Partnership Southwark

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

Partnership Southwark Strategic Board

Agenda

Thursday 3 November 2022 12:00 – 13:15 Part 1

Venue: Microsoft Teams

Chair: Cllr Evelyn Akoto

Time	Item	Lead
12:00 – 12:05	**Welcome and Introductions** **Apologies** **Declarations of Interest** **Minutes of the last meeting**	Chair **Enc 1 – Declarations** **Enc 1i - Minutes**
12:05-12:20	**Community Spotlight - Community Health Ambassadors**	Isabella Hester from Healthwatch **Enc 2**
12:20-12:25	**Terms of Reference review**	Annie Norton **Enc 3**
12:25-12:45	**Cost of living – What more could Partnership Southwark do?**	Chris Williamson/Rebecca Harkes/Freya Tracey **Enc 4-4ii**
12:45-12:55	**Winter Plans for Southwark**	Mathew Griffiths **Enc 5-5i**
12:55-13:05	**Place Executive Report** Appendix: Memorandum of Understanding	James Lowell **Enc 6-6i**
13:05 – 13:10	**Public Questions**	Chair
13:10 – 13:15	**AOB**	All
13:15	**Close Meeting**	Chair

Next public meeting date: 12 January 2023

NB: This has been moved forward from 5 January due to the bank holiday period

Partnership Southwark

Declaration of Interests

Name of the meeting: Partnership Southwark Strategic Board

Meeting Date: 03/11/2022

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	1. 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 2. Trustee of Doctors in Distress: Works to prevent suicide of healthcare professionals 3. Trustee 'On Call Africa' Medical charity that works to address rural healthcare in Southern Zambia
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. GP Partner at Villa Street Medical Centre. Practice is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network. 2. Villa Street Medical Centre is currently providing clinical sessions to support triage and care of residents at the

		local bridging hotels for refugees and asylum seekers. Payment is via direct invoice to CCG for the sessions. 3. Villa Street Medical Centre works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, which is funded through the local enhanced service scheme. 4. 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. 5. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 6. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 7. Husband Richard Leeming is councillor for Village Ward in south Southwark.
Nigel Smith	Director, IHL	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	1. GP Partner Nexus Health Group Director Quay Health Solutions Director PCN, North Southwark
Rebecca Dallmeyer	Director, QHS	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
Rod Booth	Director of Contracts, Performance and Operational Assurance	No interests to declare
Sangeeta Leahy	Director of Public Health	No interests to declare
Sarah Austin	Chief Executive Integrated & Specialist Medicine	1. Family member working at Cygnet Health
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 1 September 2022 at 13:00
Room G02ABC, Ground Floor, 160 Tooley Street
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
Paran Govender	Director of Operations and Partnerships GSTT
Gavin McColl	GP, Clinical Director South Southwark PCN
Olufemi Osonuga	GP, Clinical Director North Southwark PCN
Anood Al-Samerai	Chief Executive Officer, Community Southwark
Nigel Smith	Director, IHL
Rod Booth	Director of Contracts, Performance and Operational Assurance, SLaM
Kishor Vasant	GP, Co-Chair LMC
Attendees	
Julian Walker	Head of Comms and Engagement, SEL NHS Southwark
Sabera Ebrahim	Associate Director of Finance, SEL NHS Southwark
Tosca Fairchild	Chief of Staff, South East London ICB
Richard Douglas	Chair, South East London ICB
Bola Olatunde	Communications & Engagement Manager, SEL NHS Southwark
Cheryl Smith	Corporate Governance Lead (Lambeth) SELICB
Rebecca Manzi	Governance and Business Support (Lambeth) SELICB
Sophie Wellings	CEO, Link Age Southwark
Apologies	
Julie Lowe	Site Chief Executive, KCH
Ami Kanabar	GP, Co- Chair LMC
Sarah Austin	Chief Executive Integrated & Specialist Care, GSTT
Shamsur Choudhury	GP, Joint Chair of Clinical & Care Professional Leads

1.	**Welcome & Introductions**
	The Chair welcomed all to the first Partnership Southwark Strategic board and made introductions with apologies noted. Voting members were specified within the papers circulated and the pack included declarations of interest. The Chair asked members to ensure any future changes are updated. The Chair welcomed Richard Douglas and Tosca Fairchild to the meeting. Minutes of the previous meeting were approved as an accurate record.
2.	**How to ask the board questions**
	The chair explained the process for asking questions and highlighted the Glossary of terms.
3.	**Community Spotlight**
	Sophie Wellings (SW), CEO from LinkAge Southwark presented to the board and spoke to members of the board about the Hospital Buddies pilot project. It was explained that Linkage Southwark had been operating in Southwark since 1993 and offered a range of services to older Southwark residents. Within the Age Well programme the following areas of work have been prioritised, linked to winter pressures: • Support to be provided to adults who are going into hospital for elective surgery • Community support to reduce hospital admissions • Longer term support for those being discharged from hospital Following a scoping exercise, the Hospital Buddies project was then developed. A hospital buddy is a volunteer who supports a resident throughout their hospital journey from pre-op planning to recovery, which is usually a 2 to 3 months period. The criteria for referral to this project includes the following: • Socially isolated • In need of support / consents to support • Resident in the borough of Southwark • Referred for elective hip and knee surgery SW outlined the team: a Hospital Buddy Co-Ordinator is in place, five volunteers have been recruited and trained with five more awaiting training. So far there have been two referrals, and these have been matched with volunteers. A working group has been set up to review and monitor the progress of the pilot and they will report into the Age Well Leadership group. The pilot will also be reviewed in March 2023, when initial funding ends. The Chair thanked SW for attending and also asked about publicity and communication.

	SW noted that this work is being undertaken by the Volunteer Co-Ordinator, however help would be appreciated in this area. RD asked about the liaison with the two local acute hospitals with a view to identification of suitable patients as they are referred for procedures as well as expecting GPs to refer into this service. TF suggested advertising within communities, especially those who do not historically reach out for assistance, church groups and non traditional ways of getting the word out. GM noted that there are various first contact practitioner physios based in PCNs who could be involved but commented that recruitment via hospital teams probably more effective. SL agreed that the simplest way forward would be via the hospital and added that the most isolated will be those who are least likely to take up the offer. The question was also asked about expanding the criteria to include people waiting for other surgical procedures. KV noted that hospitals seemed to be the natural point of contact, as at this point this would be the right time to signpost. It was also noted that KCH and GSTT have a very wide catchment area and would the service be available to all people referred to those hospitals. SW confirmed that this service was only available to Southwark residents. RB noted that if there needed to be specific support for people with mental health issues, he was happy to be the link for this. DQT noted that some people may be waiting a long time for these operations due to pressures on the system and recovery after covid and asked if it was possible to look at waiting lists for knee and hip operations to identify people with the aim to reduce anxiety whilst they are awaiting procedures. DQT also thanked SW for this work and felt it was very worthwhile. PG noted that there were great opportunities to get this right for Southwark residents and hopefully will be the start of something that can be offered to all residents in all boroughs. PG also noted the need to offer a holistic service and also wanted to make it easy for those patients who are resistant at first but then change their minds once at home in recovery. **ACTION: PG confirmed that she would take an action to look at ways to improve the identification of patients that could be referred into this service and would also work with KCH on this.** NK noted that if using a true population health management approach, data is where we need to start, so that the intervention can be targeted and maximise impact.

ACTION: PG and SW to meet to look at who should be involved for this to be a success.

The Chair thanked SW for the presentation and the work being done.

4. Developing Health and Care plan

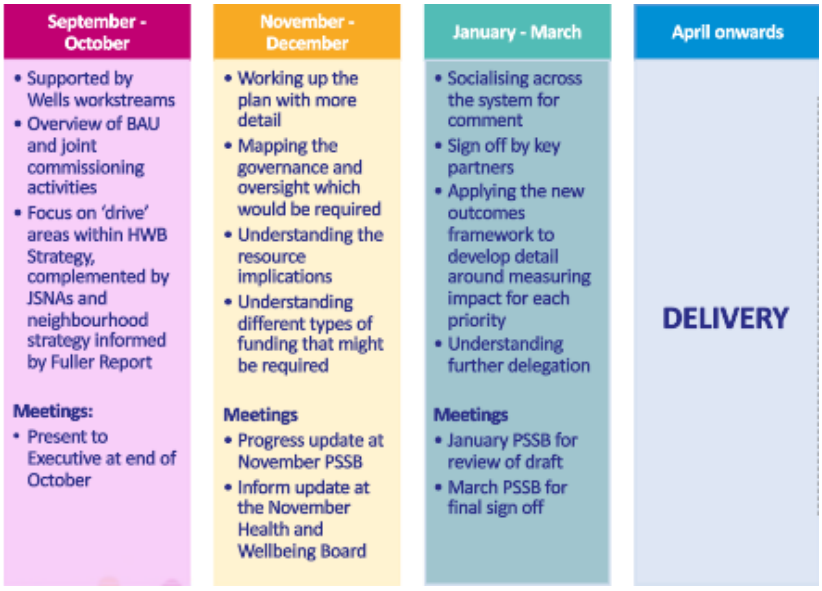
Annie Norton, Partnership Southwark Programme Director, presented the paper circulated to the board.

The Health and Care plan will specify how we were going to achieve the aims of the Health and Wellbeing (HWB) strategy.

The plan will lay out a set of shared integrated priorities which we will deliver 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. The plan will also align with existing partner organisational strategies.

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).

The timescale for the Health and Care plan was outlined:



Alongside developing the Health and Care Plan, delivery would continue on the existing Partnership Southwark activity –underpinned by the "Wells" workstreams.

AW noted that drive 1 on the Health and Wellbeing Strategy was the Start Well and Live Well Programme – A whole family approach to giving children the best start in life and this was highlighted in the slide pack.

The following questions were posed to members of the 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?

The Chair thanked AW for the presentation and noted that there was not enough time on the agenda to go through all questions, however it was very important to look at where we think we are and if this is the right approach.

DQT noted that he felt this was the right approach and especially highlighted the importance of engagement, for example via the Youth Parliament. He was pleased to see the link with the Asylum seekers programme as we have a large community of people with the label 'no access to public funds' who have high needs and use our services.

JL commended the work on this to date. Very pleased to see Health Inequalities and Joint Strategic needs assessment as key components. Most important is to show our residents that we are going to improve their lives over the next few years and not just the next few months. This is a plan for systemic change.

The Chair asked about the links and interdependencies of all local and SEL strategies and so that we maximise opportunities though this work. AN noted that this will be an important part of the development process.

GM noted that it was good to see that the Start Well program includes ambitions to support the mental health of children and young people.

DQT noted that integration of health and social care is central to achieving our aims. All strategies referenced will have accountable officers and in addition, we will need workforce involvement who can help us get this right.

PG noted that the plan is really inclusive, and we need to make sure we address local needs as well as what we want to Partner organisational strategies need to ensure that new ways of working are part of the day job and not an add on.

	JL also noted that it would be helpful to look at strategic enablers supported by programmes at SEL such as IT and Estates and how we use this effectively. NK spoke about partnership and board level behaviour and noted that if we get our data right so that we have an accurate assessment of need and agreed strategic objectives, we should be able to represent each other in part. As an example, the link I have with our Clinical and care Professionals should help bring them onto the same page as the rest of us. GM noted that this should all be about how we can stimulate and improve integration. The flexibility of workforce and estates would be key to this. SL note that it was important to note that in a years' time it would be good to reflect see what had been done differently. SL also noted that Start well Live well, 1001 days, is one of the easier outcomes and focussing on this would be a good measure of success. The Chair thanked all for their comments and noted that it was great to see that the board were focussed on making a difference to people's lives.
5.	**Place Executive Report**
	James Lowell (JL), Place Executive Lead gave a detailed outline of the report circulated and highlighted some key issues; – South London Listens (SLL) – Board Development Session 4th August – Finance – Better Care Fund Update 2022/23 – Polio – Monkeypox – COVID-19 Vaccine delivery – Safeguarding – CQC report into Acorn and Gaumont House Surgery – ICB governance and delegated functions – Risk The Chair thanked JL for the very clear report and update.
6.	**Public Questions**
	Member of the public (Andrew) asked the following questions: **Q: The NHS is very outspoken about plans to be a 'Green NHS' and also about innovation but I have not heard these words once during this meeting. I am very familiar with corporate governance etc but what are you doing to deliver both of these?**

	TF responded as SIRO for sustainability for the ICS that plans are in place and that she would be very happy to go through the detail of this outside of this meeting. Our SEL ICS green plans link into the overall NHS green plan. TF also offered an invitation to the questioner to the Sustainability Board as an observer. MW added that the Part 2 meeting is looking at the green approaches at a local level as part of the consultation on Southwark's Economic Strategy and would be very happy to link in with TF. OO added some local examples such as reduced use of paper within GP practices recycling of Asthma Inhalers. It was also added that staff are working more flexibly which reduced the emissions used as transport. The Chair noted that the comments about better use of Data are examples of innovative approaches but acknowledged the need to look at how we innovate to make lives for our residents easier. RD added that everything that we are trying to do is about innovation. The work we are doing with the VCS is about innovation, our plans for digital work is about innovation. What we want to do as an ICB is to create the space and culture for innovation. Come back and test us in 1 year. AAS noted that critical to innovation would be to get the basics right, need to hold on to this. **Q: Lastly, In the hall of my house is a pair of crutches, I have had them for a number of years, where can I take these to as I can't find this information anywhere.** AN noted that equipment can be returned to the local Urgent Care Centre. The Red Cross mobility service will also take this type of equipment that has been used. **ACTION: EA to look into where patients can return used equipment.** **ACTION: PG to look into used equipment returns for GSTT and KCH and come back to group.** **ACTION: Green Plan to be brought back to future meeting**
7.	**AOB**
	No further business was raised. The next meeting is scheduled for the 3 November 2022, further details will be available on the website (SEL ICS Events) in due course.

Community HEALTH AMBASSADORS Network Southwark

Community Southwark

healthwatch Southwark

Community Health Ambassadors Network

Presented by Izzy Hester

Community Health Ambassadors

Overview of the Network

- Co-coordinated by Healthwatch Southwark/Community Southwark and Public Health Southwark Council
- Set up in November 2020, founded on the community champions model
- Goal: reduce health inequalities by ensuring vulnerable, marginalised communities are heard and have access to health resources and information
- We do this by:
  - Ambassadors sharing information in their communities through methods they find most useful
  - Collecting feedback on Ambassadors' communities needs and barriers

Community Health Ambassadors

Role of Ambassadors

Raise awareness

- Share accurate health information with their networks, for example:
  - Vaccine information and access
  - Health screenings
  - Responses to myths and misconceptions

- Direct residents within their networks to support resources (sign-posting):
  - Resources in different languages and alternative formats
  - Multiple resource formats (e.g. printed posters, leaflets, social media graphics, videos)
  - Range of different topics (e.g. COVID-19 guidance, financial support, food, mental health & wellbeing)

Community voices

- Ensure their community's voice is heard and their questions answered, by providing feedback on:
  - Challenges facing their communities
  - Potential solutions and support required

Community Health Ambassadors

Support, resources, and engagement for Ambassadors

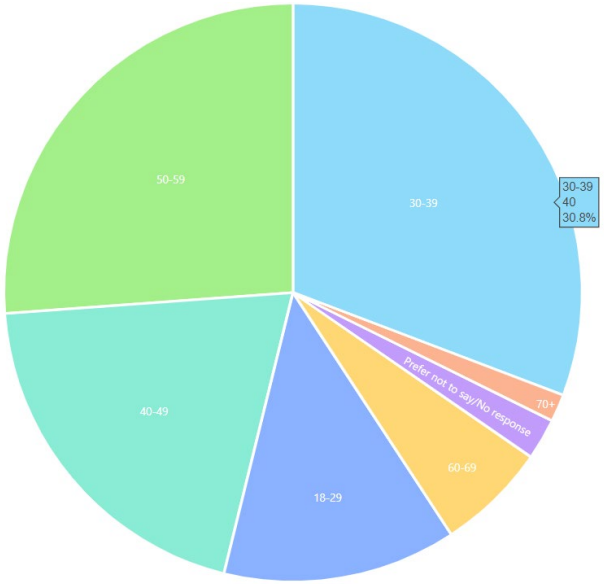
- Quarterly feedback surveys
- Monthly social hour
- Bi-weekly newsletter, Resource Drive:
  - Resource updates, local events, Ambassador opportunities
- Training courses:
  - Mental Health First Aid
  - Make Every Contact Count
  - Level 2 Health Improvement
  - Community Research Skills
- Monthly Network meetings:
  - Vaccine information and confident conversations
  - Personalised care
  - Citizen's Advice
- Active WhatsApp group (65 members)

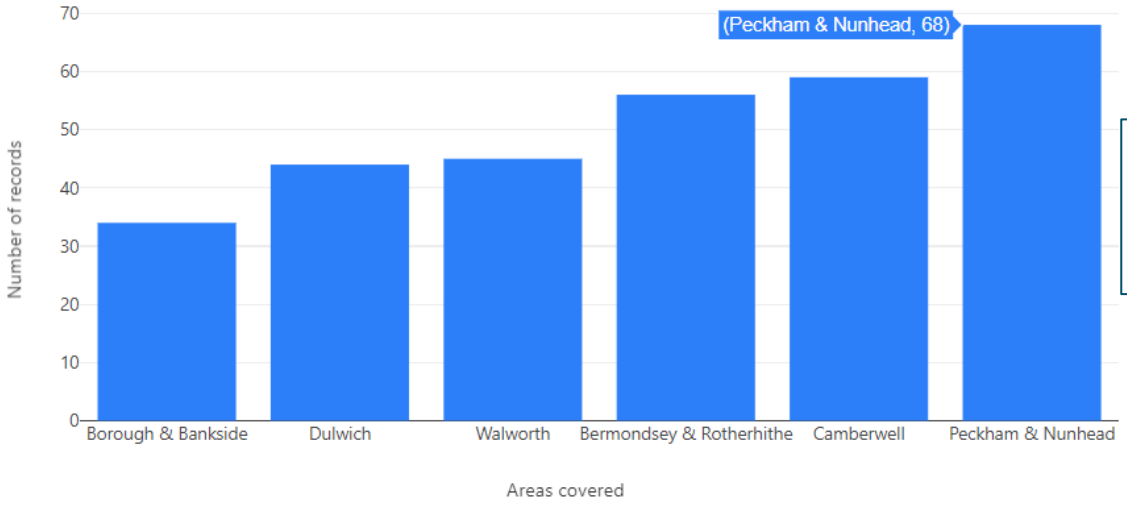
Community Health Ambassadors

Current Ambassadors

- **130** Ambassadors registered as of October 24th.
- **75%** of Ambassadors who provided ethnic background information selected a BAME group (128).
- **47%** of Ambassadors are involved in a faith group

Age





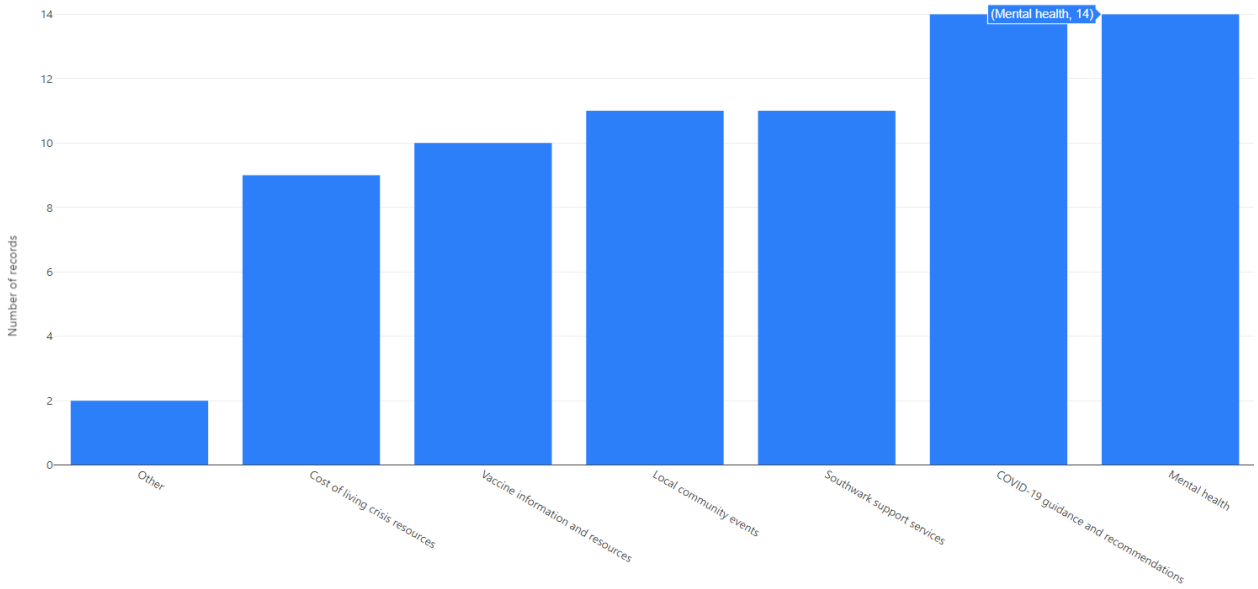
Areas Ambassador have influence or connections

Community Health Ambassadors

Current Ambassadors

- Recent Ambassador activities[1]: passing out leaflets at community events, sharing information on COVID-19 and polio vaccines with parent carers, talking about the booster programme at church, coffee/tea morning talks on vaccine awareness, translating information

- 20 messages were sent out on average for each Ambassador in September, with texts, face-to-face, and social media the most common messaging.



Topics shared by Ambassadors. Other topics included polio resources, cancer, reducing loneliness, local food bank support, long COVID

[1] Based on September survey with 22 respondents

Community Health Ambassadors

Ambassador Experiences[2]

Trustworthy, efficient and timely information:

“I have embarked on this because there was so much misinformation in my community and in a community that you seldom hear its voice. It is important that misinformation is challenged.”

Confidence about sharing accurate messages with and influencing communities:

“I am enjoying being an Ambassador and feel it gives me the confidence to speak with a level of authority. I enjoy the information sharing and dissemination.”

"I have been sharing lived experiences with regards to barriers to taking the vaccine and offering a personal viewpoint."

“I feel that I am part of a group of individuals interested in promoting health awareness in their community.

Post-pandemic support: i.e. mental health, financial support

One Ambassador discussed how other topics have been brought forward following pandemic and has found the resources about mental health helpful, specifically the Mindapples training. Support for mental health, finances, and food security will continue to be relevant to deal with the aftermath of COVID-19.

One Ambassador shares her mental health journey and involvement in the Ambassadors Network.

[2] Based on May 2022 focus group data and June 2022 feedback survey data

Community Health Ambassadors

Looking Ahead

Project has secured funding until May 2022 and is in the Council's priority

- Developing a sub-network of more active Ambassadors
  - Specialised trainings
  - Payment-based activities
  - Develop health topics Ambassadors are passionate about
  - Community champion for specific groups/health topics

- Growing the Network's community connections
  - In-person outreach and events (e.g. health hubs, community events)
  - Focus on expanding the reach of the Network into priority groups and underrepresented communities.
  - 1:1 Ambassador meetings

- Feedback for Healthwatch Southwark and Public Health teams

- Programme evaluation to be conducted in spring 2023.

Partnership Southwark Strategic Board
Cover Sheet

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

Item 3
Enclosure 3

Title:	**Terms of Reference**
Meeting Date:	**3 November 2022**
Author:	Annie Norton
Executive Lead:	James Lowell

Purpose of paper:	**To note updates to the Partnership Southwark Strategic Board's Terms of Reference.**	Update / Information	✓
		Discussion	
		Decision	

Summary of main points:	The PSSB's ToR have been amended to reflect changes in membership, as follows: ▶ Section 5: removal of "the Strategic Director, Environment & Leisure", following notification from Southwark Council that its role would be represented solely by the Director Adult Social Care & Children's Social Care ▶ Section 5: abbreviations spelt out ▶ Section 6: insertion of wording "a" and "should the need arise" ▶ Section 7: correction of "or" to "&" Members' attention is also drawn to sections 8 and 9, with respect to attendance and the need to appoint a suitable deputy, advising of this in advance, if unable to attend meetings (this includes development sessions).	
Potential Conflicts of Interest:	N/A	
Impact:	Equality Impact	No impact
	Financial Impact	No impact
Other Engagement	Public Engagement	N/A
	Other Committee Discussion/ Engagement	
Recommendation:	To **note** updates to the Partnership Southwark Strategic Board's Terms of Reference.	

NHS
South East London

Integrated Care Board

Southwark Local Care Partnership Committee (Partnership Southwark)

Terms of Reference

updated 20 October 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[1]. 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.

[1] 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. Voting members of the committee will include representatives as follows:

a. 2 x Co-chairs (1 appointed, 1 Council-nominated Cabinet Member)
b. 1 x Local Care Partnership Place Executive Lead
c. 1 x Local Authority Director Adult Social Care & Children's Social Care
d. 1 x Local Authority Director of Public Health
e. 2 x Primary Care Network Leads (North & South)
f. 1 x Community Services Provider (GSTT)
g. 1 x Mental Health Services Provider (SLaM)
h. 1 x Acute Services Provider (KCH)
i. 1 x Voluntary, Community, Social Enterprise (VCSE) Representative
j. 1 x Council for Voluntary Services (CVS) Lead
k. 1 x Healthwatch Lead

5.2. Non-voting members of the committee include the following:

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 Chair of the Lived Experience Assembly

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 a Deputy Chair will be appointed by the committee, should the need arise. 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 & 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 CVS 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 2, 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.

Partnership Southwark

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

Partnership Southwark Strategic Board
Cover Sheet

Item 4
Enclosure 4

Title:	**Cost of Living – What more could Partnership Southwark do?**
Meeting Date:	**3 November 2022**
Author:	Freya Tracey and Rebecca Harkes
Executive Lead:	Sangeeta Leahy

Purpose of paper:	• To update the board on the cost of living crisis in Southwark – the most affected groups, the impacts on health and wellbeing and what is being delivered locally to support residents • To inform discussion on additional ways Partnership Southwark can support residents	Update / Information	
		Discussion	/
		Decision	
Summary of main points:	• The rising cost of living will affect all residents. Those on lower incomes will feel the impact hardest as they spend a higher proportion of their household income on essentials (food, fuel, housing) that are both harder to reduce spending and the areas where inflation has been highest. • The increasing cost of living will affect several aspects of health and wellbeing: food insecurity and access to nutrition, deb, financial stress and mental wellbeing, fuel poverty, transport poverty and housing insecurity. • National and local financial support is targeted to those who receive means tested benefits. However this support will not fully relieve the additional pressures. • Southwark Council Cost of Living Fund has provided additional one-off payments to households receiving Council Tax Reduction or Housing Benefit, families with children getting free school meals at Southwark schools and families with a child transferring to secondary school and eligible for a School Uniform Grant. • Council teams and local partners are working to support residents with food insecurity, warmer homes and helping residents to find support. • Institute for Health Equity has produced a report on how to address the underlying causes of fuel poverty and their health consequences, including a) Reducing deprivation and income inequality – local advice services, prioritise economic recovery in areas of deprivation b) Improving housing quality and energy efficiency - develop new and existing properties to be more energy efficient. c) Addressing energy costs – support residents in reducing energy costs.		

	d) Addressing health needs and NHS interventions – optimise health and wellbeing of children and young people, single point of contact for health and housing referral service, social welfare legal advice in health settings. • Boroughs across London have developed a range of approaches to support residents across the crisis – some may provide ideas of additional work Partnership Southwark could do. After a short presentation, there will be a discussion around two themes: 1. Where are there gaps in the local response to fuel poverty and its health consequences and what more could be done? (as related to Institute of Health Equity report). 2. Are there additional areas of work that Partnership Southwark can deliver to provide additional support to residents?	
Potential Conflicts of Interest	**None**	
	Equality Impact	The local response to the cost of living crisis seeks to support residents who are most affected. Local intelligence has been combined with national research to estimate who will be most impacted and this has informed the work programme.
	Financial Impact	None
Other Engagement	Public Engagement	**None**
	Other Committee Discussion/ Engagement	**Presented to Financial Inclusion Forum and briefing to councillors**
Recommendation:	**NA**	

Enclosure: 4i
Agenda Item: 4

Cost of Living Crisis

Southwark Public Health Division

October 2022

Energy prices will increase by 96% this winter, with average household seeing 64% increase after £400 energy rebate

BACKGROUND

Energy, food and transport are main drivers of rising inflation, but harder for households to cut back on. Government support to limit this will help to reduce extent of rise but will still leave many struggling to meet increasing costs across multiple areas.

- Inflation has been driven by the rising cost of energy, transport and food.
  - In the year to September 2022, domestic gas prices increased by 96% and domestic electricity prices by 54%.
  - Food prices have increased by 15% in the year to September 2022, with an increasing rate of change.
- Households are limited in the extent to which they can reduce their consumption of these essential goods. This creates a challenge for low-income households in particular, where there is less room within household budgets to absorb the higher costs.
- Blanket government measures of £400 energy rebate and the new Energy Price Guarantee will help reduce the sharp increase in fuel costs. Households will still have a 27% increase in energy costs from 1 October, after a 54% increase in April, equivalent to 96% increase on previous year. Once the £400 energy rebate is applied, the average household will have a 64% increase.
- There are additional government measures in place to support people who receive means-tested benefits, disability benefits, pension credit. The extent these help to cover additional costs will be affected by individual circumstances – caring, disability, number of dependants.

References – see full report for all references for this section; too many to list here

Most people who received the first Cost of Living payment spent it on food and within weeks of receiving it

HOW WILL THIS AFFECT HEALTH AND WELLBEING?

The rising costs of food and fuel will have direct impacts on health and wellbeing, with those who already experience problems meeting these costs most affected.

Food insecurity and access to nutrition

- With increasing food costs, it will become increasingly difficult for those on lower incomes to afford to eat a healthy diet.
- The rising cost of food has led to an increase in people reporting that they are cutting back on meals or missing food altogether.
- GLA research in September showed that those who reported financially struggling were twice as likely to report buying less food and essentials to manage costs (70% vs 35%).
- A Trussell Trust survey in August of almost 2,000 Universal Credit recipients showed:
  - More than a third (38%) had gone a whole day without food or just one meal because they couldn't afford to buy enough food
  - One in five (21%) were unable to cook hot food as they couldn't afford to use appliances

Debt, financial stress and mental wellbeing

- More than a third (34%) of those on UC who have fallen into debt in the three months to August because they couldn't afford to keep up with essential bills
- Debt problems can lead to poor mental and physical health, and stress around finances can make managing debt more difficult.

References – see full report for all references for this section; too many to list here

Increasing costs of food and fuel will affect spending in other areas, and cutting back will impact health

HOW WILL THIS AFFECT HEALTH AND WELLBEING?

Beyond immediate impacts on food and fuel costs, the need to spend more on these will affect wider budgeting. Increased pressure on budgets can cause stress and impact mental wellbeing.

Fuel poverty

- 15% of Southwark respondents to the 2019 Survey for Londoners reported they could not keep their homes warm enough.
- Cold homes can affect or exacerbate a range of health problems including respiratory problems, circulatory problems and increased risk of poor mental health.
- The Institute for Health Equity have reported that 10% of excess winter deaths are directly related to fuel poverty in England, and 22% are related to cold homes.

Transport poverty

- Costs of fuel rising more sharply than Transport for London prices, so will affect residents differently.
- Reduced access to transport can affect access to employment, education, healthcare, shops including essentials, with both immediate and longer term impacts on health and wellbeing.

Housing instability

- Housing affordability is frequently cited as an issue for people experiencing mental ill health.
- Whilst those who live in social rented housing will not see an increase in rent, rising costs on food and fuel may lead to rent arrears.
- Crisis estimated in February 2022 that homeless in England could increase by a third to 66,000 people as a result of the increasing cost of living and the end of COVID-19 eviction bans

References – see full report for all references for this section; too many to list here

The rising cost of essential goods is expected to affect low-income households disproportionately

HOW WILL THIS AFFECT SOUTHWARK RESIDENTS?

Whilst everyone will experience rising costs of essential goods which are difficult to cut back on, low-income households have less flexibility in their personal finances to absorb the extra costs.

People on low-incomes, especially those who do not receive Universal Credit

- Low-income households spend higher proportion of total spend on food, housing and energy – areas which have seen highest inflation, and more limited space to cut back on essentials (40% for lowest income group; 4% of Southwark households)
- There is targeted assistance, but those on low incomes not receiving Universal Credit will be most affected
- Across London, people earning less than £20,000 are more likely to report financially struggling in June 2022 (29% vs 17% total).

Faraday, Old Kent Road and Peckham

- Highest % of residents in lowest three income decile groups, and highest % receiving Universal Credit.
- Amongst top 7 highest wards for fuel poverty (13-14% of households).

Camberwell Green, Nunhead and Queens Road

- In 2020, fuel poverty was highest in these wards, at 15% of households, with some communities at 16-20%.

People with disabilities

- In 2019, people with a disability in Southwark were more likely to be in fuel poverty (26% vs 15% total)
- Across London, people who are deaf or disabled are more likely to report financially struggling/ just about managing in September 2022 (63% vs 53% total).

Range of national and local measures in place to help residents with cost of living, including targeted support

WHAT IS CURRENTLY IN PLACE TO MITIGATE THESE IMPACTS?

Measures put in place to mitigate these impacts are mostly targeted at low-income households, pensioners and people receiving disability benefits.

National measures	Local measures
Universal £400 refund on energy bills	£150 Council Tax rebate to households in council tax bands A-D
£650 payment to households on means-tested benefits	Southwark Council Cost of Living Fund (SCCOLF) has provided additional one-off payments to households receiving Council Tax Reduction or Housing Benefit, families with children getting free school meals at Southwark schools and families with a child transferring to secondary school and eligible for a School Uniform Grant
£300 top up to Winter Fuel Payment to pensioners	
£150 payment to people receiving disability benefits	

- The new Energy Price Guarantee will mean the average flat will spend £700 and average house £1,150 less than what they would have had to spend before the introduction of the EPG. This will still be a 96% increase on fuel bills last year. The average household will have a 64% increase after the £400 energy rebate is applied.
- The new measures mean there is a limit to how much households can be charged for daily standing charge to have access and for each unit of gas and electricity used, so the average household will pay £2,500 a year but individual household bills could be higher or lower.

Collaborative work across council teams and local partners will support residents with food, fuel and housing increases

ADDITIONAL SUPPORT ACROSS COUNCIL TEAMS

In addition to the financial support provided through the Southwark Council Cost of Living Fund, teams across the council are working to provide additional support to residents who are impacted by the rising cost of living. A summary of immediate term work is provided below, but doesn't include longer term work which will address root causes such as new build programme, creating new local jobs.

Food insecurity

- Universal healthy free school meals for all primary school children and Holiday Activity and Food Programme
- Continued work in place to make Southwark a right to food borough.
- Collaborative work in Walworth and the Kingswood Estate to strengthen ties between food organisations at a local level, with plans to develop a similar model in Bermondsey and Rotherhithe (SE16).

Helping residents to find support

- 'Worrying about money' leaflet and app – easy to use guide to help residents find the right advice and support in Southwark, including support to maximize their income and access debt advice.
- Guide and information webinars have been delivered to over 300 partners and colleagues from across the council, local NHS, VCS, faith organisations, TRAs and schools with more sessions planned

Warmer homes

- GLA Warmer Homes Fund and Warm Home Advisory Service was advertised by direct mail to more than 500 households identified to be in low income and energy inefficient homes and eligible for the services.

The Institute of Health Equity framework outlines a wide ranging response needed to address fuel poverty

WHAT MORE COULD BE DONE LOCALLY?

The 'Fuel Poverty, Cold Homes And Health Inequalities In The UK' report outlines a number of approaches aimed at addressing the underlying causes of fuel poverty and their health consequences. Appendix 1 outlines some examples of activities Southwark and other local authorities have taken across these themes.

Reducing deprivation and income inequality	a) Local advice services tailored to personal need b) Prioritise economic recovery in areas of deprivation
Improving housing quality and energy efficiency	a) Energy efficiency and insulation intervention for existing properties b) Create incentives for private landlords to retrofit rental properties c) Ensure new properties are energy efficient
Addressing energy costs	a) Support residents in reducing energy costs by reviewing energy tariffs b) Smart meters c) Suppliers to provide better service to their customers
Addressing health needs and NHS interventions	a) Optimise health and wellbeing of children and young people b) Implement NICE guidelines on health risks of cold homes i. Include health effects of cold homes in JSNAs ii. Recognise those most at risk from cold homes – both from fuel poverty and ill health iii. Make every contact count iv. Single point of contact health and housing referral service v. Discharge vulnerable people to a warm home vi. Social welfare legal advice in health settings

Discussion: Where are there gaps in the local response to fuel poverty and its health consequences and what more could be done?

The Kings Fund have identified three key actions for data partnership working to address poverty in health and care

WHAT MORE COULD BE DONE LOCALLY?

Health and care systems can mitigate, reduce and prevent poverty's effects on health, but to do this there need to be improvements in data sharing use.

- There is no single measure for poverty – there are several measures related to poverty including people on Universal Credit, children on free school meals, children in low-income households.

- Local authorities have access to individual data that more directly measures poverty, including benefit and Council Tax data as well as social care, housing and school census data. Data sharing with the ICP will make it a valuable forum for structuring the sharing of information.

- The Kings Fund have identified three ways the NHS can have an impact on poverty and its effects
  1. Raise awareness of the impacts of poverty on people's health and access to care
  2. Take direct actions on poverty
  3. Advocate for tackling poverty

- They also identified three key opportunities for ICSs to make progress on tackling poverty in the coming year as new structures embed.
  1. Include poverty measures in shared outcomes frameworks for ICSs
  2. Embed poverty into ICSs' population health strategies
  3. Collect and share poverty data more systematically between partners, making use of ICPs

Discussion: What can Partnership Southwark do to mitigate, reduce and prevent poverty's effect on health based on the opportunities identified?

Boroughs across London have developed a range of approaches to support their residents during the crisis

WHAT MORE COULD BE DONE LOCALLY?

Across London, there are many different examples of work to support those who are most affected by the cost of living crisis. Some will address similar challenges to the work already in progress/ development in Southwark but others may give ideas of where additional support could be provided locally.

Some examples of work across London:

- Newham Council have provided £150,000 to Children's Centres so they can provide direct support to those in need
- Hackney Council developed a summer festival to bring together low-cost and free activities in Hackney for young people of all age groups to take part in over summer break
- Tower Hamlets Council are providing £100 one off payments to households at risk of poverty but ineligible for free school meals, households with children below school age and pensioners who are on pension credit. The first is from new funding whilst latter two are from the Households Support Fund
- Lewisham Council have a Bank of Things including toiletries, sanitary products and school equipment so young people can drop in and pick up everyday items they need

Local Government Association includes a wider range of examples of work carried out across local authorities to address different areas of the cost of living.

Discussion: Are there additional pieces of work that Partnership Southwark can deliver to provide additional support to residents?

Cost of Living Profile

This is a live document and reflects intelligence available as of September 2022.

Who will be most affected by cost of living crisis?

People on low-incomes, especially those who do not receive Universal Credit

- Low-income households spend higher proportion of total spend on food, housing and energy – areas which have seen highest inflation, and more limited space to cut back on essentials (40% for lowest income group; 4% of Southwark households)
- There is targeted assistance, but those on low incomes not receiving Universal Credit will be most affected
- Across London, people earning less than £20,000 are more likely to report financially struggling in September 2022 (36% vs 20% total).

Faraday, Old Kent Road and Peckham

- Highest % of residents in lowest three income decile groups, and highest % receiving Universal Credit.
- Amongst top 7 highest wards for fuel poverty (13-14% of households).

Camberwell Green, Nunhead and Queens Road

- In 2020, fuel poverty was highest in these wards, at 15% of households, with some communities at 16-20%.

People with disabilities

- In 2019, people with a disability in Southwark were more likely to be in fuel poverty (26% vs 15% total)
- Across London, people who are deaf or disabled are more likely to report financially struggling/ just about managing in September 2022 (63% vs 53% total).

How will this affect health and wellbeing?

Food security and nutrition

- Increasing food costs and increased demand for lower priced food ranges makes shopping on a limited budget harder → low income households most affected
- More difficult to maintain a healthy, nutritious diet due to healthy food costs and costs of food preparation
- Increase in households cutting back on food or missing meals

Fuel poverty

- Cold homes can affect respiratory or circulatory problems, and increase risk of poor mental health
- Over half (55%) of respondents to April 2022 poll felt their health had been negatively affected by rising costs; 84% as a result of rising heating costs

Mental wellbeing and financial stress

- In September, half (48%) of Londoners were very worried about increasing living costs, and additional third (35%) fairly worried
- Financial stress can lead to poor mental health and wellbeing
- Debt problems can lead to poor mental and physical health, and stress around finances can make managing debt more difficult

Housing instability

- Housing affordability is often an issue for people experiencing mental ill health
- Average private rent for new tenancies increased by 14% to July

Transport poverty

- Rising cost of petrol will affect those who rely on car travel for work and can't use active travel/ public transport/ car share

Find out more at
southwark.gov.uk/publichealth

Southwark Public Health Division

Public Health Division
Children & Adults Department

Cost of living profile: Autumn update

Last updated 06 October 2022

1. Introduction

This briefing summarises:

- Updates to the national measures in place to support the cost of living crisis.
- Forecasts of how the situation could look over winter.
- Additional evidence of the impact the cost of living crisis will have on health and wellbeing.

2. Changes in weekly household income by income group

- The first Cost of Living Profile produced in July outlined the income distribution among residents in Southwark and the anticipated rise in costs from December 2020.
- Analysis by the Centre for Economics and Business Research (CEBR) has shown how much discretionary income different income groups have remaining after average weekly spending[1]. Overall, there has been a 13% decline in household weekly discretionary income. All income groups apart from the most affluent saw a fall of spending power, with less money compared to a year ago.
- In August 2022, CEBR predicted those on lowest incomes would be £60 short in meeting their essential spend each week. Despite changing spending patterns, those on the lowest incomes have insufficient funds for essential items. An estimated 14% of Southwark residents are in the lowest income bracket, equating to almost 20,000 people.
- The second lowest income bracket were predicted to have £7 left each week after essential spend.
- Both income groups have seen the amount of money available after essential spend almost halve compared to a year ago.

3. Impact of Energy Price Guarantee on household energy costs

- In the 12 months to August 2022, the cost of electricity has increased by 54%, with the cost of gas increasing by 96%[2].
- The Energy Price Guarantee (EPG) has placed a two year limit on how much energy companies can charge for daily standing charge and daily usage of energy.
- Despite this, energy costs will rise by 96% compared to last winter. The average household will see a 64% increase after £400 energy rebate is applied.
- When newspapers refer to ‘average household paying no more than’ or energy price cap, there is no upper limit to how much households could pay on electricity and gas – the more energy used, the more households will pay. This will be affected by size of property, number of occupants, energy requirements.

4. Impact of Energy Bill Relief Scheme on business energy costs

- Similar to the Energy Price Guarantee, the government have introduced a discount on wholesale gas and electricity prices for all non-domestic customers (businesses, voluntary sector, public sector)[3].
- This will run from 1 October 2022 to 31 March 2023, and the price reduction will vary depending on the type of energy contract the business has, and it is likely that some businesses will still struggle to meet their energy costs.

[1] Centre for Economics and Business Research (2022). Asda Income Tracker
[2] ONS. (2022) Consumer price inflation tables
[3] Gov.uk (2022) Government outlines plans to help cut energy bills for businesses

5. Changes in inflation

- In the 12 months to August 2022, the Consumer Price Index increased by 9.9%, down slightly from the 10.1% increase seen in July. This was mainly driven by a drop in petrol and diesel prices but other areas saw inflation rates continue to rise, including food at 13.4%, compared to 12.8% in July.
- The new energy package has caused a reduction in the forecast of inflation over the autumn, with it now expected to peak at 11% in October and then remain around 10% for several months[4].

6. Impact of increasing interest

- Interest rates currently stand at 2.25% with further increase in November likely[5].

Link between higher interest rates to mortgage interest rates

- One way interest is used to reduce inflation is to reduce how much households can spend, by increasing the cost of borrowing e.g. loans and mortgages.
- Those on a variable rate mortgage have already seen an increase in repayments during 2022 before interest rates increased (10% of the national population have a variable mortgage (30% of total mortgage population)).
- In the year 2021/22, 11% of *all households* nationally spent more than 20% of their disposable (post-tax) income on mortgage repayments[6].
- If all mortgage interest rates are increased to 3%, 17% of *all households* nationally would spend more than 20% on repayments.

Who is most affected by rising interest on mortgage payments?

- In 2020, 22% of households in Southwark were owned with a mortgage or loan[7].
- The proportion of households with a mortgage varies across income groups nationally - 19% of the lowest income bracket have a mortgage, compared to 54% in the highest income bracket. (14% of Southwark is in the lowest income quintile).
- Those on low incomes and limited wealth are most likely to be on variable mortality rates, and be most affected by rising interest rates. An increase to 3% interest will see a rise from 54% to 68% of *those with a mortgage* paying more than 20% of disposable income.
- 30% of those with a mortgage are on variable rate mortgages which are most affected by increasing interest. These are more common for:
    - Lower income quintiles - 36% of those with a mortgage in lowest income quintile group are on variable rate, and 32% on second lowest income quintile
    - Older age groups - 44% of 55-59 year olds with a mortgage are on variable rate and 40% of 50-54 year olds

7. Additional evidence of impacts on health and wellbeing

- A national survey in August among those who receive Universal Credit[8] showed:
    - More than a third (38%) have gone a whole day without food or just one meal in the past month because they couldn't afford to buy enough food
    - One in five (21%) were unable to cook hot food as they couldn't afford to use appliances
    - One in four (23%) were unable to travel to work or essential appointments because they couldn't afford public transport or fuel
    - More than a third (34%) of people have fallen into debt in the last three months because they couldn't keep up with essential bills
    - Almost two thirds (64%) spent the first Cost of Living payment on food
    - Over two thirds (70%) have spent all of the payment within weeks of receiving it (first payment was July 2022, second is Autumn)
- A GLA survey in September[9] showed:

[4] Financial Times (2022) Bank of England lifts interest rates by 0.5 percentage points
[5] Financial Times (2022) Bank of England lifts interest rates by 0.5 percentage points
[6] Institute of Fiscal Studies (2022) Who is most affected by rising mortgage interest rates?
[7] ONS (2022) Subnational estimates of households by tenure, England
[8] Trussell Trust (2022) Forty percent of people claiming Universal Credit skipping meals to survive, new research fom The Trussell Trust reveals
[9] GLA (2022) Public opinion: cost of living tracker September 2022

- The most popular responses to manage living costs are buying cheaper products (50%), spending less on non-essentials (52%), using less water, energy or fuel (44%), and buying less food and essentials (35%).
- Almost half (49%) of Londoners have struggled with rent/ mortgage payments in September, compared to 37% in January, with a similar trend seen with bills. Those from Asian or Black ethnic groups were more likely to report struggling with rent/ mortgage payments, along with those not in employment.
- Half (50%) of Londoners are worried about increasing rent/ mortgage payments, and four-fifths are worried about increasing energy costs (81%), and increasing living costs overall (83%).

- The Institute for Health Equity have reported that 10% of excess winter deaths are directly related to fuel poverty in England, and 22% are related to cold homes[10].
- Crisis estimated in February 2022 that the number of homeless people in England could increase by a third to 66,000 as a result of the increasing cost of living and the end of COVID-19 eviction bans.[11].
- In London, average private rents for new tenancies have risen by 14% in the period to July 2022[12].

8. Local insight into increased need – Citizens Advice Southwark

- Data provided by Citizens Advice Southwark (CAS) provides a picture of the increasing number and level of need amongst residents in Southwark.
  - Utilities issues have seen a large increase, from 4% (2021/22) to 16% (Apr-Sept 22) of all CAS enquiries, and fuel debts have increased from 17% (2020/21) to 22% (2021/22) of all debt related issues.
  - In June 2022, 42% of debt clients had a negative budget (up from 38% in February 2020, and 32% in 2016). (Negative budget – where a debt adviser assesses that a client cannot meet their living costs).
  - In June 2022, 30% of people with a negative budget were within £20 a week of leaving a negative budget (down from 35% in June 2021, and 38% in February 2020), showing it's harder for people to get closer to meeting their living costs.
  - 46% of people who don't have a negative budget are within £20 a week of falling into one, highlighting the need to focus on those at risk as well as those who already have fallen into a negative budget.
  - Housing related problems make up one in five (19%) contacts to CAS which has shown a steady increase. Problems with council housing (23%) and private rented sector (22%) make up similar proportion of all housing related problems.
  - CAS's recent experience working with residents has shown that even people who are financially fairly stable and in full time work are struggling with energy bills and are at risk of/ are in fuel poverty.
  - Research from Citizens Advice across London showed that over a quarter of those with a negative budget are in full time work.

Author
Freya Tracey | Health intelligence analyst | freya.tracey@southwark.gov.uk
Rebecca Harkes | Policy officer for healthy communities and health inequalities | rebecca.harkes@southwark.gov.uk

END

[10] Institute of Health Equity. (2022). Fuel poverty, cold homes and health inequalities in the UK
[11] Institute of Health Equity. (2022). Fuel poverty, cold homes and health inequalities in the UK
[12] Institute of Health Equity. (2022). Evidence Review on Housing, Health Inequalities in London

Partnership Southwark

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

Partnership Southwark Strategic Board
Cover Sheet

Item 5
Enclosure 5

Title:	**Lambeth and Southwark Winter Preparation Plans 2022–2023**
Meeting Date:	**03 November 2022**
Author:	Lambeth and Southwark Urgent and Emergency Care Board
Executive Lead:	James Lowell

Purpose of paper:	The paper outlines system-wide plans across Lambeth and Southwark for meeting seasonal increases in demand over the winter period.	Update / Information	**X**
		Discussion	**X**
		Decision	
Summary of main points:	• The plan has been developed by partners across Partnership Southwark and Lambeth together • The plan is currently in draft, although the actions described are underway • The Lambeth and Southwark Urgent and Emergency Care Board will finalise and agree the plan on Wednesday, 09 November		
Potential Conflicts of Interest	**None**		
	Equality Impact	The plain aims to ensure sustainable and responsive services over winter for the whole population. The vaccinations programme includes a focus on tackling inequality	
	Financial Impact	The plan is underpinned by additional funding to all partners	
Other Engagement	Public Engagement	**None**	
	Other Committee Discussion/ Engagement	**Shared development through the Lambeth and Southwark UEC board**	
Recommendation:	**Note the winter plan**		

Lambeth and Southwark Winter Preparation Plans 2022–2023

Lambeth and Southwark Winter Planning Overview - ***Note this is draft outline and will be refined over coming days / weeks with input from the integrated teams: SEL / Place / Providers / Other stakeholders***

The 2022/23 winter plan aims to deliver on the successful elements of the previous year's plan building on specific areas to further strengthen the offer and respond to new emerging needs and system changes. The plan is being built to include coverage of the following key areas:

1. Increasing system capacity
   - Primary Care / Admission Avoidance
   - Demand Management – Incl. Re-direct/Signposting/HIU
   - Discharge / Adult Social Care
   - Public Health Campaigns / messaging
   - Mental Health
   - Workforce
   - LAS / NHS 111

2. Meeting Seasonal Demands
   - Respiratory pathways – Adults and Children and Young People
   - Christmas and New Year additional capacity
   - Covid-19 and Flu vaccination planning

3. Information Sharing and escalation
   - Winter Communications and Engagement
   - Data and performance management
   - Primary Care Data Sharing developments

Winter Plans Focus

- UEC transformation
- Flu and covid plans including care homes (L/S)
- Comms and Engagement Plans
- SDEC capacity increase (K)
- LAS support (K)
- Discharge and repatriation focus (K)
- Frailty support (K)
- Winter workforce & staff wellness (K)
- MH hospital avoidance (S) need resource
- System level communications, engagement and pathway planning (S)
- Pathway and flow support (S)
- Practice performance focus (L)
- Additional capacity GPs and nurses (F2F and virtual) (L/S)
- Front door diversion (L)
- Pharmacy First (S)
- Additional resource (Reimbursement Scheme) (S)

- Access improvements (S)
- Data and sharing of Information with commissioners (SELDoC)
- ASC 7 day working supporting discharge flow
- ASC comms and engagement around discharge focus and home first approach
- LA S/W in ED to support at GSST
- ASC increase capacity
- ToC programme to reduce unnecessary PoC quicker providing additional capacity
- ASC additional D2A, reablement beds and step down flats
- ASC workforce support and voluntary sector support

Potential Winter Plan Gaps

Focus of Winter Plans

The following was set out in the national letter of 12th Aug around system planning expectations ahead of and during winter.

1. Increasing system capacity
   - Primary Care / Admission Avoidance
   - Demand Management – Incl. Re-direct/Signposting/HIU
   - Discharge / Adult Social Care
   - Public Health Campaigns / messaging
   - Mental Health
   - Workforce
   - LAS / NHS 111

2. Meeting Seasonal Demands
   - Respiratory pathways – Adults and Children and Young People
   - Christmas and New Year additional capacity
   - Covid-19 and Flu vaccination planning

3. Information Sharing and escalation
   - Winter Communications and Engagement
   - Data and performance management
   - Primary Care Data Sharing developments

Gaps/ Considerations

- Of the current winter plans received we have coverage of most of the asks outlined in the letter of 12th Aug in parts.
  - Workforce – not so much reliance (apt MH) lessons learned from last year
  - Adult Respiratory Pathway – Not covered
- System Leads now need to:
  - reflect on what others have in their plans
  - challenge their own draft plans for completeness in line with SEL Assurance Framework and National Asks as well as local strategies and equality of provisions
  - Any additional activities which could be implemented to support winter delivery
- We will share draft for review

COVID-19 and Flu Vaccinations Programme: Lambeth

- A Vaccination & Immunisation Operational Group has been established and stakeholders from across primary and secondary care, public health, education and local council are represented. This Group reports into the Lambeth Vaccination Steering Group to escalate risks and challenges to the vaccination programmes
- Dedicated call/recall to all eligible cohorts from GP practices
- Working with Lambeth Public Health to address inequality and improve uptake. Continued use of community
- Continued delivery of an Evergreen offer for residents who have never received a covid vaccination
- Continued use of the Lambeth Health and Wellbeing bus to deliver vaccinations in areas of low uptake and high deprivation
- Co-administration at Care Homes where clinically appropriate
- Making Every Contact Count (MECC) and signposting to relevant sites across the brough to increase uptake
- Working with local maternity services to increase flu uptake in pregnant women
- Working with Community Services (District Nurses) and practices to ensure flu vaccinations are offered to current DN caseloads
- Delivery model includes GP's, PCN's, Pharmacies, Local Vaccination Sites and Vaccination Centres.

COVID-19 and Flu Vaccinations Programme: Southwark

- A Vaccination Oversight Group (VOG) has been established and includes providers, primary care and Public Health colleagues working jointly to deliver all vaccines
- A mixed model for delivery is being employed including the use of GPs, PCNs as local vaccination sites, community pharmacies, and vaccination centres.
- Practices are supporting ‘call and recall’ of patients
- Care homes residents have been offered COVID-19 and flu with co-administration for most (where flu stocks were delivered in time)
- Community ‘pop-ups’ are being set up in areas of low uptake and high deprivation
- MECC (making every contact count) with patients is still an expectation when delivering (for e.g. co-administering with other vaccines, blood pressure checks etc)

Lambeth and Southwark Winter Communications and Engagement Plans

Approach – to support the L&S Winter Plan

- amplify national, regional and SEL key messages, utilising national, regional and SEL resources and toolkits
- work with UEC leads to plug gaps identified at borough level, building on evidence and data provided from programmes and successful approaches from 2021-2, develop local assets as required

Key 'conceptual framework' for campaign as per 2021-2

- 'Be prepared' – self care, meds cabinets, staying active, staying warm (incl links to energy efficiency advice/support with fuel bills), looking out for others
- 'Boost your immunity' – Covid and flu vaccinations
- 'Get support' – knowing which service to use and how, supporting demand management – pharmacy, NHS 111 first, GP services (esp extended access/OOH)

Lambeth and Southwark Winter Communications and Engagement Plans

Lambeth Together

Key audiences/target groups – to be led by UEC and vaccine data but to include Older people, people with LTCS/on repeat meds, all groups eligible for vaccination, unvaccinated/not fully vaccinated, populations with lower rates of vaccination esp Multi ethnic communities, people with lower incomes, families with young children, ?young working age people tba?

Key channels – owned and partner

- Social media - Lambeth Together and partners
- Websites - Lambeth Together and partners
- Digital screens – HWB Bus, Trusts, LBL, GPs, some pharmacies
- Print – eg Lambeth Talk, partner print – Egist etc
- Vcs, resident and member mailing lists - Lambeth Together and partners
- HWB Bus ambassadors, 'community connectors' (verbal)
- Internal (staff) briefings and staff bulletins - ICB and partners
- Stakeholder channels – eg MP and councillor briefings - ICB and LBL
- GP bulletins

Local tactics

- Review and update content on Lambeth Together website winter pages
- Copy for local vcs websites
- ££ Article/advertorial Lambeth Talk and vcs newsletters ££
- ££ Social media plan aligned to national/regional campaign timescales + paid for targeted ads as required
- ££ Commissioned videos of local people
- ££ Pharmacy bags TBC
- ££ leaflets TBC
- Budget circa £50k

Partnership Southwark

Key audiences/target groups

- To be informed by UEC leads, previous vaccine uptake information, public health data and engagement activity within the borough; including community ambassadors, young advisors and community researchers.
- Audiences to be refined for winter messages and each vaccine by age, geography and community (e.g. Black African, Black Caribbean, Latin American).

Key channels – owned and partner

- Social media - Partnership Southwark and partners
- Websites - Partnership Southwark area of SEL ICB website and partners
- Pharmacies – Posters, leaflets etc
- Print – eg Southwark Life, partner print
- VCS, resident and member mailing lists - Partnership Southwark and partners
- Community ambassadors, young advisors (Council)
- Internal (staff) briefings and staff bulletins - ICB and partners
- Stakeholder channels – eg MP and councillor briefings - ICB and LBL
- GP bulletins

Local tactics

- Review and update content on our and partner websites winter pages
- Article/advertorial Southwark Life and Southwark News
- Social media plan aligned to national/regional campaign timescales + paid for targeted ads as required
- Commissioned videos of local people
- Pharmacy bags – to promote pharmacy first as well as winter and vaccine messaging
- Leaflets – targeted for areas of low uptake and to support any outreach activity
- Budget circa £50k

King's Denmark Hill Outline Winter Plan

Plans below have been drafted in consideration of the following 3 key areas

1. Increasing System Capacity
2. Meeting Seasonal Demands
3. Information Sharing and Escalation

Challenges / Risks going into the winter period

- Increase in Type 1 and Type 3 attends
- Landlocked estate with no ability to escalate
- Increasing delays across all discharge pathways
- Poor repatriation for tertiary referrals due to IPC concerns, and constrained flow within other organisations
- Vacancy rate and recruitment- no ability to support winter schemes related to increase in staffing
- Risk of additional pandemic surge (either Covid or Influenza) with limited side room capacity across the site. Lambeth uptake of seasonal boosters for both likely to be poor
- Risk of cost of living effect on our vulnerable and aging population
- Lack of provision of rehab beds for tertiary care specifically neurosciences and major trauma
- Modelling suggest that at current length of stay we will require 669 non elective beds across winter
- with no additional capacity, these beds will only be realised through LoS reduction and discharge improvement

Organisation approach to address the challenges and risks outlined.

- Implement SDEC Boost- specifically increase waiting space within SDEC and winter scheme to increase opening hours
- Scalable and flexible management of winter and the implementation of a full capacity protocol (based upon the Bristol model), including rapid release of LAS crews
- Winter schemes to be operational from the 1st of November and to be business as usual until the 31st of March
- Review of all discharge and repatriation arrangements and an update to the management of both- including weekly mini- MADE events throughout winter and a dedicated resource into the site team to support
- Winter monies to support earlier discharge through red cross transport, Samaritan funds, food, clothing and energy bills
- Increase and substantiate the frailty provision in ED
- Enhanced staff well-being to support staff remaining well at work
- Full winter operational plan- with enhanced planning across the Christmas and New Year period- including back up rotas for all SMOC and DOC on call

GSTT Acute Outline Winter Plan

Plans below have been drafted in consideration of the following 3 key areas

1. Increasing System Capacity
2. Meeting Seasonal Demands
3. Information Sharing and Escalation

Challenges / Risks going into the winter period

- Increase in walk in demand
- Available estate
- Increased acuity and complexity of patients requiring more intensive input and over a longer duration
- Lack of available bed pool for elective and non-elective demand
- Vacancy rate and recruitment- no ability to support winter schemes related to increase in staffing and the substantive staffing
- Fixed term funding does not attract staff at all grades across all professions
- Risk of additional pandemic surge (either Covid or Influenza) with limited side room capacity across the site
- Risk of cost of living effect on our vulnerable and aging population as well as staff
- Lack of provision of rehab beds for tertiary care specifically neurosciences and major trauma
- Impact of changes in provision to reablement, packages of care, step down facilities and care home availability for the demand (numbers, intensity/ personalisation and speed of provision)

Organisation approach to address the challenges and risks outlined.

- Increased provision of same day access primary care at the St Thomas' site
- Increased capacity of SDEC (discussion re physical capacity and/ or hours)
- Consistent implementation of SAFER
  - ➢Senior Review
  - ➢All Patients
  - ➢Flow of Patients
  - ➢Early Discharge
  - ➢Review (MDTs)
- Continued effort on staff recruitment and retention. Retention first - keep the colleagues we have. Focus on staff wellbeing balanced with service demands.
- Early senior clinical decision making
- Focus on pathway 0 discharges
- Develop additional Phase 2b Neuro rehab beds.
- Continued focus, working in partnership, on pathway 1-3 discharges
- Make progress with primary care closer working.
- Take forward priority capital schemes including Interventional Radiology, Vinegar Yard, MKH, community consolidation and co-location.

GSTT Community Outline Winter Plan

Plans below have been drafted in consideration of the following 3 key areas

1. Increasing System Capacity
2. Meeting Seasonal Demands
3. Information Sharing and Escalation

Challenges / Risks going into the winter period

- Increase demand on all step up and step down services
- Available estate
- Increased acuity and complexity of patients requiring more intensive input and over a longer duration
- Vacancy rate and recruitment- no ability to support winter schemes related to increase in staffing and the substantive staffing
- Fixed term funding does not attract staff at all grades across all professions
- Risk of additional pandemic surge (either Covid or Influenza) with limited side room capacity across the site
- Risk of cost of living effect on our vulnerable and aging population as well as staff
- Lack of provision of step down beds from acute and specialist rehab beds
- Impact of changes in provision to reablement, packages of care, step down facilities and care home availability for the demand (numbers, intensity/ personalisation and speed of provision)

Organisation approach to address the challenges and risks outlined.

- Focus on early clinical triage and prioritisation
- Working with partners to support appropriate referrals (step up and step down) – all services including UCR
- Work with 999/111 to increase appropriate referrals to UCR
- Continued focus, working in partnership, on pathway 1-3 discharges
- Continued effort on staff recruitment and retention
- Encourage staff to take up all available options to boost immunity
- Deliver the British School of Osteopathy scheme to enable the expansion of GP urgent care services (amongst others).
- Deliver at-home / virtual ward proposals.
- Further improve backdoor flow with additional intermediate care beds.
- Ensure sufficient ED support from Mental Health and GP services.

SLAM Community Services Outline Winter Plan

Plans below have been drafted in consideration of the following 3 key areas

1. Increasing System Capacity
2. Meeting Seasonal Demands
3. Information Sharing and Escalation

Challenges / Risks going into the winter period

1. Reduced flow within CMHT teams to GP practices
2. Lack of capacity to review urgent referrals and ward step downs to manage inpatient bed demands
3. Current team pressures limit staff capacity to offer regular reviews for patients whilst on inpatient wards
4. Delayed out of borough transfers limiting capacity to accept new referrals
5. Influx of new staff (agency, bank) requiring support during periods of increased seasonal pressures
6. Potential for staff redeployment during winter period to support business continuity in other parts of the system
7. Spike in referrals post covid predicted to continue into winter period

Organisation approach to address the challenges and risks outlined.

- Extra resources required

1. Provide senior review for red zone patients to prevent crisis presentations to A&E and inappropriate admissions.
2. Liaise with HTT for patients requiring step up and step down
3. Support with patients stepping down to primary care by attending neighborhood meetings with primary care and supporting patients with the transition to primary care. This will create more capacity in the community team caseloads.
4. Liaise with inpatient wards at point of admission to ensure the discharge pathway is clearly identified and blockages can be addressed swiftly. Pick up discharges for swift follow-up to avoid relapse
5. Take the lead on delayed transfers to out of borough teams
6. Provide day to day supervision for band 5 nurses
7. Facilitate discussion and review of urgent referrals
8. Support new members of staff (including agency, bank) joining teams

Lambeth Primary Care Outline Winter Plan

Plans below have been drafted in consideration of the following 3 key areas

1. Increasing System Capacity
2. Meeting Seasonal Demands
3. Information Sharing and Escalation

Challenges / Risks going into the winter period

- Workforce
- Data

Organisation approach to address the challenges and risks outlined.

- Primary Care performance process in place
- Linking with GP Fed in relation to additionality of GP an Nurse appointments
- Linking in with working pool to support and improve workforce

Plans being considered include

- Additional “cold hub” face-to-face and virtual appointments for Practices – two additional GP sessions per week
- Additional “cold hub” face-to-face and virtual appointments for NHS 111 to directly book into where appropriate - two additional GP sessions per week
- Additional “cold hub” face-to-face nurse appointments for Practices – two additional nurse sessions per week
- Front door diversion
- Additional Virtual Clinical Assessment Service

Southwark Primary Care Outline Winter Plan

Plans below have been drafted in consideration of the following 3 key areas

1. Increasing System Capacity
2. Meeting Seasonal Demands
3. Information Sharing and Escalation

Challenges / Risks going into the winter period

- Access
- Workforce
- Practice resilience
- Funding
- Estates

Organisation approach to address the challenges and risks outlined.

- In discussion with PCNs and SELDOC regarding additional funding required for winter resilience.
- Local Access Hub Capacity, offering a range of different appointments to meet local need – eg Nurse hubs for additional nurse activity.
- Pharmacy First Minor aliment scheme – looking at ways to increase scheme and reduce burden on ED and general practice which may require additional funding(in line with the community consultation)
- Additional Roles Reimbursement Scheme (ARRS) staff in patient facing roles
- Access Improvement Programme to support local GP Practices & PCNs reduce waiting times, optimise workflow and improve patient experience
- Reviewing practices on access and supporting practice to move to a cloud-based practice telephony system
- Support the development of training and supervision, recruitment and retention and increased participation of the workforce.
- Three Southwark Practices received CQC visit resulting in remedial action. Funding is being allocated to support their Action plans. The Actions plans will result in improved experience for patients and outcomes for registered populations.

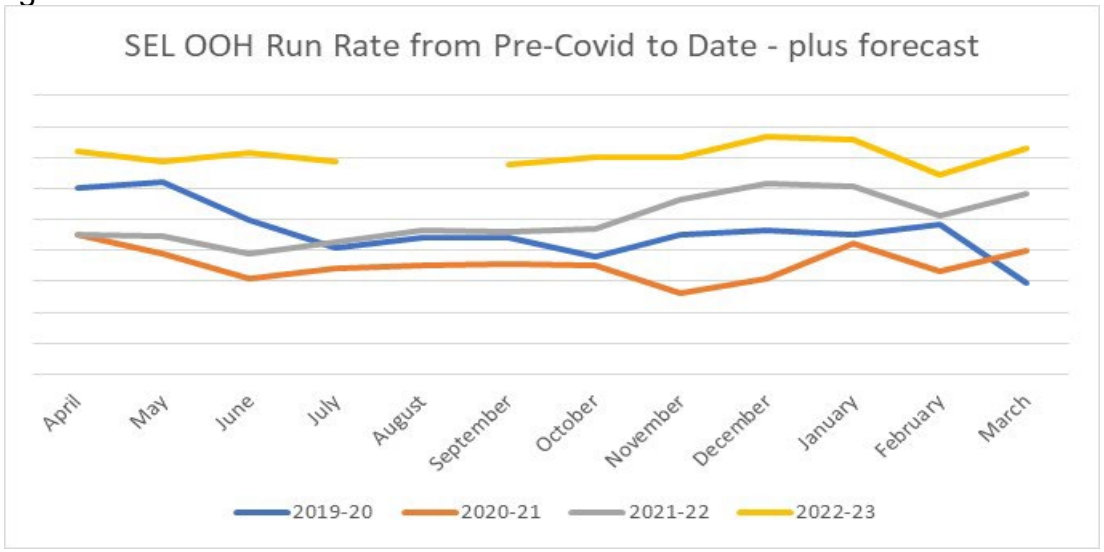
SELDOC Outline Winter Plan

Plans below have been drafted in consideration of the following 3 key areas

1. Increasing System Capacity
2. Meeting Seasonal Demands
3. Information Sharing and Escalation

Challenges / Risks going into the winter period

- Increasing overall OOH demand – base and advice – actual and forecast below. Additional resource needed to help OOH to meet demand, right place, right time.



Organisation approach to address the challenges and risks outlined.

- Information-sharing with commissioners from August
- Further snapshot audits October to illustrate pressures at different times of the week
- Ongoing discussion re: funding for additional resources to accommodate increased demand
- Monthly reporting of actual vs forecast
- Implementation of flu antivirals service for residential settings in Lambeth and Southwark, in conjunction with PRUH Pharmacy

Lambeth Adult Social Care Outline Winter Plan

Plans below have been drafted in consideration of the following 3 key areas

1. Increasing System Capacity
2. Meeting Seasonal Demands
3. Information Sharing and Escalation

Challenges / Risks going into the winter period

- Budget constraints for partners impacting on winter plans
- Workforce challenges across the system
- Number of referrals to Intermediate Care Lambeth have remained high post Covid – capacity is stretched for all partners
- Shorter length of stay and higher acuity of patients can result in patients requiring longer period of reablement or needing ongoing care following reablement
- Care home capacity across the system is stretched
- Complex discharges requiring 1:1 care have increased
- Homelessness - challenges in sourcing temporary accommodation
- Timely housing repairs to enable patients to return home

Organisation approach to address the challenges and risks outlined.

- Continued provision of hospital discharge hubs and/or Single Points of Access (SPA) and ensure 7-day working is maintained for these services
- ASC staff present in internal flow hubs 7 days a week on acute sites
- Ensure an effective system of escalation is in place for discharge delays as part of Borough and Sector channels, including agreed contacts
- Maintaining 'Home First' approaches
- Support acute sites and community teams with enhanced capacity to achieve 7-day working to improve discharge profile from Saturday-Monday.
- Continue other enhanced offers funded from non–recurrent sources
  e.g. Social worker in ED at GSTT pilot
  Increase in AMHP (Approved Mental Health Professional) capacity
- Extension of funding of 10 D2A beds to create bed capacity and enable more seamless discharges for patients back to their usual place of residence or with enhanced support through up to 4-week funded care.

Southwark Adult Social Care Outline Winter Plan

Plans below have been drafted in consideration of the following 3 key areas

1. Increasing System Capacity
2. Meeting Seasonal Demands
3. Information Sharing and Escalation

Challenges / Risks going into the winter period

- Package of care capacity within the community – Increased demand and known workforce concerns within Social Care
- Increased acuity of residents
- Increased number of residents being discharged on Reablement when they should have been on a different pathway
- Increased cost of living leaving residents with increased concerns about being discharged home and being able to keep themselves safe and well
- Increased demand on Brokerage to source pathway 1 and 3 discharges

Organisation approach to address the challenges and risks outlined.

- Launch of new Transfer of Care (ToC) Service Service including a ToC Assessment Team to complete assessments after discharge, reviewing discharges with the aim to reduce overprovision in packages of care to maximise capacity in the community, to enable discharges to continue in a timely manner; this includes a Double Handed Project to reduce large packages of care to single handed and a pathway back into Reablement post recuperation.
- ToC Assessment Unit (D2A and Reablement beds) in procurement
- Step down flats with flow maintained for pathway 1 cases that are unable to return home temporarily
- Dedicated reablement care contract
- Refreshed and targeted Reablement offer – right service at the right time
- Increase nursing bed capacity over winter
- Dedicated worker to work with residents during and after discharge to maximise their benefits, apply to the cost of living supports available in Southwark for vulnerable residents.
- Increase Brokerage capacity to source discharge options and review working times of brokerage colleagues and consider increasing to cover 7 days over bank holidays and periods of increased pressure
- Pathway 0 cases supported with Early Intervention project, hospital buddy scheme, Ageing Well Southwark including bathing clinic, and the development of a Disabilities Hub
- Refreshed Carers pathway and Carers offer – increasing DP's for Carers

L&S Integrated UEC Transformation Schemes

Area of Focus	Rationale	Proposed High Level Actions
1. Communications, Engagement and Behavioural Aspects	• Winter communications being worked on at SEL level - L&S to be engaged to shape content • There is limited intelligence/data around the detail of footfall of patients attending UEC and avenues attempted first. • Explore what local public messaging could be provided in UEC (Digital screens, leaflets, consistent verbal messaging) and in wider local communities	• Engage at SEL level and join up/ align local comms with SEL comms work • Undertake activity to gain further more detailed awareness of the type of footfall and barriers encountered by public prior to attending (qualitative snapshot audits) provide intel for further work • Analysis of options to improve local public messaging on sites. (could support follow on from intel gathering of footfall) and in communities
2. Demand Management	• Primary Care Access • Current perceived lack of access to alternative community / primary care appointments more suitable for the attending patient • Evidence has shown that senior streamers are more successful at streaming away / elsewhere • Differences in local Trust provision of SW and other AHP in ED	• Access route and alternative appointment slots in community/ primary care and access to these • Consider provision of digital access in ED to support direct appointment bookings • Review local protocols for implementation of senior streamers (GP, ED/Medical Consultant, Paramedics) • Review the effectiveness and type of SW/AHP in ED and the most efficient and cost effective model across both Trusts to support stream away and prevent hospital re-admissions once seen.

3. SDEC	• There is a large focus on improving access and use of SDEC models along with evidence of best practice models that would have a beneficial impact on activity. Local reviews have taken place recently and awaiting outcome report from SEL	• Review and implement best practice standards for SDECS e.g.
		  • Opening times
		  • Access routes
		  • Ring fenced (no escalation beds)
		  • No follow ups seen in SDEC
		  • Other best practice criteria

L & S system should programme manage the work and the Joint L&S UEC Board should be the feedback mechanism. Propose that the Steering Group should be stood down once the above scope and leads are confirmed with monthly updates going to the Board facilitating joint oversight throughout winter and beyond into next FY.

Partnership Southwark

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' Accountability Assembly

On World Mental Health Day (Monday 10 October) the South London Listens accountability assembly took place in-person at Greenwood Theatre, King's College London. The venue was packed to the rafters - more than 400 community leaders were joined, by senior leadership across both SWL and SEL ICBs, NHS leaders from the three mental health trusts and local politicians. Cllr Evelyn Akoto attended for Southwark.

The Assembly celebrated South London Listen's achievements to date, identified where more work is needed and made collective commitments to continuing to support the unique programme of work.

Southwark highlights at the event included:

- Community Embedded Worker pilot based at Surrey Square Primary and Spring Community Hub
- Parental support (notably Mindful Mamas run by Parent and Communities Together - PACT)
- Safe Surgeries (98% of Southwark GP surgeries are now safe surgeries and the remaining practices have committed to do so. With commitment to support all GP practices to embed best practice).

More broadly, community leaders led a call for further action on the factors that impact their mental health. Leaders have pledged their support for the following:

- **Community Embedded Worker** - For each mental health trust to meet with us to discuss the findings of the Community Embedded Worker pilot and take action to build upon this model across the communities you serve.
- **Safe Surgeries** - For each mental health trust to endorse the safe surgery campaign and work with us to encourage GP surgeries to actively embed the Safe Surgeries guidance.
- **London Living Wage** - For three south London mental health trusts to continue to champion the real living wage so other employers in our communities follow our lead. We would also like your commitment to working as part of your ICS to hold a system recruitment event at least once a year.
- **CAMHS Virtual waiting room** - For each mental health trust to commit to having CAMHS waiting times visible. For each mental health trust to share information on when virtual CAMHS waiting room will be open and to keep communities engaged.
- **Parental Support** - For each mental health trust to continue to work with communities to build and extend peer-to-peer parent networks.
- **Loneliness and Isolation** - For each mental health trust to continue to listen, support and act with the Be Well hubs to better respond to challenges to mental.

At the event - the SEL and SWL ICSs pledged a long-term commitment to working with South London Listens including a listening campaign around the Cost of Living Crisis. NHS and local authority leaders showcased innovative and ongoing commitments to work around the four South London Listens priorities in each of the 12 South London Boroughs. See Southwark's slide here

Wellbeing Hub

Responding to resident feedback and neighbourhood working, we have worked with our VCS provider, Together for Mental Wellbeing, to recruit nine additional 'mental health support worker' roles.

The Neighbourhood Mental Health Support Workers will:

- work in the community in primary care settings, with each aligned to one of our GP Neighbourhoods, and be involved in multi-disciplinary team working particularly with Social Prescribing Link Workers assigned to GP practices and support them.
- work with other primary care staff including GPs, Practice Nurses, Allied Health Professionals, and the other new personalised care roles (Care Coordinators and Health and Wellbeing Coaches) based in primary care.
- work with hospitals, Southwark Council Adult Social Care, and voluntary and community sector services supporting mental health in Southwark
- provide outreach work into community spaces like the Walworth Living Room and Pecan Women's Hub, as well as meeting residents in coffee shops and libraries, faith centres, and in line with the Hub's safeguarding and lone working protocols will also see clients in their homes.

These roles meet our South London Listen's pledge to provide a London Living Wage and to provide fair employment opportunities for residents, therefore we specifically designed the roles so there are no set entry requirements. What is important is an individual's life experience, personal qualities and values. Those with lived experience of mental health issues will be encouraged to apply.

With the overall aim for values-based recruitment and the realisation of social capital, candidates who have the necessary personal qualities and minimum numeracy, literacy and IT skills will be supported to develop their numeracy, literacy and IT skills.

Seven of nine posts have been recruited with six posts to start mid-November with the seventh to follow at the end-November. The two remaining posts plan to be recruited via Healthwatch/Community Southwark targeting Southwark VCSE volunteers.

Inequalities Funding – Bid Update

NHS South East London ICB has made recurrent funding available to tackle inequalities within Southwark. This is £780k full year effect, with £520k available for the 2022/23 financial year.

The Partnership Southwark Delivery Executive has been overseeing the development of proposals for how the inequalities funding will be used. A multi-agency Task and Finish Group developed an approved plan for use of the funds. The areas being funded include:

- developing a type 2 diabetes management course for 18-30 year olds, co-designing with a cohort of service users
- supporting warm hubs within the borough, providing support to residents over winter
- developing our community health ambassadors, building on the base established during the COVID-19 response
- providing health and wellbeing support for unaccompanied asylum seeing children and school nurse support for children educated outside of schools
- expanding our Healthy Start programme, providing support for young families to access healthy food
- support for our local social prescribing organisations, 3ecognizing the essential work they do in the community

An inequalities oversight group started in October. This will meet quarterly to oversee use of the funding and develop future proposals to tackle inequalities. The group includes representatives from Public Health, ICB finance and the Partnership Southwark programme team.

Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan

The Transformation Plan is used to develop the ambitions to improve children and young people's mental health services locally and across the south east London Integrated Care System. The development of the latest version is a part of the high level objective of the partnership to ensure system leadership arrangements are clear and transparent at place and the local plan will feed into the South East London wide plan for the next two years. The 2023/5 plan builds on work so far to deliver transformation and build success across the system.

A partnership approach to the development of the plan is underway through the Mental Health and Emotional Wellbeing Working Group and Steering Group. There is an investment priority to eliminate all 52 week waits and move to a position where no child or young person has no more than an 18 week wait for support. As a part of the governance arrangements for the plan, a report will be made to the Partnership Southwark Delivery Executive Group in November 2022 and the wider south east London plan will be presented to the Integrated Care Board in December 2022.

Finance

Southwark Place has a delegated budget of £235m, £146m 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.

This position below sets out the Month 6 financial position of the SEL ICB – Southwark. The ICB has a nine month reporting period in 2022/23 and reflects its establishment on 1 July 2022. The budget for the nine months is constructed from the CCG/ICB annual financial plan. Southwark Borough reported an underspend of £172k as at the end of September 22 against its delegated budgets.

Financial Position - Julyl 2022 - September 2022

Budget Areas	Annual Plan £'000	ICB Budget £'000	Year to Date Plan July - September 22 £'000	Year to Date Actual July - September 22 £'000	Year to Date Variance July - September 22 £'000
Other Community Health Services	27,332	21,383	7,128	7,135	-8
Mental Health Services	5,883	4,571	1,468	1,526	-58
Continuing Care Services	19,391	14,750	4,837	4,659	178
Prescribing	31,094	23,585	7,862	7,906	-45
Other Primary Care Services	471	372	124	124	0
OtherAcute & Programme Services	1,223	951	317	318	-1
Delegated Primary Care Services	56,442	42,318	9,404	9,404	0
Corporate Budgets	4,312	3,385	1,128	1,023	105
Community Mental Health	37,958	28,469	9,490	9,490	0
Community Physical Health	51,105	38,329	12,776	12,776	0
Total	235,212	178,112	32,267	32,095	172

The Mental Health position is an overspend of £58k and represents the biggest area of risk to the borough position. Whilst agreement has been reached between the council and the ICB on cost sharing for section 117 Mental Health and Learning Disabilities placements, cost and activity continues to increase for placements. The borough is monitoring this cost pressure closely and is working to mitigate these risks. The borough has had to hold off any investment in Mental Health as a result of the cost pressure and has released some of its growth funding into the position reported. Within community services, the borough is overspending significantly on its audiology budget, some of the cost relates to waiting lists and increase in activity. It is expected that costs in quarter 3 & 4 will be lower as costs in quarter 1 and 2 are disproportionately higher.

The Borough is required to deliver savings of £1,963k. As at month 6, the borough is reporting an under delivery on prescribing savings of £61k. The YTD target overall is an under delivery of £9k. Our medicine optimisation team continues to monitor prescribing savings closely. The borough has identified its additional savings ask (circa £465k) and budgets have been adjusted to reflect this. Whilst the FOT is full delivery of savings, £382k is on a non recurrent basis and borough will need to find recurrent savings for these to ensure this does not have an impact on 2023/24.

Health and Care Plan and our initial response to the Fuller report

We have had a cross-partner team in place since early September that has been undertaking work to develop the initial draft of the Partnership Southwark Health & Care Plan. Early work has focused on a review of key inputs (eg. JSNAs, Fuller Review of neighbourhood working, Health and Wellbeing Strategy) which need to be considered as part of the process of coming to a decision about what we will focus on in terms of delivery over the next couple of years.

By March 2023, we are aiming to share and discuss the draft plan across the system to fully understanding further delegation, apply the new outcomes framework to develop detail around measuring impact for each priority and, ultimately, gain sign-off from partners.

We have also developed an initial response to the Fuller Review, which is about integrated neighbourhood working, and we will be working this up further, taking into account feedback from across the partnership over the coming months in parallel with the Health & Care Plan work. Our approach to neighbourhood working will form a key part of the Health & Care Plan, since they are very much inter-related.

Board Development session 6th October

The board came together for its second development session on 6th October at South London Mission. The purpose was to set the conditions for success for joint working using the agreed areas of focus from the first development session in August. We also had the opportunity to hear about the work of South London Mission, from the Mission leaders, including their Brite Box scheme which provides fresh food along with recipe instructions to families of children at various local primary schools in the north of Southwark. This is so families can benefit from a healthy family meal each weekend and enjoy preparing food together – a great example of collaboration between private, public and voluntary sectors.

Delegation Agreement - Memorandum of Understanding (appendix 4i).

The attached Memorandum of Understanding (MOU) is the delegation agreement between the south east London Integrated Care Board (ICB) and Southwark local care partnership, which has now been formally approved and signed by the ICB CEO Andrew Bland and countersigned by the Southwark Place Executive Lead. It sets out the agreed principles, governance, and scope of the agreed year one delegations and is **for noting by the Partnership Southwark Strategic Board.**

<u>Approval of the Peer Led Structured Education Contract following re-procurement</u>

The Contract Award Recommendation Report (CARR) for the re-procurement of the peer led structured education courses for people living with more than one long term condition(s) was approved to Self-Management UK, subsequent to ratification of this contract award recommendation report.

The paper summarised the Expression of Interest (EOI) process that was undertaken in accordance with SEL ICB's Standing Financial Instructions and Procurement Policy.
SEL ICB / Partnership Southwark was requested to endorse the decision for Self-Management UK to be awarded the Contract for delivery of peer led structured education courses for people living with more than one long term condition(s), this includes mental health conditions. There is an aim to pilot courses for carers and for people living with and beyond cancer during this contract.

The contract awarded shall be governed by the NHS Standard Contract Terms and Conditions and will be offered for a period of two and a half years (30 months), with no option to extend beyond the term. The total lifetime value of the Contract, including any extension period, will be £227,800.00 inc. VAT.

Partnership Southwark

Approval of the New Mill Street GP Practice Contract Extension

The Southwark Primary Care Group at its meeting on 23 August 2022 supported the making of a recommendation to Southwark Place Executive Director to agree the proposed extension on behalf of Partnership Southwark Strategic Board. The extension of New Mill Street GP Practice APMS Caretaking contract has been agreed for a further twelve months.

This practice was previously run by a single hander GP under a PMS contract. On 1 October 2021 the GP retired at relatively short notice on the grounds of ill health. To ensure continuity of care for the patients of New Mill Street, the SEL Primary Care Commissioning Committee (PCC) agreed a single tender waiver action to award a short term "caretaking" contract to a local federation, Quay Health Solutions CIC (QHS).

The contract was for an initial period of 12 months until 30 September 2022 with an option to extend by a further 6 months by agreement between the parties. Subsequent discussions between the Commissioner and QHS have indicated in light of the current running costs, the contract is not likely to be attractive to the market in terms of a long term substantive contact.

Officers are therefore engaging with QHS with a view to reviewing and rationalising the practice running costs and, in order to achieve stabilisation, proposed to the Southwark Primary Care Group (PCG) an additional 6 month extension to 30 September 2023. This extension would allow time for the rationalisation to move forward to be well underway before publication of any procurement tender documentation.

James Lowell
Place Executive Lead

NHS
South East London

SOUTH EAST LONDON INTEGRATED CARE SYSTEM

MEMORANDUM OF UNDERSTANDING - INTEGRATED CARE BOARD DELEGATION AGREEMENT

BETWEEN THE SOUTH EAST LONDON INTEGRATED CARE BOARD AND SOUTHWARK LOCAL CARE PARTNERSHIP

FOR THE PERIOD 1 JULY 2022 TO 31 MARCH 2023

1. Introduction

The South East London Integrated Care Board (ICB) has agreed a principle of subsidiarity in determining respective roles and responsibilities across its system of systems to support the delivery of the ICB's core objectives. This commitment has driven an agreed approach to year 1 delegation to the ICB's six place based Local Care Partnerships, its Acute Provider Collaborative, South London Partnership Collaborative for SEL Mental Health and Community Provider Network.

This Memorandum of Understanding sets out the governance and scope of the agreed year 1 delegations, recognising that the ICB will further develop its approach to and the scope of delegation for future years and also that year 1 arrangements will need to be tested and iterated over 2022/23 as we establish, test and develop our wider ICB governance and working arrangements.

2. 2022/23 delegation arrangements

The ICB has agreed an approach to delegation that is complimentary across its Local Care Partnerships, Provider Collaboratives and Provider Network, thereby differentiating the respective role and responsibilities of each.

In discharging these responsibilities all parties are committed to working inclusively within their partnerships and with the wider ICB, Committees, Boards and Partnerships.

In addition all parties will ensure associated ICB agreed commitments and priorities are demonstrably addressed, be they related to national planning guidance or local strategic and operational plans alongside working to further the four core national objectives of ICBs. This includes delivery of the ICB's inherited 2022/23 operational plan and associated commitments.

This will include reporting to the ICB in line with agreed governance arrangements, recognising the required separation of responsibility and accountability with the ICB remaining the accountable body for the delivery of agreed ICB functions, requirements and commitments.

Local Care Partnerships, Provider Collaboratives and the Provider Network will further work as part of an Integrated Care Partnership, Board and system ensuring a full contribution from the Partnership/Collaborative/Network to the ICB's strategic and

operational planning and delivery processes, Transformation and Enabler Boards and wider ICS development.

The ICB will work inclusively and collaboratively with its places, collaboratives and networks in the development of strategic and operational plans, thereby reflecting agreed ways of working and SEL's system of systems approach. In agreeing plans all parties will give due consideration to the resourcing, infrastructure and support required to enable effective delivery.

2.1. Governance

The ICB delegation to Southwark Local Care Partnership is made in line with the agreed nominated leads across the system, as follows:

Bexley Local Care Partnership - Stuart Rowbotham, Place Lead
Bromley Local Care Partnership - Angela Bhan, Place Lead
Greenwich Local Care Partnership - Sarah McClinton, Greenwich Place Lead
Lambeth Local Care Partnership - Andrew Eyres, Place Lead
Lewisham Local Care Partnership – Ceri Jacob, Place Lead
Southwark Local Care Partnership - James Lowell, Place Lead
Acute Provider Collaborative – Clive Kay, Lead CEO
South London Partnership, SEL Mental Health – David Bradley, Lead CEO
Community Provider Network - Ify Okocha, Lead CEO (an advisory delegated responsibility recognising overall LCP delegated responsibility for community services).

Place Leads will be expected to discharge their delegated responsibilities through the wider Local Care Partnership, through the Local Care Partnership Committee, which will operate as a formal committee of the Integrated Care Board in 2022/23. Specifically decisions related to delegated responsibilities should be made by the wider partnership, inclusively and collectively. The agreed Terms of Reference for the ICB's Local Care Partnership Committees is attached as Appendix 1 to this Memorandum of Understanding.

Provider Collaborative/Network leads will be expected to discharge their delegated responsibilities through the wider Collaborative/Network governance arrangements that have been agreed and established by the Provider Collaborative/Network. Specifically decisions related to delegated responsibilities should be made by the wider Collaborative/Network, inclusively and collectively. The Provider Collaborative/Network governance will operate on a stand-alone basis, with accountability to the ICB through the Lead CEO and to the constituent organisations comprising the Collaborative or Network in line with agreed Committee in Common or equivalent agreed arrangements.

2.2 Delegated responsibilities

Local Care Partnerships

The ICB's Local Care Partnerships (LCPs) have agreed delegated responsibility for 'out of hospital services', defined as covering the following areas of provision - primary care, primary care prescribing, community service for physical and mental health, continuing

Health Care and client groups. This includes delegated budget responsibility for these same out of hospital services. In managing the budget the Place lead/LCP will act in a way that is consistent with the ICB's financial framework and ensure that financial management approaches do not have funding implications or shift financial risk elsewhere in the system, without these being addressed and agreed with relevant partners.

In undertaking these delegated responsibilities the LCP commits to ensuring the delivery of national requirements and agreed local objectives and outcomes as set out in the ICB's 2022/23 operational plan and within Local Care Partnership Plans, including applicable agreed common standards and outcomes to be secured locally, adherence to the ICB's allocation framework and the management of spend in line with the LCP's delegated budget, inclusive of taking action to address variation against these commitments and plans.

2022/23 delegation has a prime focus on delivery, through the implementation of locally designed solutions to meet agreed ICB objectives and outcomes, with a commitment and expectation that delivery approaches and solutions optimise the scope for integrated solutions across community based health and care services.

In delivering these delegated responsibilities the LCP and ICB will reflect and adhere to the agreed operating model agreed across the ICB's planning, delivery, monitoring and management functions.

The LCP will support the ICB in the discharge of its statutory functions, including those related to quality and safeguarding and the delivery of agreed local responsibilities and actions as part of the ICB's discharge of its functions.

The LCP will convene the local system and take a lead responsibility in managing local interfaces and interactions through for example their Health and Well Being Boards, borough based Local Medical Committees and Overview and Scrutiny Committees.

2.3. Financial delegation

The ICB has agreed that the principle of subsidiarity will apply to finance, with financial delegation driven by agreed delivery responsibility.

In the future the ICB will receive a financial allocation to meet the costs of NHS services for which the ICB has overall responsibility. The ICB will determine, on the basis of full partnership discussion and agreement, a strategy driven delegation of this financial allocation in line with an agreed financial framework and any national requirements (e.g. by area uplifts such as the Mental Health Investment Standard). For 2022/23 the ICB will inherit a budget for the year alongside the agreed SEL operational plan and associated financial targets and commitments.

In the event that additional recurrent or non-recurrent funding is made available to the ICB in year a system approach will be taken to the agreeing the deployment of that funding, consistent with the roles and responsibilities agreed as part of our overall operating model and any national or regional requirements. This will include clarity as to non-recurrent and recurrent handling and carry forward assumptions.

The approach to financial delegation for 2022/23 mirrors pre ICB arrangements with delegated financial responsibility to place, through the Executive Place Lead working with Local Care Partnerships, for out of hospital services and to the South London Partnership for fully funded ICB mental health complex care placements.

We are committed to developing our financial delegation approaches for the future in terms of increasing existing scope and considering the impact of national changes to commissioning responsibilities for specialised services, direct commissioning and primary care. The financial delegation model will therefore evolve to reflect allocation and responsible commissioner changes and national guidance more generally such as the expected policy shift to allow for financial delegation to Provider Collaboratives in the future.

For all agreed financial delegation delegated responsibilities encompass the following expectations:

- Ensuring adherence to the ICB's financial framework.
- Collectively agreed deployment of the delegated budget to meet agreed outcomes and deliverables, within and consistent with the agreed financial framework, national requirements, agreed contracts and financial comitments.
- Managing spend in line with the agreed allocation.
- Managing risk and any associated risk/gain share approaches to support delivery of the overall plan and ensure spend is in line with the delegated budget.
- Ensuring that in managing budgets actions do not impact on, shift costs or increase risk in other parts of the system without the involvement and agreement of impacted partners.

Local Care Partnerships

A 2022/23 budget delegation of the out of hospital budget in line with the agreed ICB final operating plan, aligned to all areas of delegated responsibility. These budgets include assumed efficiency savings to be secured by the Local Care Partnership over 2022/23. The budgets further include the contractual funding included in the ICB's contracts with SEL providers for community services (across physical and mental health), noting the contracts further include provision for acute services as part of single integrated contract agreements. The community services funding included within these contracts and LCP budgets represent pass through payments for 2022/23 as part of agreed fixed contracts with providers for the year.

3. Delegation within an overall ICB operating model and framework

In broad terms the agreed SEL operating model assumes the Integrated Care Board is responsible for:

- Ensuring an effective NHS contribution to the ICB integrated care strategy
- Ensuring NHS delivery of the Integrated Care Partnership integrated care strategy and the delivery of the four aims of ICSs. This will include the agreed articulation of strategic and operational objectives, outcomes and standards to improve health and reduce inequalities and an agreed supporting investment strategy and financial allocation framework, articulated through an agreed system wide ICB strategic and operational plan.

- Ensuring supporting infrastructure and enablers are in place and further developed
- Overall system management and oversight.

The key responsibilities of the ICB's LCPs, Provider Collaborative and Network are to contribute to the design and development of the ICP integrated care strategy and the ICB's associated strategic and operational plans, inclusive of agreed objectives and outcomes, investment and allocation approaches to best meet the needs of the population. They will then be responsible for:

- Undertaking the detailed planning to support the delivery of these agreed ICB objectives and outcomes, inclusive of local and system wide priorities and commitments, for areas of agreed delegated responsibility.
- Ensuring the effective and timely implementation of agreed plans, ensuring the required care pathway and service changes are secured.
- Monitoring and managing the delivery of agreed objectives and outcomes, including reporting to the ICB through agreed ICB governance arrangements.
- Ensuring that remedial action is identified and implemented in a timely manner and that recovery actions are communicated to the ICB.
- Any serious service or delivery failure, or national/regional intervention or requirement, will be subject to system wide discussion and agreement in terms of required next steps.

In taking forward their delegated responsibilities LCPs and the Provider Collaboratives/Network will be expected to take due account of and reflect in local delivery planning and implementation agreed system wide priorities, be they driven by national guidance, local strategic and operational priorities or agreed ICB 'core offer' expectations.

ICB teams will work collaboratively and inclusively with Local Care Partnerships, Provider Collaboratives and Network in taking forward its planning responsibilities.

2.5. Ways of working

In undertaking delegated responsibilities and more generally in terms of ways of working with the wider ICB, its Committees, Transformation and Enabler Boards, the ICB's Local Care Partnerships, Provider Collaboratives and Network commit to:

- Convening the Local Care Partnership, Provider Collaborative and Network to support the effective discharge of agreed responsibilities and an effective contribute to wider ICB strategic and operational planning plus ICP/B development processes.
- Working inclusively within their Partnerships, Collaborative and Network to ensure their processes, outputs and decision making are inclusive and demonstrate collective, partnership and system focussed approaches.
- Working inclusively with the wider system in the discharge of delegated responsibilities, with a particular focus on ensuring effective relationships and interfaces across the ICB's Local Care Partnerships, Provider Collaboratives and Network and with the ICB's Committees, Transformation and Enabler Boards to support effective joined up care pathways and approaches.
- Ensuring that agreed ICB commitments are demonstrably taken forward and secured.

- Ensuring an open and transparent approach to feeding back on the work of the Local Care Partnership, Provider Collaborative and Networks, inclusive of monitoring and reporting on the delivery of agreed commitments.
- Providing support to the ICB in managing up in terms of responding to Regional and system oversight arrangements as required.

2.6. Developing delegation approaches for the future

This Memorandum of Understanding covers the period 1 July 2022 to 31 March 2023 only.

- All parties are committed to reviewing the MoU and the effectiveness of the delegation approach and agreements in place for the year, with a commitment to making any in year changes required, by collective agreement, to support a fit for purpose delegation.
- All parties are further committed to reviewing these arrangements for 20023/24 onwards in the context of local experience, future ambition, national guidance and flexibilities.

Signed

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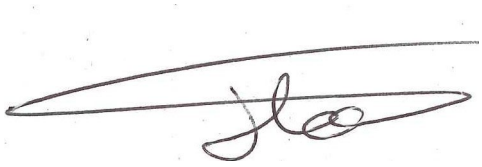
Andrew Bland
Chief Executive – Integrated Care Board



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James Lowell, Southwark Executive Place Lead

Appendix 1 Local Care Partnership Terms of Reference

Integrated Care Board

Southwark Local Care Partnership Committee (Partnership Southwark)

Terms of Reference

1 July 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[1]. 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

[1] As defined by the South East London Integrated Care Board in the delegation agreement.

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.
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:

    a. improve outcomes in population health and healthcare
    b. tackle inequalities in outcomes, experience and access
    c. enhance productivity and value for money
    d. 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 postholder 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.