

Partnership Southwark Strategic Board Agenda

Thursday 30 January 2025 | 13:30 – 16:30

Venue: St Peter's Crypt, Liverpool Grove, Walworth SE17 2HH

Chair: Nancy Küchemann

Time	Ref	Item	Lead	Enc
13:30	1	<p>Welcome and Introductions</p> <p>Apologies</p> <p>Declarations of Interest</p> <p>Minutes of the last meeting</p> <p>Action Log</p>	Chair	<p>Enc 1 – Declarations</p> <p>Enc 1i – Minutes</p> <p>Enc 1ii – Action Log</p>
13.40	2	Community Spotlight: Adult Mental Health - How do we provide support for people with acute complex mental health needs?	Peace Ajiboye (with Philippa Galligan), SLAM	Presentation on the day
14.30	3	Health and Care Plan Priorities Refresh – Focus on Adult and CYP Mental Health	Rebecca Jarvis (with Sehrish Baloch and Geetika Singh)	Enc 2
15.10	4	Public Questions	Chair	
15.20		Break		
Business Items				
15.35	5	<p>Strategic Director for Health & Care and Place Executive Lead Report</p> <p>Incorporates reports from sub-group chairs:</p> <ul style="list-style-type: none"> Integrated Governance and Assurance Committee Partnership Southwark Delivery Executive Primary Care Group 	<p>Darren Summers</p> <p>Rebecca Jarvis</p> <p>Katy Porter</p>	Enc 3
16.00	6	<p>Governance Review</p> <p>Incorporates revised terms of references of sub-groups for sign off:</p> <ul style="list-style-type: none"> Integrated Governance and Assurance Committee Partnership Southwark Delivery Executive Primary Care Group 	Darren Summers	Enc 4
16:15	7	Any Other Business	All	
16:30		Close Meeting	Chair	

Next held in-public meeting: 27 March 2025



Declaration of Interests

Meeting Name: Partnership Southwark Strategic Board

Meeting Date: 30 January 2025

Name	Position Held	Declaration of Interest
Alasdair Smith	Director of Children's Services, Southwark Council	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	CCPL, VCSE representative	<ol style="list-style-type: none"> 1. Producer of 'Talking Saves Lives' public information film on black men and cancer 2. Trustee for Community Southwark 3. Trustee for Pen People CIC 4. On Black Asian Minority Ethnic (BAME) panel that challenges the causes of health inequalities for the BAME community in Southwark – Pending email validation
Claire Belgard	Interim Director of Integrated Commissioning	To be disclosed
Cllr Evelyn Akoto	Partnership Southwark Co-Chair & Cabinet Member for Health & Wellbeing	No interests to declare
Darren Summers	Strategic Director of Health & Care & Place Executive Lead	<ol style="list-style-type: none"> 1. Wife is Deputy Director of Financial reporting at North East London ICB 2. Member of GSTT Council of Governors (ICB representative)
David Quirke-Thornton	Strategic Director of Children's and Adult's Services	No interests to declare
Emily Finch	Clinical Lead, South London & Maudsley	No interests to declare
Eniko Nolan	Assistant Director of Finance for Children and Adult Services	No interests to declare – Pending email validation
Graham Head	Healthwatch	No interests to declare
Jeff Levine	Regional Director for London, Agincare	Pending declaration
Josephine Namusisiriley	CCPL, VCSE Representative	No interests to declare
Julie Lowe	Site Chief Executive for Denmark Hill	No interests to declare



Katy Porter	Independent Lay Member	<ol style="list-style-type: none"> 1. Trustee, & Vice Chair, Depaul UK which is a national charity, working in the homelessness sector, and it's head office is based in Southwark. The organisation holds a contract with Southwark. 2. CEO for The Loop Drug Checking Service. The Loop is a national charity developing services across the UK, including London. It operates in the substance use and health sector. – Pending email validation
Louise Dark	Chief Executive Integrated and Specialist Medicine Clinical Group	No interests to declare
Monica Sibal	IHL representative	No interests to declare – Pending email validation
Nancy Küchemann	Co-Chair Partnership Southwark and Chair of Clinical and Care Professional Leads, Deputy Medical Director, SEL ICB	<ol style="list-style-type: none"> 1. GP Partner at Villa Street Medical Centre. Practice is a member of SELDOC, the North Southwark GP Federation Quay Health Solutions and the North Southwark Primary Care Network. 2. Villa Street Medical Centre works with staff from Care Grow Live (CGL) to provide shared care clinics for people with drugs misuse, which is funded through the local enhanced service scheme. 3. Mrs Tilly Wright, Practice Manager at the practice and one of the Partners is a director of QHS. Mrs Wright is also the practice manager representative on the Local Medical Committee. 4. Mr Shaun Heath, Nurse Practitioner and Partner at the practice is a Senior lecturer at University of Greenwich. 5. Dr Joanna Cooper, GP and Partner at the practice is employed by Kings College Hospital as a GP with specialist interest in dermatology. 6. Husband Richard Leeming is councillor for Village Ward in south Southwark. 7. Deputy Medical Director at SEL ICB
Nigel Smith	Director, Improving Health London	No interests to declare
Olufemi Osonuga	PCN Clinical Director, North Southwark	<ol style="list-style-type: none"> 1. GP Partner Nexus Health Group, Director Quay Health Solutions, Director PCN, North Southwark
Rebecca Dallmeyer	Director, QHS	<ol style="list-style-type: none"> 1. Quay Health Solutions holds contracts for delivery of services through the following contracts commissioned by SEL ICB: New Mill Street GP Surgery
Rebecca Jarvis	Director of Partnership Delivery and Sustainability	No interests to declare
Sabera Ebrahim	Associate Director of Finance, SEL ICB, Southwark	No interests to declare



Sangeeta Leahy	Director of Public Health	No interests to declare
Sarah Kwofie	Director of Homecare (London & South) City and County Healthcare Group	No interests to declare
Sumeeta Dhir	Chair of Clinical and Care Professional Leads	No interests to declare
Winnie Baffoe	CCPL, VCSE representative	<ol style="list-style-type: none"> 1. Director of Engagement and Influence at the South London Mission, which works closely with Impact on Urban Health. The South London Mission leases part of its building to Decima Street medical practice. 2. Board Member Community Southwark. 3. Married to the Executive Director of South London Mission



PARTNERSHIP SOUTHWARK STRATEGIC BOARD

Date: Thursday 7 November 2024 | 13:30 – 16:30

Location: Room G02AB, 160 Tooley Street

Chair: Cllr Evelyn Akoto

ATTENDEES

MEMBERS	TITLE AND ORGANISATION
Cllr Evelyn Akoto	Co-Chair, Cabinet Member of Health & Wellbeing, Southwark Council
Dr Nancy Küchemann	GP, Co-Chair Partnership Southwark
Darren Summers	Strategic Director for Health & Care / Place Executive Lead, Southwark
Cedric Whilby	Voluntary and Community Sector (VCS) Representative
Claire Belgard	Interim Director of Integrated Commissioning, Southwark Council, SELICS
Dr Emily Finch	Clinical Lead, South London & Maudsley NHS Trust
Graham Head	Healthwatch Southwark
Dr Olufemi Osonuga	GP, Clinical Director of North Southwark Primary Care Network (PCN)
Katy Porter	Independent Lay Member
Josephine Namusisiriley	Care & Clinical Professional Lead (CCPL), VCSE Representative
Monica Sibal	Improving Health Limited (IHL) Representative
Nigel Smith	Director, Improving Health Limited (IHL)
Rebecca Jarvis	Director of Partnership Delivery & Sustainability, Partnership Southwark
Sarah Kwofie	Director of Homecare (London & South) City & County Healthcare Group
Sangeeta Leahy (also deputising for DQT)	Director of Public Health, Southwark Council
Dr Sumeeta Dhir	GP, Chair of Care & Clinical Professional Leads (CCPL)
Winnie Baffoe	Director of Engagement & Influence, South London Mission; Voluntary and Community Sector (VCS) Representative
IN ATTENDANCE	
Adrian Ward	Head of Planning, Performance and Business Support, Southwark, SEL ICB
Alasdair Smith	Director of Children's Services, Southwark Council
Eugene Oteng-Ntim	Clinical Director of Women's Health, Guy's and St Thomas' NHS Trust
Dr Liz Brutus	Assistant Director / Public Health Consultant
Joanna Johnson (on behalf of Louise Dark)	Directors of Operations & Partnerships, Guy's and St Thomas' NHS Trust
Michael Crowe	Assistant Director of Transformation & Operations, Southwark Council
Rhyana Ebanks-Babb	Manager, Healthwatch Southwark
Sabera Ebrahim	Associate Director of Finance, Southwark, SEL ICB
Sehrish (Rish) Baloch	Programme Lead, Partnership Southwark, SEL ICB
Tania Kalsi	Senior Strategic Care & Clinical Professional Lead for Older Adults
Louisa Lamothe	Business Support Officer, Southwark, SEL ICB (Minutes)
APOLOGIES	
Dr Ami Kanabar	GP, Local Medical Committee (LMC) Representative
Anood Al-Sameria	CEO, Community Southwark
David Quirke-Thornton (DQT)	Strategic Director of Children's & Adult's Services, Southwark Council
Julie Lowe	Deputy Chief Executive, Kings College Hospital NHS Trust
Laura Coupe	Managing Director, Agincare



1.	Welcome & Introductions
1.1	<p>The Chair welcomed attendees to the Partnership Southwark Strategic Board, including new members:</p> <ul style="list-style-type: none"> • Monica Sibal as Improving Health Limited (IHL) Representative, replacing Dr Gavin McColl, GP and Clinical Director of South Southwark Primary Care Network (PCN); • Claire Belgard as Interim Director of Integrated Commissioning, Southwark Council / SELICS; • Sarah Kwofie as Director of Homecare, City and County Healthcare Group; and • Laura Coupe as Managing Director, Agincare.
1.2	The Chair thanked Dr Gavin McColl for his time and service to the Board.
1.3	Introductions were made and apologies noted.
1.4	Declarations of Interest
	There were no additional declarations of interest in relation to matters in the meeting. Members were reminded to review their record with the Integrated Care Board (ICB).
1.5	Minutes of last meeting
	Minutes of the last meeting were agreed as an accurate record, with no points of correction noted.
1.6	Action Log
	There were no open actions for review.
2.	Health and Care Plan Priorities Refresh – Focus on Frailty
2.1	The Chair altered the agenda with this item moved to start.
2.2	Sharing context, Rebecca Jarvis referred to Enclosure 3 of the meeting pack outlining updates on work to progress the Health and Care Plan Priorities approved by the Board on 5 September 2024.
2.3	Delivery plans for each strategic priority are developing, with intentions of setting out clear achievement aims under each priority area in the form of an ambition statement; set of impact measures; and action plan for delivery over the next 6, 12, and 18 months. Each priority is at different stages of development, with Frailty currently the most developed.
2.4	Updating on plans for the other four priorities, Rebecca Jarvis reported the focus of Mental Health in both Adults and Children and Young People (CYP), will likely be access; reducing waiting times for services; and supporting those who are waiting. Work is steadily underway with Prevention and Health Inequalities, with plans to target communities with greatest inequality and build on Vital 5 work. Integrated Neighbourhood Teams (INTs) is still in its infancy, with colleagues working to build on learning from the frailty workstream and other initiatives, to help shape plans. Plans for these priority areas will return to the Board in January with more detail and update.



2.5	In continuation of the Frailty update, Sehrish Baloch shared an overview of slides setting out work to develop an integrated frailty pathway, initially in the Walworth Triangle neighbourhood with a view to scaling this approach across the borough. Work is quickly evolving through a system lens specific to health, but also other social factors such as housing, to identify frailty sooner and deliver a more coordinated care plan in line with scale of need. Success measures are developing with recognition of both system and individual outcomes to promote wellbeing in local communities.
2.6	Tania Kalsi noted colleagues are working to evaluate the older people’s population and segregate risk groups of mild, moderate, and severe frailty. With traditional focus on moderate and severe frailty, a shift towards mild frailty and proactive care is noted. Prototype testing of an in-reach and out-reach model is underway, to learn and understand wider determinants of health and required pathways of care, as well as exploring ways of ensuring all system interactions count outside of the doctor/patient interaction.
2.7	Additionally, in engaging with the voluntary care sector and various other partners, teams are proactively exploring vulnerable groups of frail people who potentially fall outside of the older people’s population group, for example, adults with complex mental health problems. The importance of developing models around frailty needs rather than age is noted, with links to other priority areas such as INTs, to improve communication and system inefficiencies.
2.8	As lead for Adult Social Care, the Chair expressed support of this piece of work and opened discussions up to the Board for comment.
2.9	Sangeeta Leahy raised two questions regarding 1. Prevention, promotion of physical activity, and links to the Live Well workstream; and 2. The carer’s voice and associated frailty risks. With regards to prevention, Tania Kalsi explained colleagues are engaging with public health to explore opportunities for synergy across existing programmes. Reflections were shared on carers and the need to feed into south east London (SEL) workstreams. In addition, the Chair updated on work within the Council and developing a more robust support offer for carers.
2.10	Graham Head reflected thoughts on the umbrella term of frailty, noting the importance of recognising scale of need, and how patient engagement is organised. Tania Kalsi shared plans for a two-step triage system to support a holistic assessment of need and developing frailty terms with residents who can best define areas of importance. Patient engagement is in early stages, with data currently utilised from existing workstreams. Graham Head raised the suggestion of including a patient voice on the steering group.
2.11	Success indicators was raised by Katy Porter, including comparator opportunities against other areas, and unique neighbourhood characteristics to consider for spread and scale. Tania Kalsi updated that Adrian Ward has been working on system level measures with a focus on longer term metrics. In parallel, colleagues are gathering intelligence and evaluating system data to understand impact on, for example, outpatient attendance and patient satisfaction.
2.12	Other questions and reflections from the Board included gender-based equity; extended partners and pharmacist input; mental health co-practitioners within the community similar to those in surgeries focused on the working age population (16-65 years); importance of early





	patient involvement and providing regular updates to practices outside of the pilot; and how links with the care provider network are being managed to support this work.
2.13	ACTION: Tania Kalsi and Sarah Kwofie to liaise outside of the meeting regarding frailty integration links to the network of care providers via Southwark Council’s Joint Commissioning Team.
2.14	RECOMMENDATIONS: An update will return to the Board in March 2025.
2.15	The Board thanked the presenters and NOTED the update.
3.	Maternity Commission
3.1	The Chair opened the presentation noting thanks to all involved in the Southwark Maternity Commission (SMC), providing notable context on recurring themes of resident feedback and concerns, as well as diversity across the Southwark population and associated statistics.
3.2	Dr Liz Brutus referred to Enclosure 2 of the meeting pack outlining an overview of work and findings, primarily for the Board’s information.
3.3	The SMC was established to assess and address inequalities in maternity care for all women, with particular focus on those from a minority ethnic and/or socially disadvantaged background recognising disparities in their experience. Over the past nine months, SMC engaged with over 750 local residents, as well as voluntary and community sector representatives, making recommendations to tackle the inequalities experienced by families in Southwark.
3.4	The SMC identified five over-arching themes, including the importance of tackling discrimination and better supporting women with complex and overlapping needs, as well as ensuring women are listened to and supported to speak up. As a result of its work, SMC developed ten recommendations, including the development of a new national way of reporting maternal health; evaluating the fairness of maternity services; and listening to and empowering families, with anticipated outcomes including a reduction in infant mortality.
3.5	An ASK of the Board is noted to consider: 1. How Partnership Southwark might support the noted recommendations; and 2. Invitations for partners to join the SMC’s action planning and working groups.
3.6	Acknowledgements were made to a number of contributors, including Megan Velzian, Policy & Programme Officer and Clodagh Cox, Programme Assistant, Public Health, Southwark Council; as well as to the communications team, community engagement, and public affairs. Furthermore, Dr Liz Brutus extended gratitude for the valuable testimony and feedback shared by Southwark residents on their experiences of pregnancy and childbirth, as well as perspectives from fathers, and staff from a range of health and care settings.
3.7	Following launch on 30 September 2024, organisations have committed to change. Colleagues are in the process of dissemination and developing the action plan ahead of implementation from April 2025 through to September 2027. A five-year review of work is expected in September 2029.





3.8	The SMC report will be shared with the Health and Wellbeing Board on 14 November 2024 with anticipation of agreement to delivery oversight.
3.9	The Chair thanked Dr Liz Brutus for the comprehensive presentation and colleagues for their time and input, with particular thanks to public health staff and Eugene Oteng-Ntim for his attendance and contributions.
3.10	The Chair opened discussions up to the Board for comment.
3.11	Darren Summers reflected positives regarding the presence and support of key NHS partners at the September launch event, including Guy's and St Thomas' NHS Foundation Trust (GSTT); King's College Hospital; South London and Maudsley NHS Foundation Trust (SLaM); the Integrated Care Board (ICB); Dr Sumeeta Dhir as a local GP and Chair of Care & Clinical Professional Leads; and the Local Maternity and Neonatal System (LMNS). With recommendations aligned to achievement aims across SEL, it is thought recognising the work taking place across SEL within the report would be useful, with consideration of Southwark Place influence on the wider system.
3.12	Winnie Baffoe raised questions on links between the maternal experience and impact on post-partum. As co-chair of the Child Death Overview Panel, Dr Liz Brutus reflected strong connections, including statistical links between poor maternal health and its impact on children's health seen both locally and nationally. Proactive consideration is needed around preventable and avoidable areas of work.
3.13	Other questions and reflections from the Board included interactions between different organisations such as Change Grow Live (CGL), a substance misuse provider with links to various pregnancy and maternity services; the need to spotlight issues regarding leadership and racism including 'no change' consequences; metrics used to measure change; working with voluntary sector groups; as well as financial opportunities for proposed recommendations.
3.14	Furthermore, Board members raised suggestions on possible learning from other workstreams such as, Newham GPs who have developed a risk model on maternity, race, and deprivation, and work undertaken by Healthwatch Southwark. The use of inclusive language was also noted, with a section on the LGBTQ+ community highlighted within the report.
3.15	Noting the issue of racism, it is understood the Chair has established links with the all-party parliamentary committee on black maternal health with a presentation of Southwark work earlier this year. It is hoped the Chair will meet with the committee again to present an update on achievements. Interest has also been expressed by the NHS Race & Health Observatory, and work has been presented to the Southwark Stands Together Executive Board.
3.16	Financial opportunities will be understood following agreement of the action plan.
3.17	The Board welcomed the report, thanked Dr Liz Brutus for the presentation, and NOTED the findings and recommendations.

BREAK





4.	Family Hubs
4.1	Following alterations to the meeting agenda, this item was moved to follow the meeting break.
4.2	Alasdair Smith presented an overview of slides outlining an update on the integrated neighbourhood delivery of children and family hubs, alongside Michael Crowe; with acknowledgements to Jenny Brennan, Assistant Director of Family Early Help & Youth Justice, who sent apologies to the Board on this occasion.
4.3	In summary, Alasdair Smith advised the family hub programme is a government led programme of which 75 local authorities across the country have been chosen to deliver. Many areas are a continuation of work in the early help space i.e., early years and early interventions, with a number of supporting government sponsored programmes such as, Supporting Families formerly known as Troubled Families. Programme funding was due to cease; however, it has been announced by the new government that funding will continue for a further 12 months. Updates are presented to the Board for information recognising the need for Board oversight of the programme.
4.4	Michael Crowe referred to the children and family hub slide pack, noting similarities to the earlier update on frailty, with differences being a focus on early years and childhood rather than the older people’s population. Like frailty, a vision of developing a seamless journey across the system is noted, with hopes of improving system interactions and limiting the need for families to repeat their story at each pathway point in moving between professionals/services.
4.5	Current work is based on evolving the successful and well evaluated Sure Start Programme, with a core difference being considerations around demographic change and bringing professional support together for children and families between 0-19 years (or 25 years for young people with special educational needs and disabilities). Aligned with Sure Start’s key principles, investment will focus on areas of deprivation and communities most in need.
4.6	Michael Crowe continued with strategic context of the early help system and case for change, including the economic impact of late intervention; feedback from families; delivery plans against Southwark 2030 goals; and addressing stigmas of accessing help and support.
4.7	A facilities review is currently underway in line with criteria suggested by parents, statutory obligations, and the Department for Education programme guide. Colleagues are also working to increase outreach awareness, improve use of data, and develop a parent carer panel with representatives from various system areas, including the parental voice.
4.8	The Chair thanked colleagues for the presentation noting this is an area of work the Board will continue to observe. The Chair opened discussions up to the Board for comment.
4.9	Members shared reflections on multidisciplinary centres, including maternity and Improving Access to Psychological Therapies (IAPT). Dulwich Wood and The Nest are noted as good examples of embedded services with opportunities for spread and scale. Further questions were raised on the adolescent offer and integration of sexual health and contraception services, as well as support for families on the margin and unable to access the Sure Start programme.





<p>4.10</p> <p>4.11</p> <p>4.12</p> <p>4.13</p> <p>4.14</p> <p>4.15</p> <p>4.16</p> <p>4.17</p>	<p>Darren Summers reflected work being a good example of health, care, and other services coming together. In considering future plans for family hub clusters and NHS led INTs, thoughts on associated risks of developing separate groups in different geographies were shared, potentially creating new complications for families and residents. The importance of considering how partners work together with a system approach and aligned geography to best meet need is noted.</p> <p>Echoing thoughts shared, Dr Olufemi Osonuga raised questions regarding data sharing and technological challenges. Thoughts were shared on the offer and potentially expanding use of hubs to include immunisations, for example. Dr Olufemi Osonuga also expressed support of the age expansion, particularly given youth violence. As the programme evolves, it is hoped opportunities for signposting within hubs will play a key role in the community support offer.</p> <p>Cedric Whilby reflected concerns regarding the impact on voluntary service organisations following past discontinuation of Sure Start programmes. The importance of coordinating the approach to include these organisations is noted, particularly given focus on data.</p> <p>Other questions and reflections from the Board included prevention in Southwark, plans for reaching outreach groups including use of language; engaging Voluntary, Community and Social Enterprises (VCSE) including local churches and other local organisations.</p> <p>RECOMMENDATIONS: Board to revisit data sharing challenges at a future meeting. A future update on plans to progress the family hub workstream also thought to be useful.</p> <p>ACTION: Alasdair Smith and/or Michael Crowe to circulate the family hub presentation.</p> <p>ACTION: Alasdair Smith and Michael Crowe to bring updates on the family hub programme back to the Board in the new year, incorporating comments made where possible.</p> <p>The Board thanked colleagues for their presentation and NOTED the update.</p>
<p>5.</p>	<p>Strategic Director for Health & Care Report</p>
<p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p>	<p>The Chair opened discussions noting two appendices for Board information relating to the Integrated Governance & Assurance Committee (IGAC) and Primary Care Group (PCG).</p> <p>Echoing comments by the Chair, Darren Summers introduced the report by welcoming new Board members, with thanks to Dr Gavin McColl for his time and service.</p> <p>With the report taken as read, Darren Summers gave overview of key highlights, including the SEL ICB Board visit in August, enabling an opportunity to showcase a number of services within Southwark to the Chair and other Board members; as well as future planning including review of governance arrangements.</p> <p>Plans are in progress to evolve the structure of Board subgroups, with key focus on the Delivery Executive, PCG, and IGAC. Formal reporting to the Board will commence post January, with updates against agreed priorities and performance indicators. Draft terms of reference will be</p>





	<p>reviewed by each subgroup over coming weeks, with an aim of seeking Board approval of finalised versions in January.</p>
5.5	<p>Additionally, Darren Summers highlighted the finance section of the report, with thanks to Sabera Ebrahim and Eniko Nolan, Assistant Director of Finance, Southwark Council. Southwark will likely achieve financial balance by way of a series of non-recurrent funding measures, and colleagues are exploring options for addressing the underlying deficit position.</p>
5.6	<p>Lastly, Darren Summers updated on the government’s 10-year health plan. A Change NHS engagement process is underway with inclusion of a link within the report. Views are welcomed and can be submitted online. The submission deadline for organisations is 2 December 2024, and 31 January 2025 for members of the public or the health and care workforce.</p>
5.7	<p>As chair of the PCG and IGAC, Darren Summers invited Katy Porter to share additional comment on the appendices. Katy Porter highlighted the assurance role of these groups to the Board. Recognition of financial challenges is noted, with an aim to review performance and investment via IGAC. Further work is required in primary care, with review of structures and efficiencies.</p>
5.8	<p>The Chair opened discussions up to the Board for comment.</p>
5.9	<p>Dr Emily Finch expressed appreciation of the reporting transparency, noting it would also be useful to consider likely impact of financial pressures across the system.</p>
5.10	<p>Other questions and reflections from the Board included the impact of saving plans on organisations and areas of work such as health inequalities, delegated primary care, and mental health placement spend, as well as the issue of learning disability cost pressures.</p>
5.11	<p>Katy Porter gave assurance to the Board, noting a larger piece of work regarding placements is underway with IGAC to consider and review any decisions. Darren Summers echoed assurance, noting no plans to cut services but rather identify improvement opportunities.</p>
5.12	<p>RECOMMENDATIONS: The Board agreed to review placement concerns and money flow decisions at a future meeting for Board assurance.</p>
5.13	<p>The Board NOTED the report and updates.</p>
6.	Healthwatch Report
6.1	<p>Rhyana Ebanks-Babb shared overview of two reports forming Enclosure 5 of the meeting pack: the Healthwatch Southwark’s Priorities Survey and Southwark Soundboard Reflections Report.</p>
6.2	<p>Opening the presentation, Rhyana Ebanks-Babb explained Healthwatch Southwark conducted a summer listening tour of which feedback has informed understanding of community need and priority setting over the next two years against the Healthwatch 2023/26 strategy.</p>
6.3	<p>The Healthwatch Southwark Priorities Survey report outlines data from the survey and in-person pop-up events, to better understand factors impacting health over the last 12 months.</p>



6.4	Rhyana Ebanks-Babb set out the presentation noting key highlights and responses to individual survey questions and concluded with an update on the Community Health Ambassadors Programme - a network of 170+ individuals embedded within the community supporting with dissemination and gathering of health-related information and concerns within local communities.
6.5	Consolidating feedback from a creative perspective, Rhyana Ebanks-Babb shared a poem called 'Voices of the Forgotten'. The poem can be found on the Healthwatch Southwark website, along with the reflection report and survey data: Southwark Soundboard Reflection Report 2024 Healthwatch Southwark .
6.6	ASKS of the Board: 1. Keep information in mind in the refinement of priority plans; 2. Consider Board engagement with individuals and organisations in the development of workstreams; and 3. Support for Healthwatch Southwark's upcoming priorities.
6.7	Rhyana Ebanks-Babb acknowledged key contributors, including Community Southwark, Public Health, and a range of partners and corporate organisations who helped support this impactful piece of work.
6.8	The Chair opened discussions up to the Board for comment and thanked Rhyana Ebanks-Babb for work regarding the Interim Youth Programme.
6.9	The Healthwatch priorities report will be available online from December 2024.
6.10	Rebecca Jarvis reflected links between themes noted within the report and the Partnership Southwark priorities, as well as work on GP Access, with questions on how the Partnership could practically help shape pieces of work.
6.11	Other questions and reflections from the Board included shaping patient/provider research models with the patient view in mind and evaluating data against service user composition to evolve priorities and areas of focus. The importance of capturing sentiments through creative expression and exploring different mediums to represent patient and public voices is also noted, with Rhyana Ebanks-Babb highlighting this as an embedded principle within Healthwatch Southwark's Black Mental Health Project, exploring non-clinical interventions.
6.12	ACTION: Chair to follow up on support connections for the Healthwatch Interim Youth Programme and disseminate information via Cabinet colleagues.
6.13	The Board thanked Rhyana Ebanks-Babb for the comprehensive report and NOTED the updates.
7.	Public Questions
7.1	No public questions were raised in advance of or during the meeting.
8.	Any other Business
8.1	None noted.

The meeting closed at 16:30 and the Chair thanked members and guests for their time.



Enclosure: 1ii
 Agenda item: 1

**PARTNERSHIP SOUTHWARK STRATEGIC BOARD
 ACTION LOG**

No.	MEETING DATE	ACTION	STATUS	ACTION FOR	COMMENTS/RESOLUTION
1	07/11/2024	Tania Kalsi and Sarah Kwofie to liaise outside of the meeting regarding frailty integration links to the network of care providers via Southwark Council's Joint Commissioning Team.	Open	Tania Kalsi / Sarah Kwofie	
2	07/11/2024	Alasdair Smith and/or Michael Crowe to circulate the family hub presentation.	Closed	Alasdair Smith / Michael Crowe	140125 - Presentation circulated to the Board.
3	07/11/2024	Alasdair Smith and Michael Crowe to bring updates on the family hub programme back to the Board in the new year, incorporating comments made where possible.	Open	Alasdair Smith / Michael Crowe	
4	07/11/2024	Chair to follow up on support connections for the Healthwatch Interim Youth Programme and disseminate information via Cabinet colleagues.	Open	Cllr Evelyn Akoto	

Partnership Southwark Strategic Board

Cover Sheet

Item: 3
Enclosure: 2

Title:	Update on the Partnership Southwark Strategic Priorities: Children & Young People (CYP) and Adult Mental Health
Meeting Date:	30 January 2025
Author:	Geetika Singh and Rish Baloch (Programme Leads, Partnership Southwark)
Executive Lead:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)

Summary of main points

The purpose of this report is to provide an update on the work underway to refresh our ambitions for Children and Young People's Mental Health and Adult Mental Health and develop plans to support delivery of these priorities for the next 12-18 months.

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

Action requested of PSSB

To note update on both Partnership Southwark Health and Care Plan Priorities.

Anticipated follow up

N/A

Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	X
Adult mental health	X
Frailty	
Integrated neighbourhood teams	
Prevention and health inequalities	

Item Impact

Equality Impact	Reducing inequalities is one of the five strategic priorities of the Health and Care Plan and is a key component across all priorities.
Quality Impact	It is anticipated that quality will be improved as CYP and adults with mental health problems will have better and more timely access to the services they need.

Financial Impact	Any initiatives will be delivered within identified budgets. Should any investment be required, this will be subject to robust business cases and available budgets.		
Medicines & Prescribing Impact	There is no negative impact on Medicines and Prescribing anticipated as a result of this work		
Safeguarding Impact	There is no negative impact on Safeguarding anticipated as a result of this work		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
		The Partnership Southwark health and care plan aims to reduce the environmental impact of health and care services in the Borough by reducing activity (for example reducing the need for carbon intensive health and care services by preventing ill-health and/or the need for more intensive services) and reducing the impact of health and care activities such as through use of low carbon alternatives and the elimination of waste.	

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

The report details engagement undertaken to develop both Mental Health Priorities within Partnership Southwark and with wider communities.

PARTNERSHIP SOUTHWARK SUMMARY DELIVERY PLAN FOR THE STRATEGIC PRIORITY CHILDREN & YOUNG PEOPLE (CYP) AND ADULT MENTAL HEALTH



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Introduction

The Partnership Southwark Health and Care Plan, approved on 6 July 2023, outlines the priorities for the Local Care Partnership over five years. This plan, informed by public engagement and aligned with partner plans such as the Southwark Council's Health and Wellbeing Strategy and the NHS South East London's Forward View, aims to address key health issues in the community.

A one-year review in August 2024 identified successes and challenges, leading to a refresh of strategic priorities to focus resources on areas with the greatest impact.

The five strategic priorities agreed and aligned to Wells structure were (Appendix 1):

1. Children and Young People's Mental Health (CYP MH)
2. Adult Mental Health
3. Integrated Frailty Pathway
4. Prevention and Health Inequality
5. Integrated Neighbourhood Teams

The **purpose of this report** is to provide an update on the work underway to *refresh* our ambitions for Children and Young People's Mental Health and Adult Mental Health and develop plans to support delivery of these priorities for the next 12-18 months.

1. Children and Young People's Mental Health

Background and Context

National and Local Context:

The proposed plans for this priority were informed by reviewing relevant national and local strategic plans, guidelines, and recommendations. Key themes include (Appendix 2):

- Improving access to the services
- Reducing delays
- Providing evidence-based services that are tailored to Children and Young People
- Emphasising prevention and early detection
- Addressing health inequalities
- Strengthening partnership working across health and social care
- Developing a seamless pathway for Children and Young People with mental health needs

CYP MH in Southwark – Challenges and Opportunities:

The mapping of existing CYP mental health services has shown there is **plenty of good work already underway in Southwark**, with a significant increase in the community CYP mental health offer following the CYP MH Transformation Programme, with services aligned to GPs (two teams in the north and two in the South) (Appendix 3).

However, the key challenges are:

- Disconnect and duplication across services, which complicates navigation of these services by residents and professionals

- Long waiting times for neurodevelopmental disorder (NDD) referrals, with most CAMHS referrals exceeding 52 weeks
- Increased 'Did Not Attend' (DNA) appointments (10%) (Figure 1)

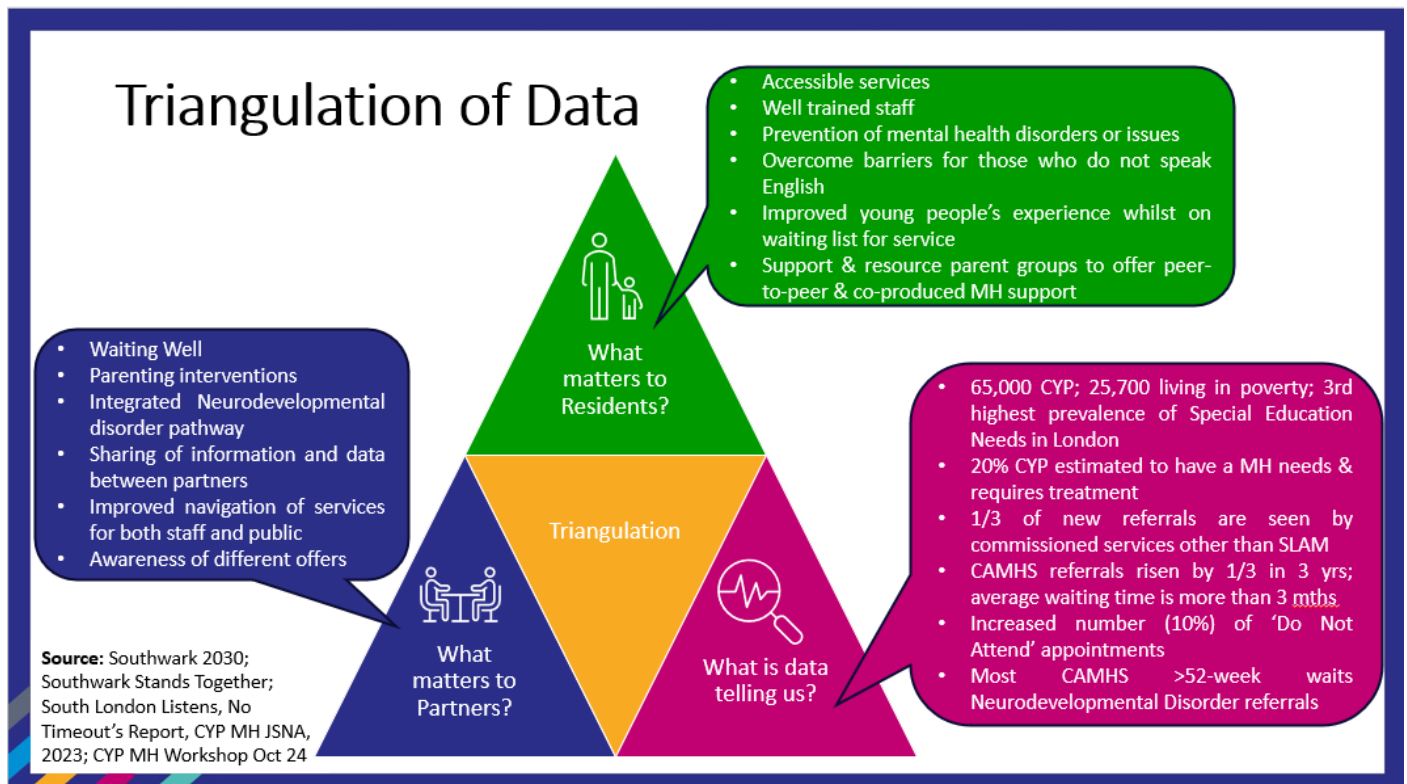


Figure 1: Data-Driven Insights

Opportunities exist to streamline services, increase capacity, and enhance the involvement of the Voluntary, Community, and Social Enterprise (VCSE) sector, providing a more holistic and accessible service for residents.

Engagement Journey

Various CYP teams collaborated to review existing work programmes and to identify focus areas for the next 12-18 months. Engagement methods included:

- Start Well Leadership group
- CYP MH steering group
- Bespoke workshops
- 1-to-1 stakeholder engagement sessions

These efforts defined:

- An ambition statement outlining the desired future for Southwark residents
- Outcome measures to monitor and demonstrate progress
- A delivery plan detailing activities and timeframes

Appendix 4 provides the list of stakeholders engaged in developing the delivery plan for CYP MH priority.

Additionally, it is important to note the overlap between the Health and Care Plan - CYP Mental Health Priority and Drive 1 of the Joint Health and Wellbeing Strategy (JHWS), which focuses on a "whole family approach to giving children the best start in life." Partnership Southwark has been collaborating with Public Health to aligning plans to amplify efforts between these initiatives.

Through stakeholder engagement, it has been agreed that the JHWS will address actions related to promotion, prevention, and early detection, particularly those involving schools and parenting interventions. In contrast, the Health and Care Plan - CYP Mental Health Priority will focus on improving navigation, access, and flow for NDD services. The section 'Achieving our Ambition' (pages 6-7) provides details of the potential projects to be delivered under the Health & Care Plan – CYP MH Strategic Priority.

Ambition Statement

Children and young people who need help with their mental health will not have to wait for so long. The support will be easy to access and coordinated around their needs.

Measures for Success

- **System-wide 4-week wait:** Children and young people and their families/carers should start receiving help within four weeks of requesting referral to community-based mental health services. This may involve immediate advice, support, brief intervention, help to access another service, the start of a longer-term intervention, agreement on a care plan, or the start of a specialist assessment.
- **Parent/patient reported outcome measures** at the end of treatment

Achieving our Ambition

The delivery plan focuses on two main themes for the next 18 months:

1. Improve equity of access through an integrated community offer
2. Improve access and flow via partnership working for neurodevelopmental disorders (NDD)

Theme 1: Improve Equity of Access through an Integrated Community Offer

Current challenge:

Disconnected services make it difficult for CYP, their families & professionals to navigate the system and access support at present.

Goals:

Children and young people, and their families will have easier navigation and access to community services, reducing the need for statutory CAMHS services. A 'No Wrong Door' approach will ensure their needs are identified early, with quick access to services, brief interventions, and effective signposting.

Proposed Initiatives:

Proposed Projects	Objective	Key Activities	Expected Outcomes
<p>Enhancing Southwark Mental Health Services for Children and Young People</p>	<p>Collaborate with the integrated commissioning team to design new service specifications and procure an enhanced mental health offering.</p>	<p>a) Existing Service Mapping and Review: Identify strengths, service duplications, gaps, and user flow in existing services.</p> <p>b) Service development: Utilise findings from the Nest & The Well Centre evaluations to plan, design and commission integrated services.</p> <p>c) Collaboration Opportunities: Identify opportunities with VCSE, primary care CAMHS, and social care to design and deliver services in partnership</p>	<p>a) Improved accessibility</p> <p>b) Reduced duplication and gaps in service provision.</p> <p>c) Enhanced collaboration and integration across different service providers.</p> <p>d) Better service user experience and outcomes.</p>
<p>Reduce health inequalities among adolescents and early adulthood in Southwark by developing an integrated, holistic model of care that is encompassing both physical and mental health needs.</p>	<p>Address health inequalities in adolescence and early adulthood by developing an Adolescent Health and Wellbeing Hub model codesigned with young people in partnership with PCN Federations, commissioners, VCSEs, CAMHS, schools, NEST, Well Centre Charity, etc.</p>	<p>a) Carry out Youth engagement, co-production and co-design holistic model: Engage young people from the two most deprived neighbourhoods in Southwark, local community groups and organisations and frontline staff to understand and identify barriers to accessing good physical and mental health care and what could good age-appropriate mental health care in particular could look like for the local young people.</p> <p>b) Testing co-designed holistic model of care in small scale:</p> <ol style="list-style-type: none"> i. Testing the multidisciplinary team assessment and formulation approach with a small group of young people. ii. Evaluating the collaboration between GPs, Youth Workers/Health and Wellbeing Practitioners, and other specialists. iii. Delivering integrated support for mental health, physical health, and social needs. <p>c) Using the pilot to identify strengths, areas for improvement, and potential adaptations for future scaling.</p>	<p>a) Improved access to comprehensive health care for adolescents in Southwark.</p> <p>b) Enhanced mental health and well-being among young people.</p> <p>c) Increased engagement of young people in the design and delivery of health services.</p> <p>d) Stronger partnerships between health services, the voluntary sector, and social care.</p>

Theme 2: Improve Access and Flow via Partnership Southwark for Neurodevelopmental Disorder (NDD)

Current Challenge:

Children and young people with neurodevelopmental disorders often wait a long time for support. This is due to factors like increased demand (Figure 2), limited resources and complexity of assessments.

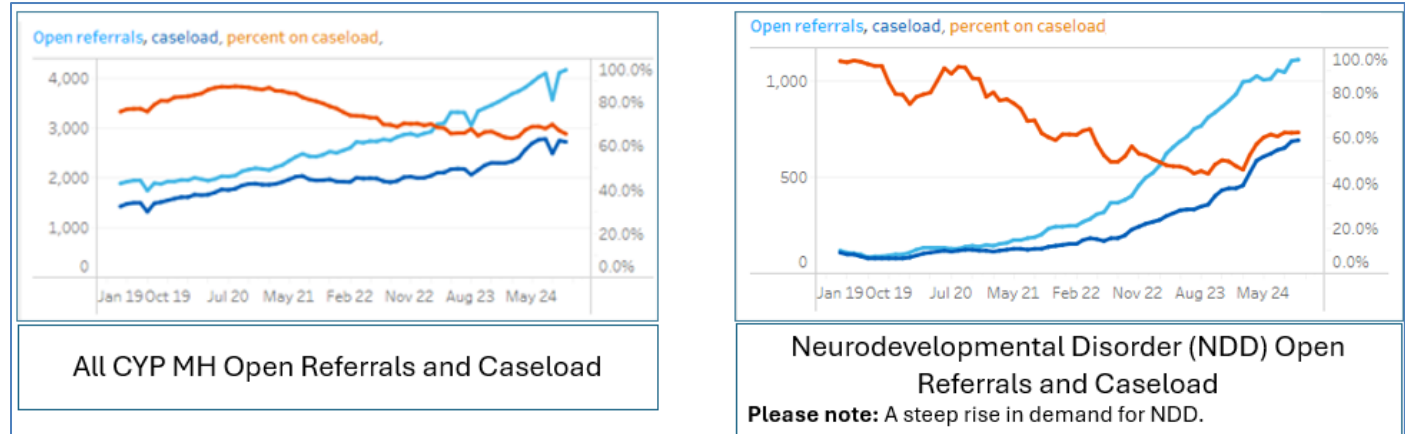


Figure 2: Graphs showing Increased Demand on the CYP Mental Health Services especially Neurodevelopmental Disorder

Goals:

- Work with providers to address waiting times for diagnosis
- Develop support offers for CYP while waiting for diagnosis or treatment

Proposed Initiatives:

Proposed Projects	Objective	Key Activities	Expected Outcomes
Enhance system efficiency and address healthcare inequalities	Identify and understand bottlenecks, system inefficiencies, and inequalities, particularly related to deprivation and demographics, to better target resources.	<ul style="list-style-type: none"> • Analyse Waiting List Data: Pinpoint bottlenecks and enhance system efficiency. • Review 'Did Not Attend' Appointments: Investigate patterns and underlying causes. • Address Inequalities: Focus on deprivation, demographics, and resource allocation 	<ul style="list-style-type: none"> • Optimised resource allocation and reduced waiting times. • Improved understanding of appointment attendance patterns. • Greater equity in healthcare services.
Reducing Waiting Times for Neurodevelopmental Disorder Services in Southwark	To manage the increasing demand for neurodevelopmental disorder (NDD) services and reduce waiting times for assessment, diagnosis, and intervention in Southwark.	<ul style="list-style-type: none"> • Continue supporting South East London NDD initiative: The South East London Integrated Care Board (SEL ICB) is currently scoping enhancements to services for children and young people with neurodevelopmental disorders. Southwark has actively contributed to this process and is now awaiting the SEL ICB decision on the proposed 	<ul style="list-style-type: none"> • Improved management of NDD service demand, leading to reduced waiting times • Enhanced support for CYP and their families in Southwark.

		<p>recommendations. Once approved, Southwark will be taking SEL ICB recommendations forward.</p> <ul style="list-style-type: none"> • Understand & supporting Southwark Population Needs during the waiting period: Focus on understanding the specific needs of the Southwark population to provide better support to children, young people (CYP), and their families during the waiting period. 	
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High-Level Delivery Plan:

Below figure illustrates high-level timeline covering all for the proposed projects.

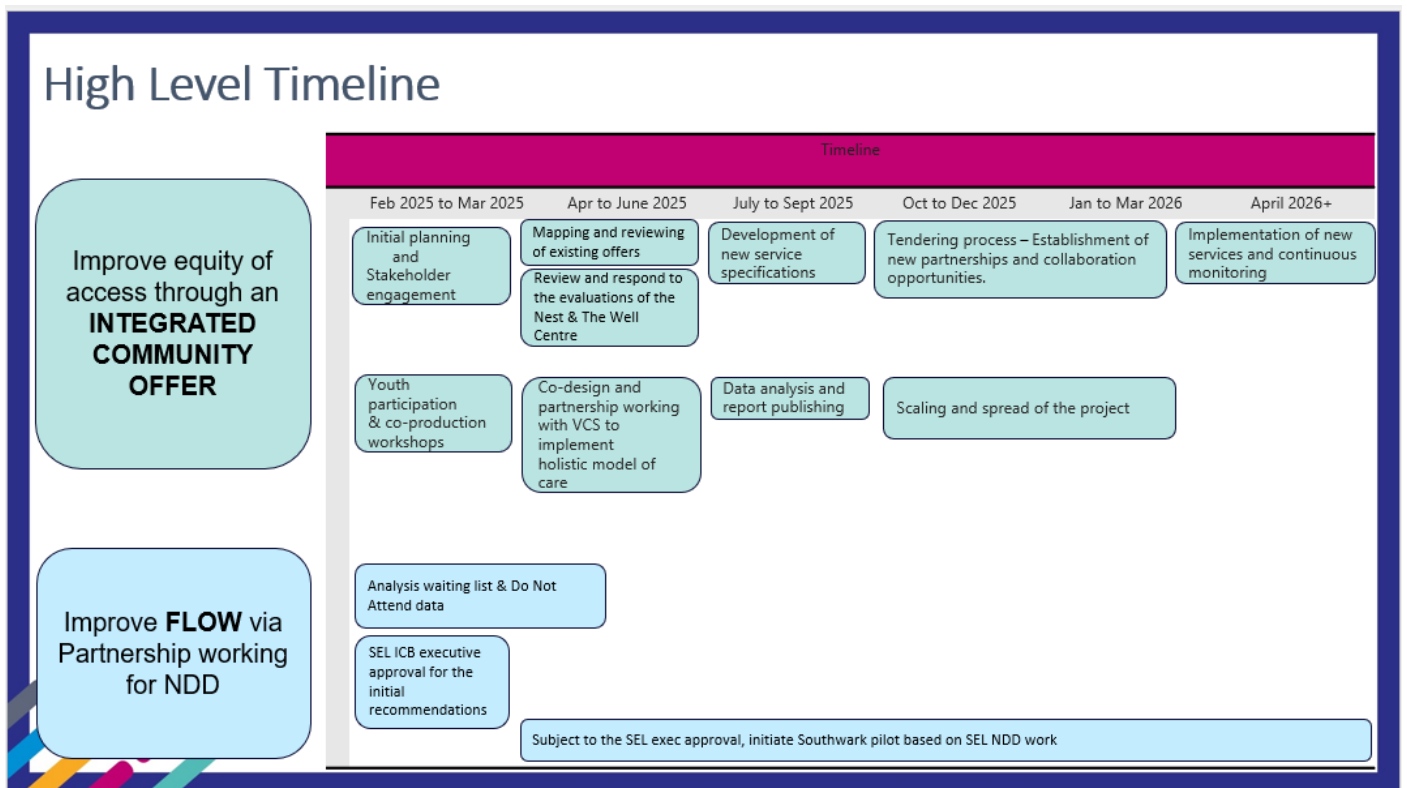
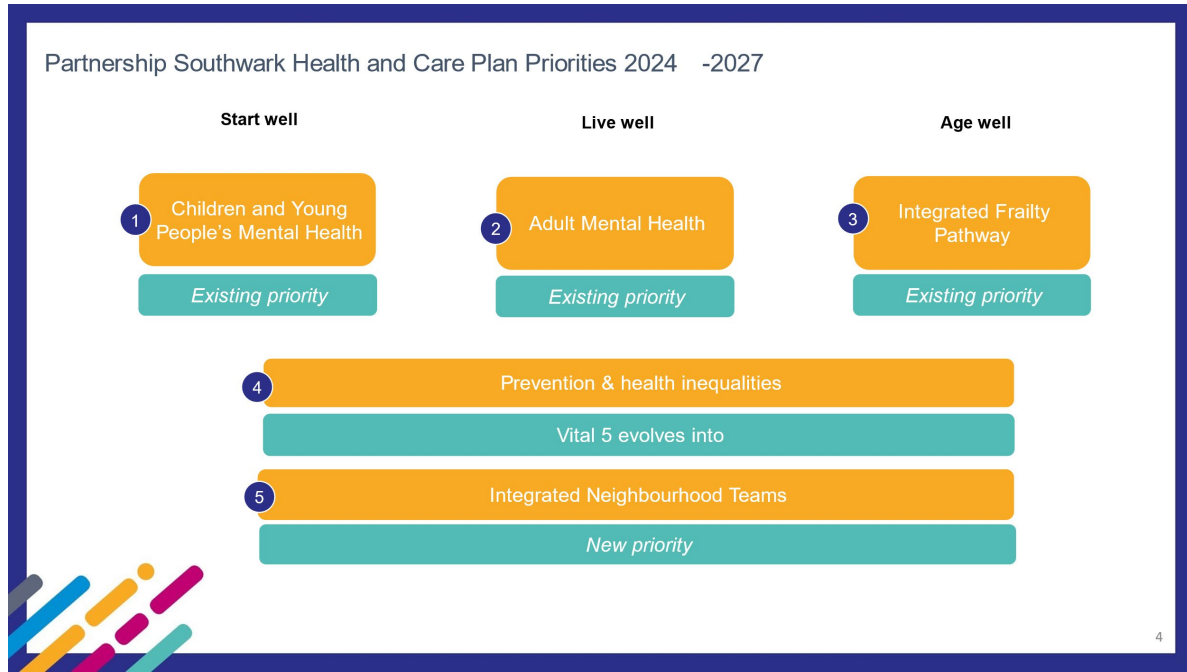
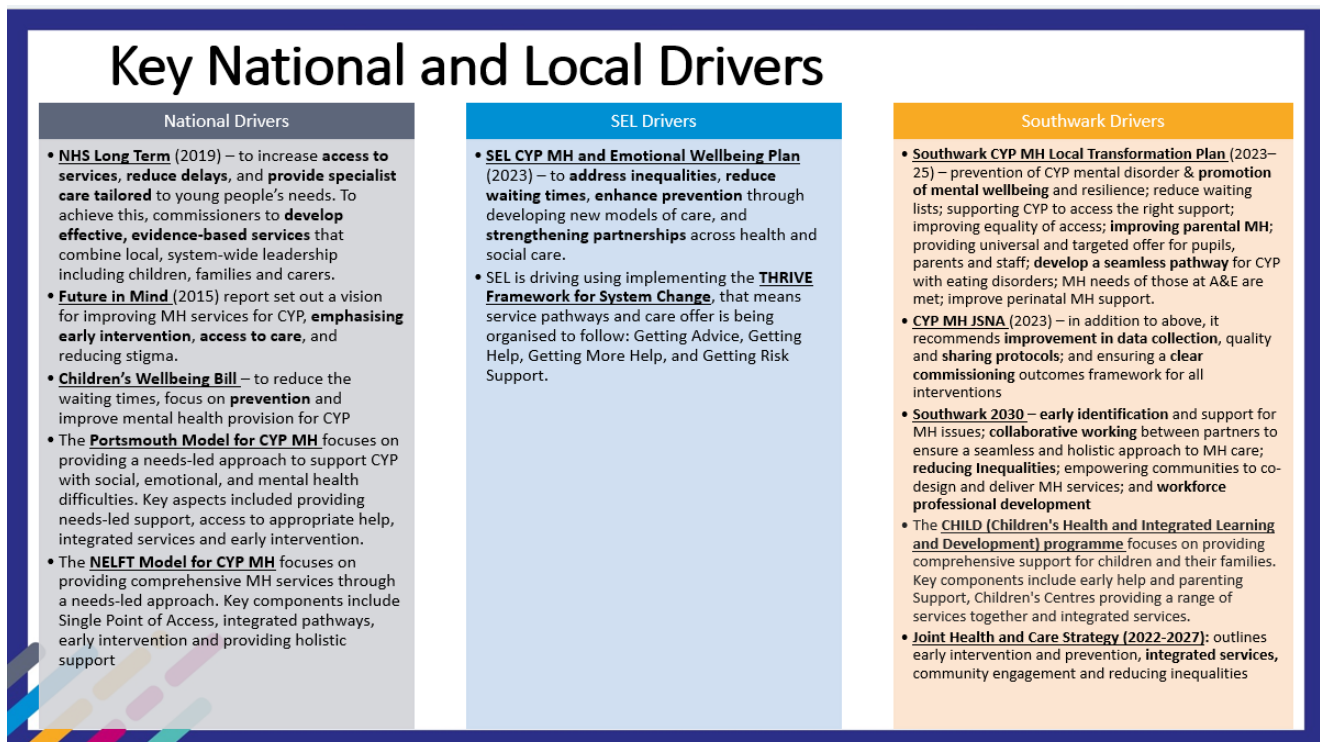


Figure 3: Delivery Plan for Children and Young People Mental Health

Appendix 1: Health & Care Plan - Strategic Priorities aligned to Partnership Southwark Wells Structure



Appendix 2: National and Local Context



Appendix 3: Children and Young People Mental Health Offers for Southwark Residents

High Level Mapping of all the Offers

School-based MH Services

- Nest School engagement team (SET)
 - ❖ To enhance the existing Mental Health and Wellbeing Offer to schools
 - ❖ Hosted at NEST premises
- Mental Health support team (MHST) in schools hosted by Groundwork London
 - ❖ Schools-based support to children and young people who are struggling with wellbeing concerns like anxiety, phobias, challenging behaviour, low mood and depression
- Improving Mental Health and Resilience in Schools (IMHARS)

Other Offers

- CAMHS single point of access
- NestNest Open Access Service (to be re-procured)
- Adolescent sure start (to be re-procured)
- Children and Young People's Health Partnership, Evelina London model of care incl MH input into child health teams
- Kooth – online wellbeing community
- Mentoring schemes
- Wider VCSE offers e.g. Southbank Centre, Well Centre
- Service navigation – link workers, social prescribing, community connectors
- Family Hubs (1001 days)

Appendix 4: List of Stakeholders Engaged in Developing the Delivery Plan for CYP MH Priority



2. Adult Mental Health

Background and Context

Adult Mental Health is one of five strategic priorities within the Partnership Southwark Health & Care plan. We understand the current challenges around mental health through the following summary of needs within Southwark's local population.

Southwark has high rates of mental ill health, 21% of residents are estimated to have a common mental disorder with 4,000 residents registered with severe mental health.

There are various mental health challenges that derive from Southwark's diverse and densely populated areas. These include stigma around mental health, language barriers and culturally sensitive needs particularly around treatment.

Naturally and not surprisingly, these challenges contribute to creating health inequalities both in the access to services but also the standard of treatment received. Additionally, specific to Southwark, as a borough it has the highest number of people seeking asylum in London which creates further barriers to accessing mental health support and services.

The good work in Southwark around mental health is appreciated, particularly in the increase of support offered via the Community Mental Health Transformation Programme (CMHT) – with services aligned to GPs (two teams each in North and South Southwark). Though the CMHT programme's delivery group came to an end in 2024 following the roll out, work continues to build on this with multiple organisations and services involved in both the monitoring and steer of mental health development in Southwark.

Engagement Journey

The key challenge frequently reported is that there is disconnect and duplication across services making it difficult for both professionals and patients/residents to navigate services. Short term / temporary funding for many services delivering good practice (e.g. the Wellbeing Hub and Southwark Community Sanctuary) means service stability can be a challenge.

During engagement workshops and forums, we have heard about the importance of recognising and enhancing the support the Voluntary, Community and Social Enterprise (VCSE) sector provide, often with residents reaching one of the above services first. There is a consensus that there needs to be opportunities explored around how to streamline services, increase capacity and providing a more holistic and accessible service for residents. Just as important is the need to balance the needs for reactive services (at point of crisis) but also preventative work to enable residents to remain well in the community.

In addition, **waiting times for community mental health services are a challenge**, with over one third of adults waiting over a year to receive treatment in 2024. We know that a significant proportion of these are referrals for neurodevelopmental problems.

We are working with Public Health to align the Joint Health & Wellbeing Strategy action plan and the Partnership Southward Health & Care Plan and avoid duplication. The Joint Health and Wellbeing Strategy action plan will focus on promotion of good mental wellbeing and prevention of mental health issues and the Partnership Southwark Health & Care plan will focus on detection, treatment and management.

Ambition Statement

Partnership Southwark's ambition statement set for this important priority is:

“Adults who need help with their mental health will not have to wait for so long. The support will be easy to access and co-ordinated around their needs.”

During engagement, we have heard that whilst we do want residents to “wait well” i.e. provide alternatives whilst awaiting mental health support, the real impact will come from collaboratively working together to reduce the wait time altogether.

Measures for Success

We recognise there needs to be a clear set of objectives or measures that indicate success in realizing our ambition, whether this is at system, local or individual resident level. Three main measures that we have identified are:

1. **System wide 4 week wait standard** *Adults and older adults asking for help from community-based mental health services should start to receive help within four weeks of the request for service (referral). This may involve the start of a clinical or social intervention, or agreement about a patient care plan.*
2. **Emergency department 72 hour waits** – this is currently under review and discussion with partners
3. **System wide DIALOG patient reported outcome measure** (a scale of 11 questions to rate satisfaction for subjective quality of life and treatment satisfaction).

The ambition for Partnership Southwark around adult mental health is not in isolation but sits within wider national and local drivers/strategies – a detailed list can be found in appendix 1. In addition, given the importance of not duplicating work a high-level mapping exercise of existing mental health offers has also been completed, details of which can be found in appendix 2 (indicative, not an exhaustive list).

Achieving Our Ambition - Delivery Plan

Based on what we have heard, what role will Partnership Southwark play in driving, sponsoring and observing work around mental health in Southwark?

Partnership Southwark will *drive* the following activities forward:

1. Improve equity of access through an integrated Community offer. We know offers in Mental Health support are disconnected making it hard for professionals and residents to navigate the system and access support quickly. We aim to enable a “no wrong door approach” and develop a coordinated, easy-access mental health offer, bringing together existing offers, with input from primary care, Voluntary, Community and Social Enterprise organisations, SLAM and Social Care.

2. Enhance the Mental Health offer within Neighbourhoods to address health inequalities. Not all residents get equal access to health and care support which can often be exacerbated by stigma. We aim to map local community assets and build on existing initiatives (e.g. health kiosks, Severe Mental Health checks in primary and secondary care) and explore opportunities
3. Partnership working for Neuro Developmental Disorders (NDD). Currently we know there are long waits for NDD which can be up to two years for residents. We aim to explore opportunities to provide support to those whilst waiting or without a NDD diagnosis as well as partnership review of NDD diagnosis waits with a view in improving these. In focus for Southwark is specifically the ADHD offer – long waiting list/absence of service/transition from CYP to adult services and impact of prescribing.

Partnership Southwark will *sponsor* the following activities:

- Complex care placements review (*Delivered by SLAM, Council and ICB*)

Partnership Southwark will *observe* the following activities:

- Preventing Suicides in Southwark Strategy 23-28, led by Public Health.

Although the CMHT programme formally ended in April 2024, we are also continuing to work with partners to ensure that we are realising the benefits of these workstreams. We are also working closely with the Live Well Integrated Commissioning Team and their three-year business plan which will incorporate legacy actions of the CMHT programme.

NB: Appendix 4 provides further detail on each of the three activities listed above and areas of focus for each.



Appendix 1: Key National and Local Drivers

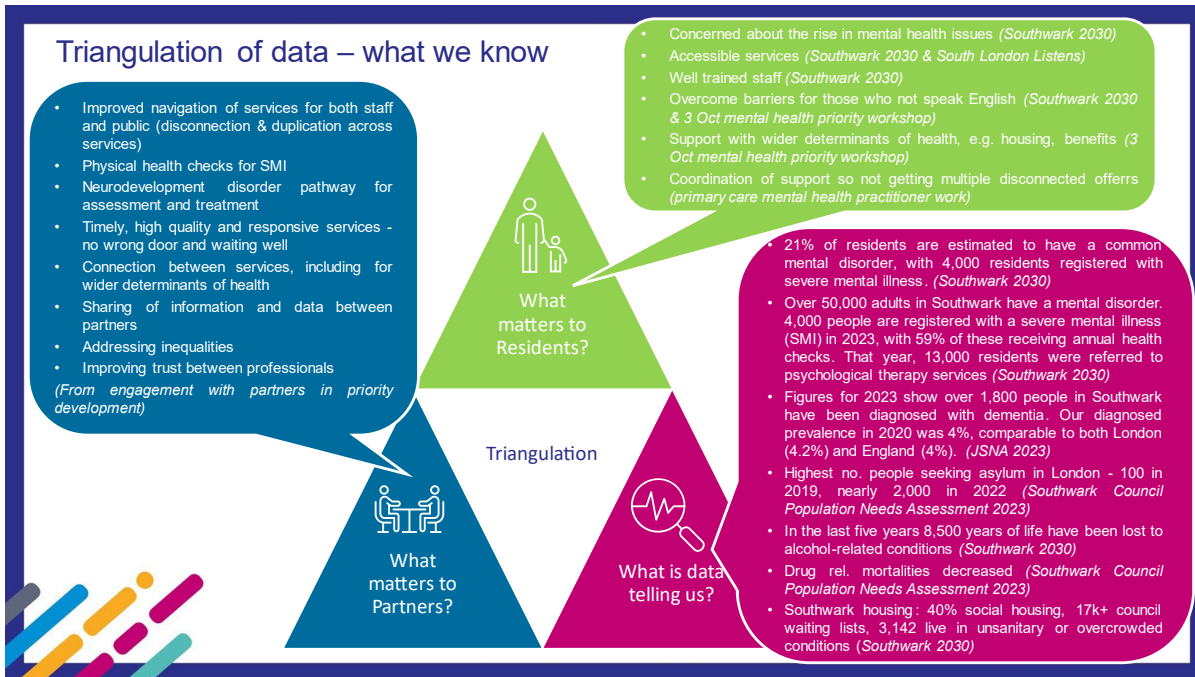
National Drivers	SEL Drivers	Southwark Drivers
<ul style="list-style-type: none"> • NHS Long Term Plan (2019) - prioritises mental health with a focus on expanding access, crisis care, integration with physical health, community based care, suicide prevention, perinatal mental health, workforce growth • Community mental health framework (2019) highlights: person centred care, integrated care, localised & community based services, holistic approach, access for all, crisis support, new models of care, workforce transformation, digital, measuring outcomes • The Fuller Review (2022) recommends the integration of primary care • Labour party manifesto focus on additional mental health staff • King's speech Jul 2024 setting out new government's priorities focused on mental health • Bill to reform the Mental Health Act introduced Nov 2024 • Darzi Independent Investigation of the NHS in England (2024) highlighted: increasing mental health demand, access challenges, resource disparities, restrictive practices in inpatient settings. It calls for a shift in funding priorities toward community & preventative services 	<ul style="list-style-type: none"> • SEL ICB adult mental health priority, and mental health programme. <ul style="list-style-type: none"> • Objectives: <ol style="list-style-type: none"> 1. Build community resilience and prevent mental illness from developing through collaboration and partnership; 2. Ensure secondary and tertiary mental health services are safe, effective and efficient for those who need them; 3. Drive forward opportunities to integrate care including mind and body approaches; 4. Reduce health inequalities, particularly for our CORE20Plus population; • Priority actions: <ol style="list-style-type: none"> 1. Acute & Crisis Care; 2. Early Intervention & Community Support; 3. Children & Young People's Mental Health & Wellbeing; 4. Improving Physical Health for People with SMI; 	<ul style="list-style-type: none"> • Southwark 2030 – early identification and support for MH issues; collaborative working between partners to ensure a seamless and holistic approach to MH care; reducing inequalities; empowering communities to co-design and deliver MH services; and workforce professional development • Health and Care Plan Prevention & Health Inequalities Priority: Improve access to Vital 5 checks and tailored support for our most deprived • Mental health is a priority withing: <ul style="list-style-type: none"> • Southwark Health and Wellbeing Strategy 2022-2027 • Partnership Southwark Health & Care Plan 2023-28 adult mental health transformation • Southwark Adult Social Care Business Plan • Southwark NHS operational plan • Southwark Plan 2022

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Appendix 2: High level mapping of existing offers

High level mapping of existing offers	
<ul style="list-style-type: none"> • Wellbeing Hub / Together for Mental Wellbeing / Southwark Resource Centre • IPS (individual placement & support – employment support) • The Neighbourhood Mental Health Support Project • CMHT programme, including single point of referral Southwark community Sanctuary • Physical health hub (SLAM) • VCSE offers, incl those focussed on inequalities – South London Listens have mapped offers • Service navigation – link workers, social prescribing, support workers, primary care mental health practitioners • The Black Carers Project • Public Health mental health service promotion work <ul style="list-style-type: none"> • MH support & signposting webpage • Multi language signposting resources • Public health mental health training offer • Suicide prevention strategy 	<p>This demonstrates that there is a lot of good work is already underway in Southwark, with a significant increase in the community mental health offer following the Community Transformation Programme, with services aligned to GPs (two teams in the north and 2 in the South).</p> <p>The key challenges are that there is a lot of disconnect and duplication across services, making it difficult for both residents and professionals to navigate services.</p> <p>There are additional challenges in the funding of services with examples of good practice such as the Wellbeing Hub and Southwark Community Sanctuary having only temporary funding making service stability a challenge .</p> <p>By bringing together existing services and enhancing the involvement of the Voluntary, Community, and Social Enterprise (VCSE) there are opportunities to streamline services and increase capacity , providing a more holistic and accessible service for residents enabling them to remain well in the community.</p> <p>*see appendix for further details on mapping</p>

Appendix 3: Triangulation of data – what we know about what matters most



Appendix 4 Key areas of focus for each activity within Adult Mental Health

Emerging themes from our engagement so far – what we have heard is important

Theme 1: Improve Equity of Access through an integrated community offer

What is the current challenge?

Disconnected current offers making it hard for individual's and professionals to navigate the system & access support quickly

How would we like to achieve that?

- Develop a coordinated, easy -access mental health offer, bringing together existing offers, with input from primary care, Voluntary, Community and Social Enterprise organisations, SLAM and Social Care.
- To enable: no wrong door approach, navigation, early identification of needs, support quick access, and provide brief interventions and signposting.
- Offer to be connected to Children and Young People's Mental Health offer to support transitions.

Potential focus/Projects:

Map existing offers across Southwark.
Recognise and build upon the outputs from Community Mental Health transformation programme.
Review and understand any gaps from the community offer e.g but not exhaustive:

- Rapid response
- Primary Care Mental Health Team offer and rejection/ Multi Disciplinary Teams
- Mental Health Practitioners
- Wellbeing Hub outreach support workers
- Other areas of the Community Mental Health Team Programme

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Emerging themes from our engagement so far – *what we have heard is important*

Theme 2: Enhance the mental health offer within Neighbourhoods to address health inequalities

What is the current challenge?

- Not all residents get **equal access** to health care support (mental health support, and physical health for people with Severe Mental Illness), often exacerbated by stigma around stigma

How would we like to achieve that?

- Provide enhanced mental health support at a neighbourhood level.

Potential focus/Projects:

- Map local community assets
- Building upon Public health initiatives eg health kiosks/ suicide prevention and training education
- Wellbeing hub offer
- Build upon the Severe Mental Illness health checks in primary and secondary care
- Alignment of workforce - Mental Health Practitioners/ Social prescribing/ Wellbeing Hub support workers/ health ambassadors
- Working with our Voluntary, Community and Social Enterprise colleagues to identify particular organisations to learn and develop

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Emerging themes from our engagement so far – *what we have heard is important*

Theme 3: Improve Access and flow via Partnership working for Neuro Development Disorders

What is the current challenge?

- Long waits for NDD (currently can be up to 2 years)

How would we like to achieve that?

- Provide support whilst waiting / without NDD diagnosis
- Partnership work to address NDD diagnosis waits

Potential focus/Projects:

- Southwark specific ADHD offer recognising long waiting list/ absence of service/ transition/ impact of prescribing

N.B: Mental Health Placements is recognised as an important area of focus to ensure financial sustainability – to incorporate into Adult Mental Health priority development

11

Partnership Southwark Strategic Board

Cover Sheet

Item: 5
Enclosure: 3

Title:	Strategic Director for Integrated Health and Care/Southwark Place Executive Lead report
Meeting Date:	30 January 2025
Author:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)
Executive Lead:	Darren Summers (Strategic Director for Integrated Health and Care/Southwark Place Executive Lead)

Summary of main points

This report details key events and activities, that are relevant to Partnership Southwark, that have taken in the past two months. The report also details developments around governance future reporting and financial performance.

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

Action requested of PSSB

To note the report and updates.

Anticipated follow up

N/A

Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	X
Adult mental health	X
Frailty	X
Integrated neighbourhood teams	X
Prevention and health inequalities	X

Item Impact

Equality Impact	<i>n/a</i>
Quality Impact	<i>n/a</i>
Financial Impact	<i>n/a</i>

Medicines & Prescribing Impact	n/a		
Safeguarding Impact	<i>(How have the needs of vulnerable children, young people and adults been considered in relation to this item)</i>		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	x		

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



STRATEGIC DIRECTOR OF HEALTH & CARE AND SOUTHWARK PLACE EXECUTIVE LEAD REPORT

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

Developing Integrated Neighbourhood Teams (INTs)

Developing INTs is one of Partnership Southwark's strategic priorities. Since the last PSSB a programme board has been established to oversee the design of INTs in Southwark, and develop an implementation plan to set up those teams. The programme board has met twice – on 12 December and 23 January. It is co-chaired by Southwark Strategic Director for Integrated Health and Care/Southwark Place Executive Lead and the Chief Executive for the Integrated and Specialist Medicine Clinical Group at Guy's and St Thomas' NHS Foundation Trust. PPL have been appointed to provide programme support in the design phase and to help us develop a delivery plan.

Neighbourhood working will require a fundamentally different way of working, involving new means of collaboration, coordination, and, at times, integration. This reflects a significant transformation of how our system will operate together. A key (but not the only) element of delivering neighbourhood working will be the establishment of INTs.

INTs will bring together representatives from different disciplines (e.g., health, social care, voluntary sector) working as a single team to deliver coordinated and person-centered care to individuals within a defined neighbourhood or locality. They will manage and deliver integrated clinical and operational services, provide continuity of care and work together to shared outcomes. There is an emphasis on continuous collaboration around prevention for growth and pro-active care to improve outcomes, reduce duplication and address complex needs more efficiently. They will reach in and out of the other tiers for specialist input and care planning.

Some of the next steps in Southwark include:

- Confirming neighbourhood footprints and considering how service delivery is aligned to these footprints.
- Utilising data and intelligence – such as population and demographic data, health needs and usage data etc. – to inform the model of INTs in each neighbourhood, recognising that whilst there will be standard features across Southwark teams will be tailored to meet local needs. It is expected that the initial focus of INTs will be to support:
 - People with multiple long-term conditions
 - Frailty
 - Children and young people

This will build on the work over recent years, and integrated services already established, in Southwark.



- Working in South East London to agree a population health management (PHM) approach and PHM functions and tools to address health inequalities through neighbourhood working.
- Identifying neighbourhood hubs, linking to broader estates planning and community diagnostic centres (CDC) development, as well as other key community assets such as leisure centres, libraries and voluntary and community sector services.
- Agreeing a delivery plan and associated programme of work with a 'go live' date for INTs, recognising that INTs will develop iteratively rather than be launched as 'perfect', fully fledged teams.

We are currently testing options in these areas with partners and stakeholders, and aim to further test with local residents and patients building on previous engagement around for example Southwark 2030.

We expect to bring a substantive report to the March PSSB to formally sign off our INT model and delivery plan.

A report on the development of INTs across South East London is being taken to the SEL ICB board on 29 January. Southwark plan have helped shape SEL plans, and are aligned to those plans. We are also expecting NHS England planning guidance to detail national requirements around the development of a 'neighbourhood NHS' and INTs.

Lower Limb Wound Care Service

The Lower Limb Wound Care service has successfully improved the way leg ulcer care has been delivered in Southwark. The service started as a pilot in south Southwark November 2023 and since November 2024 has transitioned into business as usual as well as expanding to the north of the borough. Before the pilot took place in South Southwark, patient wounds were taking an average of 22 weeks to heal, at prescribing costs of £836 per patient until the wound healed. This was reduced to an average healing time of 9 weeks, and a prescribing cost of £342.

Staff and patient satisfaction have improved, with patients experiencing improvements in their wound and healing processes, and staff gaining confidence in compression bandaging and the knowledge their patients are receiving the right specialist treatment. Essential to the service's delivery is the integrated neighbourhood (INT) approach i.e. through joint delivery between Primary and Secondary care (GSTT) addressing wider health and social care needs for the local population. It forms part of the INT vision to 'Make every contact count' closer to people's own homes offering sustainability through improved patient care, a reduced carbon footprint and value for money.

Southwark Health and Wellbeing Board

A significant proportion of the November meeting of the Southwark Health and Wellbeing Board (HWB) was devoted to the Southwark Maternity Commission report which was published on 30 September. An action plan is being developed, based on the ten



recommendations set out in the report, which will be finalised by April 2025. The Strategic Director for Integrated Health and Care/Southwark Place Executive lead has taken on the Senior Responsible Officer function to lead the development and implementation of the action plan, which will be implemented with a view to all actions taking place by September 2029. The HWB agreed to take on the oversight of this work.

Public health colleagues presented a report on the Southwark Healthy Weight Strategy (a partnership between Southwark Council, the ICB and the Voluntary and Community Sector) which outlined examples of good practice in promoting healthy weight in Southwark such as the Southwark School Meals Transformation Programme, School Superzones, the Good Food Retail Project and Hot Food takeaway exclusion zones. The people focused interventions include targeted adult weight management programmes such as Alive N Kicking (child weight management programme) in schools, offering healthy weight training to healthcare and non-healthcare professionals and supporting individuals to be more physically active through a range of initiatives. The report described the further work being undertaken to support people who are less likely to take up these opportunities, such as adults aged over 45 years, Black African and Caribbean residents, Council tenants and people at transition stages, i.e. children leaving home, retirement, becoming a carer, being diagnosed with a condition. The importance of working in partnership and at system level to achieve the ambitions of the strategy were strongly acknowledged and supported.

Joint Forward Plan

The Joint Forward Plan is expected to be refreshed annually. Initial guidance from South East London ICB was that the refreshed plan should focus on four to five priorities, rather than try to comprehensively cover all of the detail of work being overseen by or connected to Partnership Southwark. This fits with our own priority refresh in autumn 2024, where we agreed to focus on five priorities.

However, publication of annual planning guidance from NHS England has been delayed. This planning guidance would also inform South East London and local care partnership plans. As such the timetable for the Joint Forward Plan refresh is not confirmed, though we expect to bring this to March board.

At the time of writing NHS England has indicated that planning guidance should be released during w/c 27 January.

Integrated Assurance Report

We were expecting to bring a new Integrated Assurance Report to January board. As noted in the Integrated Assurance Committee report this has not been possible, and the board should start to receive the new report from March.

Finance Update (NHS)

Southwark Place has a delegated budget of £332m for 2024/25. £177m is managed by Southwark place, with NHS Contracts for Mental Health (£98m) and Community Physical



Health (£57m) managed by South East London Commissioning team on a South East London wide basis. Places are required by their delegated budget agreement to break even.

The table below shows the reported position of the as at the end of December 2024, for health budgets delegated to Place from South East London ICB. The borough is reporting an underspend of £248k in month 9 and a forecast underspend of £293k for the year. Key areas of risk continue to be mental health, prescribing and delegated primary care with underspends in continuing care and corporate budgets absorbing some of the overspends.

	Year to Date Budget £'000s	Year to Date Actual £'000s	Year to Date Variance £'000s	Annual budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	64	64	(0)	85	86	(0)
Community Health Services	27,205	26,385	820	36,274	34,951	1,323
Mental Health Services	7,693	8,757	(1,065)	10,257	11,621	(1,364)
Continuing Care Services	14,820	14,151	669	19,760	19,074	687
Prescribing	26,391	27,115	(723)	35,112	36,149	(1,036)
Other Primary Care Services	1,015	1,015	0	1,354	1,354	0
Other Programme Services	597	-	597	796	-	796
Programme Wide Projects	194	194	-	259	259	-
Delegated Primary Care Services	47,491	47,720	(229)	69,897	70,203	(306)
Corporate Budgets	2,517	2,338	179	3,480	3,287	193
Total	127,988	127,740	248	177,275	176,982	293

National prescribing data reports are 2 months in arrears. Based on this data, we are reporting a forecast overspend of £1.04m for prescribing. This is similar to the previous month's forecast and the rate of overspend has stabilised. There is significant growth in medicines to prevent and optimise the management of long-term conditions to prevent complications. In Southwark we have seen an increase in both growth (8%) and cost (5%) compared to 23/24. The Medicines Optimisation team continue to monitor prescribing spend and prioritise elements of medicines optimisation in the Southwark Prescribing Improvement Scheme (PIS) to deliver medicines value. The boroughs savings plan for prescribing have been phased to deliver from July.

We are reporting a forecast (NHS) overspend of £1.36m in mental health & learning disability budgets as at month 9. This is a deterioration from previous month mainly relating to increase activity in ADHD/Autism. These pressures are primarily driven by Right to Choose adult ADHD/Autism pathways. Placements costs for learning disability also continues to be a cost pressure. We are also seeing increased costs in children's placements. There is a risk of increased pressure in tri-partite Children and Young People mental health costs. The borough has started a review of all placements as part of its recovery plan for 2024/25.

Delegated Primary care forecast overspend (£306k) is the same as previous month. The borough has a significant risk (£873k) on this budget due to list size growth and allocation not keeping pace with current run rate requirements. Non recurrent solutions have been identified to manage some of this risk for 24/25 leaving a forecast overspend of £306k. The borough is undertaking a review to identify recurrent solutions to manage the deficit in delegated primary care.

The continuing health care position has deteriorated in month 9 with increased costs relating to care package costs and appeals.



The borough has an efficiency target of 4% which on applicable budgets amounts to £3.3m. A savings plan of £3.7m has been identified. As at month 9 the borough is reporting an over delivery against plan of £213k. This is mainly due to savings in prescribing. Savings schemes planned for mental health & learning disability will not be achieved in full.

The borough is forecasting an underspend overall of £293k and has had to implement some non-recurrent solutions in order to mitigate cost pressures in prescribing, delegated primary care and mental health & learning disability. Investment in community services has been restricted to manage the overall position.

Although the borough is able to meet its statutory duty to stay within its delegated resources this is being achieved through the use of non-recurrent solutions and mitigations. We have made an assessment on its underlying financial position and have an overall underlying deficit of £1.7m. Key deficit positions are in Mental Health, Prescribing and Delegated Primary Care. In addition, the borough has overspends in mental health placements with SLAM NHS Trust of £2.5m resulting in a total of £4.2m underlying deficit

Finance Update (Local Authority)

The council element of the Integrated Health and Care area is forecasting a near balanced position as at M09. Children and Adults services is forecasting a £1.9m unfavourable variance in general fund as at M08. The key areas of concern affecting the general fund include the continuing increased demand for care packages in Adult Social Care especially homecare and nursing, the increased pressure in Mental Health spot provision as well as the need to use high costs placement within Children social care due to scarcity of alternatives combined with increased complexity of young people.

Southwark Council Peer Review

Southwark Council took part in a Peer Review in November 2024 which was undertaken by Association of Directors and Adults Social Services (ADASS). Unlike the previous LGA peer review in 2023 ADASS do not make recommendations or publish their findings, but the review was a useful preparation for a future Care Quality Commission (CQC) inspection of local authority services.

Relevant finds were:

- Examples of good work involving residents and services users in service design, for example, Flexicare and black men's project but more could be done on genuine co-production.
- Many good examples of embedding EDI and cultural competence in service design and delivery, we could do more to tell the positive story of our Southwark Stands Together Journey.
- Positive feedback from carers on services available but better information about them required and some equality target groups are underrepresented in carer services.



- Strong partnerships and good evidence of working across council departments, and with the ICB and NHS partners, more could be done to support smaller VCS partners.
- Staff are positive about working for Southwark, feel valued and that it is an inclusive and supportive environment. More could be done on system inefficiencies.

Winter pressures/discharge fund project

Projects jointly approved by Lambeth and Southwark from Discharge Funding to complement the wider winter plan were agreed in December and are in delivery until March:

- Extension of legal advocacy scheme for the homeless from Guys and St Thomas's Hospital to also cover Kings College.
- Improvements to the Transfer of Care Hub.
- Additional capacity for the Out of Hours GP Service.
- Additional hotel beds and facilities for the homeless to facilitate hospital discharges.

Contracts awarded

Council contracts awarded in December 2024 and January 2025 were:

- Additional funding for the expansion of payments to Community Health Ambassadors.
- Extensions and new contracts to existing providers for Adults Care at Home, Children's Care at Home and Reablement to align contract end dates to March 2026 with a new strategic commissioning of all services taking place during 2025.
- Appointment of new providers for the delivery of care services in existing and new Flexi Care Schemes.
- Extensions to contracts for All Age Integrated Drug and Alcohol Services to Change, Grow, Live following the confirmation of central government funding for 2025-26.

Darren Summers

Strategic Director of Health & Care & Place Executive Lead



Appendix 1 – Partnership Southwark Strategic Board (PSSB) Sub-Group Report

Integrated Governance and Assurance Committee (IGAC)

Agenda Items of Note

Meeting date 16 January 2025

Agenda item	Items discussed
Integrated Assurance Report	<p>Due to staff absence the full report was not able to be produced for the meeting, and whilst it was hoped the report could be circulated and reviewed electronically prior to inclusion in PSSB papers, it was accepted this might not be possible.</p> <p>The SEL Quality summary, that went to the SEL ICB Quality and Safeguarding Committee, was shared with IGAC. This prompted a discussion on what Southwark specific information would be helpful to provide assurance on the quality and safety of services for which PSSB has delegated responsibility.</p>
Mental health placements	<p>A report detailing the increase in individual placements of service users with complex needs, primarily for Section 117 aftercare, was shared with the meeting. This report noted the cost increases and budgetary pressures for both the ICB and local authority associated with this increase.</p> <p>A mental health complex care programme board is being established, with the first meeting expected in early February, to oversee five workstreams:</p> <ol style="list-style-type: none"> 1. Needs assessment and future complex care local offer 2. Future placements delegation and management 3. Securing current in-borough supported housing 4. Place placements management 5. 25/26 targeted reviews <p>IGAC endorsed the programme of work, and emphasised the importance of clinical leadership of this programme.</p>
Finance report	<p>Southwark is reporting a year-to-date underspend of £248k, with a forecast outturn being an underspend of £293k, against a controllable delegated budget of £177million. This in year position is being maintained largely through non-recurrent savings and one-off support from SEL ICB.</p> <p>Financial recovery meetings are taking place with budget holders and senior leads to identify recurrent savings. Agreed plans will be</p>



	<p>reported back to the Committee and will be baked into efficiency plans for 2025/26.</p> <p>The ICB is still awaiting NHSE financial planning guidance. However, it is understood there is likely to be minimal growth if any growth.</p>
Procurement	The SEL-wide procurement process for interpreting services has now concluded with a contract awarded to DA Languages Ltd.
Governance	The revised Terms of Reference for IGAC were agreed, to go to PSSB for final sign off.
SEND inspection update	The potential for an imminent SEND inspection for Southwark was noted. The report noted health statutory duties, as well as the new framework evaluation criteria places emphasis on partnership working and leadership across the partnership, and areas of weakness and concern.





Appendix 2 – Partnership Southwark Strategic Board (PSSB) Sub-Group Report

Partnership Southwark Delivery Executive

Agenda Items of Note

Meeting date 14 November 2024

Agenda item	Items discussed
Strategic Priorities	<p>The group received an update on work to progress the delivery plans for each of the strategic priorities.</p> <p>It was noted that the biggest challenges have been identifying specific areas of impact for the mental health priorities. The group agreed to devote the next meeting to agree the focus for the mental health delivery plans.</p>
Report from each of the Wells (Start Well, Live Well, Age & Care Well)	<p>The group received a highlight report for each of the Wells, and welcomed the move towards a standard reporting format across all the Wells.</p> <p>Across all Wells, the main activities in the reporting period have been on agreeing ambition statements, areas of focus and delivery plans for each of the strategic priority areas.</p> <p>The terms of reference are being reviewed for each of the Wells to align with the new governance arrangements and support delivery of the strategic priorities.</p>
Lower Limb Wound Care	<p>The business case for the Lower Limb Wound Care service has been approved, and work is underway to develop the Service Level Agreement (SLA). The service, which has been piloted in the south of the Borough, is now being expanded to include the north.</p>
Governance and terms of reference	<p>It is proposed that the Delivery Executive becomes the programme board for the delivery of the Partnership Southwark Health and Care Plan and relevant sections of the Joint Health and Wellbeing Strategy. It will also become a formal subcommittee of the Partnership Southwark Strategic Board. The group contributed to the development of the revised terms of reference.</p>

Meeting date 12 December 2024

Agenda item	Items discussed
Mental Health Delivery Plans	<p>The majority of the meeting was devoted to testing and challenging the mental health delivery plans. The group received an update on progress on each priority area (children and young people's mental health and adult mental health) which covered emerging areas of</p>



	focus. The group agreed with the themes identified and provided feedback on the plans which will be incorporated into the plans.
Terms of reference	The group reviewed the next draft of the terms of reference which incorporated feedback from the previous meeting. It was agreed that the final version would be circulated to the group following the meeting.



Appendix 3 – Partnership Southwark Strategic Board (PSSB) Sub-Group Report

Primary Care Group – Part A

Agenda Items of Note

Meeting date 26 November 2024

Agenda item	Items discussed
Quality and Performance	<p>Primary care dashboard reviewed which presents Southwark performance data against key national indicators. The group noted:</p> <ul style="list-style-type: none"> • an increase in GP appointments via video conferencing; enquired regarding patient satisfaction related to this appointment type and to be looked into further across the dataset. • a disparity in the indicators of the GP patient survey results between North and South PCNs which will be explored further. <p>In developing the dashboard, this will start to incorporate other indicators such as CQC ratings and workforce. The group received a verbal update on recent CQC inspections of Southwark GP practices.</p>
Finance	<p>The group received an update on the Q7 financial position. There continues to be significant risks in the mental health, prescribing and delegated primary care budgets. Underspend also reported in continuing health care and the corporate and community services budgets.</p> <p>These risks are being managed through underspends in other areas and other non-recurrent mitigations. It was noted that the committee needs to work collaboratively to reduce the budget shortfall and plan for a balanced budget as we move into 2025-26.</p> <p>The group also received an update on the 2024/25 System Development Fund (SDF) and noted the limited spending to date due to the allocations being made late in the financial year.</p>
Contracts	<p>Two GP Practice's (Silverlock and Queen's Road) Alternative Provider Medical Services (APMS) contracts come to the end of the first five years of a 5+5+5 contract this December. The provider has agreed to a contract extension of 12 months (to Dec 2025) to allow the ICB to complete a strategic review. A market engagement exercise is also underway, and the views of patients are being sought. These</p>



	<p>activities will help inform the decision about next steps for these contracts.</p> <p>Following the procurement process for the Primary Care Interpreting Service, a preferred bidder has been selected. Formal approval was required at the Lewisham Care Partnership Board as they are the lead commissioner for this contract on behalf of Lewisham, Lambeth and Southwark. The meeting took place with the standstill period, therefore the group was not informed of the recommended bidder at this time.</p>
Estates	<p>There have been further delays in the practical completion of the Harold Moody site, with an estimated practical completion date of January 2025; however, the timeline will only be confirmed following the outcome from the building control visit. GPs and GSTT are agreeing subleases with NHSPS. Patients will be informed at the end of December.</p> <p>British Land and the London Borough of Southwark have provided SEL ICB with a health centre brief for Canada Water. The site is expected to be 2500m2 which includes clinical capacity for primary and community care. British Land have commissioned Archus, to complete a design brief and building requirements for potential developers to review and bid for the contract. The ICB Estates team are engaging with Archus, British Land and LBS in regards to what is required in the health hub, and the Southwark Primary Care team is in the process of engaging with Southwark GP practices.</p> <p>A GP partnership have been in ongoing discussions with the London Borough of Southwark (LBS) to take on new premises at Pasley Park in Walworth. The GP partners contacted SEL ICB in February this year to provide a high-level brief which outlined the proposed development and design plans. Key Lines of Enquiry (KLOEs) need responding to before the borough team can complete a full options appraisal with recommendations to the Primary Care Group. The KLOEs highlighted refer to Patient Engagement, Space Utilisation and evidence of a fair, open and transparent process.</p>
Governance and terms of reference	<p>The Committee was asked to formally support the proposal and the TORs for the revised Primary Care governance and strategic meetings ahead of recommendation to the January Partnership Southwark Strategic Board (PSSB). Members were invited to comment during the meeting and with a deadline response by email following to reach Chair's approval. The Chair has subsequently taken the decision and to formally support the proposal.</p>



Meeting date 28 January 2025

Agenda item	Items discussed
Contracts	<p>An extraordinary meeting of the committee was called to decide next steps for the two AT Medics practices, Silverlock Medical Centre and Queen’s Road Surgery, following the end of the first five years of their 5+5+5 year contract.</p> <p>As noted in the previous meeting of the committee on 26 November 2024, the Alternative Provider Medical Services (APMS) contracts came to the end of the first five years of a 5+5+5 contract las December. A contract extension of 12 months (to Dec 2025) was agreed with the provider to allow the ICB to complete a strategic review.</p> <p>The findings of the strategic review were considered by the committee, alongside feedback from patients, local priorities and the national context. There was also a positive response to the market engagement questionnaire which indicated that there would be sufficient interest from providers in these contracts.</p> <p>The committee agreed to the recommendation to award a new contract for each of these practices via a competitive process. This option would give the borough the opportunity to test new and innovative ways of delivering general practice, in line with national and local strategic priorities. The practices are of a good size and following a recent market engagement exercise, there are many other providers who would be interested in taking on this contract and through the market engagement have given innovative ideas for how this may be provided. In addition, this option has the least risk and allows the Borough team to identify the best provider for those registered at Silverlock Medical Centre and Queens Road Surgery.</p>

Partnership Southwark Strategic Board Cover Sheet

Item: 6
Enclosure: 4

Title:	Partnership Southwark Governance Review
Meeting Date:	30 January 2025
Author:	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead
Executive Lead:	Darren Summers, Strategic Director for Integrated Health and Care/Southwark Place Executive Lead

Summary of main points

The paper describes proposed revisions to our Partnership Southwark (Local Care Partnership) governance sub structure, as well as to associated health and care integrated commissioning and team governance and functions.

The aim of these revisions is to:

- Streamline, where possible, governance arrangements, noting requirements from both the London Borough of Southwark and the Integrated Commissioning Board (ICB);
- Provide clarity as to which responsibilities are overseen by which group and where decisions are made.

The proposed changes are summarised in the report, along with the proposed governance structure. Terms of reference have been reviewed and refreshed for each of the subcommittees of the board and are included as appendices with this report.

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

Action requested of PSSB

To approve the changes to governance arrangements as described in this report.

Anticipated follow up

New arrangements to be implemented from 1 February 2025

Links to Partnership Southwark Health and Care Plan priorities

Children and young people's mental health	X
Adult mental health	X
Frailty	X
Integrated neighbourhood teams	X
Prevention and health inequalities	X

Item Impact			
Equality Impact	<i>No negative impact on inequalities is anticipated as a result of these changes.</i>		
Quality Impact	<i>Potential positive impact on quality as clearer arrangements for quality assurance</i>		
Financial Impact	<i>Cost neutral</i>		
Medicines & Prescribing Impact	<i>No anticipated impact on medicines and prescribing</i>		
Safeguarding Impact	<i>The oversight and assurance of safeguarding duties is within the remit of the Integrated Governance and Assurance Committee</i>		
Environmental Sustainability Impact (See guidance)	Neutral	Positive	Negative
	x		

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

Reviewed and contributed to by the Senior Management Team (SMT), each of the subcommittees and the Primary Care Collaborative.

Proposed Partnership Southwark governance: summary of proposed changes

Delivery Executive

- Has explicit programme management function for Health and Care Plan priorities AND relevant sections of Health and Wellbeing Action plan.
- Advisory and problem-solving function for Business As Usual (BAU) issues.
- Membership includes SROs of strategic priorities, representation from key partners.
- Start Well, Live Well and Age Well groups have delivery function for strategic priorities, plus advisory function for BAU issues.
- Perfect Neighbourhoods steering group develops into the Integrated Neighbourhood Team (INT) Programme Board with line to the Delivery Executive.
- The Clinical and Care Professionals (CCPL) Advisory Forum has line into delivery executive, with Strategic CCPLs as members of the executive.

Integrated Governance and Assurance Committee (IGAC)

- IGAC retains existing functions, but oversight of strategic priority/health and care plan priorities moves to delivery executive. Focus on functions delegated to Partnership Southwark and the Place Executive Lead (PEL) from ICB.
- Takes on quality assurance apart from Primary care.
- Oversight of Integrated Assurance report covering delegated functions including performance, quality and finance.
- Assurance of delivery of operational plan and Joint Forward View actions not included in strategic priorities.

Proposed Partnership Southwark governance: summary of proposed changes

Primary Care Group

- The Primary Care Group (Part A) becomes the Primary Care Committee.
- Retains existing functions, plus oversight of quality in primary care.
- The Primary Care Group (Part B) merges into the Primary Care Collaborative group, with remit around primary care strategy and collaboration.

Partnership Board therefore receives formal reports from each of these three sub-committees :

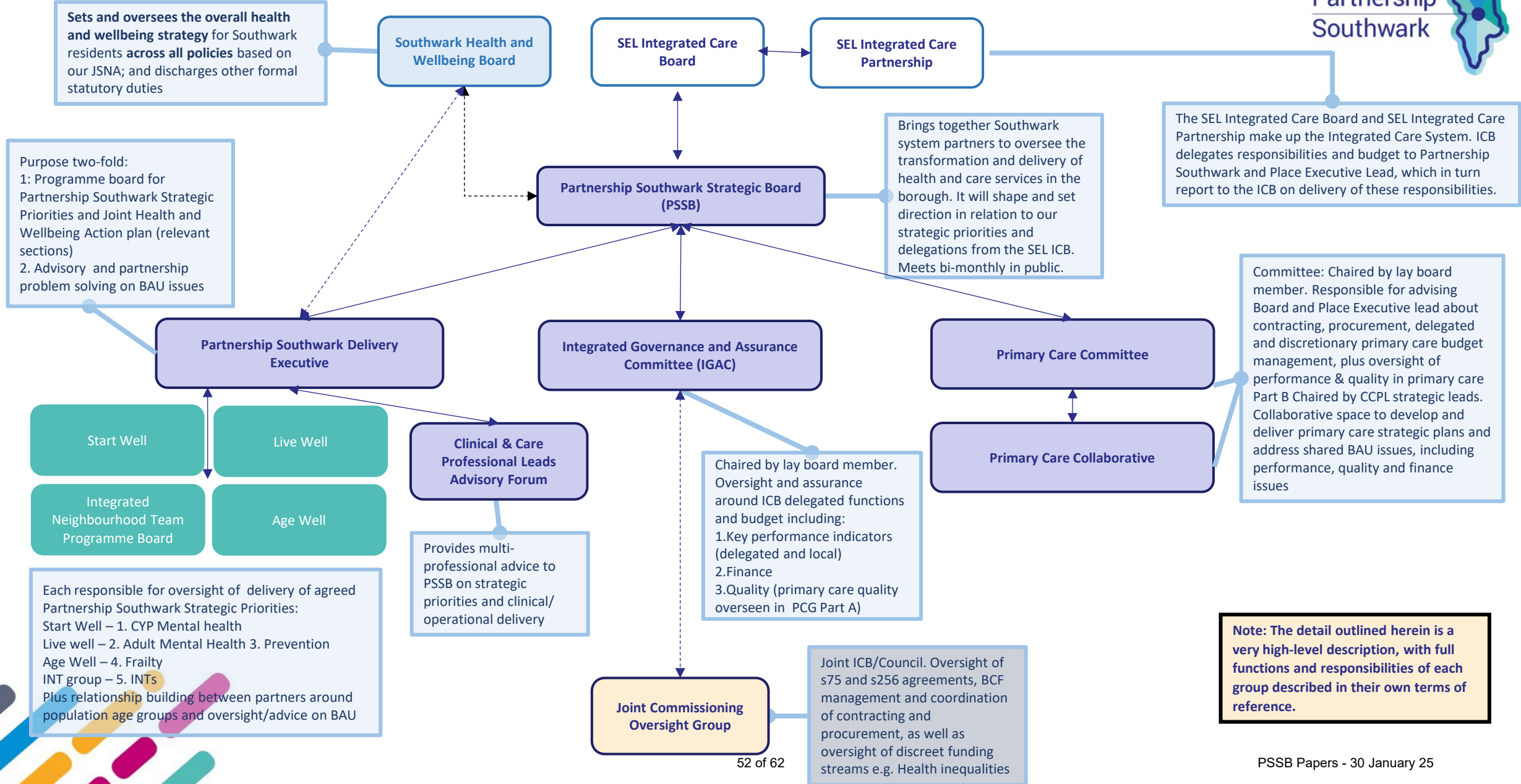
- Delivery Executive with progress/highlight report on strategic priorities.
- Integrated Assurance Report with narrative detailing scrutiny given from IGAC and resulting actions.
- Primary Care Committee – with reporting on formal contractual and procurement business.

These reports are no longer part of PEL report but are separate agenda items, giving board greater oversight of delegated functions, progress against priorities and other key BAU issues.

Strengthened Integrated Health and Care team responsible for ‘officer’ business including commissioning, contract management (including primary care), financial management, as well as support for partnership structure.

Commissioning business overseen by the Joint Commissioning Oversight Group (JCOG), which produces a short summary report for IGAC.

Proposed Partnership Southwark governance



Sets and oversees the overall health and wellbeing strategy for Southwark residents across all policies based on our JSNA; and discharges other formal statutory duties

Southwark Health and Wellbeing Board

SEL Integrated Care Board

SEL Integrated Care Partnership

Partnership Southwark Strategic Board (PSSB)

Brings together Southwark system partners to oversee the transformation and delivery of health and care services in the borough. It will shape and set direction in relation to our strategic priorities and delegations from the SEL ICB. Meets bi-monthly in public.

The SEL Integrated Care Board and SEL Integrated Care Partnership make up the Integrated Care System. ICB delegates responsibilities and budget to Partnership Southwark and Place Executive Lead, which in turn report to the ICB on delivery of these responsibilities.

Purpose two-fold:
1: Programme board for Partnership Southwark Strategic Priorities and Joint Health and Wellbeing Action plan (relevant sections)
2. Advisory and partnership problem solving on BAU issues

Partnership Southwark Delivery Executive

Integrated Governance and Assurance Committee (IGAC)

Primary Care Committee

Committee: Chaired by lay board member. Responsible for advising Board and Place Executive lead about contracting, procurement, delegated and discretionary primary care budget management, plus oversight of performance & quality in primary care Part B Chaired by CCPL strategic leads. Collaborative space to develop and deliver primary care strategic plans and address shared BAU issues, including performance, quality and finance issues

Start Well

Live Well

Integrated Neighbourhood Team Programme Board

Age Well

Clinical & Care Professional Leads Advisory Forum

Provides multi-professional advice to PSSB on strategic priorities and clinical/operational delivery

Chaired by lay board member. Oversight and assurance around ICB delegated functions and budget including:
1. Key performance indicators (delegated and local)
2. Finance
3. Quality (primary care quality overseen in PCG Part A)

Each responsible for oversight of delivery of agreed Partnership Southwark Strategic Priorities:
Start Well – 1. CYP Mental health
Live well – 2. Adult Mental Health 3. Prevention
Age Well – 4. Frailty
INT group – 5. INTs
Plus relationship building between partners around population age groups and oversight/advice on BAU

Joint Commissioning Oversight Group

Joint ICB/Council. Oversight of s75 and s256 agreements, BCF management and coordination of contracting and procurement, as well as oversight of discreet funding streams e.g. Health inequalities

Note: The detail outlined herein is a very high-level description, with full functions and responsibilities of each group described in their own terms of reference.



Terms of Reference (version 5.0) (DRAFT 08.11.2024) updated 23.11

Integrated Governance and Assurance Committee

Introduction

The Integrated Governance and Assurance Committee (IGAC) is established as a sub-group of the Partnership Southwark Strategic Board (PSSSB) which in turn is a sub-committee of the South East London Integrated Care Board (SEL ICB).

These terms of reference set out the role, responsibilities, membership and reporting arrangements of IGAC, under its terms of delegation from PSSB.

Purpose

The purpose of IGAC is to provide assurance to PSSB that the powers and responsibilities delegated to the board by partners are being effectively discharged and delivered. This specifically includes the responsibilities delegated to local care partnerships by SELICB (as set out in the terms of reference of PSSB). This assurance is provided through the detailed scrutiny of reports on performance, quality, safeguarding, risk and finance, and reporting key findings up to the PSSB in the form of a quarterly Integrated Assurance Report. In addition, any additional powers and responsibilities delegated by other partners will be included within the scope of assurance reporting and reflected in revised terms of, including membership. This version of the terms of reference reflects the position that at present no partners other than ICB have formally delegated any responsibilities to the partnership, hence the focus is on ICB governance and assurance.

Oversight of matters relating to:

- the delivery of the Partnership Southwark Health and Care Plan, is overseen by the Partnership Southwark Delivery Executive.
- the delivery of contractual elements of primary care medical services will be overseen by the Primary Care Group.

a) ICB specific governance and assurance

The Integrated Governance and Assurance Committee supports the Partnership Southwark Strategic Board and the Place Executive Lead for Southwark in its delivery of place-based functions by providing oversight and scrutiny of:

- ICB-specific functions delegated to place, namely finance, medicines optimisation, risk management and quality.
- The exercise at borough-level of the ICB's explicit statutory roles in safeguarding, the care of looked after children, special educational needs and disabilities (SEND) provision, NHS Continuing Healthcare, NHS-funded Nursing Care and children and young people's continuing care.
- The ICB Operational Plan or equivalent reflecting SEL ICB planning requirements at place and local priorities.
- Local achievement of the ICB performance metrics delegated to place and other key metrics reflecting corporate objectives and progress on local plans.
- Progress made in tackling inequalities.
- Reports on any specific matters requested by PSSB.



The Committee also supports the Place Executive Lead by reviewing requests to authorise the following where the ICB is the lead commissioner at place level:

- The issuing of tenders for competitive procurement.
- The signing of contracts following competitive tendering.
- The exercise of options to extend contracts.
- Decisions on the procurement approach to be used for the purchasing of clinical healthcare services and non-clinical good and services in line with statutory regulations (including the Provider Selection Regime (PSR) for healthcare services procurement, and Public Contract Regulations (PCR) for non-healthcare services) and the governance framework within which SELICB operates.
- The assessment supporting the proposed direct award of contracts under Public Sector Regulations, including any representations if made about the use of this procurement route.
- Decision making and reporting requirements regarding procurement to PSSB.

b) Reports on specific budget arrangement from group reporting into IGAC

To assist IGAC in providing effective governance a number of sub-groups will report to IGAC on key decisions and recommendations on matters requiring board approval or oversight including:

- Matters relating to ICB contributions to joint funding arrangements including Section 75 arrangements for the Better Care Fund, Integrated Community Equipment and some mental health services as well as oversight of S256 funding arrangements (currently via the Joint Commissioning Oversight Group).
- Matters relating to procurement (currently via the Procurement Group).
- Matters relating to the budget for Health Inequalities Funding (via agreed oversight arrangements).
- Any other groups deemed necessary by IGAC to support effective governance will be established.

Responsibilities

- Provide proportionate check and challenge to the exercise of delegated functions at borough level.
- Advocate on behalf of Southwark’s population, in particular those less well represented in Partnership Southwark’s engagement activities.
- Work with wider Partnership Southwark partners to refresh local governance and assurance structures and processes to integrate over time where appropriate respecting delegating partners individual governance requirements.
- Promote good governance at borough level within the governance framework of SELICB with particular regard to financial delegation, quality, safety, sustainability and service equity.
- Safeguard adherence to the ICB Schedule of Matters Delegated to Officers and procurement and provider selection policies.
- Promote further integration of governance and assurance across Partnership Southwark and support these arrangements as they mature through the work of the committee.
- Committee members will advise the Chair of any conflicts of interest relevant to the matters under discussion.



Membership

- Partnership Southwark Independent Member (Chair)
- Strategic Director of Integrated Health & Care / Place Executive Lead
- Partnership Southwark Co-Chair
- Director of Integrated Commissioning
- Director of Partnership Delivery & Sustainability
- Head of Quality
- Associate Director of Finance (ICB)
- Partnership Southwark Care and Clinical Professional (CCPL) Chair

Membership will be expanded as required to include representatives from partner organisations as delegated powers and integrated governance arrangements expand and mature.

Attendees

- Head of Planning, Performance and Business Support (ICB)
- Business Support Officer for minuting the meeting
- Other attendees as required for specific items, including relevant CCPLs, Commissioning leads, Provider leads, SEL function leads.

Frequency

The meeting will be held on a bi-monthly basis. Members can review the frequency and length of meeting at any time to adapt to the needs of the agenda.

Quoracy & Conflict of Interest

The quorum of the committee is at least 50% of core members, including as a minimum the chair or vice chair, the Strategic Director/Place Executive Lead or nominated Director as substitute, AD of Finance or nominated substitute. In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.

Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise, and a list of declarations made will be circulated for each meeting.



Reporting

The following standing items will be circulated to Committee members one week in advance of the meeting:

- SEL ICB Finance Reports including overall reported financial position, financial planning and procurement papers.
- Draft Integrated Assurance Report for upward PSSB reporting including key place level performance data and discharge of delegated responsibilities, quality report, risk report, ICB Operational Plan delivery report and finance summary.
- Reports on any specific matters of interest requested by a previous IGAC meeting or requested by PSSB.
- The minutes of the previous meeting, action log and an agenda.

Review

These terms of reference will be reviewed by 31 January 2026.

These terms of reference can only be amended by the Partnership Southwark Strategic Board.

Partnership Southwark Delivery Executive

DRAFT Terms of Reference



November 2024

Purpose

- Partnership Southwark is a Local Care Partnership within the overall Southeast London Integrated Care System, working with Southwark Council, health and care providers, the voluntary and community sector and local communities to bring together services and support so that they do a better job of keeping people healthy and meeting their needs.
- The Partnership Southwark Delivery Executive has been established to support delivery of the Partnership Southwark Health and Care Plan and relevant sections of the Joint Health and Wellbeing Action Plan.
- The Delivery Executive will provide strategic direction, leadership and oversight of the delivery of the Health and Care Plan and relevant sections of the Joint Health and Wellbeing Action Plan.

Governance

- The Partnership Southwark Delivery Executive is a sub-committee of the Partnership Southwark Strategic Board.
- The Executive will provide formal reports to the Partnership Southwark Strategic Board to provide assurance that the Southwark Health and Care Plan and relevant sections of the Joint Health and Wellbeing Action Plan are being delivered.
- Each Partner shall delegate to its representative on the Partnership Southwark Executive such authority as is agreed to be necessary in order for the Partnership Southwark Executive to function effectively in discharging the duties within these Terms of Reference.

Remit and Responsibilities

The Partnership Southwark Delivery Executive acts as the Programme Board for the delivery of the Health and Care Plan Strategic Priorities and relevant sections of the Joint Health and Wellbeing Action Plan (the Plans).

The responsibilities of the Partnership Southwark Delivery Executive are as follows:

- Provide overall strategic guidance for the Programme and provide advice and direction to the Partnership Delivery Team and Wells workstreams
- Review progress reports from the Start Well, Live Well and Age and Care Well workstreams and the Integrated Neighbourhood Teams (INT) development group and provide a robust challenge and scrutiny function for all programmes.
- Receive and review reports from the Clinical and Care Professional Lead (CCPL) forum outlining areas of work
- Make recommendations relating to service developments and/or transformation of services which support delivery of the Plans.

- Ensure the Wells workstreams and the INT development group support delivery of the Plans and remain relevant
- Ensure that there are appropriate measures in place for each Strategic Priority in the Plans.
- Monitor progress of delivery plans and hold the workstreams to account
- Address challenges and problem solve to support delivery of the Plans
- Proactively identify opportunities within the system to support further integration and partnership working.
- Support transition of programme activities into Business as Usual
- Share information about the programme to all partner organisations and stakeholder groups as necessary, to act as champions and build and maintain commitment to delivering the Plans across the Partnership
- Ensure that all aspects of the programme are fulfilling their requirements in safeguarding, environmental sustainability and reducing health inequalities.
- Provide quality assurance for the programme
- Ensure that programme risks are appropriately identified and managed
- Facilitate the sharing of learning and best practice arising from programme activities.
- Ensure that appropriate evaluation mechanisms are in place throughout the delivery of the Plans.

Meeting arrangements and membership

- The Partnership Southwark Delivery Executive chair is the Southwark Place Executive Lead (PEL)/Strategic Director Integrated Health and Care.
- The Executive will comprise representatives from each partner organisation. There may be more than one representative from a partner organisation where there is clear need.
- Members of the Executive will represent their organisation or group of organisations; members have responsibility for communicating actions and decisions from the Delivery Executive back to their group or organisation
- Where a partner representative cannot attend a meeting, the representative can nominate a named deputy to attend. Deputies must be able to contribute and make decisions on behalf of the partner that they are representing. Deputising arrangements must be agreed with the Chair prior to the relevant meeting.
- Partners may nominate additional attendees to observe particular meetings subject to advance agreement from the Chair.
- The quorum of the Executive is at least 50 per cent of core members represented. In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.
- Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in

instances where conflicts or perceived conflicts arise and a list of declarations made will be circulated for each meeting.

- Items for the agenda will be coordinated by the Partnership Southwark Partnership Delivery team. All members of the Group are encouraged to submit items for the Agenda and are required to familiarise themselves with documentation before the meeting.
- Meetings will be bi-monthly over Microsoft Teams or in person. They will be scheduled for 90 mins but with flexibility to extend or reduce the time depending on the agenda
- Membership will be kept under review to ensure continuing relevance and representation; and, where appropriate, other parties invited to be represented on a needs basis.

Partner Representatives	
Darren Summers (Chair)	Place Executive Lead/ Strategic Director Integrated Health and Care
Nancy Kuchemann	Co-chair of Partnership Southwark and CCPL Strategic Lead
Sumeeta Dhir	CCPL Strategic Lead and chair of CCPL forum
Rebecca Jarvis	Director of Partnership Delivery and Sustainability, SEL ICB
Alice Jarvis	Director of Operations & Partnerships, GSTT
Claire Belgard	Acting Director of Integrated Commissioning, Southwark Council
Pauline O'Hare	Director of Adult Social Care, Southwark Council
Rebecca Dallmeyer	Exec Director, North Southwark PCN/Quay Health Solutions
Nigel Smith	Exec Director, South Southwark PCN/Improving Health Ltd.
TBA	Director of Operations, KCH
Peace Ajiboye	Service Director, South London and Maudsley
Chris Williamson	Assistant Director - Public Health, Southwark Council
Alasdair Smith	Director of Children's Services, Southwark Council
Sabera Ebrahim	Associate Director of Finance, SEL ICB
TBA	VCS Representative
TBA	SROs for each strategic priority

In attendance	
Sehrish Baloch	Programme Lead
Geetika Singh	Programme Lead
Rob Davidson	CCLP Strategic Lead (Start Well)
Emily Gibbs	CCPL Strategic Lead (Live Well)
Tania Kalsi	CCPL Strategic Lead (Age and Care Well)
Grace Walker	CCPL Strategic Lead (Age and Care Well)

Review

These terms of reference will be reviewed by 31 March 2026.

These terms of reference can only be amended by the Partnership Southwark Strategic Board.



Partnership Southwark Primary Care Committee

DRAFT Terms of Reference



November 2024

As part of the development of the South East London (SEL) Integrated Care System, the Integrated Care Board (ICB) has agreed a mandate and a scheme of delegation with each of the Local Care Partnerships (LCP) for the planning, delivery and associated decision-making for out of hospital services, including general practice.

Purpose

The purpose of the Primary Care Committee (the Committee) is to oversee the functions relating to the commissioning of primary care in Southwark and provide assurance to the Partnership Southwark Strategic Board that Southwark Place is fulfilling its statutory requirements with respect to the commissioning of primary care services.

The current scope covers the functions related to the commissioning:

- of primary care which have been delegated to Southwark Place, i.e. GP practices or forms of organisations providing core general and primary medical services (GMS/PMS/APMS), Primary Care Networks (PCN) and out of hours GP services. If further responsibilities are delegated, such as Community Pharmacy, Opticians and Dentists, the terms of reference will be reviewed.
- of other discretionary primary care services

The Committee also has a key role in shaping the primary care strategic direction and supporting the delivery of the vision for integrated primary care as defined by the Next Steps for Integrating Primary Care: Fuller Stocktake Report with significant input and support from the Primary Care Collaborative.

The group will bring together the right people to consider, challenge, guide and oversee the planning and delivery of primary medical services in Southwark.

Governance and Reporting Arrangements

The Committee will provide formal reports to the Partnership Southwark Strategic Board which will include recommendations for decision and notification of any decisions made by the Place Executive Lead.

The Committee will receive formal reports from the Primary Care Collaborative.

The group will ensure that its arrangements align to the requirements as detailed in the Delegation Agreement between NHS England and South East London Integrated Care Board.

The quorum of the Committee is at least 50 per cent of core members represented. In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.

Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise and a list of declarations made will be circulated for each meeting.

Remit and Responsibilities

Consider issues in relation to the commissioning and management of Primary Medical Services and make recommendations to the LCP Board. This includes consideration of contracting issues and those related to the management of the delegated budgets.

To make recommendations relating to non-delegated primary care functions and budgets pertaining to services, contracts and/or commissioning of services from primary care.

Support officers to make transactional contractual decisions within the scope of their remit

Plan Primary Medical Services in the borough of Southwark, including carrying out needs assessments and strategic reviews.

Provide oversight to the management of delegated funds.

Ensure that appropriate arrangements are in place to monitor performance and quality of service provision and support the Primary and Community Based Care team to address any quality or performance concerns.

Support the Partnership to develop a coordinated approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies

Work with the Primary Care Collaborative to develop plans and strategies for the development and transformation of primary care in the borough

To identify and monitor risks and issues relating to primary care in Southwark, ensuring effective risk management processes are in place, and risks are escalated appropriately.

To liaise appropriately with peers in other Southeast London over matters which may impact on other boroughs.

Frequency

The Committee will meet bi-monthly for 1.5 hours, or as required.

Guests can be invited to the meeting to support discussion on agenda items, with approval from the chair.

Administration

Administrative support will be provided by the ICB for completing minutes of meetings and action log trackers, approval and signature by the Chair within one week of the relevant meeting.

Minutes of the meeting will be made available to the Partnership Southwark Strategic Board for onward reporting as well as the next meeting of the committee.

The Terms of Reference will be reviewed annually, or in the event of a significant change to policy or strategy, or organisational change.

Membership	
Lay Member (Chair)	Partnership Southwark
Cabinet Member for Health and Wellbeing	Southwark Council
Place Executive Lead	Partnership Southwark
Director of Partnership Delivery and Sustainability	Partnership Southwark/SEL ICB
Associate Director of Primary and Community Based Care	Partnership Southwark/SEL ICB
LMC Representative	LMC
Assistant Head of Contracting, SEL	SEL ICB
Estates	SEL ICB
Quality Lead	SEL ICB
Primary and Community Based Care Programme Lead	Partnership Southwark/SEL ICB
Chair (or co-chairs) of the Primary Care Collaborative	Partnership Southwark
Clinical lead (if co-chair of the Collaborative is not clinical)	Partnership Southwark
Associate Director for Finance	Partnership Southwark/SEL ICB
Associate Chief Pharmacist	SEL ICB
Healthwatch Representative	Healthwatch

Other staff and wider stakeholders to be invited to attend meetings as appropriate dependent on agenda items, including providers.

Review
These terms of reference will be reviewed by 31 December 2025.
These terms of reference can only be amended by the Partnership Southwark Strategic Board.