

Partnership Southwark Strategic Board Agenda

Thursday 11 January 2024 13:30 – 14:45 Part 1

Venue: Room G02AB, 160 Tooley St, SE1 2QH

Chair: Cllr Evelyn Akoto

Time	Item	Lead
13:30	Welcome and Introductions Apologies Declarations of Interest Minutes of the last meeting Action Log	Chair Enc 1 – Declarations Enc 1i – Minutes Enc 1ii – Action Log
13:35	Community/VCSE Spotlight Impact for Urban Health	Barbara Reichwein Peter Babudu Enc 2
14.00	Health and Care Plan Update	Amanda Coyle Enc 3
14:15	Green Plan Update	Nancy Kuchemann Adrian Ward Enc 4-4i
14:25	Place Executive Report	Martin Wilkinson Enc 5
14.30	PSSB Forward plan	Amanda Coyle Enc 6
14:35	Public Questions	Chair
14:40	AOB	All
14:45	Close Meeting	Chair

Next public meeting date: 7 March 2024 – venue to be confirmed



Declaration of Interests

Name of the meeting: Partnership Southwark Strategic Board

Meeting Date: 11/01/2024

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	<ol style="list-style-type: none"> 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 (pending confirmation)
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare
Gavin McColl	PCN Clinical Director, South Southwark	<ol style="list-style-type: none"> 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
Graham Head	Healthwatch	No interests to declare
Katy Porter	Independent Lay Member	<ol style="list-style-type: none"> 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.
Martin Wilkinson	Acting Place Executive Lead	No interests to declare
Nancy Kuchemann	Co-Chair Partnership Southwark and Co Chair of Clinical and Care Professional Leads	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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 4. School Governor



PARTNERSHIP SOUTHWARK STRATEGIC BOARD – PART 1 MINUTES

Thursday 2 November 2023 at 12:15

Venue: The Salvation Army, Camberwell

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
Martin Wilkinson (MW)	Acting Place Executive Lead, Partnership Southwark
Olufemi Osonuga (OO)	GP, Clinical Director North Southwark PCN
Anood Al-Sameria (AAS)	CEO, Community Southwark
Katy Porter (KP)	Independent Lay Member
Emily Finch (EF)	Clinical Lead, South London & Maudsley NHS Foundation Trust
Ami Kanabar (AK)	GP, Co- Chair LMC
Sarah Austin (SA)	Chief Executive Integrated & Specialist Medicine, GSTT
Sangeeta Leahy (SL)	Director of Public Health, Southwark Council
Julie Lowe (JL)	Site Chief Executive, KCH
Sumeeta Dhir (SD)	GP and Joint CCPL Chair
Cedric Whilby (CW)	VCS Representative
ATTENDEES	
Amanda Coyle (AC)	Associate Director of Transformation
Nigel Smith (NS)	Director, IHL
Rebecca Dallmeyer (RD)	Executive Director, Quah Health Solutions
Sabera Ebrahim (SE)	Associate Director of Finance, Southwark, SEL ICB
Layla Meerloo (LM)	Senior Project Manager, PACT, Citizens UK
Dr Rob Davidson (RD)	GP, CCPL
Josephine Namusisi-Riley (JNR)	PACT Project Lead
Carol Yates (CY)	Project Manager, Partnership Southwark
Graham Head (GH)	Healthwatch Southwark
Tim Borrie (TB)	Strategic and Operations Estates Director, SEL ICB
Tal Rosenzweig (TR)	Director of Voluntary Sector Collaboration & Partnerships, SEL ICB
Lisa Hancock (LH)	People and System Development Lead
Simon Beard (SB)	Associate Director of Corporate Governance, SEL ICB
Madeleine Medley (MM)	Business and Governance Support Lead, Southwark, SEL ICB
APOLOGIES	
Eniko Nolan (EN)	Departmental Finance Manager, Southwark Council
David Quirke-Thornton (DQT)	Strategic Director of Children's and Adult's Services, Southwark Council
Wendy McDermott (WM)	Programme Manager, Partnership Southwark
Dean Thomas (DT)	Programme Manager, Partnership Southwark



1.	<p>Welcome & Introductions</p>
	<p>The Chair welcomed all to the in person Partnership Southwark Strategic Board, with thanks to The Salvation Army for accommodating the Board.</p> <p>Apologies were noted.</p> <p>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.</p> <p>Minutes of last meeting The Chair agreed minutes of the previous meeting.</p> <p>Action Log 1. Page 11 summarised the reference to men in the Health & Care plan and it was felt this was sufficient to close the action.</p>
2.	<p>Community Spotlight - PACT</p>
	<p>Layla Meerloo, Senior Project Manager at PACT, introduced the item and briefed members on some of PACT’s activities in Southwark, as well as outlining some of the benefits from a recent parent evaluation exercise. PACT mums were trained to run the sessions and results demonstrated an increase in social connections and support, improved maternal mental health and wellbeing, increased parental self-efficacy, improved child social and emotional balance, increased access to local services and increased competence in leadership for the parents participating.</p> <p>A PACT Video was shared with members and three PACT mums, Isobel, Corrina and Deshni shared their positive experiences and the benefits of engaging with PACT. It was emphasised that parents need community support, opportunities for their children to play and develop together and be able to connect and access other services. It was asked that members share and inform parents of PACT and their activities.</p> <p>The Chair thanked all for their moving presentations and their work to support mothers in the community.</p> <p>AAS noted the importance of local voluntary led groups for parents and their mental health and highlighted the positive differences of groups run in the community by the community compared to others. JNR informed that promotion of PACT relies on word of mouth and it was suggested members assist with building relationships and crystallise approach within their services to help spread word and engagement with PACT and other VCSE without reliance on individual relationships. SA offered to facilitate links with the Evelina, EF will link in mental health contacts and GH suggested linking in with social prescribing.</p>





CW emphasised that community led services cannot run on goodwill and need funding for their stability and how reliance on numbers and forms does not paint the picture of how they work or the benefits experienced. LM and JNR shared the challenges in fundraising but welcomed long term funding support to enable planning ahead and managing capacity. The ICB support PACT and there is work on the model with partners to spread wider across Southwark.

ACTION:

- **PACT details to be circulated to members for sharing with relevant colleagues**
[Sign up to PACT's Newsletter](http://www.pact-citizens.org) www.pact-citizens.org

3. Health & Care Plan: 1001 Days Deep Dive

Nancy Küchemann (NK), Co-Chair, noted the requirement for Board to hear updates on the delivery of the Health & Care Plan and members were asked to comment on this approach, as there is expectation of Board ownership and understanding, with responsibility to unblocking and solving problems in the system.

Dr Rob Davidson (RD), SRO of Start Well, introduced the item and colleagues, Josephine Namusisi-Riley and Carol Yates and noted this area as the first priority area deep dive. The slides circulated were presented in the meeting, highlighting;

- what has been learnt and what is planned next, vision and aims
- working collaboratively; their approach and phases, learning and adjusting as they go
- progress and evolvment timelines
- key challenges
- comprehensive network
- focus areas and outputs
- reference to the fact finder for more information (appendix)
- recognition of existing assets, identifying challenges and build solutions
- Camberwell Practice Guide, front end version working with families to understand milestones, services in area and other opportunities

Personal experience examples of language barriers and red book detail were shared to highlight how improvements are needed in different areas.

The Chair thanked colleagues for their presentations and was heartened to see the progress and good quality level of information.

SA updated all on the recent innovation between the three large Trusts with the new electronic health record Epic, that has enabled sharing of individual health care records across the Trusts and facilitate data collation. Although not completely accessible for all, those able patients can also access their own version in 'My Chart' which can be shared with other professionals. There will be consideration of how that can be better publicised. JL added that the population having babies are younger and are a more tech literate generation which enables moves to, for example, e-red books. It was felt beneficial to explore more with these parents to understand feedback on tech versus paper information and reflection on how in the aim to see people as quickly possible, this can inadvertently be detrimental to patient experience.





In relation to spread and scale, challenge was highlighted in how work cannot be continued in the same depth as it has in Camberwell. It was also highlighted that addressing inequality will not just be about access, it runs across all areas, with ask on how it can be monitored to see greater penetration with community coming forward. The challenges in uptake of child vaccinations was raised along with prevention of obesity in children. RD outlined the approaches of some work to help these areas and referenced the various and innovative considerations to develop for the outcomes framework.

The Chair summarised discussions and noted the three areas; inequalities with focus on access, experience and outcome; issues with translation services especially in primary care; and neighbourhood working as Camberwell cannot be replicated to other areas without close working in the communities with concern shared on staffing in the various sectors to support that.

It was noted that the outcomes paper framework was not covered in the item and Board members were asked to review the content and information included and feedback to CY.

The Board **NOTED** the deep dive and update.

ACTION:

- **Members to review the outcomes framework paper and provide comment to CY**

4. South East London Charter for partnership with the Voluntary, Community and Social Enterprise Sector

Tal Rosenzweig (TW), Director of Voluntary Sector Collaboration & Partnerships, has been supporting the integration of systems to enable work in meaningful way with the voluntary and community sector (VCS).

There has been work to understand key issues for the system to work on, to overcome barriers. Four areas were identified and shared in a slide presentation, that if tackled would make the greatest outcomes;

- VCSE sector as a full strategic partner
- Provide fair and sustainable funding
- Strengthening infrastructure
- Reducing bureaucracy and supporting innovation

The ICB has made commitment for 2024/25 to the five areas outlined in the slides. Specific funding has been allocated to enable VCSE strategic representation in the system and at place to grow and support the work that has started. There was ask for a steer on what would be most impactful at system level that could work across SEL. There is a SEL working group to explore the power of sharing and shaping the system, as well as what the role of the SEL Strategic Alliance could play. TR would like to understand who else to link with in Southwark to shape work going forward.

Questions followed after the next presentation.





State of the Voluntary and Community Sector in Southwark - Progress Update

Anood Al-Sameria (AAS), CEO Community Southwark, updated on the [State of the Sector Report](#) and wanted to thank colleagues for sharing and advocating the work in their respective areas. There was reminder of the three focus areas; funding, premises and relationships and the huge amount of work that has progressed. A [video](#) outlined working group progress on funding, highlighting the shift in the power dynamic and pilots that Partnership Southwark has been involved with.

Thanks were expressed to colleagues who have been involved on the premises conversations and AAS was pleased to report United St Saviours and Southwark Council have match funded a year's pilot role to analyse demand, audit suppliers of space and be based part time within the Council planning and property, to influence policy and be a voice of the VCS. Two tangible outputs are planned to influence the Council Affordable Workspace Strategy and the implementation of the Land Commission recommendations.

In regard to relationships and adding to TR's presentation, it was important for members to recognise that VCS are not funded for engagement, like attending meetings and liaison. The issues around commissioning and it not working for grass root groups was also noted with plea that it needs to change.

The Chair expressed thanks for the presentations and recognised the progress made and achievement of partners coming together.

NK welcomed the progress but wondered if spread and scale would work. It was felt work must be targeted to address inequalities but questioned the assurance on the targeting being correct, highlighting the difference in approaches with question if they reached the same target group. There was discussion and reflection on some examples shared, but overall it was felt experience and data were both needed for diversity of funding along with need to respect individual choice for those you cannot reach.

The Board **NOTED** the updates.

5. Place Executive Report

Martin Wilkinson (MW), Place Executive Lead, took the report as read but congratulated the Trusts on the successful roll out of the electronic record system, Epic, but noted the challenges in primary care.

SA gave apologies for the delays in sharing pathology results with GPs and access to some services, but resource has been provided to resolve them.

GH questioned winter plans and it was outlined that every winter is different, but from experience, the challenges remain more with capacity and workforce. There have been CEO agreements for additional work to try and alleviate them coupled with agile working.

The Board **NOTED** the report.





6.	Public Questions
	No advance or in person questions were received for the Board.
7.	AOB
	<p>The Chair noted the impressive levels of discussions and work together for the residents and informed of a Maternal Inequalities Commission starting with an ask for partners to come together and improve for Southwark.</p> <p>The next held in public meeting is scheduled for 11 January 2024 with a change in time proposed. Further details will be available on the website (SEL ICS Events) in due course.</p>

PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG

No.	MEETING DATE	ACTION	STATUS	ACTION FOR / UPDATE
1	02/11/2023	PACT details to be circulated to members for sharing with relevant colleagues	Closed	Links circulated in minutes of meeting
2	02/11/2023	1001 deep dive - Members to review the outcomes framework paper and provide comment to Carol Yates	Closed	The outcomes framework was circulated for comments by email with a deadline of 16/11/23

Partnership Southwark Strategic Board

Cover Sheet

Item: Impact on Urban Health
Enclosure: 2

Title:	Impact on Urban Health
Meeting Date:	11 January 2024
Author:	Amanda Coyle
Executive Lead:	Martin Wilkinson

Summary of main points

Impact for urban health have been asked to share an overview of their work in Southwark and welcome their new Executive Director – Peter Babudu

Item presented for (place an X in relevant box)	Update	Discussion	Decision
	X		

Action requested of PSSB

Impact for Urban Health (IoUH) will share an overview of their work in Southwark (see attached desktop research summary below) and they will detail a few of their projects that address Cost of living/poverty. The board is asked to consider.

- areas where we might partner with IoUH to drive real & sustainable impact for our residents.
- opportunities to improve transparency of our collective processes to better target our interventions

Anticipated follow up

Partners to follow-up directly with IoUH as their work relates to their organisations. With Partnership Southwark playing a brokering role where this adds value.

Links to Partnership Southwark Health and Care Plan priorities

1001 Days	X
Children and Young People’s Mental Health	X
Vital 5	X
Community Mental Health Transformation	X
Frailty	X
Lower Limb Wound Care	X

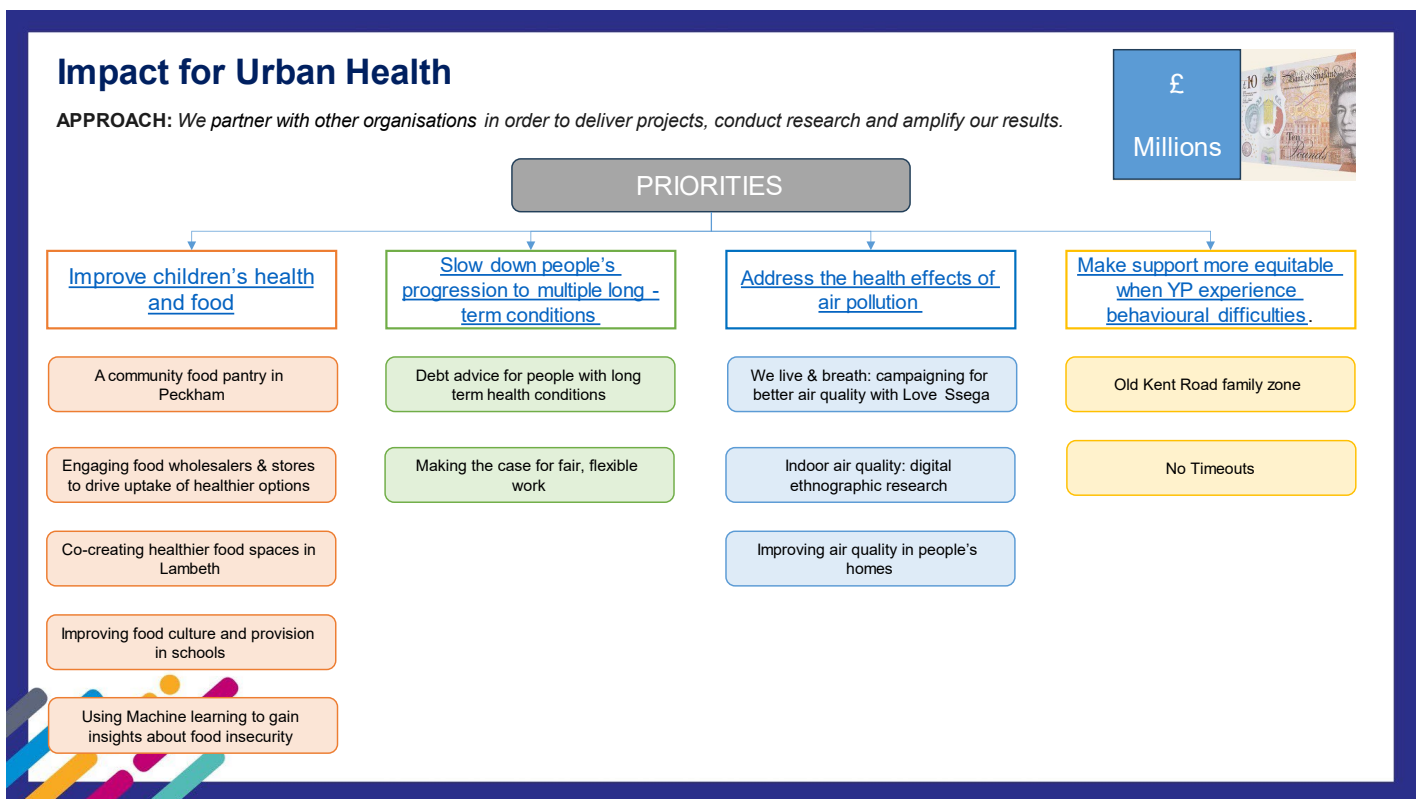
Item Impact

Equality Impact	Direct impact on residents and groups most impacted by the rising cost of living
Quality Impact	N/A
Financial Impact	N/A

Environmental Sustainability Impact	As detailed by IoUH sustainability statement
Medicines & Prescribing Impact	N/A
Safeguarding Impact	As detailed by IoUH safeguarding policy

Describe the engagement has been carried out in relation to this item

Multiple links across all the Partnership Southwark organisations



Impact on Urban Health: Poverty and Health

Author: Peter Babudu, Executive Director and Barbara Reichwein, Programme Director, Impact on Urban Health

Introduction

This paper introduces Partnership Southwark to Impact on Urban Health, and outlines our work to address the relationship between poverty and ill health and health equity. The paper is intended to be read ahead of a more detailed presentation at the meeting of Partnership Southwark on 11th January 2024.

About Impact on Urban Health

Impact on Urban Health is a part of Guy's & St Thomas' Foundation, one of the largest health foundations in the country with an endowment of nearly £1 billion. We take an applied approach, testing solutions to complex health issues. Through our work, we challenge health inequalities and help urban areas become healthier places for everyone to live. While we focus our work on the Boroughs of Lambeth and Southwark, we seek to generate insight to advance health equity across London, the UK, and internationally.

Our mission to improve health and health equity means our focus is firmly on the environments where people in urban areas live, work and play. Through our partnerships we seek to impact the social and commercial determinants of health inequality, such as retail food environments, working conditions, financial precarity and poverty, precarious housing and school food.

We take a programmatic approach, focusing on a driver of health inequity and poor health in urban areas over a 10 year time period. We develop solutions, working with communities living in Lambeth and Southwark and with cross-sector partners, including local authorities and other statutory partners, small businesses to large industry partners, investors, and the community and voluntary sectors.

Our four live programmes are:

- **Children's health and food:** helping to tackle poor health outcomes in young people through focusing on how to improve quality of and access to school food and improve mandatory reporting on nutrition.
- **Health effects of air pollution:** working to address the health effects of poor air quality on people whose health is most impacted by air pollution, including children.
- **Multiple long-term conditions:** developing policy around the impact of work, money and homes on people's health.
- **Children's mental health:** understanding barriers to change in improving young people's mental health.

Our work on health and poverty

The relationship between poverty and poor health outcomes and health inequalities is well documented. We work across all our programmes to disrupt the reciprocal negative impacts of poverty on health, and of poor health on financial stability. Examples include:

- Provision of financial advice and income maximisation to people with long term health conditions, so that health crises (such as a hospital admission) don't necessarily tip into financial crises.
- Wholistic support to prevent evictions and help private renters stay in homes that promote mental and physical health

- Building the evidence base to support campaigns for expansion of Free School Meal provision, and working with the Greater London Authority to evaluate the one year pilot of universal primary school provision in London in 2023-24.
- ICB South East London joint funding partnership focused on (re)building trust and achieving health equity for Black and other minoritised ethnic groups
- Supporting anchor institutions such as GSTT NHS Foundation Trust in building the financial health of their workforce
- Early stage scoping of a trial of cash-based assistance to families with children at risk of or experience physical and mental ill health.

Further detail about some of these partnerships can be found below.

1. Protecting health by addressing the household debt crisis: An overview of the Financial Shield Programme

Background

There are clear links between physical, mental and financial health. For many people living on low-incomes, health issues and problems with money influence each other. People with long-term health conditions often have less, or a more precarious, income – due to being too unwell to work – and more expenses on things like medication, transport, or a special diet. Conversely, financial problems can mean that people need to cut back on food, heating, or other essential items. There is strong evidence that this can cause and worsen mental and physical health issues¹. Once people become locked in a cycle of poor health and financial insecurity, it can be very difficult to break free.

Debt advice is an important source of support for households in acute financial crisis. But, as it stands, debt advice is rarely accessible or personalised, and people with complex needs (including those with multiple long-term conditions) are not well served.

Our partnership with the Centre for Responsible Credit

We are working with the Centre for Responsible Credit on the Financial Shield, on an ambitious project that is testing a new approach to debt advice². Publicly, the service is known as ‘Back on Track’.

Through this project, GP practices in Stockwell, Peckham and South Bermondsey in South London put people with both financial and health difficulties in touch with new Financial Support Link Workers operating within social prescribing teams. Meanwhile, local creditors, including housing associations and local councils, contribute debt respite and other support beyond their obligations under ‘national breathing space’ legislation.

Interim findings suggest the programme is making a positive difference to around two-thirds of people using the service. Qualitative interviews indicate that people using the service now feel more confident managing both their finances and their health conditions. Further to this, by supporting people to maximise their income (including their take-up of benefits and discretionary support), the project has, on average, increased the incomes of participants between £4,200 and £6,725 per annum in 2023. With 651 referrals and 330 people onboarded, the model has proven successful at finding solutions for complex cases. It has also garnered wider attention with Nottingham City adopting the model into three of its Primary Care Networks.

Programmes like the Financial Shield demonstrate that cross-sector coalitions can work together to provide effective interventions which serve their mutual benefit, support individuals and communities, and deliver efficiencies for public finances. It is an example of the pragmatic and joined up response that

¹ Impact on Urban Health, Easing Pressures: how work, money and homes can make our cities healthier and fairer, April 2021.

² Impact on Urban Health, Debt advice for people with long-term conditions, [accessed January 2023].

is needed to support people experiencing acute financial stress, but long-term and systemic action is also needed to reduce the risk of households falling into a cycle of indebtedness and ill health in the first place. You can learn more about the programme here.

Read on here: Reports from our Back on Track team — Financial Shield (financial-shield.uk)

Effectiveness and Financial gains ratio

FinShield is highly targeted in serving people with mutually reinforcing vulnerabilities, and costs less to run than it secures in financial gains, with a ratio of financial gain to cost of around 1.75. This ratio has increased year on year as the project matures.

In 2022, 330 people were successfully onboarded to the project (about 50% of all referrals), just over £350,000 of financial gains secured. Total cost of the core service is around £200k per year, so the ratio of financial gain to cost is at around 1.75 (considerably higher than before). There has been an increased reporting of financial gains in 2023 which is likely to result in an even higher ratio (data outstanding).

Learn more about the [Financial Shield project](#)

2. Supporting people to stay in their homes: the Southwark Private Renters Project

Background

Housing precarity and homelessness affect cities and towns across the country. In London alone there were more than 55,000 households in temporary accommodation at the end of June 2022 (59% of the total number of households in England), many of which included dependent children.¹ Analysis of expenditure by local authorities over 2021/2022 showed that councils spent at least £1.6 billion on temporary accommodation.²

This situation is mirrored in towns and cities across the UK, driven in large part by a precarious private rental market and the decline in social housing. With privately rented properties now accounting for over 30% of London homes³ (much higher than the 20% national average) and rising year on year, and a lack of protection from unfair evictions and extortionate rents, the situation is predicted to get worse.⁴

Our partnership with Kineara and Southwark Law Centre

In partnership with **Kineara**, a charity and community interest company, and the **Southwark Law Centre**, we are supporting a tailored programme for tenants in the private sector, at risk of, or living with chronic health conditions. The programme is designed to support tenants holistically when they are at risk of eviction, including the provision of:

- Specialist housing support, including services such as mediation with landlords and local authorities.
- Legal support to address issues such as disrepair and improper eviction notices.
- Holistic support to address the needs of a household which are contributing to their housing precarity.

This support includes assisting with access to unclaimed benefits, financial grant support, access to mental health support, and connections to community support.

This programme has demonstrated the value of proactive support for low-income renters in the private sector. All beneficiaries lived with mental and physical health conditions and, when surveyed, had an improved sense of housing suitability and reduced stress and anxiety, and 77% felt more capable of managing their health since receiving support from the project. We know that this approach improves wellbeing, prevents homelessness, and reduces housing precarity – all contributing to improved health. Furthermore, we believe it to be a cost-effective measure as it is preventative, allowing services to intervene in potential crises before they develop. To put it simply, avoiding eviction is beneficial for all parties: tenants, landlords, and service providers.

In 2022 and 2023, the Southwark Private Renters project served 80 households per year on average, 70% of whom were referred by Southwark's PRS team. About a third of clients were homeless, either in temporary accommodation or without address upon referral. Most people (80%) were from ethnically

minoritized communities. The partnership helped many households to stay in their tenancy, while assisting 32 to move to a new home. The service cost ca. £170,000 per year from design to delivery. The success of this new model has led to opportunities for Kineara to embed their work in schools, possibly GP practices and other local authorities. In Southwark, the service is to continue to November 2024. There is a need for statutory follow-on funding for sustainability in Southwark.

Learn more about the Southwark Private Renters Project: [Rent Support Programme Plus](#)

3. Working with Black communities to reduce health inequalities & improve service experiences

Impact on Urban Health and South East London Integrated Care System (SEL ICS) have formed a joint funding partnership focused on (re)building trust and achieving health equity for Black and other minoritised ethnic groups living in South East London.

The partnership will focus on improving public, patient, and service user engagement to enable improvements in maternal health and access to mental health services. These are two service areas where community research suggested that improvements would particularly benefit Black and other minoritised ethnic communities living in South East London. We hope the legacy of this partnership extends beyond the service improvements it helps realise. We aim to nurture, develop, and share a scalable model for systems change that can be applied much more widely.

Oversight of this project is joined between the ICB Population Executive Board and the Impact on Urban Health Executive Investment Committee. Project delivery and will commence in early 2024, led by 'Rooted by Design' and 'BUD'.

Learn more about the project from Peter Babudu and Barbara Reichwein. External communication will commence in 2024.

4. Co-creating financial wellbeing with staff at GSTT NHS Foundation Trust

In supporting protecting the health of the workforce at Guy's and St Thomas' NHS Foundation Trust, Impact on Urban Health supported the co-creation of employer-led financial wellbeing interventions for Essentia staff on lower income bands.

The co-design explored financial wellbeing as an important contributor to the health of porters and other frontline workers. Supporting Black and minoritized communities from poorer social economic backgrounds capitalises on the Trust's role as an anchor institution, offering tailored financial advice services via the workplace setting in ways that are accessible and meet staff needs.

GSTT NHS Foundation is currently in the process of commissioning an in-house debt and money advice service as a pilot. Design of a suite of financial wellbeing tools, with potential for integration into the Trust's award-winning 'Showing we care' staff support programme, is ongoing.

Learn more about the project from Ruth Taylor, Head of Funding Delivery, ruth.taylor@gsttfoundation.org.uk

Partnership Southwark Strategic Board

Cover Sheet

Item: Health & Care plan update
Enclosure: 3

Title:	Health & Care plan update
Meeting Date:	11 January 2024
Author:	Amanda Coyle
Executive Lead:	Martin Wilkinson

Summary of main points

This paper summaries the progress and governance arrangements of the Health and Care plan since PSSB signed off the plan in July 2023. It also contains an update on the Health Inequalities investment. The Board is asked to consider the format and content as a template for quarterly reporting on the Health & Care plan.

Item presented for <small>(place an X in relevant box)</small>	Update	Discussion	Decision
	X	X	

Action requested of PSSB

The Board is asked to note progress and consider the format and content as a template for quarterly reporting on the Health & Care plan.

Anticipated follow up

Updated version for reporting progress in May 2024

Links to Partnership Southwark Health and Care Plan priorities

1001 Days	X
Children and Young People's Mental Health	X
Vital 5	X
Community Mental Health Transformation	X
Frailty	X
Lower Limb Wound Care	X

Item Impact

Equality Impact	The Health & Care plan is central to reducing health inequalities and impact will be tracked at both a programme and priority level
Quality Impact	The impact on quality is central to the transformation of services and there are examples in each of the priority workstreams that reflect this consideration.
Financial Impact	There is an expectation that the Health & Care plan will deliver operational efficiencies which will result in financial savings for partner organisations over time.

Environmental Sustainability Impact	Each of the priority workstreams is undertaking a sustainability review as part of their delivery plans to ensure this is in line with the PSSB ten sustainability commitments.
Medicines & Prescribing Impact	Several of the priorities have a prescribing impact such as the frailty workstream where we would hope to make efficiency savings over time in terms of the medications offered to older people.
Safeguarding Impact	Safeguarding considerations are pertinent to all the priority plans as they relate to children & young people, vulnerable adults, and older people.

Describe the engagement has been carried out in relation to this item

This paper has been reviewed by the Partnership Southwark Delivery Executive in December 2023

Partnership Southwark Strategic Board Health and Care Plan Highlight report

January 2024

Partnership
Southwark



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



Contents

- Health & Care Plan Overview
- Health & Care plan - Governance Structure
- Health & Care priorities update
 - 1001 days
 - CYP Mental health
 - Vital 5
 - CMHT Adult
 - Frailty
 - Lower leg wound care
- Health Inequalities Fund update
- Reporting Forward view



Southwark Health and Care Plan

Overarching ambition

- Health & Care Plan (HCP) delivery is the primary focus of the Partnership Southwark Strategic Board
- HCP will utilise partnership model(s) and practice around identified populations
- Neighbourhood working – tailored process of stakeholder engagement to identify approach and for developing this based around partner priorities (including integrated teams for both planned/long term conditions management and unplanned care)

Refocusing of Wells workstreams

- Already proven and worked up: 1001 days and CMHT
- Evidence of effective mechanism for driving integration that required revision. Wells to own and drive system partnership: Vital 5, frailty including falls, dementia, wound care & carers etc.
- Requires additional investment to develop partnership approach: CORE20PLUS5, CYP Mental Health
- Operating with and informing actions of the Delivery Executive

Enablers

- Consideration of the enablers listed below will be key to delivery
- Workforce
- Digital
- Data
- Estates
- Investment (£)
- All will also require further engagement with SEL and understanding of both central and local resource that will be required to deliver on our shared ambitions

Start Well: Children and Young People

High level overview of current Wells delivery Programme Drive, Sponsor and Observe

Live Well: Working Age Adults

<p>DRIVE:</p> <ul style="list-style-type: none"> Priority for Partnership Southwark Strategic Board Start Well and Partnership Southwark Governance Framework Transformation/programme management team resourcing C&CPL support Quarterly Start Well Programme Board Reporting Frequent reporting to leadership & delivery group 	<ul style="list-style-type: none"> First 1001 days of life (pregnancy to Age 2 years) 	<p>DRIVE:</p> <ul style="list-style-type: none"> Priority for Partnership Southwark Strategic Board Live Well and Partnership Southwark Governance Framework Transformation/programme management team resourcing C&CPL support Quarterly Live Well Programme Board Reporting Frequent reporting to leadership & delivery group 	<p>Community Mental Health Transformation (CMHT) – Reporting via SEL and wider Governance which is located outside of Live Well for delivery (SEL Sponsor Martin Wilkinson)</p> <p>Vital 5 - Health and care plan priority agreed for working age adults. Initial focus on Hypertension</p>
<p>SPONSOR:</p> <ul style="list-style-type: none"> Light reporting as part of overall programme update Some ad hoc facilitation input from transformation/programme management team 	<ul style="list-style-type: none"> It takes a village (<i>Joint Sponsors Emily Finch & Genette Laws</i>) Family hubs (<i>Council led programme</i>) 	<p>SPONSOR:</p> <ul style="list-style-type: none"> Light reporting as part of overall programme update Some ad hoc facilitation input from transformation/programme management team 	<ul style="list-style-type: none"> It takes a Village(<i>Joint Sponsors Emily Finch & Genette Laws</i>) REACH and Latin American provider-led network grants programme (PS funded £95k for CMH)
<p>OBSERVE:</p> <ul style="list-style-type: none"> Ad hoc reporting to leadership & delivery group Some minor administrative support from programme team No requirement for reporting to Well Programme Board 	<ul style="list-style-type: none"> Mental Health in Schools Enhanced Child Health teams Bright Beginnings Pathway 	<p>OBSERVE:</p> <ul style="list-style-type: none"> Ad hoc reporting to leadership & delivery group Some minor administrative support from programme team No requirement for reporting to Well Programme Board 	<ul style="list-style-type: none"> Asylum Seekers/Refugee programme Partner integration of the Vital 5 from secondary to Primary care

Age/Care Well: Older Adults

<p>DRIVE:</p> <ul style="list-style-type: none"> Priority for Partnership Southwark Strategic Board Age/Care Well and Partnership Southwark Governance Framework Transformation/programme management team resourcing CCCPL support Quarterly Age/Care Well Programme Board Reporting Frequent reporting to leadership & delivery group 	<ul style="list-style-type: none"> Lower leg wound care - holistic model Frailty workstream definition , governance, test & learn to deliver in 2024/25
<p>SPONSOR:</p> <ul style="list-style-type: none"> Light reporting as part of overall programme update Some ad hoc facilitation input from transformation/programme management team 	<ul style="list-style-type: none"> 6 Care Well project workstreams e.g Falls (ongoing and led by GSTT), Transforming Eye Care etc Migration to BaU Expansion and Development of the Multidisciplinary Team (training programme and student placements - BaU)
<p>OBSERVE:</p> <ul style="list-style-type: none"> Ad hoc reporting to leadership & delivery group Some minor administrative support from programme team No requirement for reporting to Well Programme Board 	<ul style="list-style-type: none"> Carers delivery workstream

Partnership Southwark Governance

PS Strategic Board

PS Delivery Executive

Start Well

Chair: Rob Davidson

CCPL: Olivia Andan, Rob Davidson, Widad Hamed, Josephine Namasisi-Riley

Live Well

Chair: Marion Hill/Chris Williamson/Emily Finch

CCPL: Mary Olushoto/Gay Palmer, Ann-Dora Kwame, Marion Hill, David Mirfin, Nicola Weaver, Sarah Appleton

Age/Care Well

Chair: Sophie Wellings/Pauline O'Hare

CCPL: Brenda Donnelly, Tania Kalsi, Gerard Stanley, Emily Gibbs

1001 Days

SRO: Dr Rob Davidson

CCPL: Josephine Namasisi-Riley
VCSE: Josephine Namasisi-Riley

Children's Mental Health

Transformation
SRO's: Genette Laws
CCPL: Widad Hamed, Olivia Andan
VCSE: VCSE Orgs linked to NEST

Vital 5

SRO: Kate Kavanagh /Denise McLeggan
CCPL: Marion Hill
VCSE: Multiple health ambassadors

Adult Mental Health Transformation

SRO's: Kate Kavanagh/Sumeeta Dhir
CCPL: David Mirfin,
VCSE: Black Thrive

Lower Limb Wound Care

SRO: Brenda Donnelly
CCPL: Brenda Donnelly
VCSE: Sophie Wellings with links to local orgs

Frailty

SRO: Tania Kalsi / Rebecca Dallmeyer /Kathryn Simpson
CCPL: Gerard Stanley, Emily Gibbs
VCSE: Sophie Wellings

Cross-cutting clinical and care professional leads – Nancy Kuchemann & Sumeeta Dhir

Social Prescribing

Mary Olushoto
Gay Palmer

Integrated Neighbourhoods

Emily Gibbs

Long Term Conditions

Ann-Dora Kwame
Sarah Appleton

Other CCPL

Aparna Babu
Marion Hill
Nicola Weaver
Sumeeta Dhir

Area

Meds Op
Planned Care
Cancer
Meds Op

Start Well | 1001 Days

Objective:

An integrated networked approach to understand issues and co-produce solutions in Camberwell for Families with Children under 2 years, specifically to support mental health, breast-feeding and nutrition with a focus on workforce development.

Key Achievements:

Completed Activity Quarter Q2 23/24

- Extensive stakeholder mapping & engagement
- Listening Phase findings synthesized and collated within the 1001 Days Factbook alongside details of methodology and system learning
- Test & Learn Phase planned in partnership with key stakeholders.

Planned Activity Quarter Q3 23/24

- Test & Learn Phase initiation: interventions designed with stakeholders with lived, learned and professional experience
- Business cases for interventions drafted
- Attend SEL Spread & Scale Academy
- PSSB board deep dive presentation

Metrics / Outcomes

1001 Days	Trend	Period	Benchmark	Current performance
% women placed on continuity of midwifery carer pathway by 28 weeks*	↑	Sep22		8.97%
BMI of Mothers (diet / obesity in pregnancy)				
% of children achieving a good level of development at 2 - 2 1/2 years (also pick up completion rate of reviews)				

Risks / Issues

1. Insufficient engagement from stakeholders would undermine coproduction principles.
2. Lack of funding for test & learn phase.
- 3 Partnership Southwark staff reduction(MCR) /transition

Mitigation

1. Strong working relationships have been built with stakeholders.
2. Working with key partners to integrate with ongoing work where sensible & with additional funding is identified for next phase costs.
3. Extend FTC (decision pending post MCR consultation)

RAG

Start Well | CYP Mental Health

Objective:

Fewer children and young people are affected by poor mental health.

Key Achievements:

Completed Activity Quarter Q2 23/24

- Transition workers for supporting neurodivergent 16-25 yr olds are in post, bridging the gap between children and adults MH support services.
- Continuing to review commissioning priorities through case study reviews and data evaluation to improve equality of access for 16-25 yr olds.
- Programme of work to support children responding to trauma and crisis stepdown has commenced led by SLaM, with resources allocated.
- 16 schools now accessing the MH in school support teams

Planned Activity Quarter Q3 23/24

- 3 Transition Workers in post – continue to review cases through case studies
- Majority of 52 week waits across all age groups are for neurodivergent CYP so general focus on waits for this group
- Reviewing resource to better understand demand and capacity
- Keep in touch programme for waiters and more robust screening within 28 days
- More robust screening within 28 days
- Reviewing care pathways
- 20 schools now accessing MHST – focus is to maintain these and recruit a further 4 schools for Q4

Metrics / Outcomes

Mental health children and young people	Trend	Period	Bench mark	Current performance
CAMHS patients waiting >52 weeks for first contact	↓	Sep23	0	80
CYP MH Support Teams in Schools	Improving	Q1	16	16

Risks / Issues

No funding is available to develop uptake and outcomes monitoring.

SLaM staffing issues and higher service demands are putting CAMHS service improvement at risk. Also ongoing financial risk on SLaM resources.

Mitigation

Ongoing delivery of core offer. In plan to discuss funding opportunities with PSwk.

Service review meeting planned for the end of Oct. SLaM's ambition it to meet the target by the end of March '23.

RAG



Live Well | Community Mental Health Transformation

Objective:

Deeper integration in our local health and care system.

Key Achievements:

Completed Activity Quarter Q2 23/24

- Agreeing measures for outcome framework
- Deep dive of current funded services
- Recruitment for 2 programme posts
- Met with Black Thrive, MIND, Perinatal Mental Health team
- Presented CMHT programme update to Live Well Leadership group and Partnership Southwark strategic board

Planned Activity Quarter Q3 23/24

- Review status of all projects within CMHT programme – internal report to be developed
- System wide workshop to review Primary Care MH Practitioner roles –report & recommendations in Q4
- Evaluation of wellbeing hub outreach pilot with a view to giving recommendations for future funding arrangements
- Dashboard Development
- Develop proposal for funding programme 24/25 and take to CMHT delivery group for discussion

Metrics / Outcomes

Measure	Trend	Period	Bench-mark	Current performance
Delivery of first contact within 28 days for adult CMH services.	↓	Sep	TBC	97%
Number of referrals into mental health services	↑	Sep	TBC	375

Risks / Issues

Mitigation

RAG

No current funding available for external evaluation.

Working with Partnership Southwark team to develop Outcomes Framework.

Financial implications of SLaM financial recovery and ICB spending freeze.

Programme team meet weekly and discuss funding opportunities and reallocation of existing funds.

3 Partnership Southwark staff reduction(MCR) /transition

3. Extend FTC (decision pending post MCR consultation)

Live Well | Vital 5

Objective:

All residents in Southwark are aware of what the Vital 5 is, and what their own measurements are.

Key Achievements:

Completed Activity Quarter Q2 23/24

- Action Plan signed off by Live Well. Task & Finish group established to progress the plan.
- Leads engaged and actively reviewing existing work to pull an overarching plan together.
- Linkages to SEL ICS team & wider partners progressing Vital 5 actions

Planned Activity Quarter Q3 23/24

- Complete activities from Action Plan via Task & Finish group and wider Live Well network.
- Participating in SEL Alcohol Deep Dive to ensure place-based activity adds value and local intel.
- Launching phase 2 codesign for V5 check, developing a Southwark gold standard process map to ensure the best experience and outcomes for Southwark residents.
- Link with Lambeth to explore/ share Hypertension comms material

Metrics / Outcomes

Prevention - Vital 5: Hypertension	Trend	Period	Benchmark	Current performance
Hypertension Register Meeting Target <80 years (%)	↔	Sept 2023	77	65
Hypertension Register Meeting Target ≥80 years (%)	↑	Sept 2023	77	80

Risks / Issues

1. Clear governance and clinical lead arrangements
2. Partnership Southwark staff reduction(MCR) /transition

Mitigation

1. Governance being discussed at Live Well
2. Extend FTC (decision pending post MCR consultation)

RAG

Age & Care Well | Lower Leg Wound Care

Q2-3 Jul-Dec 2023

Objective:

To develop a holistic service model which will transform lower leg wound care, including faster healing of wounds, improved quality of life for patients, reduced likelihood of wound recurrence, more effective use of health and care resources.

Key Achievements:

Achieving £50K for 24/25 cross-partner funding to deliver staffing increase and hub model
 Mobilised HCA and TVN resources as soon as in post
 Sourced high quality space in Tessa Jowell Health Centre

Completed Activity Quarter Q2 23/24

- Proposal to increase lower limb clinic staffing and develop hub model
- Signed off by PSDE Sep 23
- Recruitment of additional resources commenced
- Community Provider Network SEL core offer signed off Sep 23

Planned Activity Quarter Q3 23/24

- Complete integration of GSTT funded Tissue Viability Nurse and Health Care Assistant within current lower limb wound care service
- Ongoing joint working with Community Provider Network around SEL core offer and imminent gap analysis
- Socialise proposed draft model across the system
- Attend SEL Spread and Scale Academy
- Explore options for dressing optimisation
- Secure clinic space in 1 location, purchase relevant equipment and set up systems – IT / referrals etc

Metrics / Outcomes TBC

LLWC	Trend	Period	Benchmark	Current performance
•% of patients with a lower leg receiving initial full assessment within 14 days of initial presentation	tbc		tbc	
•% of people diagnosed with venous leg ulceration healed within 12 weeks of initial presentation	tbc		tbc	
•% of people with appropriately treated with compression	tbc		tbc	

Risks / Issues

1. Ongoing funding for phase 2 clinical staff resources and equipment costs for 25/26 – and secure estates
2. Resources to monitor impact & MCR process impacts
3. Workforce - recruitment & retention

Mitigation

1. Local Evidence from phase 1 and national evidence to show impact and explore funding/practice opportunities/local estates
2. Integrated working with partners to establish and recognise improvements
3. Offer training for nurses to upskill and promote job satisfaction

RAG

Age & Care Well | Frailty

Objective:

An integrated frailty pathway to support people to live fulfilling and independent lives, where carers are also supported.

Key Achievements:

Completed Activity Quarter 2 Q2 23/24

- Early scoping activities completed including engagement with other boroughs.
- Initial stakeholder engagement for Frailty programme team.

Planned Activity Quarter 3 Q3 23/24

- Attend SEL Spread & Scale Academy
- 90 day plan in development, including leadership approach
- Governance & leadership structure agreed
- Initiate literature review of models and review 2030 Older people feedback

Metrics / Outcomes TBC

Frailty	Trend	Period	Benchmark	Current performance
Increase in dementia diagnosis rate	tbc		tbc	
A reduction in falls rates in all settings	tbc		tbc	
An increase in those supported and cared for at home	tbc		tbc	

Risks / Issues

1. Resource capacity to progress work.

2. Partnership Southwark staff reduction(MCR) /transition - Staff sickness

Mitigation

1. Partnership Southwark Strategic Board oversight and CCPL alignment.

2. Extend FTC (decision pending post MCR consultation)

RAG



Partnership Southwark Health Inequality Fund overview



Health Inequality Fund. Developing & socialising the approach for 2024/25



We have spoken and sought views from:

- Health Inequality Oversight Group
- Partnership Southwark Delivery Executive
- Integrated Governance Committee
- Well leadership groups
- Community Southwark
- CMHT Programme Delivery Group
- Primary Care Collaborative
- Social Prescriber Network

Health Inequality Fund - Draft Principles

State of the sector – fundraising principles

Give Core, unrestricted , Multi year grants

Simplify Fundraising

Take risks to reach new groups

Be flexible and timely

Be open, transparent & willing to listen to grantees

All use the same process – shift the burden of research and admin

Draft principles

Awards should be for no less than 2 years to allow projects to embed, build and learn

Application process should be proportionate to the grant value

Projects must demonstrably benefit groups with worse health outcomes as a result of inequalities.

Monitoring should be proportionate to the grant value

Decision making should be devolved /democratised for a proportion of projects

Projects must have a monitoring scheme and fit within the broader evaluation framework for the fund

30%-50% minimum should go direct to VCS and/or grassroots orgs (inc. of admin costs)

The fund should not be used to fund core statutory services

Projects should align with our strategic priorities

The HIF should fund culturally appropriate services

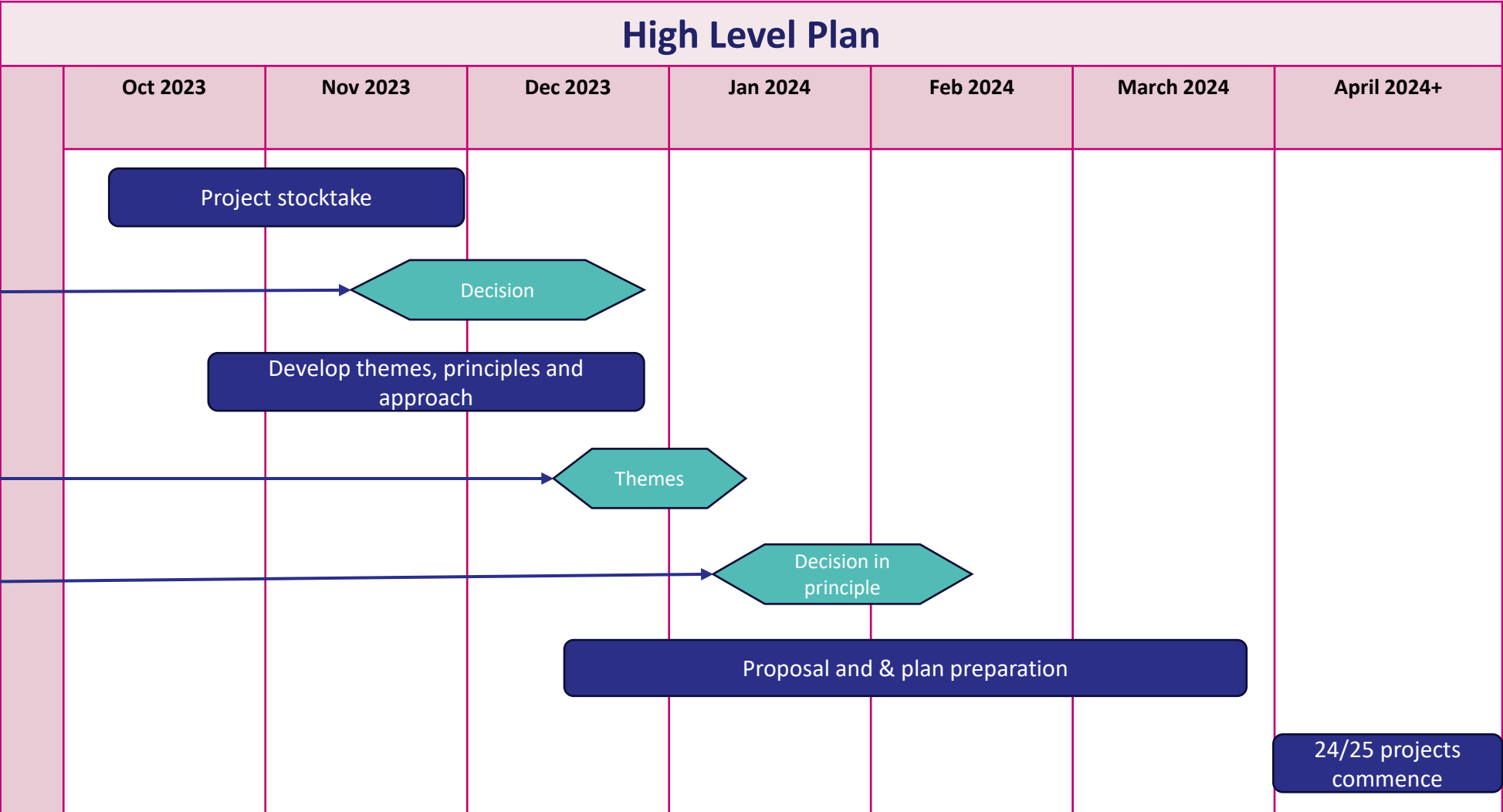
Allow sufficient time to allow potential fundees to consider and respond to funding opportunities

Ensure funding also provides for VCS infrastructure costs if required

Use local data/intelligence to identify unmet needs and opportunities.

Projects must have sustainability plans(project closure, universal service rollout etc)

Health Inequality Fund – High level plan



Oversight group decision re. which current projects to continue to fund?

Oversight group decision re. fund priorities and utilisation

Oversight group decision re. new projects to fund



Partnership Southwark Health & Care plan report development

Proposed ambition – Extend updates to include:

- Full Health inequality profile for each priority - including the impact and what are we learning
- Financial resource allocation from partners
- Joint services and/or policy development opportunities for co-commissioning /joint funding
- Neighbourhood geographical mapping by priority (local/hyperlocal) – what works and why
- Emerging issues/ideas for discussion?



Partnership Southwark Health & Care plan report

Feedback / Questions?



Partnership Southwark Strategic Board

Cover Sheet

Item: Green Plan Update
Enclosure: 4

Title:	Green Plan Update
Meeting Date:	11 January 2024
Author:	Adrian Ward, PMO, Southwark SELICB
Executive Lead:	Nancy Küchemann

Summary of main points

The presentation (appendix 1) provides an update on plans for the delivery of the green agenda, including:

- Overview of reasons for urgent action to address climate change
- NHS targets and ICS Green Plan
- NHS carbon footprint
- Impacts on population health and delivery of services
- Positive benefits on health and wellbeing of climate action
- Key role of prevention in reducing demand for carbon intensive health treatment, as well as reducing impact of activity that is required
- Opportunities for further collaboration at place level – health, social care, voluntary sector
- Partnership Southwark environmental sustainability policy statement update
- Draft Environmental Sustainability Impact Assessment tool for board reporting and project management to help ensure sustainability is embedded in our decision making (appendix 2)
- Other green plans across the system
- Some examples of local action
- Establishing the green champions network

Item presented for (place an X in relevant box)	Update	Discussion	Decision
	X	X	

Action requested of PSSB

To note the report and:

- discuss the potential for greater collaboration at place level to support mutual delivery of our plans
- endorse the approach to sustainability impact assessments for board reporting
- support the development of the Partnership Southwark Green Champions Network

Anticipated follow up

- Establish Green Champions Network
- Annual progress report to PSSB on sustainability

Links to Partnership Southwark Health and Care Plan priorities

1001 Days	X
Children and Young People's Mental Health	X
Vital 5	X
Community Mental Health Transformation	X

Frailty	X
Lower Limb Wound Care	X

Item Impact	
Equality Impact	There is recognition that the adverse consequences of climate change and related environmental issues often has a disproportionate impact on those groups that already experience greater health inequalities. Successfully addressing these issues as part of our green plans will help prevent the exacerbation of existing inequalities.
Quality Impact	The report emphasises that there is a close inter-relationship between the quality of a service and its environmental impact.
Financial Impact	There are no specific financial impacts arising from this report, however there is a recognised need to ensure that the resource implications of sustainability initiatives are understood and addressed.
Environmental Sustainability Impact	The item is focussed on plans to achieve environmental sustainability objectives.
Medicines & Prescribing Impact	The item makes reference to a number of ongoing activities in medicines and prescribing which have a key role to play in reducing the carbon footprint of the NHS. 59.5% of the carbon footprint of primary care relates to medicines. The use of low carbon alternatives where appropriate is a key objective. The move away from metred dose inhalers to dry powder inhalers is a specific high impact change area.
Safeguarding Impact	No direct impact on safeguarding issues

Describe the engagement has been carried out in relation to this item
<p>This item builds on the delivery of the Partnership Southwark Sustainability Policy Statement which has previously been discussed by the Delivery Executive and agreed at the Strategic Board in January 2023. It also builds on the sustainability section of the ICB Joint Forward Plan which was subject to a formal engagement process before publication in July 2023.</p>

Partnership Southwark Strategic Board 11/01/2024

Green Plan Update

From Global Warming to Global boiling!



“the era of global warming has ended, the era of global boiling has arrived.”

Antonio Guterres, Secretary-General UN (after July 2023 world temperatures confirmed as hottest on record)

“Current emissions trajectories pose an unacceptable and potentially catastrophic risk to human health”

The Lancet Commission on Health and Climate (2015)

“the window to limit warming to keep 1.5°C within reach is closing rapidly, and progress is still inadequate based on the best available science”

COP28 consensus statement (2023)

*The 2015 Paris Agreement’s central aim was to strengthen the global response to the threat of climate change by keeping a global temperature rise this century well below 2 degrees Celsius above pre-industrial levels and to pursue efforts to limit the temperature increase even further to 1.5 degrees Celsius.

Delivering a Net Zero NHS (2020) - targets

- **Net zero by 2040** for the emissions the NHS controls directly; with an ambition for an 80% reduction (compared with a 1990 baseline) by 2028 to 2032
- **Net zero by 2045** for the emissions the NHS has the ability to influence; with an ambition for an 80% reduction (compared with a 1990 baseline) by 2036 to 2039

“The climate emergency is a health emergency. Climate change threatens the foundations of good health, with direct and immediate consequences for our patients, the public and the NHS”

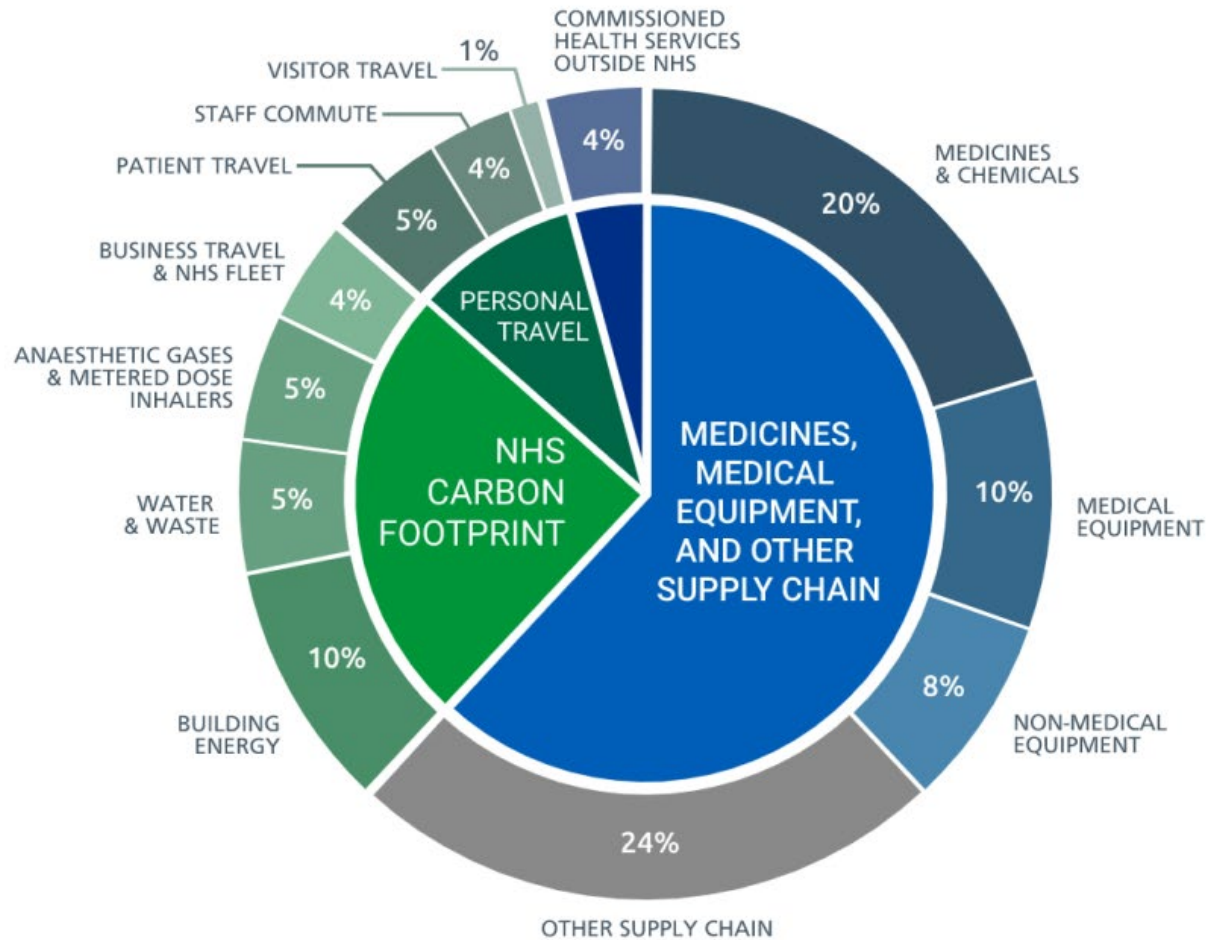
“Meeting this commitment will only be achievable if every part of the NHS – more than 1.3 million of us – are working together.”

“The creation of ICSs offers a unique opportunity to accelerate this transformation through greater collaboration between primary and secondary care, and healthcare and local authorities, and thereby strengthen the NHS’s actions on carbon reduction” (SELICS Green Plan)

The SEL Joint Forward Plan recognises the opportunity at place level to explore collaborative approaches between health, social care and voluntary sector partners to help deliver green plans.

Note: the Southwark Council Climate Change Strategy aims for the council to be carbon neutral by 2030

Health services are part of the problem



NHS Carbon Footprint:

In 2020, the NHS was responsible for 24.9 million tonnes of carbon dioxide equivalents (tCO₂ e) contributing 4% of England's overall carbon footprint.

Health and Wellbeing of our population will be impacted

- Increase in demand for services e.g. cardiovascular disease, asthma, and cancer.
- Impact of extreme weather events e.g. heat waves on older people, pregnant women and children
- Increased risk of pandemics
- Higher vulnerability of groups already subject to inequalities

“In 2019, almost one in ten Southwark deaths were related to air pollution”
(Cleaner Air, Healthier Lives Southwark’s Annual Public Health Report 2023)

The delivery of health and care services will also be impacted

- Travel, power and water supply disruption.
 - Extreme heat affecting cooling for clinical areas, medicines storage and infrastructure (e.g. MRI scanners, IT systems).
 - Flooding or fires can, in the worst cases, damage or destroy healthcare facilities
- Need for adaptation in service and emergency planning.

Health and care services are part of the solution

Reduce the carbon footprint of the NHS and care services by:

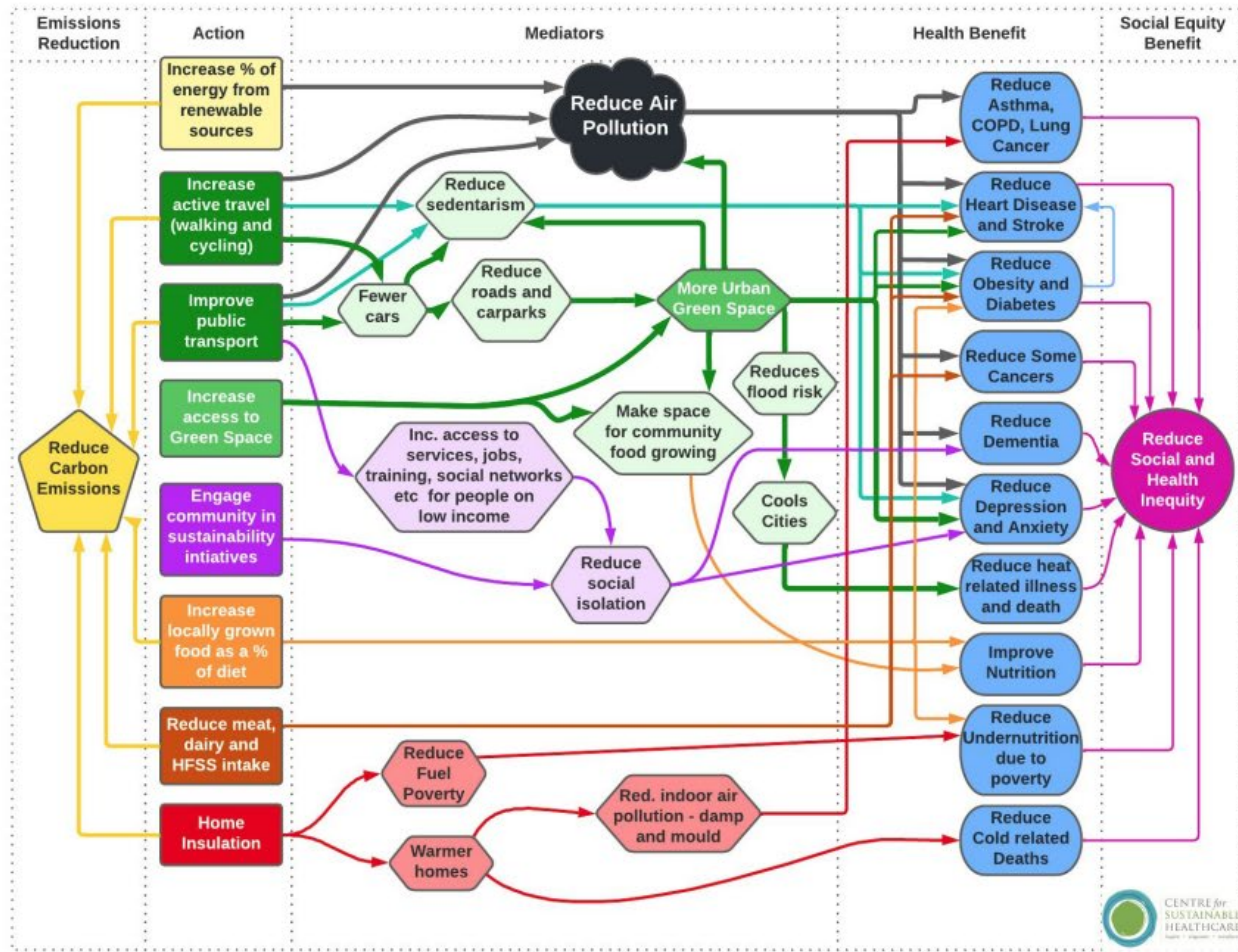
- **Reducing Activity:** Reducing the demand for carbon intensive health services through effective prevention of ill health.
- **Reducing Impact of Activity:** Reducing the impact of health services by ensuring an environmentally sustainable operational approach is in place where possible

In many cases there is a virtuous circle between the delivery of high quality healthcare and improved environmental outcomes – even where this was not the focus of the service.
e.g. “Get it right first time” - reduces waste and improves outcomes, reducing need for further carbon intensive treatment

Managers may not think of their service as having a positive environmental impact when it does.

Health and wellbeing benefits from tackling global warming – Centre for Sustainable Healthcare model

Health co-benefits of climate action



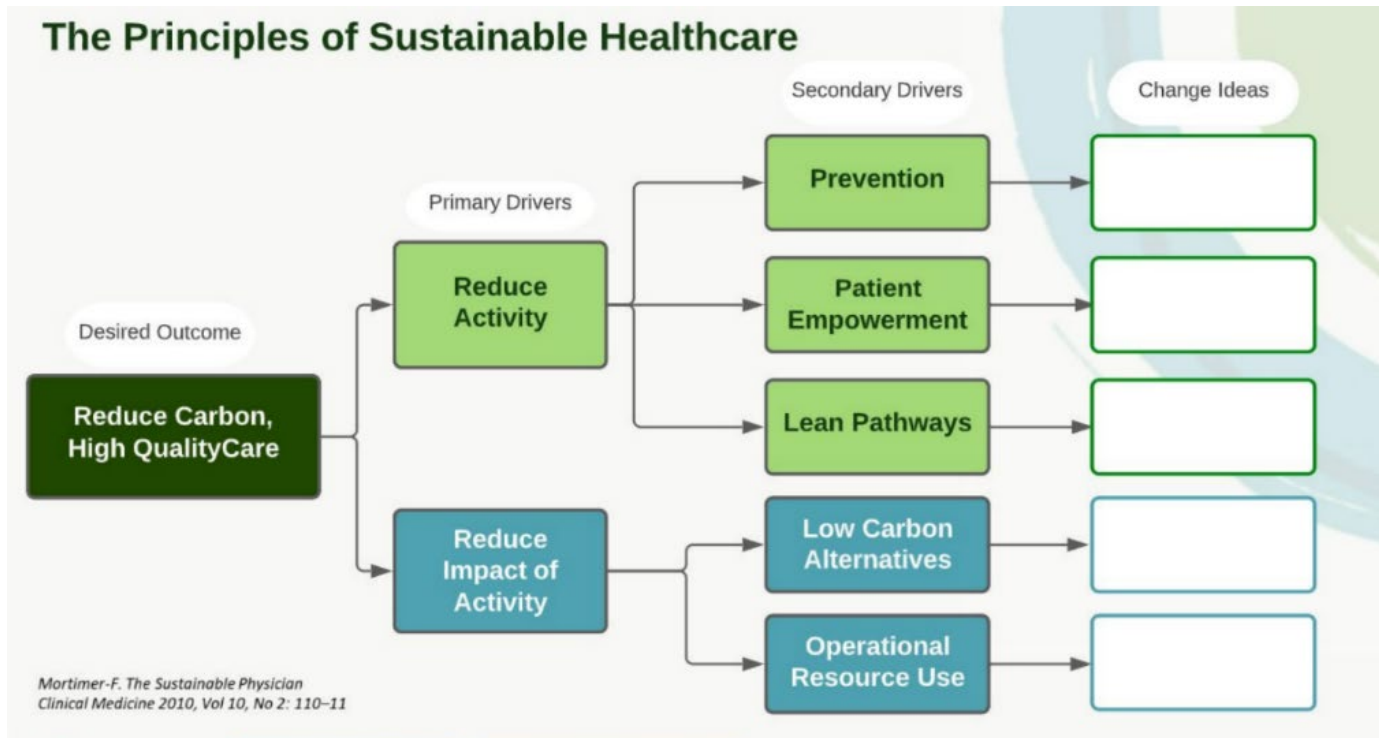
Partnership Southwark Environmental Sustainability Policy Statement

(January 2023) (see appendix 2 of report)

- Recognises the commitment of partners to delivering their own green action plans, and identifies the strong common themes in these plans such as estates, travel, models of care, prevention, adaption, consumables, medicines, waste and recycling
- We did not at that stage propose a single Partnership Southwark Green Plan or integrated workstream as potentially another layer adding little value to organisational green plans ...
- ...but did recognise the potential value of developing a mutually supportive approach to delivering our policies, sharing knowledge, expertise and information on successful initiatives and identifying opportunities for joint working.
- **A green champions network will be established for this purpose in January 2024.** This will link into a similar initiative by the council to bring together a broader Climate Change Delivery Partners Group. In addition, it should build on existing Southwark networks such as the Estates Forum and Primary Care Sustainability Group.
- We also committed to ensuring the decisions of the board properly take into account environmental sustainability impact:
- **A draft Environmental Sustainability Impact Assessment guide has been developed for PSSB report writers and for project management purposes (See Appendix 2 of report)**

Basis of Sustainability Impact Tool:

- ensuring the sustainability implications in any proposal are considered alongside other costs and benefits



The Sustainable Value Equation

"deliver care in a way that maximises positive health outcomes through best use of environmental, social and financial resources"

$$\text{Sustainable Value} = \frac{\text{Outcomes for Patients} + \text{Outcomes for the Population}}{\text{Environmental Impact} + \text{Social Impact} + \text{Financial Impact}}$$

The Triple Bottom Line

Source: Centre for Sustainable Healthcare

Example of issues that may be identified by the environmental sustainability impact assessment

Start Well: 1001 days – possible impacts to consider

Prevention: the start well agenda is highly focussed on giving children the best start in life thereby preventing illness and poor outcomes in childhood and later life, as well as promoting the health and wellbeing of pregnant women and young mothers.

Focus on smoking cessation for pregnant women and young mothers will benefit indoor air quality for the cohort.

Focus on reducing A&E referrals and admissions.

Possible links re green space and play.

Patient empowerment: Engagement and co-production built into programmes and model of care.

Lean models of care: Neighbourhood model of care, child and family centred

Low carbon alternatives: Promotion of breastfeeding, as well as health benefits has lower carbon footprint than bottle feeding.

Link to childhood asthma and green inhaler prescribing.

Neighbourhood model reduces journeys as does successful prevention, and potential to consider green travel options for staff

Operational resource use: Potential to consider estates related energy usage and waste in any proposed team arrangements. Digital opportunities?

Plans across the system

- Each partner organisation has sustainability strategies that they are pursuing to help deliver carbon reduction objectives, for example (with hyperlinks):
 - [Our plan for net-zero - Southwark Council](#)
 - [South East London ICS Green Plan](#)
 - [Primary Care Green Plan 2022-2025](#)
 - [King's Green Plan - King's College Hospital NHS Foundation Trust](#)
 - [Guy's and St Thomas' NHS Foundation Trust Sustainability Plan](#)
 - [South London and Maudsley Foundation Trust](#)
 - [Southwark Air Quality Action Plan 2023 to 2027](#)
 - [Joint Forward Plan - sustainability section - SELICB](#)

Delivery against the SEL ICS Green Plan

Position based on assessment undertaken for NHSE assurance return, October 2023

Green Plan area of focus	The commitment	No. of objectives in plan (year 2)	Number of objectives in delivery (full/partial)
Workforce & System Leadership	We will make carbon reduction and sustainability part of our core business	8	4 (3/1)
Air Quality	We will work collaboratively across the ICS to improve air quality in South East London	4	4 (2/2)
Travel & Transport	We will reduce and decarbonise our travel and transport while supporting safe and active travel of staff, patients, and visitors	10	10 (3/7)
Estates & Facilities	We will optimise our resource use and reduce emissions from our estate in line with the national target of 80% reduction by 2032	17	14 (4/10)
Sustainable Models of Care	We will review our existing and develop new models of care to reduce their environmental impact and improve social value	8	1 (1/0)
Digital Transformation	We will use digital transformation to improve the sustainability of healthcare without compromising the quality of our care and exacerbating inequalities in access to care	9	9 (5/4)
Medicines	We will reduce the environmental impact of our medicines through optimisation of prescribing, use of low-carbon alternatives, and appropriate disposal	13	13 (12/1)
Supply Chain & Procurement	We will use our supplies more efficiently, consider low-carbon alternatives, and collaborate on the decarbonisation of our suppliers	7	6 (1/5)
Food & Nutrition	We will ensure all our inpatients have access to sustainable healthy food, and for food waste to landfill to be eradicated	1	1 (0/1)
Adaptation	We will mitigate the risks of climate change and ensure climate change does not impact on the ICS's ability to deliver core services and manage population health	4	3 (0/3)
Green/Blue Space & Biodiversity	We will contribute to the improvement of and equal access to South East London's green and blue spaces	4	2 (0/2)
<u>Total</u>		<u>85</u>	<u>67 (31/36)</u>

Example of action being taken locally

Community Equipment

- Community equipment is prescribed by staff who are employed by health organisations or the council to reduce environmental barriers for disabled people. It includes equipment such as profiling beds, hoists, ramps, bath lifts, hand-rails and mobility aids.
- The service is commissioned through a joint health and council contract and has an estimated value of £2.5m 40,000 items per annum benefitting 5,645 residents.
- Provision of community equipment is critical to preventing hospital admissions, supporting discharges, reducing or delaying progression of needs, and maximising independence and participation in the community. **As such it plays a key role in reducing demand for more intensive health and social care.**
- Although some of the equipment has a high carbon footprint, the vast majority of items can be collected, cleaned, repaired if necessary, and reused or recycled. Re-use is critical for the service delivery model, and there is a strong emphasis in ensuring the contractor is incentivised to achieve a high rate.
- The new contract which was awarded in 2023 includes some ambitious green targets. The new provider utilises a fully electric fleet of vehicles and the service aims to be carbon neutral during the lifetime of the contract.
- **Currently approximately 80% of all community equipment issued is re-used.**
- *This high rate is dependant of vigilance of residents and community stakeholders to be aware and proactive in identifying community equipment that is no longer meeting the original need. Community equipment issued through the service should be recognisable with a sticker/barcode. To arrange a community equipment collection, or to check if a collection is feasible, please contact NRS directly on enquiries@london.nrs-uk.net ENQUIRIES@LONDON.NRS-UK.NET or 0300 100 0253*

Examples of action being taken locally

Primary Care Estates

Initiatives to help reduce the carbon footprint of primary care estates in line with the primary care green plan include:

- Supporting an innovative bid to the Public Sector Decarbonisation Fund to help Blackfriars practice achieve close to net zero through use of an air heat pump, solar panels, lighting and window improvements. Even if bid not successful the design work is expected to provide a useful basis for future works and capital bids, building a model of indicative costs of primary care decarbonisation
- 15 energy baseline audits funded through bids to the Mayor of London's Green Finance Fund, and baselining of remaining estate underway
- Business case processes to ensure the most relevant areas of the sustainability agenda are embedded in estates projects
- Encouraging uptake of initiatives and engagement with Green objectives
- Cyclepods for GP practices.
- Greening space around estates e.g. Tessa Jowell Health Centre

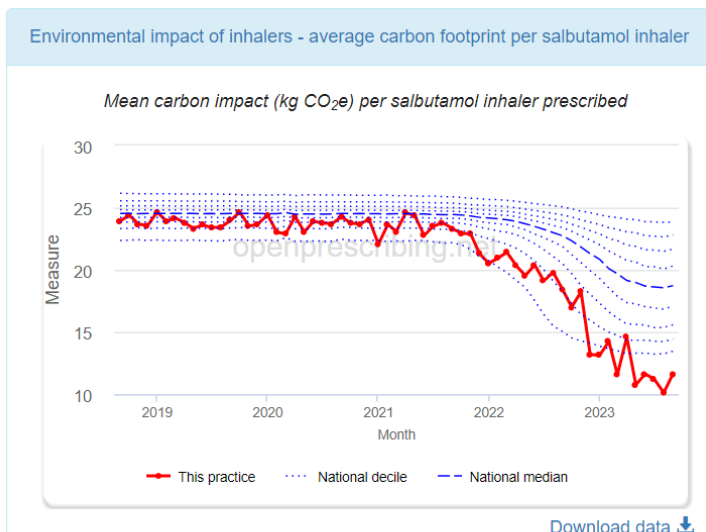
Challenges include the range of accommodation and tenure arrangements, lack of dedicated estates sustainability capital and staffing resources and reliance on bidding for grants.

Examples of action being taken locally - Respiratory Inhalers



- Supporting the shift to Dry Powder Inhalers where appropriate, which have a much lower environmental impact than metred dose aerosol inhalers (estimated to generate 3% of NHS emissions)
- Drive to encourage brand prescribing of Short Acting Beta Agonist (SABA) to reduce the dispensing of Ventolin
- Reflected in revised [clinical guidance](#) for asthma care which will also reduce carbon impact by encouraging correct usage of inhalers
- Pilot study being considered on children with asthma
- Some challenges around availability of DPI inhalers
- Issues around recycling used inhalers – encouraging return of used inhalers to pharmacies

Monitoring data available at practice level:



This chart shows an example of a Southwark GP practice that has made good progress on reducing the carbon impact of inhalers prescribed compared to the national mean reduction

Other examples of action being taken locally

- Switch to electric vehicles across range of providers and promotion of active travel agenda
- Anaesthetic gasses – Kings College Hospital project on Nitrous Oxide and Entonox waste reduction (shortlisted for Towards Net Zero HSJ awards)
- Appointment of Sustainability Fellow by SELICS to support delivery of green plan (Min Na Eii)
- Medicines management: focus on over-prescribing and waste in care homes
- Medicines and packaging: reducing impact of blister packs when greener alternatives
- Consumables and waste : reduce unnecessary usage of PPE (e.g “Gloves Off” campaign)
- Training in sustainable healthcare widely promoted

Some key issues for discussion



- We should not assume the agenda is being delivered elsewhere – all need to embed it into business as usual
- Identifying constraints and resources for delivery
- Avoiding perception that agenda is overwhelming or a lost cause
- Perception that it's a fringe issue, not a top priority in context of current service pressures
- Identifying the totality of sustainability related activity and difficulties in measuring impact
- Comments on the proposed environmental sustainability impact assessment tool for board reporting
- Getting leadership right. Culture change needs to start from the top. Senior alliances.
- Spreading good practice, inspires action by others, spreads benefit of expertise
- Those who are enthusiastic need to be embraced - but we can not rely on just those who are keen
- Our aims of integration and collaboration align well, particularly when it comes to promoting new models of care:
Where is there most potential for joint working at place and how should we pursue it?
- Making the forthcoming Green Champions Network effective – how do we stop it being another meeting with poor attendance other than from the “keen and green”?

V2 DRAFT for discussion 11.12.23

Partnership Southwark: Environmental Sustainability Impact Assessment - advice for report writers

1. Background

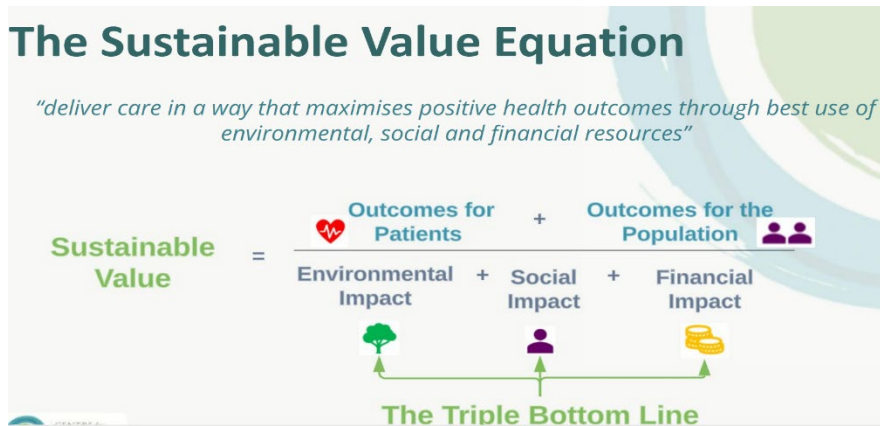
Partnership Southwark agreed an Environmental Sustainability Policy Statement (annex 1) to help ensure that through partnership working we can help each other deliver the goals of our green plans.

One aspect of this policy statement is to ensure that decision making by Partnership Southwark takes into account the sustainability impact of proposals considered through our board, executive and project governance. To facilitate this each board report / proposal should include a statement to confirm that the environmental sustainability impact of the item has been assessed and a summary of any impact is covered in the report.

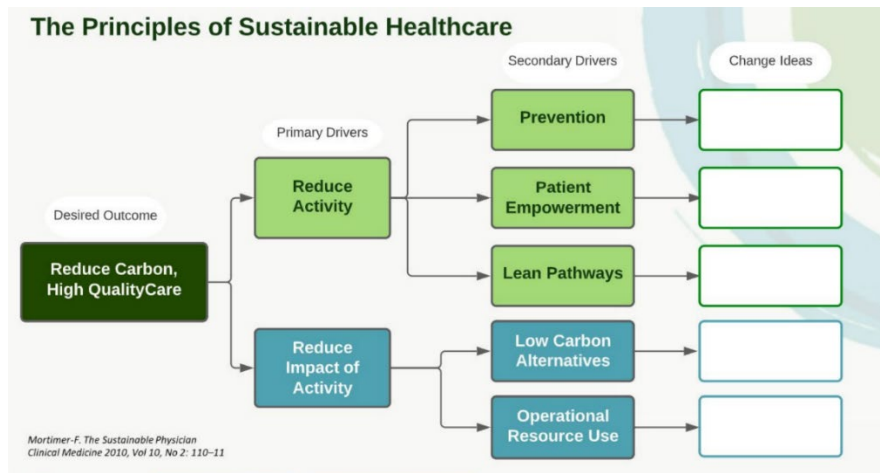
2. Principle of Sustainable Healthcare

The Centre for Sustainable Healthcare has developed a model for evaluating sustainability which has informed the approach in this guidance.

It is built on the principle that all health service should be evaluated according to the Sustainable Value Equation below, which helps ensure that benefits for patients and populations are weighed against environmental and social costs as well as financial costs (the “triple bottom line”).



In order to help evaluate environmental sustainability the following model has been developed that enables a focus on a) reducing activity that impacts negatively on sustainability, and b) reducing the impact of that activity



3. Initial Screening Assessment – checklist

Using this approach an initial screening assessment checklist has been developed that will help identify and capture key sustainability impacts and opportunities in any service development, and determine if a more detailed assessment is required. This should be undertaken before assuming a proposal is neutral in sustainability terms.

	Area of sustainability impact or opportunity (key lines of enquiry and prompts: note these are not exhaustive, and may overlap)	Relevance Yes, No or n/a
1	Reduce activity	
1.1	Prevention <ul style="list-style-type: none"> reducing the need for carbon intensive health and care services by preventing ill-health and/or the need for more intensive services air quality: generation of pollutants, carbon dioxide, greenhouse gases increasing resilience to climate change / flooding/extreme weather promoting use of green space and supporting bio-diversity 	
1.2	Patient and staff empowerment <ul style="list-style-type: none"> enabling patients to self-manage their care in a sustainable way promoting environmental awareness in staff and service users consultation and engagement – any feedback received regarding sustainability issues direct link to the delivery of a partner’s green plans and development of resources and expertise for delivery of sustainability targets 	
1.3	Lean models of care <ul style="list-style-type: none"> streamlining pathways of care neighbourhood models developing care closer to home reducing patient and staff journeys maximising digital opportunities, reduce paper and journeys medicines optimisation 	
2	Reduce impact of activity	
2.1	Low carbon alternatives <ul style="list-style-type: none"> use of consumables, including in the supply chain, avoiding single use items and those with a high footprint, including packaging medicines, reducing use of high impact medicines e.g. inhalers, anaesthetic gases, reducing over prescribing journeys by staff, patients, carers, contractors, suppliers - promoting green travel options 	
2.2	Operational resource use: <ul style="list-style-type: none"> energy usage: including use of renewable energy, also water usage estates: change in requirements or increased energy efficiency waste, recycling and re-use considerations, chemical and pharmaceutical pollutants procurement & contracts: environmental standards, indirect impact via social value 	

4. Detailed assessment - describing the sustainability impact

If there are considered to be material impacts in any of the above areas please describe these in more detail in the report, including how options to maximise positive impact have been considered. For reference, links to the green plans of Southwark health and care organisations are attached in the policy statement. If further advice is required, please contact adrian.ward@selondonics.nhs.uk

5. Board Report Cover Sheet – please summarise the impact in the cover sheet as per the following example

Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
		<i>e.g. Yes – see page x.</i>	

6. Use of sustainability impact assessment approach in the project life cycle

In addition to inclusion in board reports the approach should also be built into project management methodology so that from an early stage sufficient focus is given to environmental sustainability impacts and opportunities.

Annex 1: Partnership Southwark - Environmental Sustainability Policy Statement

All organisations in Partnership Southwark fully accept the need for action to be taken to reduce the carbon footprint of our health and care services.

Each partner organisation has sustainability strategies that they are pursuing to help deliver carbon reduction objectives, for example:

- [Our plan for net-zero - Southwark Council](#)
- [South East London ICS Green Plan](#)
- [Primary Care Green Plan 2022-2025](#)
- [King's Green Plan - King's College Hospital NHS Foundation Trust](#)
- [Guy's and St Thomas' NHS Foundation Trust Sustainability Plan](#)
- [South London and Maudsley Foundation Trust](#)

Some of the key common themes and commitments across our policies include:

- ensuring our buildings are as green as possible
- supporting the active travel agenda for staff and service users, and promoting the use of low emission vehicles
- developing integrated neighbourhood models which ensure that care is delivered closer to home, reducing patient and staff travel time
- focussing on prevention and health improvement and addressing inequalities, which will reduce the high carbon footprint that is associated with ill health
- developing adaptation strategies and extreme weather planning
- a focus on minimising the use of high carbon consumables and medicines
- minimising the amount of waste going to landfill, and maximising re-use and recycling

As a partnership we will not be seeking to duplicate the existing organisational policies by developing a detailed overlaying Partnership Southwark sustainability strategy. However, we are committed to:

- developing a mutually supportive approach to delivering our policies, sharing knowledge, expertise and information on successful initiatives and identifying opportunities for joint working. A green champions network will be established for this purpose.
- ensuring that all decisions taken by the partnership consider sustainability implications

We will aim to identify a small number of areas where a joint approach may achieve more. The initial areas to be considered by the green champions network for 23/24 are:

- Embedding sustainability considerations in our integrated neighbourhood development
- Community Equipment re-use and recycling (for example, walking aids)
- Ensuring energy efficient utilisation of our collective and shared estates
- Staff communications and training across all partners



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.

Quality Improvement Review of Generic Insulin Prescribing in Primary Care

In recent years, several new insulin products have been made available in the UK including biosimilars and high strength insulins. Insulin is a high risk medicine used in the management of diabetes. If prescribed or administered incorrectly, then insulin can result in patient harm. A biosimilar medicine is a biological medicine that is similar in terms of safety, efficacy and quality, to the originator medicine. However these products are usually more cost effective. It is important to note that biosimilars are not interchangeable with the original insulin products and close monitoring is needed to manage a patient and ensure their clinical condition does not deteriorate.

Local prescribing data highlighted that insulin preparations were being prescribed generically across Southwark borough. To minimise the risk of medication errors, all practices in Southwark were asked to review their patients and ensure all insulins are prescribed by brand. Practices were also asked to address any patient specific issues identified, so that patient safety is not compromised. The table below shows the outcome from the review:

Results	Percentage
Percentage of practices within Southwark borough who completed this quality improvement review	90%
Percentage of patients across Southwark borough who were prescribed generic insulin and received a clinical review	75%
Percentage of patients whose prescription was amended where the insulin was prescribed by brand, because of the Quality Improvement review.	86%
Percentage of patients referred to a specialist for review	2%
Percentage of patients in which the insulin prescribed remain unchanged	12%

A discrepancy between the number of patients identified on the baseline EMIS search and the number of patients reviewed is expected, due to the inclusion of two branded products in the original EMIS search. As such no changes would have been made to the medications prescribed for these patients.

The actions taken by Southwark Practices following the quality improvement review are:

- Counselling patients on the importance of using the same brand of insulin to ensure their safety.
- Discussing the results of the improvement review at clinical meetings, so all staff are aware of the risks associated with this high risk medicine.
- Proactively switching the patient onto the relevant brand of insulin, upon receiving a discharge summary or first prescription from the secondary care team.

The next steps by the Southwark Medicines Optimisation Team are:



- The team will follow up with the three practices who did not complete the quality improvement review to ensure their patients are reviewed.
- The team will also follow up with the 12% of patients who were not switched onto a branded product, with the relevant practices to clarify the rationale for not amending the prescriptions and ensuring prescribing remains clinically appropriate.
- The team will also run EMIS searches on a regular basis and inform practices of any patients that have been identified who appear to have had insulin prescribed generically.

Quality Improvement Review of Valproate Prescribing in Primary Care

Valproate is a treatment for epilepsy and bipolar disorder and is prescribed to thousands of women. Valproate is associated with a significant risk of birth defects and developmental disorders in children born to women who take this medicine during pregnancy. In March 2018, [MHRA](#) (Medicines and Healthcare products Regulatory Agency) announced guidance following the new licensing rules for valproate, which stated that valproate medicines must no longer be used in women or girls of childbearing potential unless a Pregnancy Prevention Programme is in place and only if other treatments are ineffective or not tolerated, as judged by an experienced specialist.

The Southwark Medicines Optimisation Team (MOT) and local practices undertook a quality improvement review of valproate prescribing to ensure practices have implemented a protocol for the prescribing of valproate in women and girls of child-bearing potential, making sure conditions of the [Pregnancy Prevention Programme](#) are fulfilled. 29 out of 31 Southwark practices completed the review. Based on the results, the MOT is assured that GP practices in Southwark are aware of the MHRA alert on risks of valproate containing medicines if taken by girls and women of childbearing age. The MOT is also satisfied that most Southwark practices have identified the cohort of patients who are at potential risk and have taken actions to reduce the risk by making sure conditions of the Pregnancy Prevention Programme are fulfilled. Actions that some practices have put in place to ensure ongoing monitoring takes place include:

- Proactively running the EMIS search created by MOT team every 6 months.
- Checking at every consultation that an annual review has taken place, and an Annual Risk Acknowledge Form (ARAF) is present.
- Discussing valproate at clinical meetings.

Potential change of control of AT Medics Ltd

NHS South East London has been notified of a potential change of control of AT Medics Ltd. AT Medics Ltd is a large provider of general practice services and provides care to patients through four practices in Southwark, as well as other London boroughs and elsewhere in England. AT Medics was acquired by Operose Health Ltd in 2021 who are ultimately owned by Centene Corporation. AT Medics Ltd recently wrote to the ICB to seek consent to a change of control.

AT Medics Ltd have informed us that the change of control arises as a result of a proposed change in ownership of Operose Health Ltd, which owns AT Medics Ltd through a holding



company. It is intended that the ownership of Operose Health Ltd will transfer from the current owner, MH Services International (UK) Ltd, to “T20 Osprey Midco Limited (“HCRG Care Group”)”.

The contract to deliver primary care services will continue to be held by AT Medics Ltd. As part of our assurance process, we will be seeking assurance that patients will be able to continue to access the same services from the same locations as they do now and continue to see the same practice teams.

When considering whether to consent to the change of control, NHS South East London will carry out a due diligence process to check that the proposed new owner of Operose Health Ltd is of good standing. We will assess the proposal carefully via our governance structure and consider whether it is necessary to seek any additional assurances. Locally the recommendation will be discussed at the meeting of the Southwark Primary Care Group and people will be able to submit comments and questions in advance of the meeting using the following email Southwark.cbcteam@selondonics.nhs.uk, with the recommendation and decision considered at a future meeting of the PSSB held in public (composition/timing tbc). There is also a public ICB webinar being held on 23 January for patients of AT Medics practices to ask further questions.

Finance Update

Southwark Place has a delegated budget of £264m for 2023/24. £164m 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 November 23. The borough is reporting a surplus of £50k in month 8 and forecasting delivery of its new control total which is a surplus of £75k for the year. The new control total is as a result of SELICB distributing additional funding for prescribing and growth to boroughs. Southwark share of this additional funding amounts to £1.97m which will need to be maintained to meet the new control total set. Within this overall position there are underspends and overspends in budget areas.

Budget Area	Year to Date Budget £'000	Year to Date Actual £'000	Year to Date Variance £'000	Annual Budget £'000	Forecast Outturn £'000	Forecast Outturn Variance £'000
Acute Services	369	71	298	553	107	447
Community Health Services	21,715	20,886	830	32,573	31,349	1,224
Mental Health Services	5,030	5,832	(802)	7,513	8,695	(1,181)
Continuing Care Services	13,125	12,615	509	19,687	18,923	764
Prescribing	21,353	23,875	(2,522)	32,030	35,874	(3,844)
Prescribing Reserves	335	-	335	503	-	503
Other Primary Care Services	636	584	53	955	886	69
Other Programme Services	1,090	136	954	1,635	205	1,430
PROGRAMME WIDE PROJECTS	200	221	(21)	300	235	65
Delegated Primary Care Services	42,741	42,741	-	64,113	64,113	-
Corporate Budgets	2,941	2,524	417	4,411	3,813	599
Total	109,536	109,486	50	164,273	164,198	75



Latest prescribing position shows a deterioration between month 7 and month 8 of £188k adverse variance on our forecast. This was the second month of deterioration which was unexpected as it was felt prescribing position had stabilised and was improving. It is still expected that some of the saving's plan in prescribing will have an impact over the coming months.

The position on mental health placements has deteriorated from previous month due to increased costs for Learning disability placements.

Underspend in Continuing Healthcare is due to a combination of things, including maximising the AQP provision, regularly reviewing the database to ensure all cases are updated and forecasting is as accurate as possible. As individual needs have changed, we have managed to remove a few clients from CHC funding this year which has contributed a significant element. However, the risks associated with this are that the families are going through the appeals process and if the decisions get overturned, we will need to reinstate the care costs and reimburse the families for any costs incurred during the period the CHC funding had been removed.

The community services position masks a key risk relating to NRS contract (Community Equipment Service) reporting an overspend of £800k against a budget of £1.5m. The new integrated equipment service consortium contract with NRS has highlighted several issues and concerns about NRS' operational performance in delivery of the ICES contract and the detrimental impact this is having for residents, officers, partners, and the hospital discharge pathway. Whilst our improvement in CHC position is supporting the overspend in NRS contract, there is a risk that costs continue to increase and affects our ability to manage this without having an impact in other areas.

The borough team had identified recovery action plans of £3.6m as mitigations to support the financial challenges in the ICB delegated place budget. Currently £3.2m of these recovery actions have been actioned and savings delivered. Of the remaining £533k, £143k is no longer achievable and the balance £390k is still being pursued. Some of these plans have already been implemented and reflected in the Year to date and forecast position. Uncommitted budgets in all areas have been frozen as part of this recovery process.

The ICB place budget had an efficiency target of 4.5% which amounts to £4.0m. As at month 8, the borough is reporting a forecast under delivery of savings of £533k mainly as a result of under delivery of savings in both Mental health and Prescribing saving plans.

PSSB November seminar

The Board held a facilitated development seminar on 2nd November for each partner to share financial pressures and opportunities from their relevant organisation/sector when looking ahead into 2024/25 with the aim of jointly considering areas where the partnership might work together to help alleviate these as a system.

There was significant opportunities and energy from partners to expand the opportunities for integration. Two areas emerged for initial attention:



- Care co-ordination – need to understand current practice and opportunities for better system working using a psycho-social rather than medical models with a focus on the whole person. This work fits well in the Age Well programme, so we propose that this thinking is integrated into the current frailty workstream.
- Use of estates as an enabler – renewed approach to use empty space better, which could be labelled as ‘Partnership Southwark’ space (links to wider work with the VCSE and Community Southwark through the ‘State of the Sector’ estate workstream) rather than aligned to individual agencies to encourage multi-use and integration, and support skills in these spaces to increase the sense of partnership ownership and leadership. We currently have a local estates forum as part of our governance structure so its proposed to review through this group how this opportunity might be realized with proposals back to the Delivery Executive on this opportunity and any barriers to bringing together partners in innovative ways to support people with say long-term conditions in more holistic ways in the community, learning from work that has already started to build on good practice.

The write up from the session has already been shared with PSSB members.

ICB Management Cost Reduction Programme

The 45-day staff consultation on proposed changes to South East London ICB structures from April 2024 to achieve the national reductions to ICB running costs closed as planned at the end of November. The management response was published on time on 13th December. Staff are thanked for their engagement in the process, their due consideration of the proposals and their feedback through the consultation. Some small amendments were made to the final structures in the management response as a result of feedback. The HR processes to fill the new structures has now started and will take a couple of months. Staff continue to be supported through what is a difficult time, including access to external support resources.

PEL decisions taken at Place

No formal PEL decisions have been taken at place since the last Board.

Martin Wilkinson
Acting Place Executive Lead

Partnership Southwark Strategic Board

Cover Sheet

Item: Partnership Southwark Strategic Board (PSSB) forward plan 2024

Enclosure: 6

Title:	Partnership Southwark Strategic Board (PSSB) forward plan 2024
Meeting Date:	11 January 2024
Author:	Amanda Coyle
Executive Lead:	Martin Wilkinson

Summary of main points

- The Forward plan is intended to support both the Board's strategic approach and wider engagement in the planning process for our meetings and development sessions.
- It seeks to demonstrate good governance by including items such as finance and quality and use community spotlights to build relationships and raise awareness of the work being done outside the statutory organisations.
- Sessions will be tabled to understand progress and delivery of health and care plan priorities.
- The forward plan incorporates the Board Effectiveness Review which will inform ways of working under the new joint Place Executive Lead (PEL) and ensure continuity and impact alongside other changes in our local system, namely council and ICB team structures following the management cost reduction programme, review of the Health and Wellbeing Board and re-recruitment of the Clinical and Care Professional Leads (CCPL) team and co-chair role.

Item presented for (place an X in relevant box)	Update	Discussion	Decision
		X	

Action requested of PSSB

The Board is asked to note progress and consider the format proposed and content as a template and tool for future use.

Anticipated follow up

Use of the Forward plan for each PSSB meeting to guide the strategic approach and collaborative planning

Links to Partnership Southwark Health and Care Plan priorities

1001 Days	X
Children and Young People's Mental Health	X
Vital 5	X
Community Mental Health Transformation	X
Frailty	X
Lower Limb Wound Care	X

Item Impact

Equality Impact	Partnership Southwark planning and delivery model is rooted in engagement work with our local population(s) to ensure that it focuses on areas of most need and addressing inequalities.
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Quality Impact	The interface with clinical/practice effectiveness, patient safety, also engagement and co-production is integral to the design, delivery and outcome measurement of agreed priority areas
Financial Impact	A relevant and comprehensive forward plan will optimise our work in this area to ensure transparency and all financial opportunities are considered for alignment/integration, risk management and mitigation
Environmental Sustainability Impact	The health and care plan has sustainability at its heart in terms of ensuring that we collectively reduce inequalities in a sustainable way. The partnership will operate in the context of Southwark's strategic environmental plans.
Medicines & Prescribing Impact	The plan includes medicines to ensure this will meet people's and understanding and developing ways to manage cross sector risks
Safeguarding Impact	The PSSB will support local Strategic Safeguarding ambitions and a proactive and a positive learning culture across the partnership

Describe the engagement has been carried out in relation to this item

Drafted in partnership with Key leads with the purpose of supporting planning and wider engagement going forward.

Partnership Southwark Strategic Board (PSSB) forward plan 2024			
Month	Meeting	Proposed location	Subject area
Jan	PSSB	Tooley street	Community /VCSE spotlight - Impact for Urban Health
			Health & Care plan (HCP) update
			Sustainability plan
			PEL report (Standing item)
			Forward plan and notice of Board Effectiveness Review
Feb	Development session	Kingswood House	Quality workshop
			Board Effectiveness Review
Mar	PSSB	Dafodil Café (Dementia Centre) or United St Savior	Community /VCSE spotlight - Older Peoples Charity(s) - TBA
			HCP - Frailty Priority deep-dive
			Serious Game report - Older Peoples housing planning
			Guy's & St Thomas' NHS Trust Strategy
April	Development session	Tooley street	Director of Integrated health & Care/ Place based Executive induction workshop
May	PSSB	TBA	Community /VCSE spotlight - TBA
			Health Inequalities update
			Health & Care plan (HCP) update
June	Development Strategy workshop	TBA	Half day workshop
			How we work - board values/behaviours
			What we work on - HCP one year on etc
July	PSSB	Wellbeing centre / Pembroke house	Community /VCSE spotlight - Walworth Living room
			HCP - Community Mental health Priority deep-dive

Glossary

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