



SOUTHWARK BRANCH

BRIEFING NOTE FOR SCRUTINY COUNCILLORS

Context

Given there is so much going on at present, much of it not transparent, the role of Scrutiny of health is very challenging. This note, drafted by an individual and aiming to capture an enormous amount of work by others, may be inaccurate and miss some details. It will briefly highlight the structure, naming key individuals, refer to decision making bodies and what they are doing about money and the strategies, all these three areas need scrutinising.

The attached letter was used as a template and sent to the two members in each of the boroughs who sit on the Joint Health Overview Scrutiny Committee (JHOSC) last year raising issues about their work.

Structure

Few of the bodies below have any elected member i.e. councillor representation and, on those that do, councillors do not have voting rights.

- NHS England – Simon Stephens CE
- NHS London - Regional Director London David Sloman
- South East London Sustainability and Transformation Partnership (STP) – Our Healthier South East London OHSEL)– Chair Andrew Bland. OHSEL has been identified by NHS England as the 1st area of London to be part of the next wave of Integrated Care Partnerships (ICS). New Chair appointed in January Richard Douglas, a former director at NHS England, to lead London’s emerging ICS , accountable to David Sloman
- SEL CCG – Jonty Heaversedge (Chair), Andrew Bland (Accountable Officer), Joy Ellery (Board Lay member leading on engagement)
- Partnership Southwark – Sam Hepplewhite is the lead officer
- Southwark Borough Based Board (called Partnership Southwark) - Chair Dr Nancy Kuchermann. Vice Chair Dr Robert Davidson, Sam Hepplewhite Place based Director (i.e. lead officer), Southwark & Borough Lay Member Richard Gibbs total of 4 voting members). (there are 8 council officers all non-voting)

- Maudsley Hospital – Norman Lamb (Chair)
- Guys & St Thomas Hospital Trust – Sir Hugh Taylor

Board of Directors – 9 Executive directors senior Health professionals and managers and 8 non executive directors. Board sets overall direction and monitors performance

Council of Governors made up of 9 patient, 8 public , 6 staff and 9 stakeholder governors (1 Southwark Councillor and 1 officer) advisory

- Kings College Hospital -Similar structure as for Guys & St Thomas, Sir Hugh Taylor also Chair

Meetings of SEL CCG (4 held in 2020) have been bland affairs with a lack of substantive issues being discussed (see below) and the answers to questions from the public equally bland. Their engagement arrangements have been getting worse for some years since the abolition of SLIC (Southwark and Lambeth Integrated Care) despite SELCCG declared commitments to develop an ‘engagement’ strategy

Finance

What money has been allocated to SEL CCG and how, in turn, is that money being allocated? Who is making those decisions, where and how?

What work is being commissioned and what contracts have been let since April 2020? What decisions have been made about disposing of any of the hospital estates? How involved is the private for profit sector in any of this?

What stakeholder and public consultation has there been on resource priorities and budget allocations and what is planned? What public accountability is there for spending decisions?

Covid 19

The attached 2 motions relating to Test and Trace and Vaccinations delivery need to be submitted to the Council for dealing with as urgently as possible. Members need to everything possible to make people in Southwark safe. As we are seeing the rolling out of vaccinations is predictably proving very challenging to manage. The process should be managed by the NHS but the role of local pharmacists should be considered.

Strategies

There has been no significant reference to the strategies listed below. Members should be asking for these plans to scrutinise them as a matter of urgency

- Staffing- especially given the pressures of Covid 19 and Brexit leading to shortages of key staff and gaps in services
- Mental Health and Suicide – role of Maudsley Hospital and provision of emergency services

Other key issues

- Public Health – it should be central and not marginalised
- Social care – beware the dangers of integration. The LGA has done a useful briefing paper in response to the Government ‘consultation’ referred to below.
- Hostile Environment
- US/EC Trade Deal negotiations
- Consultation and accountability – hopefully, this paper clearly indicates a lack of any meaningful public involvement in the current structures and procedures and this needs to be scrutinised and addressed.

Concluding comments

As previously and frequently mentioned we have an under-resourced NHS and Social Care sector, with low levels of per capita spend in comparison with similar countries. There is far too much fragmentation and marketization of this public service and the negative impact of this has been very visible during the pandemic, especially in relation to PPE and test and trace. Privatisation will continue and grow if the current proposals for ICS bodies (‘consulted’ on by Government between end November and early January!!) proceed into law. We believe there should be a national structure which devolves most of the resources to local bodies (including local authorities) who undertake the bulk of the delivery and are better informed about their areas. These structures should avoid wasteful commissioning, which there has been plenty of these past 9 months. There needs to be proper, well-regulated procurement procedures to reverse the drift into cronyism.

Southwark KONP

January 2021