

## Partnership Southwark Strategic Board

### Agenda

Thursday 2 May 2024 13:30 – 14:50 Part 1

Venue: virtual meeting on Microsoft Teams

Chair: Dr Nancy Kuchemann

Time	Item	Lead
13:30-13:35	<b>Welcome and Introductions</b> <b>Apologies</b> <b>Declarations of Interest</b> <b>Minutes of the last meeting</b> <b>Action Log</b>	Chair  <b>Enc 1 – Declarations</b> <b>Enc 1i – Minutes</b> <b>Enc 1ii – Action Log</b>
13:35-14:15	<b>VCSE Funding &amp; Health Inequalities Fund update</b>	Anood Al-Samerai / Katherine de Krester / Amanda Coyle <b>Enc 2</b>
14:15-14:30	<b>Health and Care Plan Update</b>	Amanda Coyle <b>Enc 3</b>
14:30-14:40	<b>Place Executive Report</b>	Martin Wilkinson <b>Enc 4</b>
14:40-14:45	<b>Public Questions</b>	Chair
14:45-14:50	<b>AOB</b>	All
14:50	<b>Close Meeting</b>	Chair

Next in-public meeting: 4 July 2024– venue to be confirmed



## Declaration of Interests

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

**Meeting Date: 02/05/2024**

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"> <li>1. Producer of 'Talking Saves Lives' public information film on black men and cancer</li> <li>2. Trustee for Community Southwark</li> <li>3. Trustee for Pen People CIC</li> <li>4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark</li> </ol>
Cllr Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
Emily Finch	Clinical Lead, South London & Maudsley	No interests to declare
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare
Gavin McColl	PCN Clinical Director, South Southwark	<ol style="list-style-type: none"> <li>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</li> <li>2. Trustee of Doctors in Distress: Works to prevent suicide of healthcare professionals</li> <li>3. Trustee 'On Call Africa' Medical charity that works to address rural healthcare in Southern Zambia</li> </ol>
Graham Head	Healthwatch	No interests to declare
Katy Porter	Independent Lay Member	<ol style="list-style-type: none"> <li>1. Trustee, &amp; 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.</li> </ol>



		2. CEO for The Loop Drug Checking Service. 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"> <li>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.</li> <li>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.</li> <li>3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee.</li> <li>4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich.</li> <li>5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology.</li> <li>6. Husband Richard Leeming is councillor for Village Ward in south Southwark.</li> </ol>
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	No interests to declare
Sumeeta Dhir	Co-Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	VCSE representative	<ol style="list-style-type: none"> <li>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.</li> <li>2. Board Member Community Southwark.</li> <li>3. Married to the Executive Director of South London Mission</li> <li>4. School Governor</li> </ol>



## PARTNERSHIP SOUTHWARK STRATEGIC BOARD – PART 1 MINUTES

Thursday 7 March 2024 at 13:30

Venue: Appleby Blue Almshouse, 94-116 Southwark Park Road, SE16 3RD

Chair: Dr Nancy Kuchemann

### Attendees

<b>MEMBERS</b>	
Dr Nancy Kuchemann (NK) (Chair)	Co-Chair, GP and Joint Chair of Clinical & Care Professional Leads
Cllr Evelyn Akoto (EA)	Co-Chair, Cabinet Member of Health & Wellbeing
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
Joanna Johnson (JJ)	Director of Operations, GSTT
Sangeeta Leahy (SL)	Director of Public Health, Southwark Council
Nigel Smith (NS)	Director, IHL
Rebecca Dalmeyer (RD)	Executive Director, Quay Health Solutions
Sumeeta Dhir (SD)	GP and Joint CCPL Chair
Gavin McColl (GM)	GP, Clinical Director South Southwark PCN
David Quirke-Thornton (DQT)	Strategic Director of Children's and Adult's Services, Southwark Council
Cedric Whilby (CW)	VCS Representative
<b>ATTENDEES</b>	
Amanda Coyle (AC)	Associate Director of Transformation, Partnership Southwark
Emily Gibbs (EG)	QHS, GP Care Home Service
Tania Kalsi (TK)	Consultant Geriatrician, GSTT
Sarah Bullman (SB)	Joint commissioner, Older Peoples Services, SEL ICB
Graham Head (GH)	Healthwatch Southwark
Wendy McDermott (WM)	Programme Manager, Partnership Southwark
Sairi Quli (SQ)	LinkAge Southwark
Simon Beard	Associate Director of Corporate Operations, SEL ICB
Catherine Worsfold	Corporate Governance Lead, Southwark, SEL ICB
<b>APOLOGIES</b>	
Julie Lowe (JL)	Site Chief Executive, Kings College Hospital NHS FT
Kathryn Simpson (KS)	Associate Director of Adult Social Care, Southwark Council
Sabera Ebrahim (SE)	Associate Director of Finance, Southwark, SEL ICB



1.	<b>Welcome &amp; Introductions</b>
1.1	The Chair welcomed attendees to the Partnership Southwark Strategic Board held in public.
1.2	Apologies were noted.
1.3	<b>Opening Business</b>
	<p>Before the meeting commenced its formal business, Alison Benzena, head of research and influence at United St Saviours Charity, welcomed all attendees to the Appleby Blue Almshouse and offered an introduction. The building had opened in July 2023 and consisted of 57 flats, a community centre and shared kitchen area. The aim of the centre was to benefit residents with access to activities and provide a role in improving health and wellbeing to the residents of Southwark.</p> <p>NK thanked AB and the team for enabling the PSSB meeting to take place at Appleby Blue. She also announced that Darren Summers had been appointed as joint Council and ICB Place Executive Lead, starting in June 2024. Thanks were conveyed to all who contributed to the recruitment process.</p>
1.4	<b>Declarations of Interest</b>
	The Chair <b>noted</b> inclusion of declarations within papers and asked if there were any conflicts to highlight with agenda items. No additional declarations were made.
1.5	<b>Minutes of last meeting</b>
	The minutes of the previous meeting were <b>agreed</b> with one amendment directed – section 4.5 delete “KP highlighted the need to think about a broad food strategy linked to food poverty” and replace with “KP asked if the food strategy in place was being taken into account as part of the environmental discussions”.
1.6	<b>Action Log</b>
	<p>The action log recorded two open items on which SA provided a progress update:</p> <ul style="list-style-type: none"> <li>• On action 3 - No resolution had yet been reached on different ways to get support but discussions were ongoing.</li> <li>• On action 4 – access to blood test appointments and delays in results – there had been a lot of discussions and things had improved but it was acknowledged the system was not yet perfect. It was proposed that the provider be invited to respond directly.</li> </ul> <p><b>ACTION: Consider if Synnovis should be invited to further PSSB meeting to discuss</b></p>
2.	<b>Community Spotlight – LinkAge Southwark</b>
2.1	SQ delivered a presentation to the meeting on the purpose and achievements of LinkAge Southwark. The organisation had operated in Southwark in various guises since 1993, providing a range of services working collaboratively with partners, including:





- preventative services,
- befriending services,
- one to one support to people restricted in leaving their homes,
- support to those with complicated needs,
- over 20 social exercise and activity sessions,
- a newsletter,
- free lunch sessions, and
- an information support service.

The befriending plus advocacy support service was delivered with two paid members of staff. The information support service was delivered as part of the Ageing Well local authority contract. Impact was assessed through the qualitative data and information about individuals health recorded in the clients "I" statements.

## 2.2 The floor was opened to questions:

- OO enquired whether a family support service was available to those who had family members suffering from dementia – an online carer groups met regularly which offered peer support but there was no respite offer.
- AAS referenced research carried out by Community Southwark on the state of the VCSE sector, noting that the local authority contract with LinkAge Southwark demonstrated one of the challenges for VCSE organisations, in that it provided funding for one specific part of a service being delivered, but VCSE provision needed to be embedded broadly across the community. On respite care, intelligence had been gathered from the ground up that indicated this is what people wanted; how could this be fed into the group? On contract specifics, SQ commented that they received referrals from all sectors but what was presented in reality was different from what the paper referral indicated, so a more rounded approach was needed.
- In response to a question from CW, the group expanded on the COPSINs model, which was a partnership of the Council and six support organisations working together to identify what services were needed on the ground in the framework of a contract worth £1m p.a.
- DQT thanked LinkAge Southwark and Community Southwark for their work in the borough. There had been a lot of conversations about collaboration with some good learning around how to avoid competitive networks between charities and what worked best between contracts and grants for the VCSE sector. It was recognised that people felt more comfortable engaging with a charity than social services, which meant charities could access places where local authorities struggled. Learning from the COPSINs project would inform how to support people with learning disabilities, using the model to develop a better collaborative approach to the learning disabilities offer. The two principal learnings were:



2.3	<ul style="list-style-type: none"> <li>• Appointing a lead charity for a contract puts the burden of commissioning and monitoring on a VCSE organisation which can impact collaboration.</li> <li>• Longer terms for contracts would be better to support working at a pace that builds positively rather than aiming at short term targets.</li> </ul> <p>It was agreed that the development of the learning disabilities offer should be revisited at a future PSSB meeting.</p>
<b>3. Health and Care Plan update – frailty priority deep dive</b>	
3.1	<p>WM introduced this item, aimed at bringing the frailty priorities to life and to invite contribution of ideas and thoughts.</p>
3.2	<p>The team comprising WM, EG, TK and SB delivered a presentation on the programme aims and visions, the current picture in Southwark, how to develop a system wide approach, and the delivery plan for the project.</p> <p>The vision and aims of the programme centred around awareness, understanding and knowledge, clearly defining frailty, and putting plans into action to address.</p> <p>The difficulty of describing frailty was discussed, recognising the challenges of using the term frailty.</p> <p>Drivers for the project included:</p> <ul style="list-style-type: none"> <li>• The expectation that the older (65 years +) population of Southwark was projected to increase from 26,000 currently to 45,200 by 2033, so this was an important issue.</li> <li>• Life expectancy in the borough for the older population was lower than both regional and national averages.</li> <li>• Care services were fragmented, so a key aim of this project was to deliver a proactive, joined up community-based model of care.</li> <li>• Recognition that there was a lot of local knowledge available.</li> </ul> <p>The project would focus on four key stages:</p> <ol style="list-style-type: none"> <li>1. Identifying existing reference groups and networks.</li> <li>2. Mapping and building knowledge of local assets.</li> <li>3. Scoping and prototyping a neighbourhood approach, using the Faraday ward as a test site due to local connections and a network group. There would be a focus on Core20 requirements. It was the aim that this scoping work would be completed by July 2024, with delivery in 2025.</li> <li>4. Strategic development by using national research and exploring SEL wide opportunities.</li> </ol>







Seven overarching areas of risk and opportunity were identified, being workforce, data and intelligence, development of outcomes and evaluation, management of unintended consequences of creating inequalities whilst prototyping, use of resources and expertise to ensure co-production, financial pressures and failure to properly distribute learning from the prototyping in the right way to inform systemic change.

The approach of the project would be data driven, targeting a single area in Southwark to develop a workable model that could then be spread, through collaborative working across the VCSE sector, local residents, local authority and partners.

Proactive, personalised preventative measures to improve the progress of people either with frailty or at risk of becoming frail without intervention was a focus, with borough wide factors such as access to digital support, transport and consolidation of services all needing consideration. More work was needed on the population cohorts in the “lower levels” of frailty – those in their late 50s, 60s and 70s who were progressing towards being frail too early. Driving prevention would help with some focus on the services required in the future.

A highlight of the work needed to be the whole system lens, recognising that the priority concerns for Southwark residents were not necessarily health but the social issues of transport, housing, and food. The whole system lens would enable the drawing together of services to support the population as a whole, with services mapped out to enable ease of access.

EA joined the meeting at this point.

### 3.3 Questions were invited from members:

- GS noted the need for different types of service depending on where people were on the frailty pathway. Using the term “frailty” to “pre-frail” people was not generally accepted very well, so there was a need to approach different stages in the pathway in different ways. TK agreed and highlighted how the use of data would enable a stratification of approaches. The group discussed at length the use of the frailty term and its general acceptability.
- GS also asked about measurement of outcomes and deliverables – with TK noting one outcome was about joined up care and another about improving baselines and general better health which would have a wide impact.
- GH commented that younger people could be very frail as well as the older population, with contributing factors affecting people across a range of ages. GH had seen projects that could move people back down the pyramid of frailty – how could this be considered here? TK confirmed there were two groups of younger frail people the project was being tested with – mental health patients and the homeless. The challenge was to work out how to make best use of the limited resources available to deliver different approaches depending on need.
- EF raised the benefit of engaging with the network of organisations such as homeless charities who provide a perspective on wider health determinants. Developing roles in social prescribing was key and provided connections in the community.





- DQT highlighted the pre-triggers that mean people end up in residential care – death of a loved one, burglary and falls.
- MW raised the need to think about people with multiple long term conditions and how to apply proactive care. MW enquired if the prototype stage could consider how to join up all services in a way to make a difference and look at the learning from the Camberwell 1001 days project. TK confirmed the group were looking at long term conditions in different frailty groups, how to screen patients, use of evidence-based methods and health literature. There are models that NHS England used which incorporate long term conditions within the framework. The group were already working with other boroughs who have instigated some of these models. Challenges were around how to encourage a stretched, exhausted workforce with limited resources to do things differently.
- SL asked if added value could be achieved by adopting the “live longer better” Muir Gray principles. This programme had a number of elements that could be selected for the borough. It was proposed that a scoping paper be drawn up for the executive to think about what this might look like.
- CW noted with interest the challenges discussed, raising concern that services had been decimated or did not exist for the targeted group. CW was pleased to hear VCSE organisations would be used as part of the lens, but this should be supported with funding, not reliance on the goodwill of the voluntary services sector. WM felt the success achieved with the 1001 days project needed to be mirrored, noting that the team were also talking to South West London, and pan-London acute services, to learn from their projects and the need to achieve the correct pace to get this right.

3.4 **The Board noted the discussions and report and thanked the team for their work in this area.**

#### 4. Place Executive Lead report

4.1 MW highlighted some key areas in the report, on the assumption that the full report had been read. These were:

- Updates on planning processes, including the Joint Forward Plan and the work ongoing behind the scenes whilst national guidance on the Better Care Fund was awaited.
- Performance – noting an invitation to the Board to determine what they would like to see reported going forward and the preferred approach to discussing operational pressures with providers.

4.2 GH enquired about the national pharmacy plus programme – there appeared to be confusion about how fast the programme was being ramped up to deliver the service due to training needs and communications about which services would be available and when. MW confirmed there was a longstanding service already in place so pharmacists were in a good place to deliver the project but there was some work needed on communications and thinking about how different schemes could work in the borough. GH requested that Healthwatch be copied into any communications. RD confirmed as part of the SEL pharmacy oversight team they were





	<p>aware it would not be possible to turn a national scheme around quickly but a local plan was in place for communications to come out for winter to give time for the infrastructure to be put in place.</p> <p><b>ACTION: Healthwatch to be copied into any communications being developed in relation to the national pharmacy plus programme</b></p>
4.3	<p>EO asked about the deterioration in mental health placements – MW acknowledged there had been pressure on budgets all year in this area, and this was ongoing. Joint work was underway with the South London Partnership and local authority to try to push on with regular reviews of clients to ensure they were in the right place for their needs and were stepped down where they could be. There was no impact on services as it stood.</p>
4.4	<p><b>The Board noted the PELs report.</b></p>
<b>5.</b>	<b>Public questions</b>
5.1	<p>Alison Benzena confirmed the United St Saviours charity were working on frailty across the sector. Terminology was important. AB also highlighted a project from Stirling University on the stigma of place based ageing.</p>
5.2	<p>Rita, a community development practitioner at Appleby Blue, highlighted that the building was not called sheltered housing and discussed the benefits of the scheme for residents, highlighting the importance the team placed on the individual.</p>
5.3	<p>AAS reflected that every time the Board discussed a health issue the issue of housing was raised. It would be helpful to have a housing representative in the room going forward.</p> <p><b>ACTION: MW/EO/NK to consider the best approach to obtaining housing representation at the PSSB going forward.</b></p>
5.4	<p>Hope and Joyce, residents from Appleby Blue reflected on the good things that LinkAge Southwark were able to support older people with.</p>
5.5	<p>The Appleby Blue team raised a concern about access to Dial a Ride for residents. TK responded, that this was an area the frailty team was considering, it was early days but the team acknowledged that transport was an important aspect to consider.</p>
<b>6.</b>	<b>Any Other Business</b>
6.1	<p>NK formally thanked Sarah Austin and Wendy McDermott for their contributions to the Board, noting it was their last meeting.</p>
6.2	<p>The date of the next meeting was planned for 2 May 2024, however this would take place virtually.</p>

The meeting closed at 15.10 with the Chair thanking everyone for their time.

**PARTNERSHIP SOUTHWARK STRATEGIC BOARD ACTION LOG**

No.	MEETING DATE	ACTION	STATUS	ACTION FOR / UPDATE
1	11/01/2024	Public questions (concern over increasing reliance on electronic methods to book appointments) - SA acknowledged the concern and had shared contact details to look at this further	Closed	SA held the conversation. This issue will be reviewed more widely as part of the SEL Digital Inclusion work, and will be added to the July PSSB agenda
2	11/01/2024	Public questions (delays in GPs receiving blood test results) - SA to obtain a timescale for resolution of the pathology EPIC (single patient record system) teething issue. <b>07/03/2024 update:</b> there had been a lot of discussions and things had improved but it was acknowledged the system was not yet perfect. It was proposed that the provider be invited to respond directly. <b>New action: Consider inviting Synnovis to further PSSB meeting to discuss</b>	Closed	Synnovis contract is monitored elsewhere. SEL Digital Inclusion work added to July PSSB agenda.
3	07/03/2024	PEL report: Healthwatch to be copied into any communications being developed in relation to the national pharmacy plus programme	Closed	Communications and Pharmacy team agreed to include HealthWatch in Pharmacy First communications
4	07/03/2024	MW/EO/NK to consider the best approach to obtaining housing representation at the PSSB going forward.	Closed	This was discussed at May PSSB-part 2: Cllr Akoto highlighted that the focus of Partnership Southwark Strategic Board is on our local health and care system and that housing is not within this remit. She updated members that the Health & Wellbeing Board will now be focusing its efforts on the wider determinants of health such as poverty, climate and air quality, community safety and housing. She stated that she will inform Board members when the Health and Wellbeing Board will be discussing housing so that they can attend and contribute if they so wish. PSSB membership will be reviewed more widely as part of the board review discussion scheduled at the June Board development session

# Partnership Southwark Strategic Board

## Cover Sheet

**Item: VCSE funding & health inequalities fund update**  
**Enclosure: 2**

<b>Title:</b>	<b>VCSE Investment</b>
<b>Meeting Date:</b>	<b>2 May 2024</b>
<b>Author:</b>	Amanda Coyle
<b>Executive Lead:</b>	Martin Wilkinson

### Summary of main points

In response to suggestions from Board members including the VCSE partner representatives to discuss VCSE funding this paper seeks to address in part this complex area. The paper outlines the ICB and Local Authority VCSE investment in 2023/4 and the learnings collated by Community Southwark relating to the ICB Health Inequalities VCSE funding 'Thriving Communities fund' in the presentation Appendix. It also details the investment plans for the ICB Health Inequalities funding for 2024/5.

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

### Action requested of PSSB

The board is asked to:

- Note that the ICB & Local authority grant funds are a small proportion of the overall funding of the sector and consider what other partner funding sources could be influenced to allocate to VCSE organisations to support health and wellbeing?
- Endorse the principles underpinning the 2024/5 decisions regarding the ICB Health Inequalities fund.
- Explore more sustainable approaches to VCSE funding (e.g. larger commissioned funding streams) noting that grant funding is a step along the way.
- Consider how we learn from the council's approaches to funding older adult services and the disability hub, to improve how VCS groups can collaboratively co-design and bid for commissioned services.
- Consider how to offer resources to the VCSE to attract wider sources of statutory and non-statutory funding.
  - a. What can partners provide to improve the VCSE offer to targeted populations (e.g. JSNA, participation in pathway reviews etc.)?
  - b. How can we improve the transparency (governance) of funding decisions to build voluntary sector capacity to access increased statutory funding

### Anticipated follow up

Community Southwark to link with PSSB partners to explore future VCSE investment opportunities and support to access sustainable commissioned services

### 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	This is a discussion item pending outcomes that should improve the funding that addresses health inequalities		
Quality Impact	This is a discussion item pending outcomes that should improve the quality where investment is directed via organisations who are closer to the needs of Southwark's population		
Financial Impact	Not applicable as this is a discussion item only		
Medicines & Prescribing Impact	Not applicable as this is a discussion item with no immediate impact on medicines and prescribing		
Safeguarding Impact	Not applicable as this is a discussion item with no immediate impact on vulnerable groups		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
		Yes -	

Describe the engagement has been carried out in relation to this item
Review meeting with Community Southwark prior to this meeting and extensive engagement by the ICB Oversight group relating to the 2024/5 Health Inequalities Fund



Partnership  
Southwark



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

# Southwark VCSE Investment – 2023/4

May 2024

# Overview

- ICB & Local Authority VCSE Investment in 2023/24
- Setting the scene for VCSE Investment – what we have learnt so far from the ICB Health Inequalities funding:  
Appendix I - Funding differently-Thriving Communities presentation
- Health Inequalities Fund Investment 2024/25
- Discussion

What partners can consider to increase Future VCSE investment opportunities?



# Summary of VCSE investment 2023-24

ICB Health Inequalities	Summary	Funding Allocated
Thriving Communities 2023-24	21 VCS Organisations received £5k to support projects in Southwark	£105,000
Reach/LAN Network Grants*	20 VCS Organisations received £3-15k to support projects in Southwark	£95,000 * Legacy Covid & SLAM funding
Social Prescribing Grants (Adult)	15 VCS organisations received £2-3000 to support projects aimed at supporting working age adults, spread across the borough with a focus on mental health, autism and learning disabilities, addressing the impact of the cost-of-living crisis, underserved groups or gaps in provision.	£40,000
Social Prescribing Grants (CYP)	8 VCS organisations received £1000 each to support projects which help develop Children & Young People's (CYP) social prescribing in Southwark, with a focus on underserved groups, gaps in provision, bids focusing on 16 – 18-year-olds (transitional age cohort), mental health, CYP wellbeing activities/groups and autism/learning disabilities	£8,000
<b>Total:</b>		<b>£248,000</b>
LA Funding	Summary	Funding Allocated
Commissioned	£17m	£17,000,000
Grants*	£3m	£3,000,000
<b>Total:</b>		<b>£20m</b>

# Spending on Health Inequalities – Who else?

Health Inequality  
Fund

Partnership  
Southwark

£780k

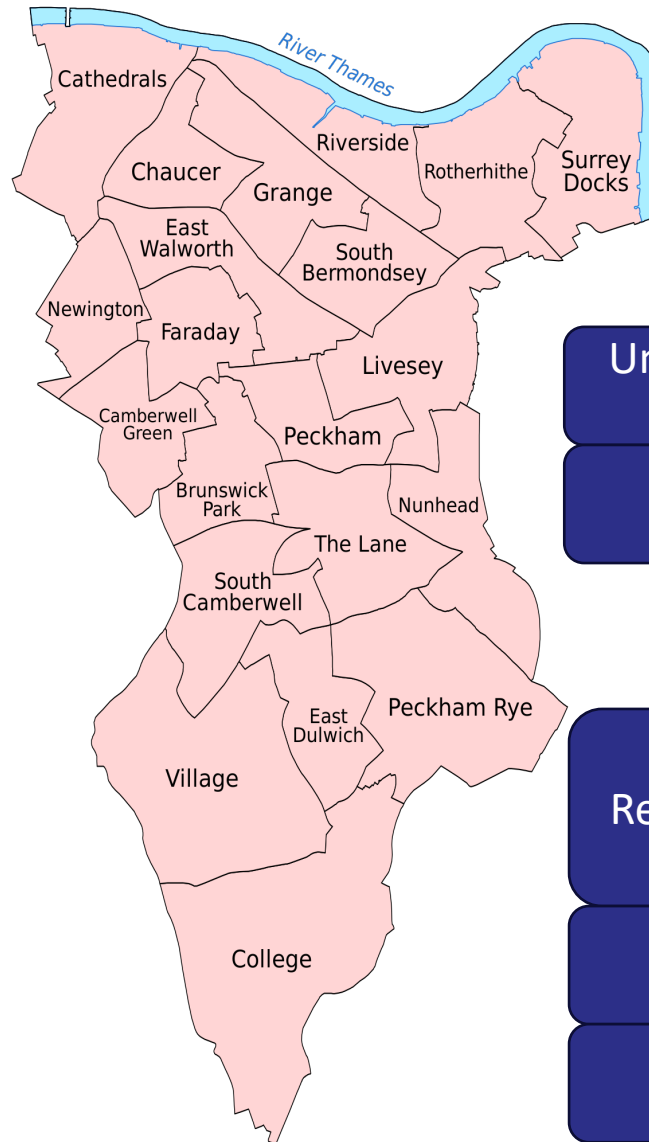
Impact on Urban  
Health

£6m (approx.)

Neighbourhoods  
Fund

Southwark council

£630k



United St Saviours  
Charity

£1m (approx.)

Community  
Research & Health  
Promotion

Public Health

£800k

Common Purpose  
Grants

Southwark Council

Approx £790k spent  
2022/23

Equalities Grant

Southwark Council

£400k

# Themes

**Connected Communities:** supporting communities to support themselves, focusing on the most disadvantaged neighbourhoods, or those from disadvantaged groups e.g. ethnic minorities, LGBTQI+, asylum seekers & refugees, carers, and those with learning disabilities.

**Reduce Health Inequalities:** reducing inequalities and removing barriers for residents living in the most disadvantaged neighbourhoods, or those from disadvantaged groups e.g. ethnic minorities, LGBTQI+, asylum seekers & refugees, carers, and those with learning disabilities.

# 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

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

Application process should be proportionate to the grant value

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

Projects should align with our strategic priorities

The HIF should fund culturally appropriate services

Monitoring should be proportionate to the grant value

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

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

Ensure funding also provides for VCS infrastructure costs if required

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

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

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

## 2024/25 Health Inequality projects

AGREED

Project	Lead org	Well	BAME	Disability	Sex	LGBTQ+	Additional	Geographical area
Educated other than at School Nurse	GSTT	Start Well	-	-	-	-	CYP not in mainstream educational settings	Southwark
Healthy Start	Council	Start Well	-	Weight	-	-	Low-income families and pregnant women	Southwark
Thriving Communities	VCS	Live Well	-	Physical, mental	-	-	73% of groups awarded a grant were BAME led	Camberwell Green, Faraday, Old Kent Rd, Nunhead, Queen's Rd, Peckham
Community Health Ambassadors	Council	Live Well Age & Caring Well	-	-	-	-		Southwark

CONSIDERING

Project	Lead org	Well	BAME	Disability	Sex	LGBTQ+	Additional	Geographical area
Type 2, Take 2 (Diabetes)	KCH	Start Well Live Well	-	Physical	-	-	Links to obesity, ethnicity and mental health	Southwark
It Takes a Village		Live Well	-	Multiple disadvantage			Multiple deprivation – people experiencing at least 3 identified issues	Southwark
Social Model for Health		Live Well	-	-	-	-	'How do we take all the ways we were hurt & traumatized by structural oppression & transform it so we can be good together'	Walworth
Social Prescribing Support	ICB	Live Well	-	Mental, LD, Autism	-	-	Priority for orgs who are part of the social prescriber network	Southwark

# 2024/25 HIF projects - Finances

## Health Inequalities Funding 2024-25

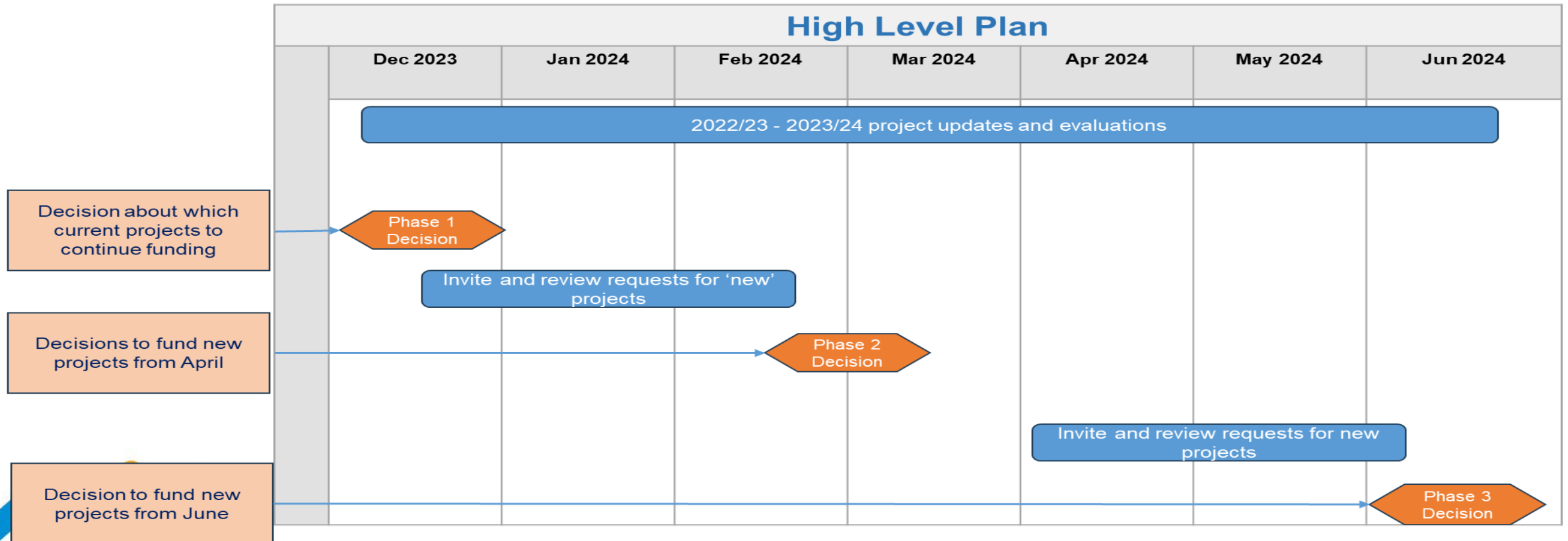
Project	Lead Organisation	£ (Approx)	Notes
Health Inequalities Funding 2024/25	SELICB	781,000	2024/25 Budget Confirmed
Project	Lead org	£ (approx.)	Notes
Educated other than at School Nurse	GSTT	£22,500	Funding for Nov 24 through to March 2025
Healthy Start	Council	£29,000	Healthy Start Project Officer salary for x3 days from Jun '24 through to Mar '25
Thriving Communities	VCS	£247000	Growth of grant 100% on 23/24.
Community Health Ambassadors	Council	£40,000	50:50 split with the council (£80k pa total). Commitment to fund for 2 years.
It Takes a Village	Council	£70,000*	Other funding sourced for core model with council, 3 year commitment (£560k pa total)
Learning & evaluation partner	ICB	£30,000	To support projects VCSE organisation to evidence their outcomes
	<b>SUB TOTAL</b>	<b>£438,500</b>	
Type 2, Take 2 (Diabetes)	KCH	£70,000	In discussion with Lambeth about splitting the cost. If Lambeth agree 50:50 split figure will reduce to approx. £35k
Social Model for Health	VCS	£90,000	Walworth Living room previously funded from non HIF funds with a positive research evaluation report. Finalising funding agreement for 2024/5
Social Prescribing Support	NHS/VCS	£75,000	Developing proposals with PS programme manager in Q2 2024/5. VCSE engagement & funding alignment will be essential
	<b>SUB TOTAL</b>	<b>£235,000</b>	
	<b>BALANCE</b>	<b>£107,500</b>	Proposals for in year funding being collated

AGREED

CONSIDERING

## Next steps

- Deliberations & fact finding underway for 'new' projects for 2024/25:
- Development of new 2024 projects – budget dependent & alignment with primary care transformation initiatives – Social prescribing fund etc
- Robust monitoring and learning framework (evaluation methodology) in development with public health





# Funding differently: Neighbourhood Health Grants

Inclusive, unrestricted and light touch

## Impact and learning

April 2024





Grants of

**£5K**

were awarded to 21  
small VCS groups in Southwark.

**32**

VCS organisations attended 1 or both focus groups  
that helped design the grants process.

**44**

groups were involved in decision-making about  
where grants were awarded.

**66%**

of groups who helped design the pilot made  
applications to the fund.

“The model is exceptional – it gives power back to the community, it was inspiring to see how much is going on in the community.”

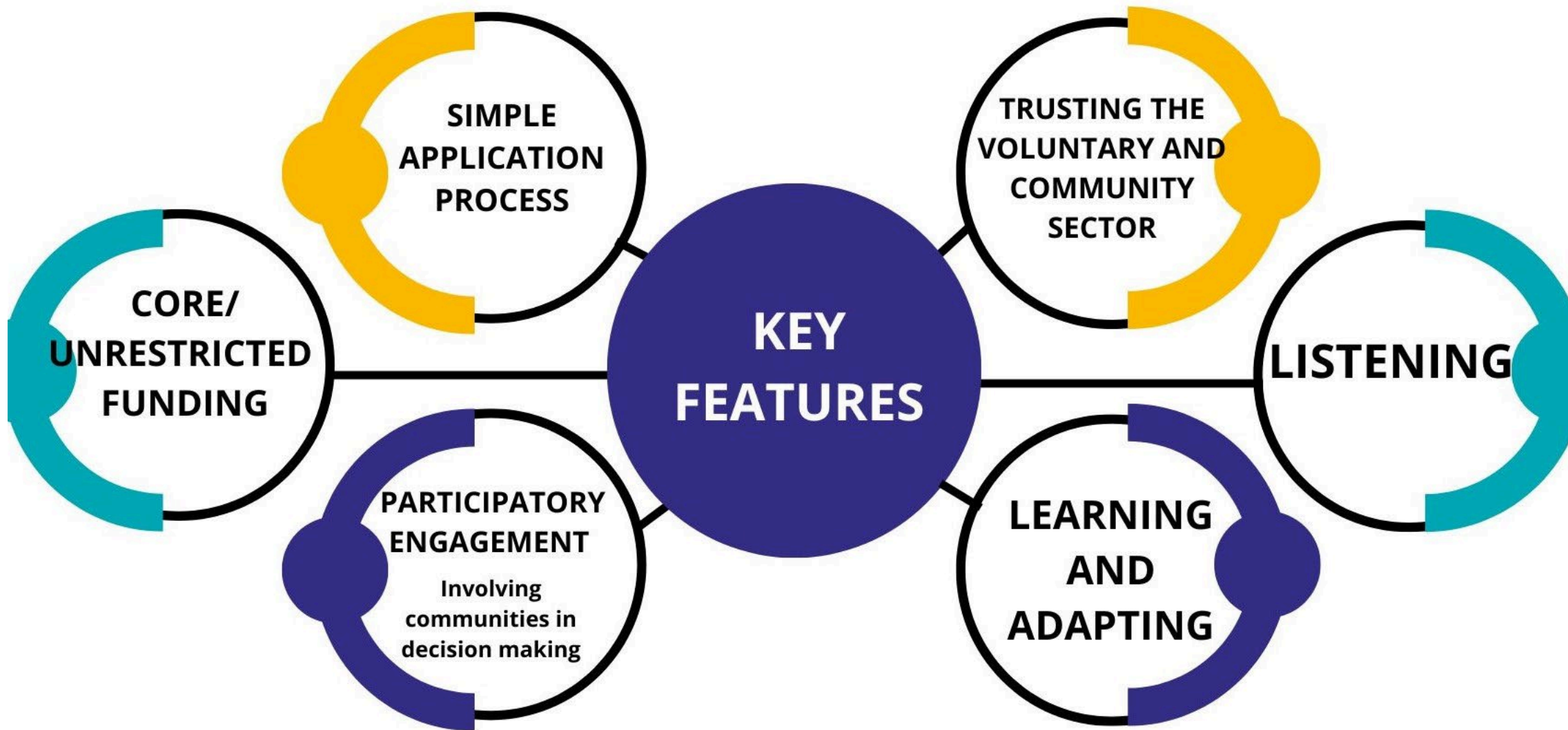
VCS representative involved in decision-making where 5 groups independent of grant applicants shortlisted applications to the final 20.

# Why, what and how?



Community Southwark, Partnership Southwark and United St Saviour's Charity have worked with VCS groups, the statutory sector, and funders to develop a grant process that aims to break down barriers to funding that VCS organisations experience in Southwark as highlighted in [Community Southwark's recent State of the Sector research](#). (click to view)

- Seeks to reduce health inequalities at a targeted neighbourhood level through strengthening small, local VCS groups.
- The whole design has come from what the VCS has said - via the state-of-the-sector research and the focus groups that have taken place in April 2023 and September 2023. VCS groups are also decision-makers about how funds are distributed.
- Shifts the power dynamic and tests new approaches, working with the sector to learn, improve and share.
- Encourages community organisations that don't have established connections with statutory health care bodies to participate and build relationships



Two rounds of funding in 23/24

£105,000 has been awarded to small groups in Southwark

# Key Features – how is it different from ‘usual’ grant processes?

## Applying the [6 principles](#)

### Participatory engagement

- Voluntary and community (VCS) groups designed the pilot and made decisions around processes and criteria.
- The VCS decided who was awarded grants.
- We used feedback and data collected from the 1st round as well as a further focus group (reflection session) to further develop the grant process in the 2nd round.
- Transparent decision-making.
- Learning and adapting.

### Accessible

- A simple application process (two questions) with a 6-week timeframe for groups to submit their application.
- Groups could submit their application via a video clip if they preferred.
- Any type of not-for-profit organisation operating in Southwark could apply including unincorporated groups and CICs.
- Advice and support for applicants and VCS reps making decisions, and thorough feedback for all applicants.

### Trust

- Due diligence processes were simple and based on trusting VCS groups in Southwark.
- Monitoring is light-touch.
- Unrestricted and flexible funding.

# Grant recipients

- Angels Community Hub
- Art in the Park
- Bolivia Latin Age UK
- Cherry Garden Centre
- From THAT To THIS
- Habits of London CIC
- Mind and Soul Community Choir
- Mental Wealth London CIC
- MSL
- Panjshir Aid
- Peace Ballers
- Peckham Soup Kitchen
- Skills development training
- South London Urban Growers
- Southwark Independent Voice (SIV)
- Southwark Refugee Communities Forum
- Southwark Stars Disability Football Club
- Sporting Recovery CIC
- The Purple Ladies
- The Redeemed Assemblies Support Services
- Trash Gxng Academy C.I.C.

76% are ethnic minority-led groups

# Key findings

- 1) The knowledge and skills of the VCS has designed and developed an effective funding process which receives overwhelmingly positive feedback from all partners.
- 2) Paying for engagement and working in true partnership ensures commitment and meaningful contribution from the VCS.
- 3) The pilot has shifted the power balance and built trust.
- 4) The pilot has brought about many opportunities for networking and collaboration.
- 5) Groups valued making decisions and were broadly positive about the process but there were some mixed views.
- 6) Groups need help writing funding applications and find feedback helpful.

1) The knowledge and skills of the VCS has designed and developed an effective funding process which receives overwhelmingly positive feedback from all partners.

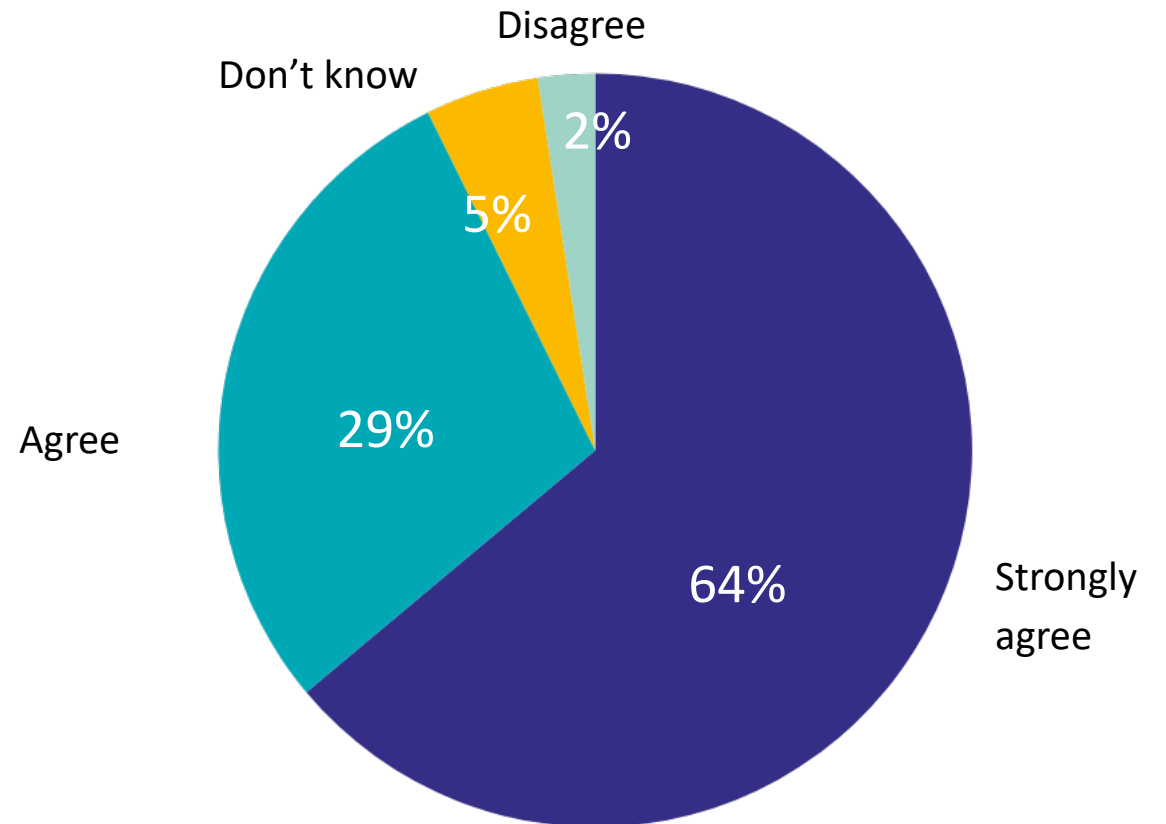
“Panel members preparation and readiness to undertake their assigned task exceeded my expectations. I've lost count of the number of times I've attended a meeting and stakeholders haven't read/prepared appropriately. The way members prepared for and went about the task was commendable.”

Observer at the VCS panel (1st stage of decision-making), 2nd round, Partnership Southwark

“Everyone at the panel brought insight from their professional experience which allowed for richer discussion all round.”

VCS panel representative (1st stage of decision-making), 2nd round

The grant application form was simple and accessible.





## Monitoring - 1st round



of grant recipients said the grant gave them greater financial security

Groups said the grant gave them greater financial security as it allowed them to pay for core and running costs that builds capacity within their organisation, funding the essentials of what they do.



of grant recipients said the grant gave them greater capacity to deliver services

Often groups said it gave them capacity to focus more on designing and delivering support rather than fundraising. Also, it meant that services could continue or be extended and/or reach more people.

“We don't have to worry about costs for a while and can dedicate more time to supporting the young people who attend.”

“We can focus on growing, expanding and accommodating more service users.”

### Impact on service users (via case studies)



Reduced isolation  
Increased social inclusion  
Increased peer support  
Increased community cohesion



Increased mental well-being  
Increase physical well-being



Increased job security/career opportunities  
Increased food security  
Increased working life conditions  
Increased financial stability

# Impact of the grant

J is a 17-year-old boy living in Walworth who was drawn into a gang and ended up stabbed in the leg. Through the 'hub' he does the weekly gym, meets his mentor, and now volunteers delivering meals to elderly residents. He is back at school and trying hard to stay out of trouble, although says it isn't easy.

The Soup Kitchen has built relationships with local businesses like the Prince of Peckham and Gail's Bakery. It delivers hot food to elderly residents in Peckham and has a hub where people come to for everything from a cup of tea to baby clothes. They have seen people using their service become far more sociable and connected to their local community.



Click link to  
view:  
[Monitoring from  
round 1 - 11  
groups](#)

## 2) Paying for engagement and working in true partnership ensures commitment and meaningful contribution from the VCS

32 groups attended the focus groups and made decisions about the grant pilot. There was overwhelming feedback that they appreciated being part of the process.

44 groups were involved in decision-making about where grants were awarded.

“Thank you for this opportunity, both the grant programme/funding rounds and the consultation processes, which were responsive to the Southwark VCS.”

VCS group, feedback from application form, 1st round.

“The discussions were fruitful, the facilitators were fair, everyone had a chance to share, and I liked the moving around before the last group session, giving the opportunity to meet/share with more people. This is such a great initiative, making a real difference for smaller organisations like ours. I really appreciate being part of it.”

VCS group, 2nd focus group.

“This was a great process I am very happy to have partaken in this and learnt so much from the different VCS groups, and the rest of the grant making team. I think the structure of the meeting worked well, allowing us to troubleshoot certain applications in a clear and systematic manner. I would suggest maintaining this structure.”

VCS panel representative (1st stage of decision-making), 2nd round.

### 3) The pilot has shifted the power balance and built trust.

“This pilot supports UStSC ambitions to challenge the power-dynamics surrounding grant-making processes and we’re learning so much from the programme about how to do this.”  
Sarah Thurman, United St Saviour's Charity

Trust was embedded into the pilot as follows:

- Trusting the view of the VCS when the grant process was being designed.
- Trusting the VCS that they will spend funds appropriately without restrictive application and monitoring processes.
- The voluntary and community sector was also able to have more trust in funders and be able to see grant making processes from a funder perspective. This also gave groups a greater understanding of what funders are looking for in applications

“The pilot idea is a good idea. As one who runs a social enterprise, it has given me an idea of what decision- makers are looking for.”

VCS panel representative (1st stage of decision-making), 1st round

“The scoring system educated me. I now appreciate the effort that goes into decision making”

Successful grant applicant, 2nd round

#### 4) The pilot has brought about many opportunities for networking and collaboration.

- Networking and possibilities for collaboration came up in feedback at every stage when VCS groups were brought together as well as when groups saw other group's applications as part of decision-making.
- Groups also highlighted in monitoring visits that the grant had allowed them the capacity consider partnership and collaboration.

"It would be good to look for areas where the sector can collaborate if possible. We have been competing for 40 years so it would be great to learn more about what it might mean to collaborate and what the possible benefits could be."

Feedback from 1st focus group.

"Great to review others to see how you can improve yours, find new relevant partners, democratic and fair."

VCS group involved in 2nd stage of decision making, 1st round

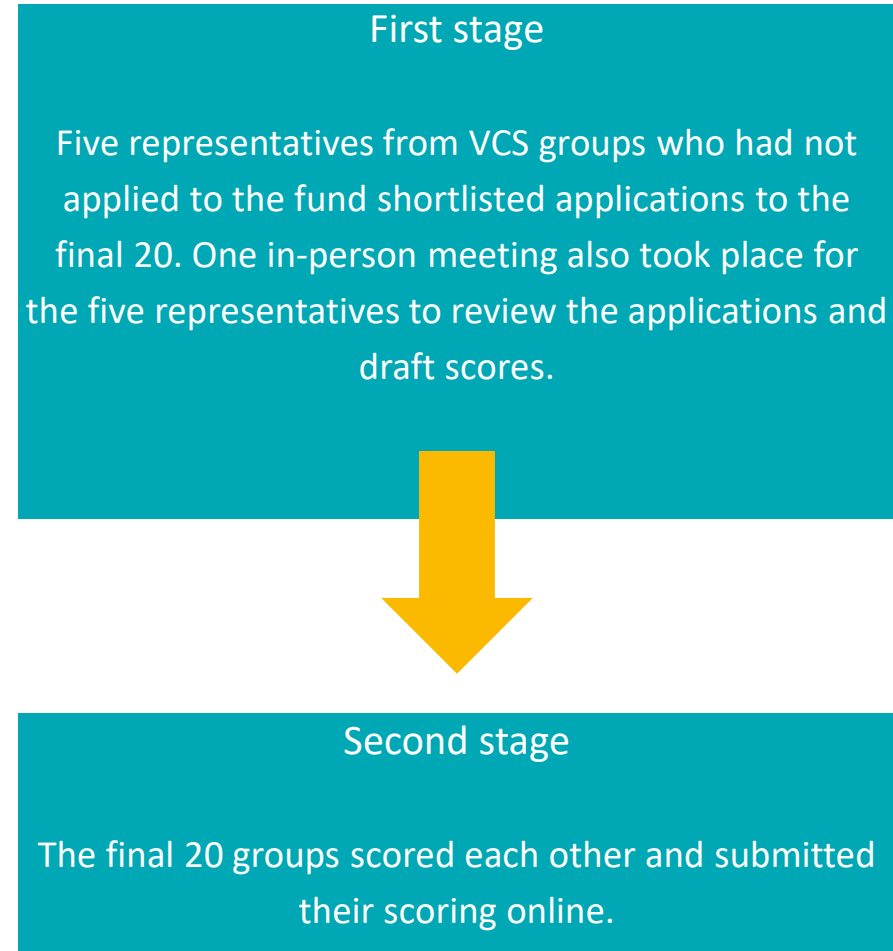
"It gave me the opportunity to meet other community groups working within my area and discuss potential collaboration."

VCS group, 2nd focus group."

"Everyone at the panel brought insight from their professional experience which allowed for richer discussion all round."

VCS group, 1st stage of decision-making, 2nd round.

## 5) Groups valued making decisions and were broadly positive about the process but there were some mixed views.



## First stage of decision making

Overwhelmingly positive

## Second stage of decision making

Overall, from both rounds

**59%**

of groups felt the second stage of decision making worked well.

In the second round, groups were more positive as changes had been implemented and

**74%**

of groups felt the second stage of decision making worked well.

In the second round,

**84%**

of groups involved in the second stage of decision making felt it was

**‘worth their time and effort to score applications as they gained knowledge and ideas from scoring and seeing other organisations’ applications.’**

In the second round, when asked about how they would like to see decision making in the future:

**53%**

of groups wished it to remain the same with two decision making stages

**26%**

of groups wanted a panel of independent VCS representatives only.



## 6) Groups need help writing funding applications and find feedback helpful.

- In the 2nd round, Community Southwark supported 11 groups with reviewing applications.
- 8 of these were shortlisted to the final 20. 7 of these were awarded grants.
- Groups also said that receiving feedback was very useful and that it would help them with applying for grants in the future.

“That's very helpful feedback. Positive, but also a little frustrating, that we got soooo close! Will definitely take notes of the comments of the panel for any future bid.”

“We just had time to look back at the application and it's true it lacked details, we even repeated ourselves twice. I guess it's a sign of a hectic period in which all our resources are stretched out. We do work with communities and have specific events and activities. Can we apply again next year or is it a rolling grant?”

“Wow, thank you so much for this detailed feedback - it really helps to see how someone on the outside reads our application and the clear areas for improvement! Super helpful.”

# The costs and benefits of participatory grant-making

‘But how much did it cost?’

‘Isn’t it more expensive to involve groups in designing and decision-making?’

- Community Southwark spent 47 days on the pilot in 2023/24.
- Using our consultancy rate, this essentially cost the organisation £21,150 (£14,828 of which was funded).
- We spent £10,350 on VCS engagement. This comprised of engagement in designing and adapting the grants process (2 focus groups) as well as costs for VCS groups making decisions.
- Costs associated with traditional grant making.
- Starting from scratch - we had no parameters at the start.
- The costs in this pilot were higher than they would need to be in replicating the model, because much of the work to co-design an open, simple, and inclusive grants process has now been done.

# The costs and benefits of participatory grant-making

- We've estimated costs to replicate the process.
- However, this depends on many factors (for example, amount to be given out and number of grants, what a funder wants the VCS to make decisions on)
- Also important to note - any grants process incurs cost/times for planning, coordination and implementation - this varies between funders.
- One Southwark based funder estimated that they spend 34 days on their small grant programme. This does not include volunteer trustee time (who make decisions) and monitoring activities.

VCS engagement costs - we paid groups:  
£50 to attend a 2-hour focus group  
£400 to 5 VCS reps for the 1<sup>st</sup> stage of decision making  
£100 to 20 groups for the 2<sup>nd</sup> stage of decision making

Potential resources to coordinating a replicable process = 15-17 days  
Potential costs of VCS engagement in a replicable process = £6000

## The benefits

Funding is more accessible - directly tackles many of the challenges groups face.

Learning for VCS groups scoring and making decisions.

Less time applying for funding means that groups can do more of their vital life-changing work.

Improved openness, transparency and feedback

Inclusive, reflective of community needs and ensures greater buy-in from stakeholders

Better relationships, understanding and collaboration with the sector and with funders.

Ultimately leads to more impactful and sustainable outcomes

# Next steps

Long-term change requires long-term support



- There is funding available for 2024/25. Important to consider multi-year.
- We have a process - we want to share the learning



# If you'd like further information:

Details of the grant pilot processes, criteria and how decisions are made are available here: [Grant Opportunity](#)

Details of how VCS groups were recruited for the 1st stage of decision-making is here: [VCS decision-making panel](#)

Contact: [Katherine@communitysouthwark.org](mailto:Katherine@communitysouthwark.org)

# Partnership Southwark Strategic Board

## Cover Sheet

**Item: Health & Care plan update**  
**Enclosure: 3**

<b>Title:</b>	<b>Health &amp; Care plan update</b>
<b>Meeting Date:</b>	<b>2 May 2024</b>
<b>Author:</b>	Amanda Coyle
<b>Executive Lead:</b>	Martin Wilkinson

### Summary of main points

This paper summarises the progress and risks of the Health and Care plan since the last update in January.

The Board is asked to consider the report & current programme delivery risks.

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 acknowledge relevance to ongoing pieces of work, particularly CCPL recruitment and Partnership Southwark team transition.

The Board is asked to consider the plan progress asked to note the risks and comment on suggested mitigations.

The Board is asked to note the forward plan and anticipated deep dive in CYP Mental Health in July as well as refresh of the plan in autumn 2024.

### Anticipated follow up

Updated version for reporting progress in September 2024

### Links to Partnership Southwark Health and Care Plan priorities

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

### 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 April 2023

# Partnership Southwark Strategic Board Health and Care Plan Progress report

May 2024

Partnership  
Southwark



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



# Contents

- Plan Highlight Overview
- Plan – Risks overview
- Health & Care priorities update
  - 1001 days
  - CYP Mental health
  - Vital 5
  - CMHT Adult
  - Frailty
  - Lower leg wound care
- Reporting Forward view
- Appendix
  - Health & Care plan governance overview



# Quarter 4 Highlights

- 1001 Days transition to BAU plan in place with LA agreement
- CYP Mental health employed a new Social & Emotional Wellbeing Commissioner
- Vital 5 new programme plan in place
- Community Mental Health Transformation programme stock take complete
- Frailty
  - Deep Dive March 24
  - Wider connections across NHSE, SW ICB & SEL boroughs to develop SEL frailty strategy underway
  - Secured CMB funding £250k for prototype development
  - Southwark & Lambeth governance agreed and GSTT Transformation Team resource secured
- Lower leg wound care
  - Clinic mobilisation underway
  - Recruitment and integration of additional resources in line with planned 2025/6 service expansion (South Southwark clinic)
- Health Inequalities Fund update
  - Thriving Communities round 2, REACH & LAN funding allocated
  - Thriving Communities round 3 development under way, proposed launch Q1 24/25

# Overarching Health & Care Plan Risks

- Significant MCR impact
  - 100% team vacancies: Sourced some temporary project management resource
  - Recruitment to Partnership Southwark team & Clinical & Care Professional Leads (CCPL) in April will significantly impact progress of the Health & Care plan
  - Partnership Southwark vacancies will delay Health Inequalities Fund development & 24/25 allocation
  - Possible changes of CCPL resource will impact Health & Care plan delivery
  - Reduction to capacity and vacancies in the SEL BI team impacting ability to develop & track outcomes progress
  - Reduction to capacity in Comms & Engagement Team impacting ability to develop and deliver comms and engagement activity
- Limited access to investment funding in 2024/5 to develop transformation priorities
- Acute Trusts financial restraints may impact HCP priorities e.g. SLAM CYP MH

# 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:** Successfully showcased at ICB Board meeting in January, ready to transition to BAU.

## Completed Activity Quarter Q3 & Q4 23/24

- Test & Learn Phase initiation: interventions designed with stakeholders with lived, learned and professional experience
- Transition to BAU plan for interventions drafted
- Attended SEL Spread & Scale Academy
- PSSB and ICB board deep dive presentation

## Planned Activity Quarter Q1 24/25

- Transition interventions to BAU.
- Neighbourhood Multi-Agency Network piloted in Camberwell & scaled alongside Family Hubs.
- Weaning Support offer coproduced.
- Holistic Family Coaching Model piloted.
- Information Sharing within the network initiated via Family Hubs.

## 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)				

\*Up to date data not currently available.

## Risks / Issues

1. Insufficient engagement from key stakeholders would undermine transition to BAU.
2. Lack of funding for weaning and family coaching interventions.
3. Partnership Southwark staff reduction(MCR) /transition and Public Health restructure.
4. Lack of access to key metrics and data due to decreased capacity in the ICB BI team.

## Mitigation

1. Strong working relationships have been built with stakeholders, and agreement with relevant partners to take ownership of workstreams.
2. Working with key partners to source additional funding and integrate into existing pieces of work.
3. Vacant Programme and Project Manager roles – earliest start date June 2024
- 4.



# Start Well | CYP Mental Health

## Objective:

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

## Key Achievements:

### Completed Activity Quarter Q3 & Q4 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

### Planned Activity Quarter Q1 24/25

- 462 referrals on wait list, majority seen within 44 weeks (296) with 179 seen within 26 weeks.
- 122 referrals for CYP waiting 52+ weeks, all are awaiting ADHA assessments. External provider commissioned to complete 50 assessments by end April.
- All new referrals screened for clinical needs and risk within 3 days
- Urgent assessments offered within 24 hours
- Keep in touch programme in place for waiters
- MHST – now working with 22 schools, 11 primary and 11 secondary and onboarding a further 4 schools

### Metrics / Outcomes

Mental health children and young people	Trend	Period	Bench mark	Current performance
CAMHS patients waiting >52 weeks for first contact	↓	March 24	0	122
CYP MH Support Teams in Schools	Improving	Q4	16	22

## 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.

Additional capacity commissioned for 52+ week waits  
Increased administrative support to process routine referrals  
Trusted assessor pathways

## RAG





# Live Well | Community Mental Health Transformation

## Objective:

Deeper integration in our local health and care system.

## Key Achievements:

### Completed Activity Quarter Q3 & Q4 23/24

- Internal report to review the status of all projects within CMHT programme developed and being reviewed by group.
- System wide workshop to review Primary Care MH Practitioner roles to place on the 22/03/24.
- Evaluation of wellbeing hub outreach pilot ongoing with a view to making the project mainstream.
- Dashboard Development – ongoing.
- Proposal for funding programme 24/25 developed and approved by CMHT Delivery Group.

### Planned Activity Quarter Q1 24/25

- Budget holder alignment between ICB and SLaM.
- Focus on the local Eating Disorder offer, Data and Workforce elements of the programme - stocktake outcome.
- Embedding of the PCN Pilot project into the core WBH offer.
- Transition the CMH Delivery Group to the Southwark Borough MH Delivery Group.
- Convene ADHD task and finish group to propose service delivery test and learn.

### Metrics / Outcomes

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

## Risks / Issues

No current funding available for external evaluation.

Financial implications of SLaM financial recovery and ICB spending freeze.

Partnership Southwark staff reduction(MCR) /transition

## Mitigation

Internal report to review the status of all projects within CMHT programme.

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

FTC extended to support ongoing delivery.

## RAG

# 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 Q3 & Q4 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

### Planned Activity Quarter Q1 24/25

- Complete stocktake of Southwark V5 programme and set programme objectives for 24/25.
- Launch phase 2 codesign for V5 check and Southwark gold standard process map.
- Complete evaluation of health kiosks.
- Agree funding proposal for 24/25 – 25/26 outreach programmes.

### Metrics / Outcomes

Prevention - Vital 5: Hypertension	Trend	Period	Bench mark	Current performance
Hypertension Register Meeting Target <80 years (%)	↑	Mar 2024	77	69
Hypertension Register Meeting Target ≥80 years (%)	↑	Mar 2024	77	81

## Risks / Issues

1. Clear governance and clinical lead arrangements

2. Partnership Southwark staff reduction(MCR) /transition

## Mitigation

1.Governance being discussed at Live Well and proposal to Public Health pending

2. Current Project Manager FTC has been extended with a plan to co locate in Public Health

## RAG

Yellow

Yellow

# Age & Care Well | Lower Leg Wound Care

Q4 Jan-Mar 2024

## 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:** Average days to heal a wound = 22.8 since clinic opened, previously it was 22.5 weeks

## Completed Activity Quarter Q3 & 4 23/24

- Completed 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
- Socialised proposed draft model across the system
- Attended SEL Spread and Scale Academy
- Explored options for dressing optimisation
- Secured clinic space in 1 location, purchase relevant equipment and set up systems – IT / referrals etc

## Planned Activity Quarter Q1 24/25

- Update to PSDE April
- Recruitment of Nurse Associate for South clinic
- Evaluate impact and financial implications of an online dressings scheme for a go/no go decision
- Agree the funding proposals for 24/25 & 25/26 so staff being recruited can be offered permanent posts
- Continue to gain feedback from patients and staff
- Link to the wider frailty work being developed
- Develop practical training hub for nurses (PCN/ GSTT)

## 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	Dec 23 – Jan 24	14 days	100%
•% of people diagnosed with venous leg ulceration healed within 12 weeks of initial presentation	tbc	Dec 23 – Jan 24	12 weeks	100%
•% of people with appropriately treated with compression	tbc	Dec 23 – Jan 24	tbc	100%

## 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. Training offer for nurses to upskill promotes 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 Q3 & Q4 23/24

- Attended SEL Spread & Scale Academy
- 90 day plan in development, including leadership approach
- Governance & leadership structure agreed
- Initiated literature review of models and review 2030 Older people feedback
- Presented proposal and got sign off at PSDE & PSSB
- Established 4 key workstream and set up working groups with allocated tasks

### Planned Activity Quarter Q1 24/25

- Set up 4 key workstream meetings underway with reporting to Frailty Steering Group
- Develop a prototype model and pathway (including patient selection and case finding) and mobilisation of CMB resource
- Ongoing discussions and share learning with wider SEL and other boroughs (SEL Neighbourhood Based Care Board)
- Integration of falls prevention, catheter care and lower limb clinic projects into wider frailty governance structure Lambeth & Southwark
- GSTT Frailty workshop (Q2) in development with Lambeth

### Metrics / Outcomes TBC

Frailty	Trend	Period	Benchmark	Current performance
Increase in dementia diagnosis rate	↑	Q3 23/24	67%	71%
Emergency admissions due to falls in over 65's per 100,000	Improving	Q2 23/24	1843	1892
Care home admissions over 65's per 100,000	Improving	Q3 23/24	540	490

## Risks / Issues

1. Resource and governance capacity to progress multiple complex workstreams
2. Partnership Southwark staff reduction(MCR) /transition

## Mitigation

1. CCPL resource alignment to the prototype development and mapping required to keep momentum to start the prototype delivery in Q3
2. Utilise other available resources within the Partnership organisations (GSTT Transformation Team)

## RAG



# Partnership Southwark Health & Care plan report development

## Current ambition

- Minimise the impact of PS Team changes and Health & Care Plan delivery pace
- HCP Forward plan
  - CYP Mental Health: July
  - HCP - Year on report /refresh : September

## Future ambition

- Full Health inequality profile for each priority - including the impact and what are we learning
- HCP priority financial & resource allocation by partners
- Building on MCR Health & care commissioning: Joint services &/or policy development opportunities for co-commissioning /joint funding
- Neighbourhood geographical mapping by priority (local/hyperlocal) – what works and why
- Address emerging issues in 24/25

# Partnership Southwark Health & Care plan report

## Feedback / Questions?



# 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 Namasis-Riley  
**VCSE:** Josephine Namasis-Riley

## Children's Mental Health Transformation

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

## Vital 5

**SRO:** Rebecca Harkes?  
**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





Enclosure:  
Agenda item:

## **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.

For the first time, this report includes an overview of discussions at two sub-groups of PSSB within an appendix. The Primary Care Group is responsible for overseeing the delegated primary care functions relating to GP practices and making recommendations to the Place Executive Lead. It meets in two parts with the first looking at contractual matters and the second with a wider membership at population wide or strategic matters. The Integrated Governance and Assurance Committee supports the Place Executive Lead in the performance and assurance of the ICB functions delegated to place. Both groups are chaired by our independent lay member, Katy Porter.

### **PSSB Co-Chair Dr Nancy Kuchemann's tenure extension**

Nancy's tenure as Co-Chair was due to end April 2024. The Partnership Southwark Strategic Board has agreed to extend her tenure until the end of April 2025. This will provide continuity whilst Darren Summers settles into his new role as Strategic Director of Integrated Health and Care/Place Executive Lead.

### **ICB Management Cost Reduction**

The management cost reduction process to reduce ICB running costs by 30% by 2025/26 continues to progress. Ring fenced interviews have now concluded. Recruitment for the remaining vacancies continue and support for staff who have been unable to secure a post so far remains in place. The ICB is working on an implementation plan to transfer to the new structure, which is likely to be phased. Implementation is expected for us locally to coincide with Darren starting on the 3<sup>rd</sup> June.

### **The Bridge Clinic has won a national LGBT award**

Congratulations to the team at the Bridge Clinic whose fantastic achievement has been recognised by the National Advisor for LGBT Health award (2024) for the wonderful work at the Bridge Clinic to provide inclusive and accessible healthcare.

The Bridge Clinic provides general non-trans-specific primary care to reduce health inequality for the Trans and Non-Binary population who may not otherwise access Primary Care Services. It also provides access to NHS Gender affirming treatments in line with GMC Guidance and signposts to local services such as Clinic IQ.

The award recognises outstanding work by individuals and groups across the NHS, VCSE sector and wider community to improve the experience of LGBT+ patients and workforce and shine a light on examples of best practice.



### **Evelina London Children's Hospital and very specialist cancer services**

Evelina London Children's Hospital has been selected by NHS England to be the future location for very specialist cancer treatment services for children living in south London and much of south east England and this means that in future the service will be located in a dedicated children's hospital. Bringing together staff from the current Principal Treatment Centre, including the world-renowned team from The Royal Marsden, with the many specialist teams at Evelina London, who already care for children with complex medical conditions, will provide integrated and innovative care for children with cancer, in family-friendly facilities.

Evelina London remains fully committed to working with patients, their families, clinical teams, staff from the Royal Marsden, St George's, and other partners, to design the new service with children, young people, and staff at its heart, and to ensure continuity of care during the transition period.

### **Better Care Fund (BCF) Plan 2023 to 2025: update on 2024/25 refresh**

The BCF is a pooled budget agreed between the ICB and council for the provision of integrated community based health and care services worth £54.2m in 2023/24 and £58.8m in 2024/25. It funds a wide range of core community health and social care budgets.

The plan describes the Southwark approach to delivering the twin BCF goals to:

- Enable people to stay well, safe and independent at home for longer (with a focus on admissions avoidance)
- Provide the right care in the right place at the right time (with a focus on transfers of care from hospital)

The current BCF Plan was agreed by the Health and Wellbeing Board in August 2023 and subsequently approved by NHSE. Although a 2-year plan, there is a requirement to update and refresh 2024/25 plans in line with latest NHSE planning guidance issued on 28/3/24. Templates are to be submitted to NHSE by 10<sup>th</sup> June and is subject to agreement by the Health and Wellbeing Board.

The focus of the refresh is to:

- Update the 24/25 plans for the Additional Discharge Fund element of the BCF, which will increase by £3m. The previously draft allocation of this growth will be finalised to ensure funding is prioritised to areas of greatest impact.
- Provide an analysis of projected demand and capacity for intermediate care services that support discharge from hospital and help prevent admissions from the community. This year the analysis incorporates estimated times from referral to services starting and average length of stay in services.
- Provide some short narrative on approach to ensuring impact and addressing anticipated demand and capacity issues.
- Provide 24/25 stretch targets on key metrics.



- Revise other 24/25 spending and activity plans if required locally.

BCF planning and delivery monitoring is overseen by the Joint Commissioning Oversight Group and work is underway on the refresh process. It is currently considered that the plan has the right balance of investments and there are unlikely to be significant changes to the core plan.

In addition, it is expected that a 2023/24 year end reporting template on the BCF will be issued shortly which will focus on delivery of plans in terms of spend and impact and inform the refresh process. This report will also be presented to the Health and Wellbeing Board.

A further update will be provided to the Delivery Executive prior to the BCF submission to NHSE.

### ICB Finance Update

Southwark Place has a delegated budget of £265m for 2023/24. £165m 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 for the year ended 31<sup>st</sup> March 2024. The borough is reporting a surplus of £86k in month 12 and delivered its control total surplus of £75k target for 2023/24. This includes the release of reserves (£1.97m). Within this overall position there are underspends and overspends in budget areas.

ICB Reporting Areas	Month 12		
	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s
Acute Services	553	78	475
Community Health Services	32,651	30,682	1,969
Mental Health Services	7,589	9,397	(1,808)
Continuing Care Services	19,687	18,854	833
Prescribing	32,533	35,677	(3,145)
Other Primary Care Services	1,204	1,155	49
Other Programme Services	1,635	213	1,422
Programme Wide Projects	300	216	84
Delegated Primary Care Services	64,601	64,923	(321)
Corporate Budgets	4,411	3,883	528
<b>Total</b>	<b>165,165</b>	<b>165,079</b>	<b>86</b>

Latest prescribing position is an overspend of £3.1m. The reported position in month 12 is a deterioration from the previous month. This reflects activity and cost pressures. The borough has seen an increase in costs in cardiovascular disease and management of other long-term conditions. Some of this increase is due to a quality improvement review. The



prescribing position is currently very volatile and not stable. The pressures we have seen in 2023/24 on prescribing is expected to continue into 2024/25.

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

Underspend in Continuing Healthcare is due to a combination of things, including maximising the AQP provision and reflecting changes made where CHC is not eligible.

The community services underspend position includes many of the recovery actions. A key risk relates to the NRS contract (Community Equipment Service) which is reporting an overspend of £1,089k against a budget of £1.5m.

Southwark Place had an efficiency target of 4.5% in 23/24 which amounts to £4.0m. As at month 12 we are reporting an under delivery of savings of £307k (7.5%) mainly due to the under delivery in both the Mental health and Prescribing savings plans.

The ICB has finalised its budgets for 2024/25 financial plan and place budgets reflect agreed delegation arrangements. Final budgets have been issued to place which have been agreed by the Place Executive Lead. The borough is also required to deliver 4% efficiency savings for 2024/25 which amounts to £4m.

Our 2023/24 financial position was very challenging and we have had to restrict investment and growth in community services and other budget areas to ensure we delivered overall financial balance. There are some significant issues/risks embedded in the 2024/25 start budgets particularly relating to underlying deficit position in Prescribing and Mental Health. These inherent risks will need to be managed and we are working through plans to mitigate financial challenges faced by Southwark.

Below table shows the final 2024/25 ICB Place delegated budgets.

Southwark	Total 24/25 budget
	£000s
Other Acute Services	82
Other Community Health Services	34,482
Mental Health Services	7,672
Continuing Care Services	19,760
Prescribing	34,951
Other Primary Care Services	442
Other Programme Services	892
Delegated Primary Care Services	66,267
Corporate Budgets	3,077
<b>Total</b>	<b>167,625</b>



## Decisions taken at Place

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

There has been comprehensive engagement and review of the CCPL function locally and across south east London. Previously CCPL's were on a contract for services, with GPs on a standardised sessional rate and other professionals only eligible for backfill. The changes proposed are to establish an equitable and inclusive approach from 30 June 2024.

CCPLs will move to fixed term contracts of employment, providing better terms and conditions and allowing access to all ICB internal development opportunities. CCPLs will also move to a two tiered standardised and equitable pay structure. Rates for the VCSE are commensurate, with an hourly rate in line with Tier 2 level. The proposal included allocation of VCSE roles within Wells and budget provision for more flexible VCSE/patient participation and remuneration, in line with VCSE leads feedback and Community Southwark's State of the Sector report recommendations. Developing and maintaining "core teams" who will focus on the delivery of priorities, combining input from staff, CCPLs and our community, to ensure that the solutions designed, developed and implemented are genuinely co-produced to address what matters most to the people of Southwark.

There will be a significant recruitment campaign and all roles will be recruited to via a competitive process whilst also working closely with current CCPLs to maintain current talent and capacity as changes are implemented. Partners were asked to promote this as widely as possible to attract a wide breadth of expertise. Once recruited, roles will be aligned to strategic priorities, integrated forward plan and work to be delivered at Place.

The CCPL proposal received endorsement from the Partnership Southwark Delivery Executive and the Integrated Governance and Assurance Committee.

### **Contract renewal for Tessa Jowell Surgery**

On Tuesday 23 January 2024, at Part A Primary Care Group the group discussed the upcoming contract renewal for Tessa Jowell Surgery which was due to come to the end of the first five years of a 5+5 APMS contract on 31 March 2024.

However, based on the practices most recent CQC inspection rating of 'requires improvement', commissioners recommended it be extended for two years initially instead. The Community Based Care team have been working with the practice and know they have made good progress against indicators but felt the ICB have a responsibility to residents not to roll over the contract for a further five years unless meeting the requisite standards of care. The practice was made aware of this and are confident they will move to 'good' by the next inspection. At this point and based on a further assessment, the ICB Southwark team would then extend the contract for a further three years. The Primary Care Group were asked to support this recommendation, which they did, and it was agreed this item would be brought back to the PCG for a progress review in January 2025 at the latest. If the practice rating changes to 'good' prior to this date, the decision will be brought to an earlier



meeting for sign off. Based on the supported recommendation, the PEL made the decision to extend the contract initially for a 2 year period.

**Martin Wilkinson**  
**Acting Place Executive Lead**



## Appendix 1 – PSSB Sub-Group Report

### Primary Care Group – Part A

#### Agenda Items of Note

Below is a summary of decisions, significant actions and items of note, for PSSB information.

**Meeting date** 26 March 2024

Agenda item	Items discussed
Primary care quality dashboard	The Group discussed the Primary care quality dashboard, noting it is released quarterly. They discussed the Additional Roles Reimbursement Scheme (ARRS) and agreed to review the primary care workforce plan 2024/25 once finalised.
Proposed Prescribing Improvement Scheme (PIS) 2024/25	The Group approved the proposed Prescribing Improvement Scheme for 2024/25, except the second quality improvement initiative which remains in progress. The group agreed the direction in principle. Once finalised, this will be reviewed by the Group for approval.
Quality and performance	The Group discussed improvement plans, recovery plans and progress against them for three GP practices and in relation to CQC reports.
Procurement timeline update	The Group learned about the new Provider selection regime and the impact on primary care contracts. They reviewed the contracts forward planner and updated the Group on New Mill Street and Care home contracts. They agreed to discuss Queens Road and Silverlock contracts at the next meeting.
Management Cost Reductions (MCR) – new structure	The Group received information about the new structure highlighting areas of significant change and the challenges faced by the workforce and ensuring continued prioritisation and delivery of workforce.
Risk register	The Group discussed the current risks and issues on the risk register, particularly seeking to further understand delays and improve radiology reporting.





## Primary Care Group – Part B

### Agenda Items of Note

Below is a summary of decisions, significant actions and items of note, for PSSB information.

**Meeting date** 26 March 2024

Agenda item	Items discussed
Collaborative feedback	The group were informed the collaborative had discussed closer working between primary and secondary care, the GP contract and impact of Management Cost Reductions (MCR)
Moving to modern general practice	The Group noted the update on the Capacity access, recovery and improvement plan (engagement event) outcomes, indicated reporting framework. They also heard a progress update on the approach and practices that have signed up to the Support level framework.
Population health management contract-end of year summary	The Group received interim report showcasing progress against the Population health management contract, which focussed on prevention and reducing health inequalities. The update included achievements such as over delivery of manual pulse checks and pre-diabetes annual reviews.
Funding 2023/24 and 2024/25	The Group noted updates on the System Development Fund and the Inequalities Fund.
Existing projects	The Group received a verbal update about Shared care guidelines and the Pharmacy First/Plus rebranding decision.
SEL Special allocation services extension	The Group provided their agreement to an additional five years to the contract after hearing details of the strategic review and the consideration of available options.
Antimicrobial guidance	The Chair approved an update of the hyperlink in the antimicrobial guidance.



## Integrated Governance and Assurance Committee

### Agenda Items of Note

Below is a summary of significant actions and items of note, for PSSB information.

**Meeting date** 21 March 2024

Agenda item	Items discussed
Health Inequalities Update	The Committee received an update on the Health Inequality Fund and overview of the proposals in the year ahead.
Clinical & Care Professional Leads (CCPL) & Management Cost Reduction (MCR) update	The Committee noted the MCR update and heard that CCPL roles had been extended until June 2024 with presentation of the draft future proposal.
NHS Operational Plan Southwark & Priorities Update	The Committee received an update and draft closing position on workstreams for 2023/24 with additional focus on transitional planning for 2024/25, alongside changes as a result of MCR.
Integrated Governance Report	The Committee reviewed the performance indicators across Place and agreed areas for further deep dives into data.
Finance Report	The Committee noted the update on the current Place finance position and discussed the pressures in the year ahead. The ICB has implemented a spending freeze on new investments and non clinical expenditure over £25k. Approval in advance is now required before committing spend in these areas.
Procurement Update	The Committee noted the update, and changes to procurement processes from January 2024.
Risk Report	The Committee noted the report and received brief update on the work (ongoing) around ADHD and Autism diagnostic service costs.
Continuing Health Care (CHC) Appraisal	The Committee endorsed the paper to bring CHC assessment services in house.
Mental Health Placements and South London MH Partnership (SLP) proposal	The Committee heard of mitigation and demand management work with SLP around mental health placements and will consider a draft proposal via email and Chairs Action.

# 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