive our approach to neighbourhood working, including integrated community teams, integrated case management and use of estates
- **Our outcomes framework**
  - Working with Cordis Bright to develop and test this framework
- **Currently identified ‘drive’ priorities**
  - 1001 days
  - Adults Community Mental Health Transformation
- **Organisational Development support**
  - To facilitate and enable successful co-design and delivery, with the community and each other

# Spotlight on Start Well and Live Well | Drive 1 on Health and Wellbeing Strategy



**Drive 1: A whole-family approach to giving children the best start in life**

Enhanced  
Child  
Health  
teams

Mental  
health  
support in  
Schools

It takes a  
village

Asylum  
seekers  
programme

Youth  
Parliament

Community Mental Health  
Transformation – **scoping  
plan for children and  
young people underway**

Adult Community Mental Health  
transformation

Vital 5 and healthy weights

**1001 days Whole System  
Transformation Programme:**  
*learning from Fuller report/Best start in life*

Other  
Opportunities on  
the Horizon

- ✓ **Children's centre procurement**
- ✓ **CYP social prescribing ( SEL – funding opportunity)**
- ✓ **Wellbeing hub test and learn to improve links with primary care**
- ✓ **Digital innovation**
- ✓ **Community engagement work: maternity focus**
- ✓ **New combined Start and Live Well Boards**



# Questions for Partnership Southwark Strategic Board

Do you agree with the proposed approach to developing the Health and Care Plan?

What does good look like when considering our Health and Care Plan? How do you see your organisational strategies feeding into this?

Is there anything that is missing, or any opportunities that we are not including within the proposed approach?

Who from your organisation do you want to be involved in this at a delivery level within the matrix team?

Bearing in mind that we are now working in collaboration and are committed to being community-led, what are your thoughts about having joint named “owners” (for each plan priority) to help ameliorate the complexity of the system in relation to the work of the H&C Plan and to be accountable to the Board for ensuring progress?

# Appendix A: Fuller Stocktake Report

The publication of “**next steps for integrating primary care: Fuller Stocktake report**” creates a new vision and case for change. At the heart of the report is a new vision for integrating primary care and improving access, experience and outcomes for our communities, which centres around 3 essential offers:

- 1) **Streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- 2) **Providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- 3) **Helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention

The report makes recommendations on the tasks and activities that are best delivered at different levels of scale across each ICS. There are 15 recommendations in total, 8 of which are for ICS/local action (by LCPs).

**N.B.** It should be noted that the Fuller review has **implications for the whole system** and is not restricted to primary care.

Please click below to view the full report:

<https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>



## PLACE EXECUTIVE LEAD REPORT

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

### **South London Listens (SLL)**

South London Listens (SLL) is a collaboration of three NHS mental health trusts, local authorities, the Integrated Care Systems across south east and south west London, local Healthwatch organisations, Citizens UK, and community organisations including schools, colleges, universities, faith organisations and small charities. It was established in response to the psychological fallout of the pandemic, with the aim of working with communities to find out exactly what they needed to address the resulting urgent mental ill-health need and developing an offer around this.

The SLL priorities include specific actions on loneliness, social isolation and digital inclusion; work and wages; children, young people and parental mental health and access to mental health services for migrants, refugees and diaspora communities. A range of projects have been launched since its inception, including the launch of 'Be Well' hubs and training for 'Be Well' champions, the development of a virtual waiting room for children and young people on a CAMHS waiting list and a commitment for all Borough's to be a 'Living wage borough'. More information can be found [here](#).

Within Southwark specifically there has been good progress, including the recruitment of community embedded workers and the establishment of a parent peer to peer support group called 'Mindful Mamas'. There has also been much work to encourage GP practices to sign up as 'Safe Surgeries', a commitment to improve access for migrants in vulnerable circumstances, and 2/3rds of Southwark practices have already done so. There have also been a number of pilots in Southwark including an employment support advice line, a parent wellbeing course and 'Be a Dad' champion training.

The 10 October will see South London Listens host the year one Accountability Assembly with the community, which will be a summit with 400 people, held on World Mental Health Day. It will be an opportunity to celebrate and be held to account for progress on the pledges made within the South London Listens priority areas and to look forward to the next phase of delivery.

### **Board Development Session 4th August**

Members of Partnership Southwark Strategic Board came together in Walworth Living Room (WLR) to discuss various ideas which people had brought to the workshop. This resulted in consensus around two ideas which people thought could make a real difference to the lives of those most at risk of inequality in respect of health and well-being. The intention is to work on these ideas in an iterative way to help us gain real insight into a) what works in the chosen communities/populations and b) how we can work together better as a partnership. The two things we agreed to explore further were developing neighbourhood teams that supports bringing services to our residents and work within community settings and with local people more deeply.



There were two other more discreet ideas linked to resident representation within governance groups and to consider how we can best deploy money set aside for apprenticeships to increase local jobs for local people.

We are planning another session in mid to late September to take these things forward during 2022/2023.

### **Finance**

Southwark Place has a 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 Commissioning team on a South East London wide basis.

The financial position reported is based upon a three month reporting period and reflects the dissolution of the CCG on 30 June 2022. The budget for the three months is constructed from the CCG/ICB annual financial plan. Southwark Borough reported an underspend of £113k for the first quarter against its delegated budgets. Overspend/underspend against plan in Months 1-3 will be carried forward into the ICB position for the following nine months of the year.

**South East London CCG - Southwark Borough  
Financial Position - April 2022 - June 2022**

Budget Areas	Annual Plan £'000	Year to Date Plan - April - June 22 £'000	Year to Date Actual - April - June 22 £'000	Year to Date Variance- April - June 22 £'000
Other Community Health Services	6,358	1,420	1,372	48
Mental Health Services	5,212	1,155	1,312	-157
Continuing Care Services	19,265	4,816	4,642	174
Prescribing	31,094	7,586	7,508	78
Other Primary Care Services	995	249	235	14
Other Acute & Programme Services	21,708	5,188	5,361	-173
Delegated Primary Care Services	55,918	13,980	13,972	8
Corporate Budgets	4,172	1,013	892	121
Community Mental Health	37,958	9,490	9,490	0
Community Physical Health	51,105	12,776	12,776	0
<b>Total</b>	<b>233,785</b>	<b>35,407</b>	<b>35,294</b>	<b>113</b>

The Mental Health position represents the biggest area of risk to the borough position and whilst agreement has been reached between the council and the CCG on cost sharing for section 117 Mental Health and Learning Disabilities placements, this will still require close monitoring to ensure placements represent value for money and are reviewed. Increase in activity in our GP out of hours contract will result in significant overspends against this budget. The provider is having to manage activity from 111 services which results in cost pressures for the borough as this additional activity is not funded as part of the current contract.

The borough delegated budget needs to deliver a QIPP/Savings requirement (£1.963m) for 2022-23. There is a risk that some areas like Prescribing and Continuing Healthcare which have seen significant increase in costs and activity will be challenged to deliver savings.



Borough is required to deliver additional system savings of £465k (included within £1.9m). Plans have yet to be identified for delivering these recurrent savings and there is a risk that the borough will not achieve financial balance if saving schemes are not identified. As at the end of quarter 1 borough has delivered £419k of savings against a plan of £452k.

### **Better Care Fund Update 2022/23**

The Better Care Fund is a mandatory pooled budget agreed between the council and the ICB for out of hospital health and care services. It was established as a national policy initiative to promote the integration of health and social care and improve the delivery of effective hospital discharge and admissions avoidance objectives. The total value of the budget for 2022/23 will be £48.724m, funding a range of core social care and community health services.

Following a substantial delay, the national Better Care Fund (BCF) policy framework and planning guidance for 2022/23 was published on 19th July. BCF plans setting out the detail of the budgets and arrangements for promoting integration of services need to be agreed by the Health and Wellbeing Board prior to submission on 26th September. The process of finalising these plans is underway, which includes discussions with the Partnership Southwark Delivery Executive.

In advance of the guidance being produced the BCF Planning Group (a sub-group of the Joint Commissioning Oversight Group) had been working on agreed assumptions for rolling forward the 2021/22 BCF arrangements, including the treatment of the 5.66% annual uplift. In addition, agreement has been made to invest an additional sum of £2.3m into the pooled budget above the minimum contribution requirements. This reflects the commitment of partners to further aligning resources as a key enabler of integration.

The draft plans were reported to the [Health and Wellbeing Board](#) in a BCF update to their July meeting, including key budget changes proposed for 2022/23. The publication of the planning guidance is not expected to change the draft financial plans reported to the board. However, there are some changed requirements to be incorporated into the BCF submission including:

- a new whole system intermediate care capacity and demand analysis for the period Oct 22 – Mar 23. This includes projecting community referrals and discharges from hospital into specific discharge pathways and the anticipated capacity of a range of intermediate care services to take new referrals. This is a complex piece of work which may be of benefit for winter planning and developing our integrated approaches.
- an assessment of hospital discharge arrangements and potential for improvements against the High Impact Changes Framework for transfers of care.
- an increased focus on services to support unpaid carers

The overarching policy objectives of the BCF plan have also been redefined as being to:

- enable people to stay well, safe and independent at home for longer
- provide the right care in the right place at the right time



The BCF plan should set out how health and social care will work together, and use BCF funding, to improve outcomes for each of these objectives.

Following submission of plans there is a national assurance process with letters of agreement expected to be issued in November following which the formal pooled budget S75 agreement can be finalised.

The policy framework indicates that there will be more substantial changes to the BCF in 2023/24, increasing the alignment of resources in line with the Integration White Paper.

### **Polio**

The Southwark Borough team are working closely with the two GP Federations to develop a local vaccination plan in response to signs the Polio virus may be spreading in London. Given the number of children vaccinated in London is lower than recommended, boosting immunity in children will help protect them and reduce the risk of the virus continuing to spread. GP practices have been asked to deliver the vaccine, contacting parents / guardians of children aged 1-4 years as a priority. Invites will go out centrally, however, borough Public Health teams will be supporting with a local awareness campaign, in particular with our most vulnerable and groups who have lowest uptake of all vaccination programmes. GSTT, KCH and the Evelina are likely to provide additional capacity for the borough, in addition to the extended hours hubs running additional clinics to deliver the vaccine.

### **Monkeypox**

Monkeypox is a rare infection most commonly found in west or central Africa. There has recently been an increase in cases in the UK, but the risk of catching it is low. Anyone can get monkeypox, though currently most cases have been in men who are gay, bisexual or have sex with other men. The NHS is offering smallpox vaccination to people who are most likely to be exposed to monkeypox. NHS sexual health services are contacting those most at risk of exposure. In addition, individuals may be offered the vaccine alongside other appointments, for example for HIV pre-exposure prophylaxis (PrEP). GPs in south east London can get advice about their patients with suspected monkeypox symptoms via Consultant Connect. There have been some recent supply issues with the vaccine.

### **COVID-19 Vaccine delivery**

At the beginning of June, Southwark borough team developed a proposal for the autumn COVID-19 vaccine delivery plan which it shared with the two GP Federations.

The proposed model was for the COVID-19 booster campaign to be delivered within general practice, alongside the annual Flu programme. At that stage, the JCVI guidance released for both programmes meant the eligible cohorts for COVID-19 and Flu would be the same (50 – 64 year olds were introduced mid-July to the influenza programme), and NHSE were advising co-administration to maximise uptake. As such, the proposal was for a 'Southwark Neighbourhood Approach' where the two PCNs act as a hub and GP practices operate as a satellite in order to provide good access to Southwark residents whilst ensuring value for money for the health economy.





Following this and conversations with the Federations to agree the delivery approach, co-delivery of covid vaccine and flu has been agreed.

IHL for South Southwark have agreed with general practice colleagues to deliver the COVID-19 vaccination centrally, out of the Tessa Jowell Health Centre and the Lister. Two GP practices have confirmed they will deliver it to their own patients. IHL will offer flu jabs at the two hub sites. In terms of housebound, all bar one practice has asked for this to continue to be delivered centrally, at the same time as the flu vaccine.

QHS for North Southwark have advised that their member practices have signed up to deliver the COVID-19 vaccination but have asked to subcontract the delivery to QHS and they will deliver to the priority cohorts identified in the national specification i.e., care homes, housebound and the extremely clinically vulnerable. QHS will also explore delivering outreach clinics in a GP practice within each of the GP neighbourhoods to increase coverage.

Both QHS and IHL intend to offer Covid and Flu clinics during their enhanced access appointments. GPs in QHS will manage their own housebound patients.

Two additional pharmacies have been assured to deliver the Autumn COVID-19 booster to help improve coverage for the borough. A total of seven community pharmacies will participate, and three mass vaccination sites, including Guy's Hospital, St. Thomas's, and King's College Hospital. An evergreen offer for 5 – 11-year-olds is being explored further by GSTT colleagues, as the provision is limited to the three vaccination centres (Guys, St.

Thomas's, and Kings). As of the 8th of August 2022, approximately 21,866 out of 24,296 Southwark children aged 5 – 11 remain unvaccinated.

### **Safeguarding**

Safeguarding Partnership meetings including the local authority, police, education, and health for children continue to be monthly as we continue to recognise any relevant themes and respond and to also look at service provision across the wider system.

Challenges across the workforce in provider services including safeguarding teams due to unplanned leave and recruitment means that safeguarding training and supervision is under expected compliance rates. The Southwark Designated Nurses for both Children and Adults continue to provide additional supervision and support to safeguarding teams both individually and in groups.

There have been numerous Safeguarding Adult Reviews both locally and nationally that have highlighted the need for work around managing complexity. Both the Designate Nurse and the Named GP for adults have provided input into the design and development of a complexity pathway, led by NHS Kings College Hospital, that provides a multiagency standardised approach for patients where there is concern. The pathway has been finalised and was launched in October/November last year, with further promotion by the Named GP at the borough-wide GP training event (PLT) in February 2022.





### **CQC report into Acorn and Gaumont House Surgery**

The Care Quality Commission (CQC) carried out an announced comprehensive inspection of Acorn and Gaumont House Surgery on 25 March 2022 and the report was subsequently published on 13 June 2022 ([CQC report](#)).

The contractor was rated inadequate for the 'Safe' and 'Well-led' domains and Requires Improvement for 'Effective'. The practice was rated as Good for 'Caring' and 'Responsive' and was given an overall rating of 'Inadequate'.

The papers were presented at Part A of the Southwark Primary Care Group meeting on 26 July 2022, where the group noted progress by the practice to begin to address the issues, confirmed their support to the recommendations and these have now been approved by me as Place Executive Lead:

- the contractor be issued with a remedial notice in respect of those areas of contractual non-compliance which have not yet fully been resolved
- the contractor be required to produce and implement a timed action/improvement plan alongside the remedial notice

### **ICB governance and delegated functions**

Following on from the governance, functions and finance module (module b) of the facilitated Partnership Southwark place development workshops, Richard Gibbs, former Lay Member of the Southwark Borough Based Board, has been leading work to develop an approach to oversight of the business as usual functions delegated to Partnership Southwark by the ICB that fall outside of the shared transformation programme.

Starting in September, we will be convening an Integrated Governance Committee to oversee these functions, specifically finance, risk, quality, safeguarding, special educational needs and disabilities (SEND), NHS Continuing Healthcare, medicines optimisation and ICB staff wellbeing.

The aim of this meeting will be to support me as Place Executive Lead to maintain oversight of these areas. As part of convening the Committee we will be seeking to add lay input to include an independent voice in these arrangements.

I am keen to engage the Partnership as a whole in a wider conversation about our approach to governance and oversight of our shared transformation programme as well as the delegated ICB functions (and any future delegated functions in the future). I think there are opportunities for us to work together to streamline our ways of working that will help make Partnership Southwark flexible and adaptable and able to make the best use of our shared resources.



### **Quality and Performance**

Work is underway at ICB to update the approach to reporting and overseeing quality and performance at SEL-level. August saw the first meetings of the SEL System Quality Group, a group that aims to improve services through a quality improvement approach emphasising shared learning, and the Quality and Performance Committee, that will look at quality and performance metrics for the whole system. Reporting to Local Care Partnerships on quality and performance has been paused while these changes take effect.

Locally, we have started work to develop our own approach. A series of quality seminars are being held with the newly appointed Clinical and Care Professional Leads to support them to reflect together as a team about quality and start to identify early quality priorities. The members of the SEL quality team aligned to Southwark have also been dropping in on the Wells programme meetings to help learn about the programmes and to identify opportunities for working together.

### **Risk**

Nine risks are active on the ICB risk register in Southwark, four are red rated, four amber rated and one is yellow rated. Since the last risk report at the shadow Strategic Board in June the following changes have been made:

- The red rated risks relating to identifying and meeting the health needs of refugees accommodated in Initial Accommodation Centres and Ukrainian refugee schemes have been escalated to the SEL ICB risk register but will continue to be tracked in Southwark.
- The risk of the ICB in Southwark failing to maintain financial balance has been re-rated from red to amber due to action taken to adjust locally held budgets and underspends in some areas.
- The risk to CHC financial controls has been closed, as the borough does not currently have a significant financial pressure in CHC, and the actions required to manage this risk are reflected in the general financial balance risk.
- There is a new risk related to delegated primary care budgets exceeding allocation. The initial rating of this risk is red. The Primary Care Group and the Community Based Care team oversee this risk in partnership with the Associate Director of Finance.

James Lowell  
Place Executive Lead