Partnership Southwark Strategic Board

Agenda

Thursday 7 September 2023 12:00 – 13:15 Part 1

Venue: Room G01AB, 160 Tooley Street, SE1 2QH

Chair: Dr Nancy Küchemann

Time	Item	Lead
12:00-12:10	**Welcome and Member Introductions** **Apologies** **Declarations of Interest** **Minutes of the last meeting** **Action Log**	Chair **Enc 1 – Declarations** **Enc 1i – Minutes** **Enc 1ii – Action Log**
12:10-12:30	**Community Spotlight – Discharge Experience Project**	Jessica Neece Elizabeth Skelton Ben Lee **Enc 2**
12:30-12:55	**Primary Care Access & Experience**	Katherine Kavanagh **Enc 3**
12:55-13:05	**Place Executive Report**	James Lowell **Enc 4**
13:05-13:10	**Public Questions**	Chair
13:10-13:15	**AOB**	All
13:15	**Close Meeting**	Chair

Next meeting held in public date: 2 November 2023

Enclosure: 1
Agenda Item: 1

Declaration of Interests

Name of the meeting: Partnership Southwark Strategic Board

Meeting Date: 07/09/2023

Name	Position Held	Declaration of Interest
Amanda Coyle	Associate Director of Transformation	No interests to declare
Ami Kanabar	GP, Co-chair LMC	No interests to declare
Anood Al- Samerai	Director, Community Southwark	No interests to declare
Cedric Whilby	VCSE representative	1. Producer of 'Talking Saves Lives' public information film on black men and cancer 2. Trustee for Community Southwark 3. Trustee for Pen People CIC 4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark
Cllr Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
Emily Finch	Clinical Lead, South London & Maudsley	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
Katy Porter	Independent Lay Member	1. Trustee, & Vice Chair, Depaul UK which is a national charity, working in the homelessness sector, and it's head office is based in Southwark. The organisation holds a contract with Southwark.

		2. CEO for The Loop Drug Checking Service CIO The Loop is a national charity developing services across the UK, including London. It operates in the substance use and health sector.
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 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. 3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee. 4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 6. 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
Sangeeta Leahy	Director of Public Health	No interests to declare
Sarah Austin	Chief Executive Integrated & Specialist Medicine	1. Family member working at Cygnet Health
Sumeeta Dhir	Co-Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	VCSE representative	1. Director of Engagement and Influence at the South London Mission, which works closely with Impact on Urban Health. The South London Mission leases part of its building to Decima Street medical practice. 2. Prospective trustee for Community Southwark. 3. Married to the Executive Director of South London Mission

PARTNERSHIP SOUTHWARK STRATEGIC BOARD – PART 1 MINUTES

Thursday 6 July 2023 at 12:00
Venue: Board Room, Hambleden Wing, Kings College Hospital
Chair: Cllr Evelyn Akoto

Attendees

MEMBERS	
Cllr Evelyn Akoto (EA) (Chair)	Co-Chair, Cabinet Member of Health & Wellbeing
Dr Nancy Küchemann (NK)	Co-Chair, GP and Joint Chair of Clinical & Care Professional Leads
Winnie Baffoe (WB)	Director of Engagement & Influence, South London Mission, VCS
Annie Norton (AN)	Programme Director, Partnership Southwark
Martin Wilkinson (MW)	Chief Operating Officer, Partnership Southwark
David Quirke-Thornton (DQT)	Strategic Director of Children's and Adult's Services, Southwark Council
Gavin McColl (GM)	GP, Clinical Director South Southwark PCN
Olufemi Osonuga (OO)	GP, Clinical Director North Southwark PCN
Katy Porter (KP)	Independent Lay Member
Emily Finch	Clinical Lead, South London & Maudsley NHS Foundation Trust
Ami Kanabar (AK)	GP, Co- Chair LMC
Sarah Austin (SA)	Chief Executive Integrated & Specialist Medicine, GSTT
Cedric Whilby (CW)	VCS Representative
ATTENDEES	
Sabera Ebrahim (SE)	Associate Director of Finance, Southwark, SEL ICB
Eniko Nolan (EN)	Departmental Finance Manager, Southwark Council
Chris Williamson (CWi)	Head of Health & Wellbeing, Public Health
Mathew Griffiths (MG)	Associate Borough Director, ICB
Alisa Northall (ANo)	Operational Lead, Training Hub, ICB
Wendy McDermott (WM)	Programme Manager, Partnership Southwark
Katherine Kavanagh (KK)	Interim Associate Director, CBC and Healthy Populations, ICB
Margaret Taribo (MT)	ParentSkills2Go
Graham Head (GH)	Healthwatch Southwark (deputising for S.Choudhury)
Madeleine Medley (MM)	Business and Governance Support Lead, Southwark, SEL ICB
APOLOGIES	
Sangeeta Leahy (SL)	Director of Public Health, Southwark Council
James Lowell (JLo)	Place Executive Lead, Partnership Southwark
Julie Lowe (JL)	Site Chief Executive, KCH
Sumeeta Dhir (SD)	GP and Joint CCPL Chair
Nigel Smith (NS)	Director, IHL
Rebecca Dallmeyer (RD)	Executive Director, Quah Health Solutions
Anood Al-Samerai (AAS)	Chief Executive Officer, Community Southwark
Shamsur Choudhury (SC)	GP, Joint Chair of Clinical & Care Professional Leads

1.	Welcome & Introductions
	The Chair welcomed all to the in person Partnership Southwark Strategic Board, with thanks to Kings College Hospital partners for hosting and apologies were noted. Wishes were shared following the announcement of James Lowell's departure to take up his new role of CEO at Queen Victoria Hospital NHS Foundation Trust in East Grinstead and also to Rod Booth who has left for a new role at the Tavistock and Portman NHS Trust. Dr Emily Finch was welcomed as the replacement SLaM representative for Partnership Southwark. **Declarations of Interest** The Chair noted inclusion of declarations within papers and asked if there were any conflicts to highlight with agenda items and no declarations were made. **Minutes of last meeting** The Chair agreed minutes of the previous meeting. **Actions** Action 1 – Health & Care plan is on the agenda for approval Action 2 - update acknowledged Action 3 – added to the forward plan Action 4 – to be further explored in Part 2 The Chair informed that Cllr Jasmin Ali was keen to be involved in CYP mental health work and requested relevant colleagues to link in.
2.	**Community Spotlight**
	Margaret Taribo (MT) was warmly welcomed and presented the slides circulated, informing the Board on the collaboration work of ParentSkills2Go to ask what can be focused on together. Two main projects were highlighted; Money Matters and My Child and Me. Feedback and case studies were shared, along with overview of the objectives, outcomes and next steps. The great work in the community was acknowledged by members and it was asked how parents find the service; There is a soft outreach programme; summer programme, advertising, brochures, faith groups, children centres and also developing partnership with example to linking in with health visiting teams. The importance of referencing BAME was clarified and particularly relevant for the My Child and Me project. The focus on parents was acknowledged but it was asked if it extended to the workforce for cultural competence; The next steps are to build an accredited programme and link in with more professionals to bridge understanding between parent and professionals.

	The Chair recognised the nuances and cultural aspects with focus of prevention and early intervention welcomed and encouraged the Board to link in and amplify more. CW wanted to emphasise that this work is not free and there are core cost implications for ground works. The Chair thanked Margaret Taribo for the presentation and the Board **NOTED** the highlights.
3.	**Health & Care Plan**
	Annie Norton (AN) and Wendy McDermott were thanked for pulling this work to together, with extended thanks to Public Health for the comprehensive engagement rooted in the Health & Wellbeing Strategy (HWB). The Health & Care Plan (H&CP) was returning to Board following comments and feedback received in March. The plan circulated has factored in all contributions from Board, colleagues and the Wells. The plan is in two parts: an overview of PS and its approach to this work and the plan itself. Attention was drawn to outcomes and metrics and the approach being taken to demonstrate impact. The example of Frailty was included in the slide pack to show the kind of metrics that would be used to track progress. It was noted that this would be a mixture of quantitative data that is currently collected from across the partnership, augmented by qualitative measures of impact determined by the population(s) affected. These would be developed through the co-design approach to all work and shared with PSDE. The Board were asked to approve the H&CP. The Chair emphasised the opportunities to feedback and acknowledged the risk log and need for it to remain iterative. GH welcomed opportunity to feed into the process and made a plea that patient engagement is included in the metrics. It was confirmed that traditional and new measures were all fundamental to the approach and each priority will use a blend of qualitative & quantitative measures, including voices of people using our services. The Chair questioned frequency of progress updates to the Board. The workstreams will be monitored on a quarterly basis at PSDE, with updates to the PSSB twice a year, with any issues escalated to them when needed, where they could not be resolved by the core teams or PSDE. The Board requested updates three times a year. It was asked what would happen if priorities were not being delivered. The core team for each delivery priority of the H&C Plan will be the place where monitoring of progress happens in the first instanced. It is expected that these teams will seek to resolve any issues, escalating things to PSDE where they are not able to for further support. It would be the purview of PSDE to decide if any further escalation to PSSB were necessary. DQT was keen that reporting focus on the 'what worked well' approach and understand how we 'got it right together' to encompass integration and culturally build a more integrated system.

	NK expressed thanks to all for the huge contribution and wanted to ensure work is framed in the right way, emphasising that we as a partnership have chosen the areas to prioritise, and therefore needed to create energy and time for them, despite other demands. The comment was made that if issues were not visible from day-to-day working of colleagues alongside each other, then there would be a need to look at ways of working. All members were asked to actively stand behind delivering the priorities chosen and to work together as a partnership. The ambition to further break down data was acknowledged but a timeline could not be confirmed, given the work needed on this front and that this involved the community with respect to developing relevant qualitative metrics. The comment was also made that data from across SEL ICB, as well as from PS partners could also support development of quantitative metrics alongside other sources such as data held by VCSE organisations pertaining to the community. KP reflected that the priorities are identified as areas where we know that improvement is needed and appealed to all concerned take some risks to do things differently to move forward with successful delivery of the plan. WB asked how will input from other VCSE partners might come about. The Board VCSE representatives were a key part of helping PS to link into the VCSE sector more widely and it was acknowledged that they had an important role to assist in identifying relevant people from VCSE and the community who could be part of delivery core teams. The Board **APPROVED** the Health & Care Plan. **ACTION** • **H&CP Progress updates to Board three times a year** • **Further linking in with VCS resource in support of H&C Plan delivery**
4.	**Primary Care Update**
	Katherine Kavanagh (KK) was welcomed and presented the slides circulated. Reference was made to the H&CP in aligning primary care priorities and using patient and resident feedback to inform the plan for recovering access to primary care. The two main ambitions are; to tackle the 8am rush to contact practices and for patients to know on the day they contact, how their request will be managed. Themes underpinning the plan are; empowering patients, implementing modern GP access, building capacity and cutting bureaucracy. Nancy Küchemann (NK) was keen to inform the Board of the good work going on in primary care and the investment and activity, for Board partners to understand, to champion forward and determine support that can be offered. Olufemi Osonuga (OO) informed of work to increase capacity and improve on the workforce crisis. The need to communicate changes to patients was emphasised, they are used to seeing GPs and now primary care teams. Neighbourhood teams need to develop beyond the GP with opportunity for non-clinical employees to receive clinical skills training with support from GSTT, Greenwich and Warwick universities. A range of quality assured practitioners are being recruited to ensure there is confidence in what is developing to re-route patients from seeing a GP

	specifically. There are some challenges with space and capacity to take forward, but it is key that partners explain the benefits of the new roles to patients and use case studies to bring to life. SA made offer of workforce support and acknowledged improvement was needed with the interface between primary and secondary care and with Apollo EPIC behind that, which colleagues were enthusiastic to understand more on. Some case studies were shared with members with the new approach to each. The Chair thanked colleagues and **NOTED** the update. The great work was acknowledged but importance for the message to reach everyone was stressed.
5.	**Community/Primary Care Training Hub Update**
	Mathew Griffiths (MG) and Alisa Northall (ANo) presented the slides circulated to facilitate conversations and see how the partnership can work more closely to make Southwark a great place to work and start a career. The significant workforce challenges across health, social care and the VCS were acknowledged but the presentation focused on the development of workforce in primary care, such as the ARRS roles Additional Roles Reimbursement Scheme. It was asked if the Training Hub support community pharmacies; there is a workforce development hub and pharmacy forums in place so it is moving in that direction, but is not currently something supported. DQT reflected on the NHS workforce strategy and wondered if Southwark could step forward and evolve the work to be health and care through CBS and using resource in the borough. It was recognised there is a cohort that did not have the opportunities to develop their skills and talent and this could be an opportunity to grow together and tackle this area of inequality. There was comment on the benefits of working with faith groups who have estates and good links in the community and the benefits of a VCS representative on the Training Hub Board, along with support for social prescribing roles. CW questioned why funding did not apply to the VCS. MG informed that HEE channels the investment from central government for the benefit of primary care but it is recognised there are areas for joint working, in particular, apprenticeships for residents. EF questioned how the negative press around primary care can be managed. SEL have been sharing communication campaigns but it was felt more could be done to reach more people. NK was keen that practice professionals encouraged feedback and acted on it and that the Board have held ambition to engage more with patient engagement with Healthwatch. KK informed of local plan to understand the priorities for practices to improve access and re-establishing Patient Participation Groups (PPGs). GH reminded that Healthwatch has a signposting remit so must be updated with service information.

	The Board **NOTED** the update. **ACTION:** • **Revisit primary care communication to a future meeting**
6.	**Place Executive Report**
	Martin Wilkinson (MW) presented in the absence of James Lowell and took the report as read. NHS 75 was highlighted with thanks extended, on behalf of the Board, to social care who are also celebrating 75 years service. MW also congratulated James Lowell on his new role and is delighted to be interim PEL until recruitment. The Board **NOTED** the report.
6.	**Public Questions**
	Member of the public Raymond who thought the Health & Care Plan (H&CP) was brilliant but asked why only women's health was mentioned with no reference to men's health and also asked about carers accessing information. The H&CP programmes in adult community and with children and young people (CYP) are for anyone and everyone. The 1001 days workstream will reflect emphasis on woman's health as working from pregnancy to a child of two years, but the workstream is also very focused on any gendered family around them, including work with a specific group of fathers. Age well also includes all genders and the Board wanted to reassure that there was no exclusion or intention to exclude men's health. There was also emphasis that there is a lot more work to factor in outside of the priorities outlined in the plan. **ACTION:** • **Partnership Southwark team to consider lifting the information out to note inclusion of men's health in the H&CP.**
7.	**AOB**
	No further business was raised. The Chair thanked all for their contribution. The next held in public meeting is scheduled for 7 September 2023, venue to be confirmed. Further details will be available on the website (SEL ICS Events) in due course.

PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG				
No.	**MEETING DATE**	**ACTION**	**STATUS**	**ACTION FOR**
1	04/05/2023	State of the Sector: 2. Local Estates Forum to further support the estates landscape for VCSE 3. Partnership to further explore financial commitment to VCSE and make current systems easier to navigate - Inequalities Oversight Group 4. Partnership to sign up to the six principles 5. Preparation discussions and collating key knowledge early to inform working group	**Open**	**To be explored further in Part 2** Local Estates Forum Anood Al-Samerai/David Qurike-Thornton - in communication to schedule Partnership Southwark Added to Forward Plan
2	06/07/2023	Progress updates on the Health & Care Plan (H&CP) to be scheduled three times a year	Closed	Added to forward planner for three times a year
3	06/07/2023	Further linking in with VCS resource in support of H&C Plan delivery	Closed	PSwk to link in and VCS to share contacts
4	06/07/2023	Revisit Primary Care communication to residents - scrutiny report response	Closed	Added to forward planner to revisit
5	06/07/2023	PSwk team to consider lifting out reference to mens health as assurance that it is included	Open	Wendy McDermott to update by November meeting

Partnership Southwark Strategic Board

Cover Sheet

Item 2
Enclosure 2

Title:	**Transfers of Care Patient Experience Project**
Meeting Date:	**7 September 2023**
Author:	Lizzie Skelton – Project Manager, Adults, Older People & Complex Needs
Executive Lead:	Martin Wilkinson and Genette Laws

<table>
<tr><td rowspan="3">Purpose of paper:</td><td rowspan="3">Community Spotlight: to provide an overview of the research project into patient experience of transfers of care, undertaken by a local organisation and residents of Southwark.</td><td>Update / Information</td><td>X</td></tr>
<tr><td>Discussion</td><td></td></tr>
<tr><td>Decision</td><td></td></tr>
<tr><td>Summary of main points:</td><td colspan="3">
Southwark Council and South East London Integrated Care Board (ICB) commissioned a local organisation – Shared Intelligence – to coordinate an ethnographic research project to understand and improve patient experience of transfers of care from hospital.
A Steering Group was established to oversee the project. Membership included Southwark Council, South East London ICB, Adult Social Care, Shared Intelligence, Guy's and St Thomas' FT (GSTT), King's College Hospital FT (KCH), Healthwatch Southwark, and Southwark Pensioners.
Shared Intelligence trained four Southwark residents as Community Researchers and supported them to interview patients and their families at GSTT and KCH, with follow-up interviews undertaken on the telephone and in patients' homes.
The research found that many patients have insufficient information about the transfer of care process, leading to an experience of uncertainty and anxiety.
Shared Intelligence and Community Researchers used these findings to inform recommendations for improving patient experience of transfers of care.
The Steering Group will meet with the Community Researchers in September to co-produce an action plan for addressing the findings and recommendations.
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<tr><td>Potential Conflicts of Interest</td><td colspan="3">N/A</td></tr>
<tr><td></td><td>Equality Impact</td><td colspan="2">The Community Researcher role was advertised through Healthwatch Southwark, Southwark Pensioners and South</td></tr>
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		East London ICB to ensure maximum community outreach. Researchers were diverse and representative of the Southwark population. The process for selecting interviewees involved working with Discharge Leads at the acute sites to identify patients due to be discharged on the day the Community Researchers visited (28 July 2023 at GSTT and 29 June 2023 at KCH), and then gaining individual consent. Eleven patients and seven family members were interviewed at the acute sites. Whilst this is a small sample size, the interviews provide a rich wealth of insight into the experiences of individuals and their loved ones at a vulnerable time of transfer of care between the hospital and community setting, which this project seeks to improve.
	Financial Impact	There are no financial risks associated with this project. By commissioning a local organisation and remunerating the four Southwark residents for their participation as Community Researchers, this project has supported the local economy.
	Environmental Sustainability Impact	The research involved a local organisation and local residents. All travel was undertaken by public transport, and all communications were electronic to minimise paper-based resources.
Other Engagement	Public Engagement	Southwark residents were invited to engage directly with this work through the Community Researcher role. The aim of the project was to gather the views and experiences of Southwark residents and the recommendations and action plan will be co-produced with the Community Researchers.
	Other Committee Discussion/ Engagement	**N/A**
Recommendation:	**The Board notes the approach, findings, recommendations and next steps for the Transfer of Care Patient and Experience Project**	

Agenda Item: 2
Enclosure: 2

Transfers of Care Patient Experience Project
7 September 2023

Partnership Southwark has collaborated with a local organisation and members of the community to understand and improve the transfer of care experience for Southwark residents and their families

1

A need was identified in Southwark to understand the **experiences of people** being transferred **from NHS** in-hospital care **to local authority** out-of-hospital care

Joined up Care

2

Southwark Council and South East London Integrated Care Board (ICB) commissioned a **Southwark-based research organisation**, Shared Intelligence, to coordinate an **ethnographic research** project

Sharing resources

3

A **Steering Group** was established to oversee the project. **Membership** included Southwark Council, South East London ICB, Shared Intelligence, Adult Social Care, Guy's and St Thomas' FT (GSTT), King's College Hospital FT (KCH), Healthwatch Southwark, & Southwark Pensioners

Partnership Working

4

Shared Intelligence trained four Southwark residents as **Community Researchers**. KCH and GSTT supported Community Researchers to **interview patients and their families,** to understand how expectations before leaving hospital compare to lived experience

Data-driven

5

Southwark Council and South East London ICB **paid** the Community Researchers for their time and aspires to maintain a **long-term working relationship** with them and offer future opportunities to get involved in projects in Southwark

Working with the community

Mind the gaps (summary)
Understanding patients' expectations of hospital discharge and transfers of care
[Ethnographic research conducted by Shared Intelligence & Moresight on behalf of Southwark Council and South East London ICB
King's

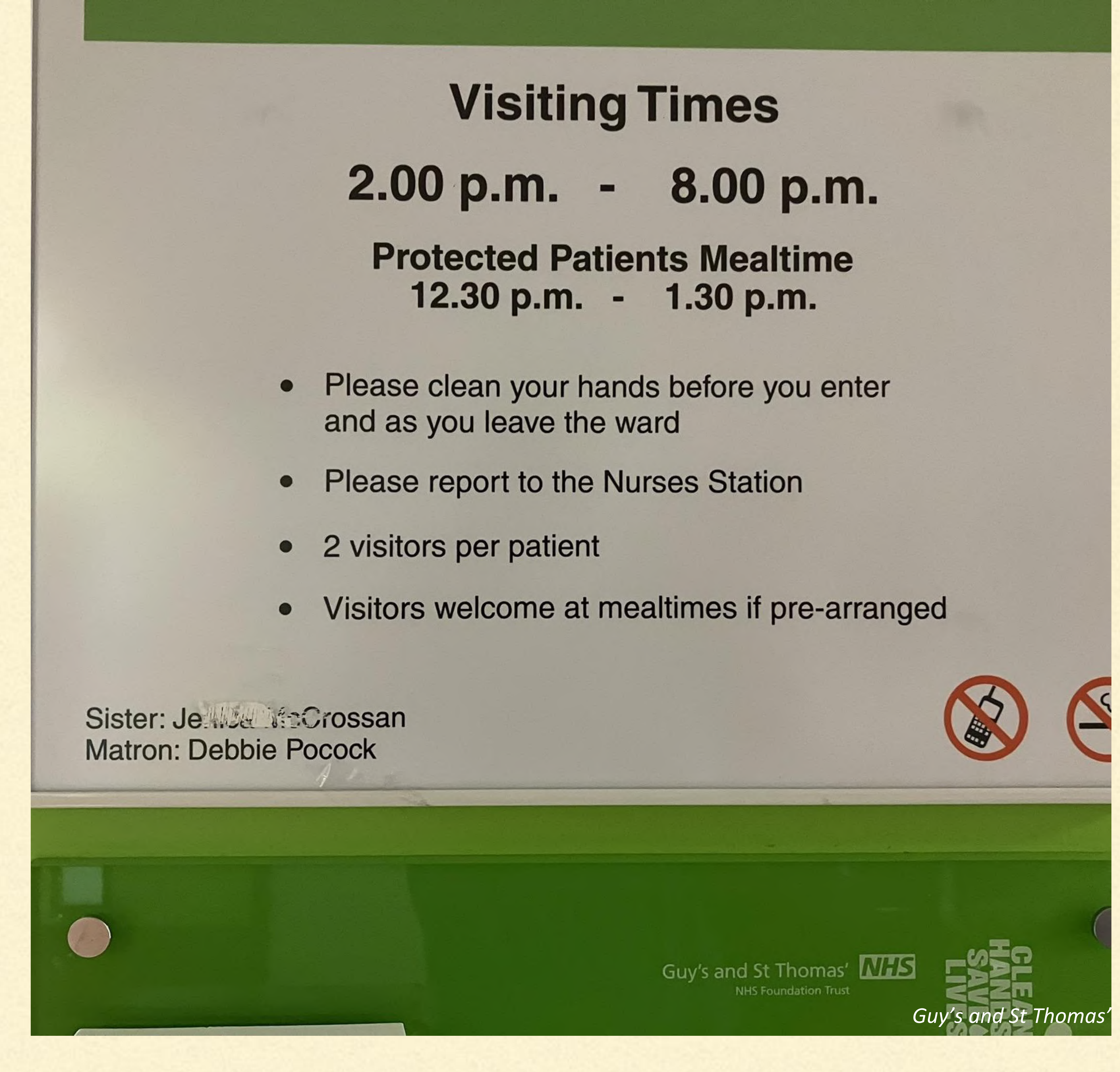
RESEARCH APPROACH

28 semi-structured conversations with patients, family/friends, HCPs and hospital staff

Interviews at GST on wards, and Kings in the discharge lounge (11 patient interviews + 7 family members)

Follow up interviews with patients or family/friends (2 with patients, 2 with family/friends)

Interviews with HCPs and hospital staff (2 Occupational Therapists at Kings, and 4 Porters at Kings)



Guy's and St Thomas'

SUMMARY OF FINDINGS

The hypothesis that there's a gap between patients' expectations of discharge and their experiences of it, isn't borne out by research

They don't have enough information about the process to form an expectation, and only seem to have questions.

SUMMARY OF FINDINGS

While many patients leave hospital without any problems, for some patients and their families, leaving hospital is an experience of uncertainty and anxiety

The process of discharge isn't understood

The timings of discharge aren't understood

They don't feel ready to leave:

- Personally
- Home isn't prepared

SUMMARY OF FINDINGS

The transfer of care depends on an emergent system, the central part of which – the patient and their family – has variable levels of ability to cope

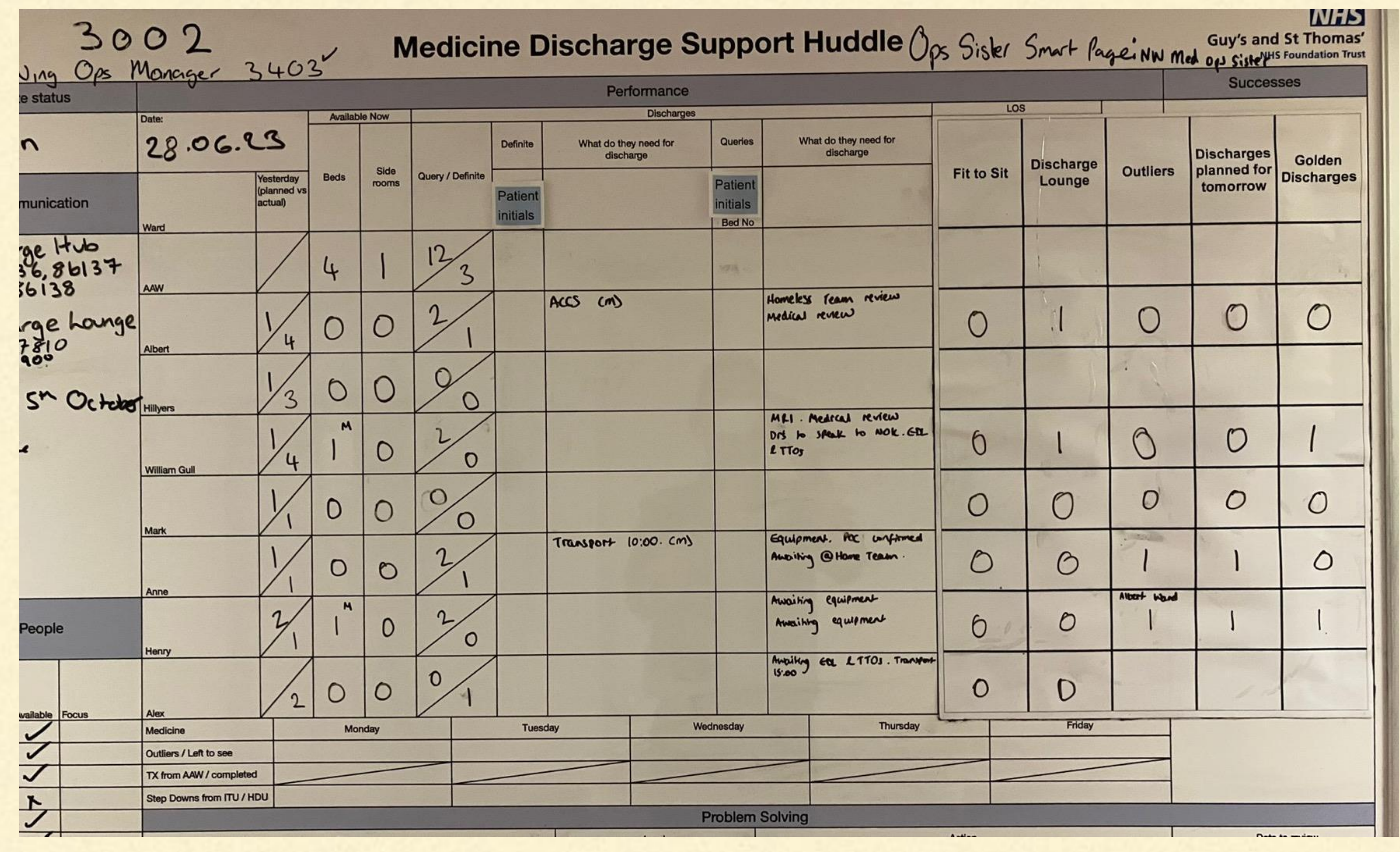
The hospital, the council, and the patient and their families or carers must work together to ensure a good outcome once the patient leaves the hospital. Sometimes the patient and their family have to bridge gaps in communication and service provision between hospital and council. They aren't trained or prepared for this.

Gap 1 - Some patients don’t understand the discharge process

Whether on the ward or in the discharge lounge, patients were largely unable to explain what would happen during discharge

Patients experience discharge more as an event with some foreshocks, than as a smooth, planned process

Sense of uncertainty and lack of dialogue creates anxiety for patients on pathways 1-3



“Stressed cause I didn't know where I was going.” *Patient, King’s*

“No-one has come and talked to me about the process of discharging, or the steps or the difficulties. What will happen? How will I cope at home? Will the carers have any medical knowledge? ” *Patient, GSTT*

“Both times they said about a care package, and both times they just sent Mum home” *Patient’s daughter, GSTT*

“They say it, but then it doesn’t happen” *Patient’s daughter, GSTT*

*“*We came out of the ward and she went “Oh are you going?” And we said “we’re meant to be but we’re waiting for a prescription” and she went “have you got a discharge letter?” Didn’t know we needed one” *Patient, King’s*

“They started clearing up, and I was thinking, “what on earth?” *Patient, King’s*

Gap 2: Some patients don't think they're ready to go

Guy's and St Thomas'

They worry about not being personally ready to leave hospital

They worry about their home and/or care package not being ready

“They did let me know and two or three days ago, I think it was the end of last week. They said you'll be discharged on Monday. Now they say it's today, but I'm not prepared for it.” *Patient, GSTT*

*“*It's a fear. I was terrified that I'll do something stupid. I would do something stupid and I would lose my home” *Patient, GSTT*

*“*Sometimes they're leaving and they say “see you next week”” *HCP*

Patient's home

Gap 3 - Some patients don't understand the discharge timings

Discharge is experienced as a mix of fast-paced moments and periods of prolonged uncertainty

Parts of the process involve long waits

Other parts seem extremely rushed

Because it seems to happen in bursts, patients end up feeling like the process is unorganised

"Transport can mess the discharge up, sometimes it's too late for them to take people home and they just have to go back to the ward. It's better now, but G4S were terrible." *HCP*

"Supposedly they are [bringing medication], and that's what we're waiting for now, and a letter of release or something" *Patient, King's*

"That could've helped. If they'd have said "It takes about an hour". I kind of assumed it would take 10 minutes. It took about an hour and 10 minutes, and then things started to get a bit frustrating" *Patient, King's*

"We were waiting quite a while for paracetamol and laxatives, and he didn't really need them" *Patient's sister, King's*

"When you look back you'll find that they didn't fully understand it because it's new to them, but for us it's normal conversation, so we try to put it in simple terms. But there's always room for improvement in terms of how we need to be sharing with a patient in a way that they can understand it. That's why we're looking into the discharge pack and other things because we're trying to make sure they understand, because they have to be the driver of their own care."
HCP, King's

"It's a lot of pressure to look after someone, when you don't understand the system, how it works, and you're not trained, and it's your mum, or your dad"
Patient's Son, GSTT

Gap 4 - Patients and families aren't always aware of whats expected of them next, and how to do it

Patients (and by extension their families) are supposed to be at the centre of the MDT, but they're the least equipped to be there

Patients and families are put at the heart of the decision making process around their care. However, in some cases patients and families don't feel equipped enough to participate effectively:

Hard to contribute to decisions and grasp implications
Hard to keep track of all the moving parts
Hard to support care without prior experience
Hard to remain objective
Hard to stay confident

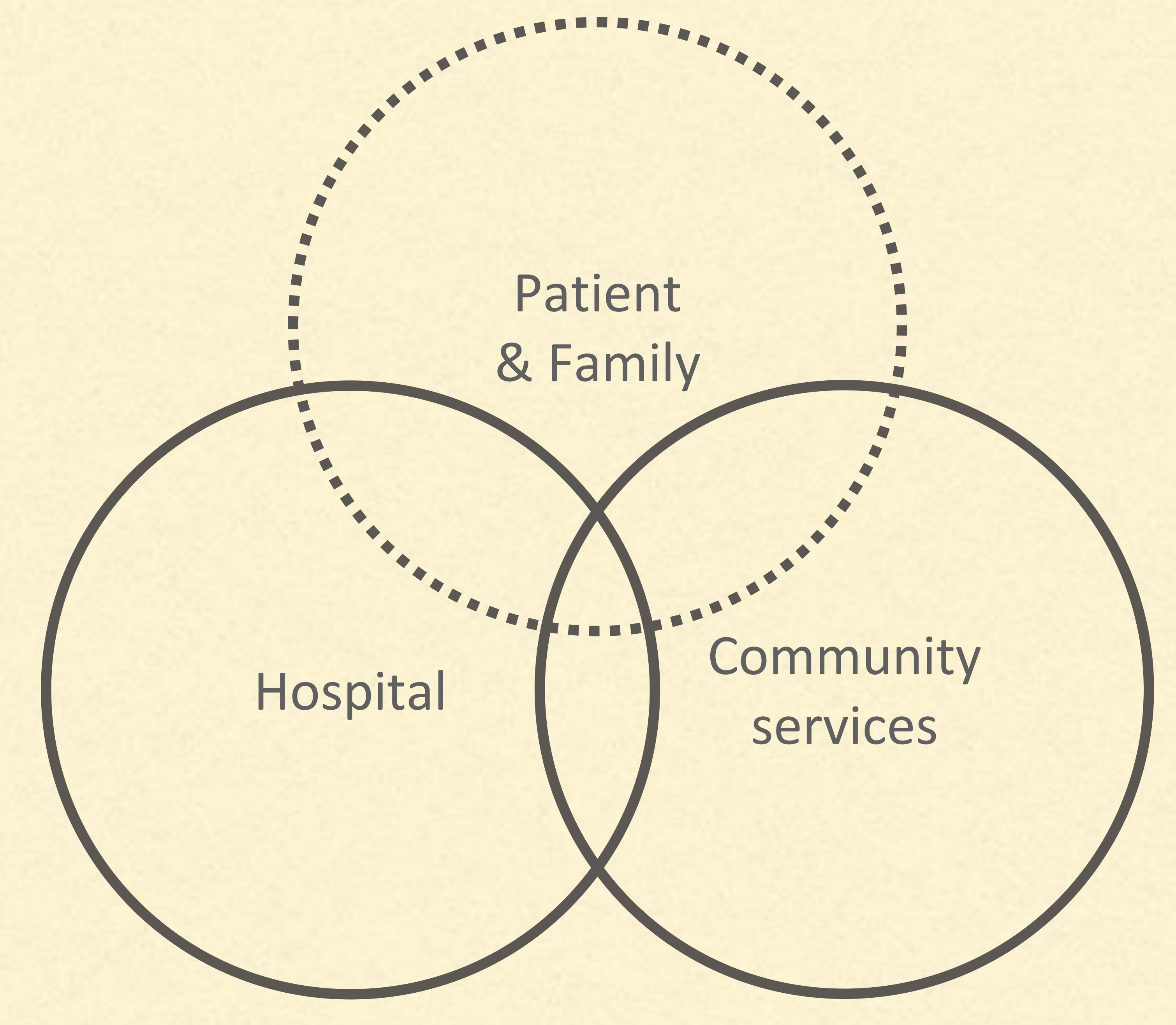
It’s important that the patient and family feel informed and equipped, because they also feel like they’re bridging the gap between the hospital and the council

Transfer of care is depends on collaboration between hospitals, the council, and patients and their families. But how do the institutional parts of that emergent system best interface with the human, informal part?

Hospitals and councils have processes, standards, knowledge and other resources to help them deliver their part of the transfer of care.

Patients and their families might also have those things, but often they don’t. Delivering their part of the transfer of care is made even more demanding by the fact they’re emotionally involved.

At the moment, patients and families are passive recipients of a process. But how can that be transformed into genuine coproduction & advocacy, where each part of the system has helped to design it?



“It’s just another level. Because, you know, this is my mum! This is the most important person in the world. And you’re absolutely exhausted. You’re thinking “I can’t keep my eyes open”, but, whatever mum needs, comes first.” *Patient’s daughter, GSTT*

IMPLICATIONS AND RECOMMENDATIONS

Gap 1 - Some patients don't understand discharge

- *Literature outlining the discharge process and regular verbal updates will help*
- *Consider A/B testing some discharge/ ToC patient education strategies*
- *Include family/carer/advocate in discharge briefing, as early as possible*

Gap 2 - Some patients don't know if they're ready

- *Discharge packs need to clarify what assessments have been made about the patient and their home*
- *Resource permitting, 'exit interviews' may alleviate some patient concerns*
- *Collating and documenting fragmented advocacy happening around the patient*

Gap 3 - Some patients don't understand the timings of discharge

- *Supplying a flow chart with approximate timings for each part of the process*
- *Regular verbal updates on progress*

Gap 4 - Some patients and their families don't know how to cope afterwards

- *Despite MDTs being patient-centred, some patients and their families don't feel involved. Regular dialogue, which begins as early as possible in the process, may help with this*
- *Work with voluntary sector to develop a sustainable support model*

Patient characteristics

Sex= 82:18 M:F
Age= 91:9 >65:<65
Pathway 0 =1
Pathway 1=4
Pathway 2=1
Pathway 3=1
No pathway info/pathway disputed=4

PATIENT/FAMILY EMPATHY MAP CREATED BY COMMUNITY RESEARCHER

THINK & FEEL

Needs help managing money and housework

Made some friends in the past 3 months he's been in hospital

SEE & HEAR

Doesn't know if a care plan in in place

Nurse told him about a new flat, but he doesn't know when he will be able to leave hospital

No conversation about leaving

Social worker has been in contact, via hospital, 4 times in the last 3 months

SAY

Wants to see his friends again

Doesn't want to go back to his Peabody flat

DO

Patient doesn't inform wife about physio's assessment of his care needs

Says he needs an assessment on a new flat due his falls

Is dyslexic, so can't access supporting literature

Doesn't know when he will go home, or where home will be

PAINS

Has no idea "how things are going to work out"

No contact with his daughter, who also lives in London

Still having to pay rent, despite not wanting to return to flat

Walks with a stick, so falls

GAINS

A new home in a new area

Care plan and support in flat

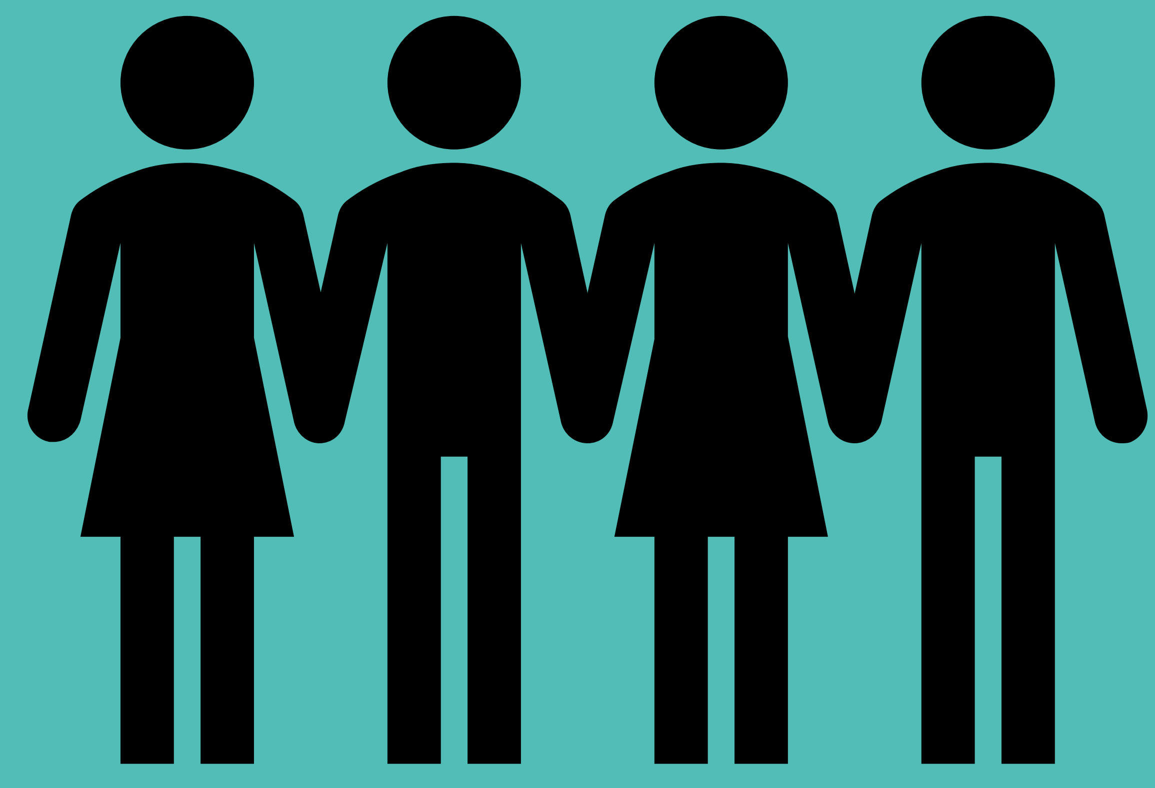
Assessment on a new flat

Community Researcher Reflections

"I chose to participate in the research (project) to gain first-hand experience and knowledge about patient discharge and the processes involved.

I learned there was a gap between the various departments, regarding the patient discharge, with the patient always at the receiving end. It was not a straight process as I would have expected.

The patient should have been aware of the processes from hospital discharge to home. But such was not the case. Some patients were not even aware of the discharge date. There was no prior briefing."



Looking to the next steps, Partnership Southwark will listen to the Community Researchers' thoughts and co-produce an action plan to address the findings and recommendations that also includes the input and expertise of the Steering Group

Steering Group members and Community Researchers will meet in-person at the end of September, to **co-produce** a **shared action plan** for addressing the report's findings and recommendations

Community Researchers will be encouraged to share their thoughts and ideas during this Steering Group. To support Community Researchers to feel **equipped and empowered to share their honest views**, Southwark Council and South East London ICB are supporting Shared Intelligence to facilitate a **preparation session** with the Researchers on 18 September 2023

Steering Group Members will discuss the option of developing the Steering Group into a **long-term strategic partnership** for improving patient experience of transfers of care and will also identify where actions can be taken forward in existing discharge improvement groups/forums. Community researchers will be invited and encouraged to continue their participation through the Steering Group and other relevant forums

Partnership Southwark Strategic Board

Cover Sheet

Item 3
Enclosure 3

Title:	**Primary Care Access & Experience**
Meeting Date:	**7 September 2023**
Author:	Kate Kavanagh
Executive Lead:	Martin Wilkinson

Purpose of paper:	**Response to Health and Scrutiny Commission report on 'Access to medical appointments'**	Update / Information	*X*
		Discussion	*X*
		Decision	
Summary of main points:	The Health and Social Care Scrutiny Commission review was conducted in response to constitutes reporting difficulties in accessing doctor appointments. Concerns were also raised that the pandemic had precipitated a switch to greater use of online and telephone consultations and members highlighted an increased wait time at emergency departments. The review resulted in the following 11 recommendations: 1.Conduct a communication, engagement and outreach campaign explaining local integrated health services, where and when visit to Primary, Urgent and Emergency care, as well as services such as the Well-being Hub. 2.Seek to develop a more consistent practice appointment model based on best practice that will allow equitable and safe access for all. 3.Recognise and value the importance of GP Practice and Pharmacy receptionists, as well as other non-clinical staff and invest in guidance / training to ensure that they are appropriately guided and supported on how to screen patients. 4.Build on local and national good practice to ensure triage systems result in the allocation of appointment based on patient need. Systems to support proactive and coordinated care for those with complex problems and long-term conditions need to be considered alongside. 5.Finding a balance between face to face, telephone and video appointments. 6.Ensure all local surgery websites clearly indicate how patients can complain directly and how to escalate to commissioners if still unresolved.		

	7.Partnership Southwark, health scrutiny and Healthwatch to explore drawing up a template for councillors to report concerns as part of a protocol to guide relationships and share intelligence. 8.Note the importance of maximising GP continuity and ensuring adequate appointment time to carefully prescribe, identify contraindications and avoid mistakes. 9.Seek to recruit and retain more GPs to Southwark and other new Primary Care roles. 10.Increase focus on continuity of care for people with enduring Mental Health conditions and particularly ensuring that there is good links with secondary care and referrals are followed through for those people who are least able to advocate for themselves. 11.Partnership Southwark to initiate a project with local surgeries working with the local voluntary and community sector to develop a more proactive and holistic model of good health and wellbeing, with a particular focus on increasing social connection. The slides and PSSB presentation on Thursday 7 September will provide an update on how Southwark Primary Care are working with system partners to address access issues.	
Potential Conflicts of Interest	**None**	
	Equality Impact	n/a
	Financial Impact	The paper indicates expectation of national allocation for 'Implementing Modern General Practice' to support practices and PCNs
	Environmental Sustainability Impact	n/a
Other Engagement	Public Engagement	**n/a**
	Other Committee Discussion/ Engagement	**Primary Care Collaborative Meeting in August 2023**
Recommendation:	**The Board are asked to endorse the local approach to improving access to medical appointments.**	

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

Primary Care response to 'Access to Medical Appointments Scrutiny Review' Report (2022/23)

Kate Kavanagh – Associate Director for Healthy Populations and Community Based Care

Health and Social Care Scrutiny Commission report – May 2023

- The review was conducted to respond to constituents reporting difficulties accessing doctor appointments
- Concerns that the pandemic had precipitated a switch to greater use of online and telephone consultations, which was not always welcomed by patients, or appropriate.
- In addition, members were concerned with evidence that hospital emergency departments' waits were too long.

The review therefore also reflected on these changes and the consequent risks and opportunities of new front line practitioner roles.

The following outcomes have been used to guide the review and report. These were agreed by the Commission at the beginning of the review, in collaboration with Partnership Southwark and local NHS leads:

- Residents know what to expect from the local system – where and how to be seen for their conditions whether urgent/serious or not.
- Providers ensure that their appointment and care systems can be navigated equally by patients and residents can get timely care.
- Providers can offer care in a way that best meets people's needs, including face to face, and that the right balance is found in the use of new technology.
- Public and councillors to know how to feedback when experience is not good and that this will be considered and lead to improvement.
- A health system that operates well so that needs are met as well as possible within available resources
- The scrutiny review feeds into work that Partnership Southwark is doing to engage with residents in order to build trust locally and use feedback to improve performance

Recommendation 1	Response
Conduct a communication, engagement and outreach campaign explaining local integrated health services, where and when visit to Primary, Urgent and Emergency care, as well as services such as the Well-being Hub	• Local campaign being developed, to include Pharmacy First, Wellbeing Hub, The Nest (for CYP) and other community services • Practices and PCNs have committed to re-establish PPGs, to seek views of diverse communities a • Target of October 2023 for all practices to have opted-in to NHS App – will use this to notify of routine immunisations, screening appointments, repeat prescriptions etc Promotion of Southwark Additional Hub services, delivering at weekend and evenings to improve access inc: • Population health annual reviews, including phlebotomy • Centralised call/recall • Smears • LARC • Immunisations Women's Health • Wound Dressings • NHS Health Checks • Trans/Non-Binary/gender clinics

Recommendation 2	Response
Seek to develop a more consistent practice appointment model based on best practice that will allow equitable and safe access for all.	The NHS 'Implementing Modern General Practice' will provide £240m to support practices and PCNs inc: • Alternatives to early morning telephone booking systems – beating the 8am rush through Cloud Based Telephony (CBT) • Providing a combination of face to face, telephone, and digital appointment systems through CBT & ARRS roles • Focus on those with additional needs (mental health, disability, older, parents of young children, language barriers) • Informed by the views of the registered population CBT will allow: Call-back: patients have the option to be called back when they are higher in the queue Call-routing: patients will be directed to the right person or team (eg a medicines team serving the whole PCN) Integration with clinical systems: allows practice staff to quickly identify patients and find relevant information with less searching

Recommendation 3	Response
Recognise and value the importance of GP Practice and Pharmacy receptionists, as well as other non-clinical staff and invest in guidance / training to ensure that they are appropriately guided and supported on how to screen patients	• General Practice Staff Survey – encouraged uptake of the extended NHS staff survey, to general practice nationally from 2023 • Supporting Southwark practices to access 'Support Level Framework', which aims to upskill and build confidence in existing workforce, including non-clinical roles • Expand role of health and wellbeing coaches – who support people to develop the knowledge, skills, and confidence to become active participants in their care • 'Fuller' delivery group established to bring together system partners, seeking to deliver joined up health and social care through an integrated neighbourhood model

Recommendation 4	Response
Build on local and national good practice to ensure triage systems result in the allocation of appointment based on patient need. Systems to support proactive and coordinated care for those with complex problems and long-term conditions need to be considered alongside.	• Local commitment to 'Care-Coordinator' roles - personalised care professionals who help to provide capacity, and expertise to support patients in preparing for or following up clinical conversations with clinical teams • National training to support receptionists triage and direct patients to the most appropriate primary care team member

Recommendation 5	Response
Finding a balance between face to face, telephone and video appointments	• Southwark is committed to offer all patients a range of options for accessing general practice • Through 'Fuller' delivery group, looking at models which allow practices and INTs to provide consistent care to patients with Long Term Conditions, versus those patients who are happy to see any of the team

Recommendation 6	Response
Ensure all local surgery websites clearly indicate how patients can complain directly and how to escalate to commissioners if still unresolved	• NHSE funding for website improvement is underway and being rolled out to practices • Patients to be encouraged to complain to practices in first instance • Following local audits, funding has been released to 23 Southwark practices in accordance with digital first level 3 criteria to improve their websites, including how patients use them to understand services and interact with general practice • All Southwark practices have shared their website evaluation reports, plans to review against the new online tool – GP Website benchmarking tool has been developed to identify opportunities for improvement

Recommendation 7	Response
Partnership Southwark, health scrutiny and Healthwatch to explore drawing up a template for councillors to report concerns as part of a protocol to guide relationships and share intelligence.	• Would welcome this • Would also be keen to help MPs and councillors understand what is helpful to raise and what can be resolved without need for escalation - an example of which was a complaint regarding a practice declining to vaccinate a nine-month-old baby against MMR. This came to the borough team but is due to national policy and not something individual practices can deviate from

Recommendation 8	Response
Note the importance of maximising GP continuity and ensuring adequate appointment time to carefully prescribe, identify contraindications and avoid mistakes.	• Implementing 'Fuller' to allow more time for proactive, personalised care with support from a multidisciplinary team of professionals • Working with Borough Training Hub to develop Workforce strategy to encourage more GPs to work in the Borough • Focus GP time on people with more complex needs, including, but not limited to, those with multiple long-term conditions • Integrated Neighbourhood Teams (INT) will streamline access to integrated urgent care, same-day care, using data and digital technology to enable patients to quickly find the right support • Build capacity into the system, based on local need by working alongside local partners - such as the voluntary, community and faith sector and local authorities - local people, and communities

Recommendation 9	Response
Seek to recruit and retain more GPs to Southwark and other new Primary Care roles	NHSE are building capacity by focusing on: • Funding larger multidisciplinary teams • Training more new doctors • Focusing on retention and return of experienced GPs In addition, Southwark is utilising ARRS roles to develop new PC roles including: • Apprentice nurse associates - HCAs, reception • Nurse associates – ANAs • Community paramedics • Advanced nurse practitioners • Clinical Pharmacists • Mental health practitioners • Social prescribers • First contact physiotherapists • Physician’s Associates • Care coordinators

Recommendation 10	Response
Increase focus on continuity of care for people with enduring Mental Health conditions and particularly ensuring that there is good links with secondary care and referrals are followed through for those people who are least able to advocate for themselves.	• Southwark has a been delivering on the national Community MH Transformation (CMHT) prog. for 2.5 years • Programme team with colleagues across LCP to developed joined up working and pathways • System working between PC and SLaM to develop new 'MH Practitioner' roles, aligned to general practice • Redefined SLaM community teams, so they align with General Practice and work in an MDT model • Leading to increase in early intervention for patients with low to moderate MH needs, avoiding escalation • New community roles, sitting alongside Social Prescribing, to support residents with non-clinical needs

Recommendation 11	Response
Partnership Southwark to initiate a project with local surgeries working with the local voluntary and community sector to develop a more proactive and holistic model of good health and wellbeing, with a particular focus on increasing social connection.	• Working with Public Health to use health promotion van, targeting areas to tackle Core20PLUS5, partnering with VCSEs to bring access to primary preventative health care to the public (BP checks, BMI, information about services - empowering patients to access the right people at the right time as opposed to defaulting to their GP) • Health Promotion Grant - Working with 10 VCSEs in Southwark who service groups with historically lower vaccination rates. Providing information and resources to support organisations to promote childhood vaccinations in particular: MMR, Flu and Polio. Sessions to explain roles & responsibilities of different healthcare professionals and linking in nearby practice nurses to speak at events where possible.

Developing Integrated Neighbourhood Teams

Leadership

- One PCN Clinical Director to each neighbourhood
- Embedded in neighbourhood and understands local population
- Supported by a leads (succession planning and development)
- Supported by federation administration and management capacity

Governance structures

- Neighbourhood meetings led by PCN CDs
- PCN Overseeing group - holds PCN CDs to account (national guidance)
- PCN delivery Group - 'doing group' that supports PCN CDs and OSG
- Primary Care Collaborative – with Borough team to develop new ways of working and delivering improvements in primary care

Challenges within the system and mitigations

Risks

- ICB Management Cost Reduction
- Staff morale and retention
- Current system financial position
- Recruitment to ARRS roles
- Provider capacity to meet potential increased self-referral pathway demand

Opportunities

- Southwark is a LLW borough – addressing social value as part of new procurements
- Employment opportunities for local people with ARRS roles
- New, innovative patient pathways
- Integrated working across LCP

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.

Foreword by James Lowell

It is with great pleasure and some sadness that I present this, my final PEL's report, before taking up my new Role as Chief executive Officer for the Queen Victoria Hospital NHS Foundation Trust. Looking back over the past 13 months I'm genuinely humbled by the progress Partnership Southwark has made on our first year's objectives.

We have delivered an aligned Health and Care Plan that aims to address the Health and Care needs of the population that we are privileged to collectively serve. We have supported many initiatives to address inequalities and made much stronger supported links with our vibrant Voluntary and Community Sector, we've seamlessly set up a Local Care Partnership and transitioned from the previous CCG arrangements whilst not losing traction on any of our core programmes of work. Most importantly we've set out a road map to the next stage of Partnership Southwark's journey; further empowering local organisations to collaboratively lead service transformation at a Place and Neighbourhood level.

I want to take this opportunity to thank all the Board and Executive members of Partnership Southwark for their absolute support over the past and wish you all well for the future. A special thank you goes to Martin Wilkinson who as Chief Operating Officer for the Partnership has been the cohesive driving force behind us achieving what we have and know that he will be a fantastic interim PEL whilst a substantive person is appointed.

James Lowell

Place Executive Lead
Partnership Southwark
South East London Integrated Care System

Predict & Prevent 2023 Highlight Report

NHS Long Term Plan CVD Ambitions

- 75% of people aged 40-74 have received a CVD risk assessment & cholesterol reading in the last five years.
- 45% of people aged 40-74 identified as having a 20% or greater 10-year risk of developing CVD are treated with statins.
- 25% of people with FH are diagnosed & treated according to NICE guidelines

Predict & Prevent 2023 Highlights Report

BACKGROUND

- The NHS Long Term Plan (2019) highlighted the need for improvements in lipid management to reduce cardiovascular (CV) risk, including increased focus on CV risk assessments, statin uptake for primary prevention, and improved Familial Hypercholesterolaemia (FH) detection, diagnosis and management.
- A pilot project in 6 South East London Primary Care Networks (PCNs) from December 2021 to December 2022 set out to address this need. The learning has been shared with healthcare professionals in South East London and has shaped local lipid management pathways and educational programmes with the aim of reducing CV risk in local populations and the development of lipid champions in primary care.

> *[The project] created more of an awareness and more thought about statins and cholesterol levels and lipids. And it was quite good to find out about the treatments available in secondary care … there are other options available. I think it kind of puts into context the priority groups.*
>
> **- PCN Digital Transformation Lead and Practice Nurse**

DELIVERABLES

- Implementation of UCLP patient searches to prioritise patient reviews in primary care, education and training support for National Lipid Management Guidance and the development of SEL Lipid Management Pathways for primary and secondary care.
- Enhanced lipid management and cardiovascular risk reduction reviews for patients within primary and secondary CVD prevention cohorts; involving patient representatives to improve the focus for the project and accessibility for these reviews.
- Review and management of patients coded with FH, facilitating specialist referrals for a genetic diagnosis (considering FH signs, family history of CVD and managing secondary causes of high cholesterol) and conducting coding reviews.
- Educational webinars to improve knowledge and confidence in lipid management among primary care professionals, including statin hesitancy and intolerance, cardiovascular risk reduction, and lipid management therapy escalation.
- Community of Practice meetings for PCN leads to facilitate their learning, networking with others and problem solving.
- Enhanced uptake of high-intensity statins and optimising second-line therapies in line with NICE Guidance.

RESULTS

- All 6 PCNs increased the rates of high-intensity statin prescribing. Four of the 6 PCNs reached the NICE minimum threshold of 65%, and 3 of these PCNs exceeded the optimal target of 75%.
- 600 additional patients were prescribed ezetimibe which demonstrates increased awareness for alternative therapies and increased competence for lipid management prescribing within primary care.
- Patient record data indicated that the number of patients on FH registers reduced between baseline and follow-up periods for the 2 PCNs that focused on patients with FH. This was due to re-coding patients with an incorrect FH code on the system.
- The project has been repeated with 5 further PCNs as the focussed learning and patient reviews for CV risk reduction have been so valuable for local populations and for meeting the needs of QOF and DES incentives.

CONCLUSION

- Overall, the PCNs involved in Predict and Prevent have improved lipid lowering therapy prescribing trends and awareness of CV risk reduction strategies for local populations.
- For the integrated care system, there are now pathways for primary care and specialist referrals, improving lipid management through primary and secondary prevention workstreams and utilising patient searches/cohorts to prioritise reviews in primary care.
- Clinicians reported a range of perceived impacts on patients, such as improved patient education and awareness leading to more informed decisions about their healthcare and CV risk reduction options.
- Participation in the project increased the competence and confidence of clinicians in optimising lipid management to reduce CV risk, addressing statin hesitancy and intolerance, and improving patient outcomes.

Key achievements in Q1 Safeguarding Children

Work has progressed significantly from learning and recommendation identified during the Multi-Agency Thematic Review into the deaths of 3 children with Complex Health Needs.

The Thematic Review and a 7 Minute Safeguarding paper formatted by the Designate Nurse was also presented to the Safeguarding Childrens Partnership Learning Network for the purpose of wider system learning. A Task & Finish Group from this has resulted in a collaborative response to developing a learning package to go out across partnership agencies. The learning from this review including the 7 minute safeguarding update and multiagency learning package will be shared across SEL ICB as similar themes have been highlighted.

Partially in progress also, is a planned health research project which will initially employ a family support worker for 18 months for a cohort of children under 5 with complex disabilities.

CYP update

As a part of our preventative offer targeting low to moderate emotional wellbeing and mental health needs we continue to support the range of programmes across schools and universal access. The programmes underpin some of the work to reduce waiting times for access to clinical based service through CAMHS. They also support the work to deliver the 100% Inclusion Charter with a focus on reducing exclusions.

The Mental Health Support Team is now delivering in 16 schools with and further 5 planned for the Autumn term and increase from 12 when last reported to the Strategic Board, their work includes 1:1 support, group work and workshops. Their main reason for referral is anxiety followed by behaviour. The monthly login rate for the Kooth online service has increased since last reported from 198 logins to 249, out of hours access continues to be high with 72% of logins out of office hours compared to 65% when last reported and the School Engagement Programme continues to offer workshops and staff training with 1824 students taking part in workshops and assemblies in the last quarter. The Improving Mental Health and Emotional Wellbeing in Schools Programme has now engaged with 100% of schools including training 400+ Mental Health First Aiders across 96 schools. The School Champions have supported curriculum, policies, assessment and quality assurance as well as training and continuous professional development.

Southwark 2030 update

Southwark 2030 has been having a series of conversations with people, communities and organisations in the borough about the type of place we want Southwark to be by 2030. This has been done through a series of in-person workshops, online workshops, as well as discussions with partners and stakeholders. The process has led to the current stage of engagement which is testing the eight missions which have emerged from the work so far. These are:

1: Homes - All residents in Southwark have a home they are proud of, that meets their needs, and they can afford
2: Neighbourhoods - All residents will be proud of living in caring, connected and welcoming Southwark neighbourhoods
3: Nature - Southwark is a borough full of nature that residents can enjoy and be part of
4: Climate - Southwark will be an international leader in tackling the climate emergency
5: Safety - All people in Southwark feel and are safe on the streets, in their homes and at work
6: Prosperity - Southwark's economy provides greener, fairer and good quality work, education and training opportunities for all
7: Health & wellbeing - People across every part of Southwark's community are living long, healthy lives with good mental health
8: Culture - Everyone in Southwark can enjoy our vibrant culture and arts scene that the borough has available

The public engagement is still live and runs until the end of August. Following that they will review and analyse feedback and input and move to drafting with a view to bringing together the Southwark 2030 strategy itself over the autumn period. The Council have earmarked a Council Assembly session in late November for sign off on the Council ahead of a launch event.

Finance Update

Southwark Place has a delegated budget of £260m for 2023/24. £160m is managed by Southwark place and NHS Contracts for Mental Health (£39m) and Physical Health (£60m)

whilst delegated are managed by South East London Commissioning team on a South East London wide basis.

The table below shows the reporting position as at the end of July 23. Southwark place is reporting a year to date overspend of £1.46m and forecast outturn is an overspend of £4.7m. This is a significant deterioration from previous month and is driven mainly by overspends in Prescribing and Mental Health.

Budget Areas	Year to Date Budget £'000	Year to Date Actuals £'000	Variance £'000	Annual Budget £'000	Forecast Outturn £'000	Variance £'000
Other Acute	184	117	67	552	352	200
Community Services	10,827	10,702	125	32,482	32,106	376
Mental Health	2,487	3,113	-626	7,460	9,139	-1,679
Continuing Healthcare	6,496	6,548	-52	19,489	19,643	-155
Prescribing	10,677	11,850	-1,174	31,823	35,881	-4,059
Other Primary Care	197	180	17	590	540	50
Delegated Primary Care	21,074	21,074	0	63,224	63,224	0
Other Programme	154	154	0	463	463	0
Corporate	1,470	1,286	184	4,411	3,858	553
Total	53,567	55,025	-1,459	160,494	165,208	-4,714

Key areas of risk continue to be mental health and prescribing with underspends in community and corporate budgets absorbing some of the overspends. Mental Health budget is forecast to overspend by £1.6m (23%). Increase in costs in placements and significant increase in ADHD expenditure are the key reasons for the overspend in Mental Health. Mental Health providers are also seeking significantly higher uplifts than the 1.8% included in our budgets.

Prescribing position deteriorated further in month 4 and now showing a forecast outturn of circa £26m for SELICB. Southwark place overspend is forecast to be £4m (13%). The data shows that less than 50% of the overspend is now caused by Cat M and NCSO issues, although the prices of generic medicines are higher on a long term basis as medicines have been returned to tariff at a higher price. We have also seen significant increases in prescribing of long term conditions. National and local quality improvement approaches such Predict and Prevent, anticoagulation for stroke prevention, three treatment target achievement for people with diabetes and good practice guideline implementation via clinical effectiveness SEL result in increased long-term prescribing. Medicine Management Team continuing to look for further opportunities to make savings over and above those already in place. Prescribing summit has taken place and actions are being reviewed / developed to try to mitigate the pressures.

Continuing care is also now showing a forecast overspend of £155k. Working groups for continuing healthcare have been set up to develop plans to mitigate the pressures.

The borough restricted use of growth and investment in community services to mitigate some of the pressures identified at the beginning of the year. Due to continuing

deterioration of borough's financial position we have had to freeze all uncommitted budgets and have a restriction on all discretionary expenditure in order to mitigate some of the overspend.
A financial recovery plan is being implemented and key focus will be actions that will need to be undertaken to improve our financial position. Consideration will be given to what else can be done jointly or consistently across boroughs to improve performance and also across the wider ICS to mitigate financial pressures The financial recovery plan will be reviewed by SEL CFO.

The borough is required to deliver minimum efficiency savings of 4.5%. This amounts to £4m and we have now identified plans to deliver these savings. Whilst savings schemes have been identified, savings plans for prescribing , mental health and continuing healthcare are currently high risk and it is unlikely they will be delivered in full. The borough is working to ensure we can de risk some of these schemes and put other mitigations in place.

No Decisions have been taken at Place

James Lowell
Place Executive Lead

Glossary

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

Acronym/ abbreviations	Term
ADHD	Attention Deficit Hyperactivity Disorder
AHC	Annual Health Check
AQP	Any Qualified Provider
ARRS	Additional Roles Reimbursement Scheme
BAF	Board Assurance Framework
BAU	Business As Usual
BI	Business Intelligence
BCF	Better Care Fund
BSA	Business Services Authority
CAS	Clinical Advice Service
CCG	Clinical Commissioning Group (dissolved and now ICS)
CCPL	Clinical Care Professional Lead
CHC	Continuing Healthcare
COI	Conflict of Interests
CPCS	Community Pharmacy Consultation Service
CQC	Care Quality Commission
CQRS	Calculating Quality Reporting Service
CYP	Children and Young People
D2A	Discharge to Assess
DES	Direct Enhanced Services
DIPC	Director of Infection Prevention and Control
DOS	Directory of Services

Acronyms/ abbreviations	Term
DPIA	Data Protection Impact Assessment
DoLS	Deprivation of Liberty Safeguards
DSP	Data Security and Protection Toolkit for GPs
EIP	Early Intervention in Psychosis
FTE	Full time Equivalent
GP	General Practice
GPEA	DP Extended Access Hub
GSTT	Guy’s and St Thomas’ NHS Foundation Trust
H1	Half 1, referring to the first 6 months of the financial year (April-September)
H2	Half 2, referring to the last 6 months of the financial year (October-March)
HCHS	Hospital and Community Health Services
HCP	Healthcare Professionals
H&CP	Health & Care Plan
HDP	Hospital Discharge Programme
HIN	Health Innovation Network
IAC	Initial Accommodation Centres
IAF	Improvement Assessment Framework
ICB	Integrated Care Board
ICS	Integrated Care System
IHL	Improving Health Ltd (South Southwark PCN)
JCOG	Joint Commissioning Oversight Group
KCH	Kings College Hospital Foundation Trust

Acronyms/ abbreviations	Term
KHP	Kings Healthcare Partnership
KLOE	Key Lines of Enquiry
KPI	Key Performance Indicator
LCP	Local Care Partnership
LeDeR	Learning Disability Mortality Review
LES	Local Enhanced Services
LIS	The Local Incentive Scheme
LAS	London Ambulance Service
LMC	Local Medical Committee
LPS	Liberty Protection Safeguards
LSAB	London Safeguarding Adults Board
LSCB	London Safeguarding Children Board
LSCP	Local Safeguarding Children Partnership
LTP	Long Term Plan
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MHST	Mental Health Support Team
MLTC	Multiple Long Term Conditions

Acronym/ abbreviations	Term
MO/Meds Op	Medicine Optimisations
NSCO	No Cheaper Stock Obtainable
NHSE	NHS England
NHSPS	NHS Property Services
NICE	National Institute of Clinical Excellence
NWRS	National Workforce Reporting Service
OMG	Operational Management Group
PAU	Project Appraisal Unit
PCG	Primary Care Group
PCSP	Personal Care and Social Prescribing
PCN	Primary Care Network
PEL	Place Executive Lead
PHB	Personal Health Budget
PPA	Prescription Pricing Authority
PSSB	Partnership Southwark Strategic Board
PSwk	Partnership Southwark
QA	Quality Alerts
QHS	Quay Health Solutions (North Southwark PCN)
QIPP	Quality Innovation Productivity and Prevention
RTT	Referral to Treatment
SCA	Shared Care Agreement

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

Helpful Links to Partnership Papers
SEL ICP and ICB meetings-and-board-papers (Filter by borough of SEL and Past/Upcomng)
Health & Wellbeing Board
Search Council Committee Meetings & Papers