# Public questions and answers: Integrated Care Board meeting, 19 April 2023
# Questions received from the public with responses from the ICB

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| **Question 1** | Performance Monitoring of the Synnovis held contract for the SEL Pathology Network<br><br>In view of the vital role that pathology plays in the majority of aspects of medical investigation, diagnosis and monitoring of health issues; and in view of the size of this pathology services contract and the huge amount of public money involved, the SELSON campaign considers it unacceptable to refuse to share performance monitoring information where there is a high level of public interest. In response to a recent FOI request (FOI.22.SEL19) the ICB refused to release performance monitoring information relating to the Synnovis contract for the SEL Pathology Network.<br><br>Why is Pathology Network performance monitoring information not routinely published? |
| **Response** | Pathology network performance information is utilised for the purpose of contract management of the provider.<br><br>The ICB recognises the importance of maintaining public confidence that services are being managed effectively, and seeks to be transparent as possible. However it must also consider the provisions of the FOI act, for example with regard to information which is commercially sensitive, in determining its response to FOI requests.<br>The original response to the FOI (FOI.22.SEL19) referred to is currently being reviewed by the ICB. |
| **Question 2** | 1. What is the detailed workforce plan for SEL ICB?<br>2. How many people work for SEL ICB and how many people are expected to work for SEL ICB by 1st April 2024.<br>3. What is the reason for the proposed workforce redundancies?<br>4. Why has there been no voluntary redundancies exercise? |

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| | 5. Are consultations with trade unions meaningful?<br><br>6. Have the SEL ICB it's section 188 TULCRA notice? |
| **Response** | 1. All workforce interventions anchor back to the NHS People Promise, which the NHS staff survey is now structured against. The ICB will maintain its approach throughout the change programme to ensure the workforce remain supported.<br>2. SEL ICB has 669 employees. It is not possible to confirm the number of employees at 1st April 2024 at this stage.<br>3. All ICBs will be required to operate within a real-terms reduction the running cost allowance of 30% by 2025/26 Running cost allowance efficiencies. South east London ICB is currently planning a review of its running costs. It is likely that in order to implement a reduction to the running cost, staff redundancies will be required. Any redundancies required will be progressed in accordance with legal requirements to consult with staff and their representatives and in line with the ICB's change management policy.<br>4. South east London ICB is currently planning a review of its running costs, it is expected that in order to implement a 30% reduction to the running cost some staff redundancies will be required. However, the process has recently started and no final decision on redundancies and where they will be required has yet been taken. The ICB will seek to reduce running costs in a manner that best shapes the ICB to deliver the ICB statutory requirements and the priorities of the ICS. Staff will be engaged in this process as far as possible.<br>5. The ICB holds a staff partnership forum every six weeks and have discussed the forthcoming change programme with union colleagues as part of early engagement and meaningful consultation.<br>6. The section 188 TULCRA letter was discussed at the last meeting (13th April 2023) and will be issued in due course. |
| **Question 3** | At the last meeting on 15th February I asked the following question<br><br>*Given our previous experience in South East London of GP practices being taken over by Centene, before the full establishment of the ICB it was alarming to read how a similar situation had arisen in Bolton, despite vociferous demands from patients and Practice members. Can South London ICB give firm assurance that members and patients of GP practices within our ICB area with have firm input into decisions about practice take-overs.*<br><br>You replied that *South East London Integrated Care Board will ensure that all procurements for general practice will follow the correct procedure outlined in the contract and regulations aligned to our own standards of good practice*.<br><br>I have a further question. |

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| | In the contract and regulations aligned to your own standards of good practice, referred to in your answer to my question, can you tell me please do you standards include the monitoring of Alternative Provider Medical Services , with the exclusion of large private companies, or do they not include this? |
| **Response 3** | There is no provision in the APMS contract allowing large companies to be excluded from bidding based on their size. However, all contracts regardless of their form, are monitored and assured using the same framework and standards. |
| **Question 4** | I have a question about this paragraph in the April Planning and finance report (page 73)<br><br>10.1……. • A significant improvement of over £100m in our forecast financial position but with a remaining gap to break even of just under £100m, after applying ambitious productivity and efficiency improvement assumptions of 4.5%, noting the gap resides in the ICB's acute sector.<br><br>What happens if the acute sector cannot make £100 million savings over that period? Is the burden shared across al ICB services or does it fall only on the acute sector? |
| **Response 4** | The £100m gap to break even refers to the position of the ICS as a whole at the time the report was written. Providers and the ICB are working together to improve the position, which has now reduced as a result of increased savings being identified.<br>However, failure to reach a breakeven position remains a risk, and is recorded in the ICB's risk register together with the impact score and mitigations (SELICS_17). As the ICB is required to break even, the impact of a failure to reach a break even will be oversight by NHS England to reach a break-even position through identifying further savings - which have the potential to impact all areas of spend. |
| **Question 5** | Hewitt review: You will be familiar with the recently published Hewitt review into integrated care systems.<br><br>Question- do you think the SEL ICS will have reached a sufficiently high level of performance by April 2024 ,as required by the Hewitt review , to create a Higher Accountability and Responsibility Partnership ( HARP) as recommended in the review, and if not, why not?<br><br>And, if SEL if SEL ICS were given more autonomy, what changes would you make to how you currently operate ?<br><br>https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems |

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| **Response 5** | The recommendations of the Hewitt review to the government regarding ICSs have not so far been communicated to the ICB as a policy change, and no assessment has been made of whether SEL ICB would reach the criteria to be a HARP.<br><br>The ICB already works within the scope of the autonomy it is allowed to work with partners to deliver national requirements as part of the Long-term Plan and other initiatives, as well as the priorities for local people developed and agreed in each of its Places and set out in the Integrated Care Strategic Priorities and being developed in the Joint Forward Plan. |
| **Question 6** | Reducing health inequalities : Drawing on material from the Evidence for Equality National survey, research recently published by academics from universities of St Andrews, Manchester and Kings College London has highlighted the significant barriers which Roma, Gypsy and Traveller ethnic groups experience through high levels of racial abuse, shocking health disparities, unstable employment, and significant socio- economic deprivation eg, the survey found they experience the highest level of socio economic deprivation than any other ethnic group.<br><br>Question: Are the findings outlined in the latest research consistent with data/ profile outlined in the ICS strategic plan? If not what is the profile in SEL ICS?<br><br>And, what steps is the ICB/ICS taking to address the health inequalities facing Roma, Gypsy and Traveller communities in SEL ICS localities?<br><br>Ref: 'Racism and Ethnic Inequality in a Time of Crisis '. Findings from the Evidence for equality national survey ( 12th April 2023). |
| **Response 6** | The findings of the report referred to have not been compared to SEL ICS data, however the development of the integrated care board strategic plan identified taking targeted action to reduce health inequalities as part of south east London's mission and drew on insights from system-level engagement work and from our South East London partners (including the voluntary and community sector).<br>As part of this, reports on the experience of Gypsy, Traveller and Roma communities were reviewed and we sought out insights from voluntary and community organisations who supported or were involved with these communities. These insights are available on What we've heard from local people and communities - South East London ICS (selondonics.org)<br><br>Key themes from what was heard included<br>• Experience of discrimination and stigma leading to issues around trust in health services<br>• Barriers to accessing health services including language, literacy and cultural barriers<br>• Difficulties for communities who move around in keeping their place on waiting lists for planned care |

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| | • High rates of depression, mental health issues and suicide rates within the GRT community and issues around generational trauma<br>• Unresolved issues for children within traveller communities due to shorter life expectancy caused by poorer health and higher suicide rates than in the general population<br>• Prevalence of long term conditions is higher than the general population, the onset is earlier in life, and the take up of cancer screening is low<br><br>Each Borough contains produces a Joint Strategic Needs Assessment which inform the approaches to addressing health inequalities at the level of Place. |
| **Question 7** | I am an unpaid patient rep who spent free time on my weekend to go through the 157 pages of board papers to meet your 10am Monday deadline. I noted not a single reference to MSK conditions which have ruined my life and account for about a fifth of NHS resource. What measurable outcomes to improve MSK treatment are there for 'People and Communities' to hold the paid managers of the ICB accountable, as promised on page 127? How many paid managers transferred to the ICB/ICS from previous SE London structures having, implied by the left-hand table P127, presided for decades over a litany of cultural failings within those structures? |
| **Response 7** | A number of metrics are used to monitor patient experience, patient access and the quality of MSK services. This includes measures such as patient satisfaction, waiting times for appointments and "Did Not Attend" rates. There is an ongoing programme of work to improve the care and outcomes for people with MSK conditions in south east London through the South East London MSK Programme. |
| **Question 8** | I would like to ask about local and community MSK services. There is a shortage of physios across the NHS so wanted to ask about inclusion of osteopaths within this service as there are osteos who would be happy to be part of MSK. Also First Contact Practitioners roles where osteopaths are excluded. Why? |

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| **Response 8** | Given the range of health professionals who can be involved in delivering MSK services, it is the responsibility of MSK service providers to determine the optimal skill mix for their services, and ensure they have the appropriately trained and accredited staff. This may include osteopaths where clinically appropriate. In some areas in south east London, osteopaths are involved in delivering MSK First Contact Practitioner services. |
| **Question 9** | I have read this article in the Guardian about Lloyds Pharmacy sharing our patient data with our names and addresses, and including very sensitive things ,with Tik toc and Facebook:<br><br>https://www.theguardian.com/business/2023/apr/15/lloyds-pharmacy-shared-customer-sensitive-data-targeted-advertising-tiktok-facebook<br><br>I am patients at GSTT and have been forced to use Lloyds Pharmacy for urgent out patient medication, although the queue was very crowded and felt unsafe.<br><br>1. Have the GSTT pharmacies and other Lloyds pharmacies in SEL shared our data?<br><br>2. Is there any ICB role or committee that would take action proactively on behalf of patients, on this, or any other data breech?<br><br>3. Where there are data breeches in ICS organisations are patients affected informed?<br><br>4. Who in the ICB can patients contact to discuss accountability on data issues?<br><br>5. Can patients in GSTT be given the option to obtain their medication through their GP in their normal pharmacy in future? |
| **Response 9** | 1. The ICB does not have this information, however the Guardian article is in relation to online pharmacies, rather than the system used in the hospital-based Lloyds pharmacies at GSTT.<br>2. The ICB has an Information Governance Committee, which oversees the information governance within the ICB organisation. However individual organisations are responsible for managing breaches appropriately.<br>3. Each ICS organisation will have an information governance policy for dealing with data beaches, which depending on the nature of the breach will include a range of responses such as reporting the breach to the information commissioner and contacting data subjects affected.<br>4. ICB's Chief Nurse is also the organisations Caldicott Guardian - the senior person responsible for protecting the confidentiality of people's health and care information. The Chief of Staff has a role of SIRO (Senior Information Risk Owner) for the ICB organisation. However in the first instance patients should contact the Organisation concerned and if |

they are unhappy with the response, they can contact The information Commissioner Data protection and personal information complaints tool | ICO

5. It is important to note that not all medicines prescribed for patients by your hospital team can be prescribed by their GP or provided by their local pharmacy. This will depend on the nature of the medication prescribed, the urgency with which the medicine needs to be started and the length of the treatment course. We suggest that patients should speak with their hospital doctor, GP or local Community Pharmacy to confirm what arrangements might be possible for the provision of their medication.