

# Health and Social Care Scrutiny Commission

Wednesday 17 November 2021

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1  
2QH

## Supplemental Agenda

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4.	<b>Minutes</b> To approve as a correct record the Minutes of the open section of the meeting on 30 September 2021.	1 - 6
6.	<b>Review: Impact of Brexit and the pandemic on the NHS workforce</b> Southwark NHS, Guy's and St Thomas' Foundation Trust (GSTT), King's College Hospital Foundation Trust (KCH) and South London and Maudsley Foundation Trust (SLaM) will attend to assist with the scrutiny review on the workforce. Reports from KCH and GSTT are enclosed.	7 - 15
7.	<b>Integrated Care System (ICS)</b> A presentation and update will be given on the development of South East London's (SEL) Integrated Care System (ICS) by the NHS Clinical Commissioning Group (CCG). The presentation is enclosed.	16 - 26

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Date: 13 November 2021

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	The CCG will attend to discuss access to in-person consultations with local GPs. A presentation is enclosed.	
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## HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Thursday 30 September 2021 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

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### PRESENT:

Councillor David Noakes (Vice-Chair)  
Councillor Sandra Rhule  
Councillor Bill Williams  
Councillor Jane Salmon

### OTHER MEMBERS PRESENT:

### OFFICER PARTNER SUPPORT:

& Genette Laws, Director of Commissioning , Southwark Council  
  
Clair Kelland, Detective Superintendent, Public Protection, Police  
  
Julie Timbrell, Project Manager, Scrutiny.

### 1. APOLOGIES

Councillors Victoria Olisa (chair), Charlie Smith and Maria Linforth-Hall provided apologies.

Councillor Jane Salmon attended as a reserve.

The Vice Chair, Councillor David Noakes, chaired the meeting.

**2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**

There were none.

**3. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

There were none.

**4. MINUTES**

The minutes of the meeting held on 27 July 2021 were agreed as an accurate record.

**5. REVIEW: BREXIT**

Genette Laws, Director of Commissioning, Children's and Adults' Services Southwark Council, presented the briefing on the impact of Brexit on the social care workforce, circulated with the agenda.

The chair then invited questions and the following points were made:

Southwark has a higher percentage of Non EU Nationals and a lower percentage of EU Nationals working in Health & Social Care. EU citizens comprise 6% of the Southwark workforce whereas nationally this is 7% and for London wide 13%.

A member commented that the council had been surprised at the number of citizens requesting resettlement in Southwark as this had ended up being more than the total estimated EU national population. Members requested the numbers (not just percentages) of EU settlement figures.

The data shows that Brexit did not have a material impact on adult social care workforce, however the council can be less sure about children's social care as the data is less complete. There is a bit of a local arms race to recruit to children's social care, which is being addressed through some London borough wide agreements.

There is a general shortfall of health and social care workers, which is less of an issue for Southwark than the rest of London. Southwark has an 8% vacancy rate, whereas London it is 9.5%. Members requested more information on vacancies and monitoring, for the social care workforce, and national figures.

The Director of Commissioning said the lower vacancy rate in Southwark is considered to be a result of the positive impact of the ethical care charter, which some boroughs have a version of and some do not.

Members asked the Director of Commissioning if she thought that the workforce scoping review ought to be opened up to include the impact of vaccination, as well as the wider impact of the pandemic on morale and burnout. The Director of Commissioning agreed that this would be beneficial. There is a risk of mandatory vaccination being potentially resented by some of the social care workforce given the particularly adverse impact of the pandemic on social care staff, and some feeling of being singled out - however good the reasons. She clarified that the vaccine is only presently mandated for care home staff and care homes visitors, like social workers, not home care workers. The rationale is probably the greater mortality rate in care homes in previous waves due to the risk of infection breakouts within a vulnerable population.

The introduction of mandatory vaccination for COVID 19 is likely to have an impact on the social care workforce, the Director of Commissioning said. There is also a consultation to extend mandatory vaccination to all health and social care staff, so there could well be more of an impact. The first milestone for Care Homes personal has been passed with 15<sup>th</sup> September being the date for first vaccination. This is being monitored through 'self-certification' however the second date will have harder monitoring.

## **RESOLVED**

The Commission will expand the scope of the workforce review to look at mandatory vaccination and the impact of the pandemic on the health and wellbeing of the workforce, particularly moral and burnout.

Officers to provide:

- Numbers (not just percentages) of EU settlement figures.
- More information on vacancies and monitoring, for the social care workforce, including national comparison figures.

## 6. SAFEGUARDING

Clair Kelland, Detective Superintendent, Public Protection, Police presented the report providing an overview of the arrangements for safeguarding children and adults in Southwark, on behalf of the Safeguarding Executive.

There are three people are on the Safeguarding Executive for Children and Adults, these are: David Quirke-Thornton, Strategic Director of Children's and Adults Services, Southwark Council; Clair Kelland, Detective Superintendent, Police; and Sam Hepplewhite, Place-Based Director (Southwark), NHS South East London Clinical Commissioning Group. There is also the same Independent Chair for both boards, Anne Berry, who started early 2020 at the beginning of the pandemic. The Detective Superintendent said it works well to have a joint chair, providing coherence across children & adults.

The boards have a people centred approach, with a strong partnership. There was a recent governance review.

The boards do not look at things on isolation- for example they look at the links between Child Sexual Exploitation (CSE), children in care, and child abuse. They also look at emerging issues, for example 'Me Too', peer on peer abuse and the website 'Everyone invited', which was quite prominent with the number of independent schools in Southwark where young people had spoken of abuse.

The boards looks at themes and issue, whereas MACE will look at the needs of individual's.

The chair then invited members to ask questions and the following points were made:

- The boards meet every 2/3 months and the Safeguarding Executive more frequently, around one month.
- The board has considered three cases for review; one met the threshold. They can take up to two years as often an associated court process, however they try and do the learning earlier.
- All the safeguarding partners are engaged and committed.
- Issues of particular concern include:

- Serious Youth Violence
- Child exploitation - particularly adolescent risk as this is not always disclosed and then there is the challenge of victim / perpetrators often crossing over.
- The rise of domestic abuse in during covid lockdown, which has more been seen by other providers, rather than the police.
- 'Cuckoos', where the homes of vulnerable adults are used for drug dealing.
- Modern day slavery country lines – there is often little information and a reluctance to report to police.

## **RESOLVED**

The Detective Superintendent will provide more information on Domestic Abuse, to support the mini review.

The Detective Superintendent will return with the rest of the Safeguarding Executive and the Independent Safeguarding Chair in February for a more in depth item on Safeguarding.

## **7. SCRUTINY REPORT: MENTAL HEALTH INEQUALITIES OF BLACK, ASIAN AND MINORITY ETHNIC CHILDREN AND YOUNG PEOPLE**

The final report was noted.

## **8. WORK PROGRAMME**

Members discussed the work-plan and reviews.

## **RESOLVED**

- The NHS will be asked to consider the impact of the pandemic and mandatory vaccination on the workforce.
- The relevant cabinet members and deputy cabinet member will be invited to contribute to the mini review on Domestic Abuse.
- Access to GP appointments will be added to the next meeting's agenda, in order to understand why some constituents are struggling to get in-person consultations with their doctor and the GPs views on face to face meetings.



**King's College Hospital NHS Foundation Trust submission to Southwark Health and Social Care Scrutiny Committee, November 2021**

This briefing is designed to provide the Southwark Health and Social Care Scrutiny Committee with key information requested from King's College Hospital NHS Foundation Trust in relation to i) the impact of Brexit and ii) how the ongoing COVID-19 pandemic is affecting the health and wellbeing of our 13,5000 staff.

**1. Brexit****The impact on the health and care workforce**

King's employs 13,500 staff across all our sites and services. We employ staff from more than 30 different nationalities, and currently have just short of 10% of our workforce who are EU nationals.

In summary, we have not seen a significant increase in EU staff leaving employment with King's due to Brexit. The numbers of EU employees that work at the Trust has remained fairly static following the result of the referendum in 2016, and throughout the implementation of the Withdrawal Agreement.

*Pre Settled Status and Settled Status*

Throughout the Government's negotiations with the EU on the UK's future relationship, King's took seriously its role in providing assurance and regular updates to our staff about the impact that any deal agreed would have on our ability to staff services safely, and provide the very best care.

To support our staff, we issued regular Trust-wide communications and also provided bespoke communications and support to our members of staff who are EU nationals. This tailored communication increased during May and June 2021, as the 30 June 2021 deadline approached. We worked hard to ensure our staff were equipped with all the information required in order to maintain their right to work via the Government's Pre Settled Status or Settled Status schemes.

In advance of the deadline to complete these right to work applications, there remained no legal obligation currently for staff to inform the Trust that they have applied to the settlement scheme, or to tell us about the status of their application. The NHS was permitted to ask staff to voluntarily share their status and so the Electronic Staff Record (ESR) – our internal resourcing tool - was modified to record the necessary right to work information relating to settlement. In line with advice from national body NHS Employers, we are recording information where it has been voluntarily given, which also supports national data sets so that the system as a whole can monitor recruitment trends.

As stated in pre-existing legislation, Irish citizens do not need to apply to the EU Settlement Scheme. Their right to live, work and access public services in the UK are protected under the Common Travel Area arrangement. We employ close to 1000 Irish employees at King's.

*International recruitment*

We have strong links with partners in other countries beyond the EU, and have been successful in recruiting health care staff from overseas for many years. This has supported us to keep staffing levels at the right levels, and mitigated against the risk of losing members of our staff who are EU nationals.

We have established international recruitment networks so while the immigration rules have changed in respect of EEA nationals, we are very familiar with Home Office requirements and processes around sponsorship.

### *Wider implications of Brexit*

Operationally – while the Brexit negotiations were ongoing - we followed the guidance and protocols published by the Department of Health and Social Care and NHS England and NHS Improvement. This involved scenario planning and putting in place preparation and mitigation plans covering any potential impacts to the workforce, supply chains, clinical trials and pharmacy. We also delivered training on our operational response plan to senior on-call managers in the event that emergency action would need to be taken in order to prevent disruption to services.

King's pharmacy has not yet seen a significant impact due to the UK stockpiling measures that were put in place. We remain on alert for any EU exit related medicine disruptions as we are a specialist centre for multiple areas – including Liver, Neurology, Haematology - and will escalate accordingly to the Government's Commercial Medicines Unit when necessary.

Similarly, we have, so far, been able to successfully manage and mitigate against any issues caused by disrupted supply chains. There have been numerous shortages which have been caused by changes to shipping and imports and these have had a knock-on effect to health care.

We have been working extremely closely with our partners across the Shelford group to share issues and support each other with concerns about supply. By acting swiftly with our partners, none of the supply issues on items including blood bottles, crutches and even fuel, for example, have not caused significant disruption to patient care.

## **2. The impact of COVID-19 on the health and care workforce**

The Trust's preparations for the COVID-19 pandemic started on 24 January 2020, whereby King's adopted a command and control structure which has remained in place since.

We are incredibly proud of all our staff who have worked tirelessly with unstinting professionalism throughout the pandemic. We have also been at the forefront of the South East London COVID-19 vaccination programme, and our teams continue to protect our staff and local populations with COVID booster and flu jabs.

This month, the work of our researchers to trial the molnupiravir drug - which was found to prevent the worst side effects of COVID-19- were successful in having the medication approved by the Medicines and Healthcare products Regulatory Agency (MHRA). This is a fantastic milestone that King's was proud to contribute to.

### *Staff wellbeing*

Since the pandemic began, staff support initiatives have developed exponentially in an attempt to match the circumstances that our staff have faced. The physical and mental health and wellbeing of our staff is extremely important to us, and we recognise that the pandemic has caused heightened anxiety and stress.

Our comprehensive and well-resourced staff support offer continues to support the wellbeing of our workforce and mitigate against the development of mental health-related distress. The programme focuses on supporting and building the resilience of teams and managers, and provides psychological interventions to staff at high risk of developing mental ill-health.

We have a staff psychological support service, and established a specific occupational health team to help staff who may be experiencing symptoms of burnout or poor mental health. This also includes bespoke support for staff coping with the symptoms of long COVID.

A large number of staff, including many with specialist mental health training, were mobilised and/or voluntarily redeployed into staff support roles so that we could ensure access to psychological and wellbeing support was easy and timely.

Our outreach included surgeries in the staff wellbeing hubs, ward-based in-reach support and individual support via psychological therapists. These volunteers came from both within the hospital across departments and teams, and from external partner organisations including King's College London (KCL) and South London and Maudsley (SLaM).

Actions we have taken across the Trust so far to support wellbeing include:

- An additional day of annual leave for staff to celebrate their birthday (4,017 days have been requested and approved as of the 12 October, 2021).
- REACT Mental Health Training and accompanying Train the Trainer Programme for managers and leaders to support staff with mental health conversation training.
- A comprehensive recognition programme including Thank-You Week and Brilliant People Week.
- £350,000 made available by the Trust as a 'Feel Good Fund' which departments can apply for to spend on a team activity.
- A programme of Trust-wide Schwarz Rounds which provide a safe and open space for reflection on the impact of the pandemic on staff so far. These have run monthly with speakers from across the Trust including attendance from members of the Trust's executive team.
- Reflect and Reconnect conversations as part of our annual appraisal cycle to review work balance.

An average of 10,000 visits (not unique visitors) are recorded at the wellbeing hubs across the organisation each week, and over 370 interventions have been carried out during the period between August and November 2021. These have included individual support, team day activities, art therapy, reflective sessions, end of shift reflection and stress awareness days. All health and wellbeing staff in the hubs have been trained in psychological first aid, appropriate signposting and suicide awareness.

### *Staff Psychology Service*

The new Staff Psychology Service now comprises of two Principal Clinical Psychologists; one dedicated to Workforce and Occupational Health and the other focussing on staff support within Critical Care (CCU) and the Emergency Department (ED). A further three Clinical and Counselling Psychologists have been appointed to lead various projects and are expected to join the team in mid-late January 2022.

### *Keeping Well South East London (KW SEL) Portal*

SLaM, Oxleas NHS Foundation Trust, Bromley Healthcare and Mind (Bexley) provide personalised wellbeing and psychological support to all NHS and care staff in South East London.

The Trust has made this portal available to all staff – not just clinical teams. Staff can use a live chat function via a widget on our intranet to speak to trained psychological wellbeing practitioners (Monday to Friday, 9am to 5pm), as well as email, call or request a call-back. The portal offers fast track access to primary care psychology services.

**For more information, please contact:** Rachael Truswell, Head of Stakeholder Relations at King's College Hospital NHS Foundation Trust on [Rachael.Truswell@nhs.net](mailto:Rachael.Truswell@nhs.net)

## **Background briefing paper for Southwark Health and Social Care Scrutiny Commission's review of the Health and Social Care Workforce**

### **1. Introduction**

This briefing sets out key information about the Guy's and St Thomas's (GSTT) workforce, with specific detail on the impact of the pandemic and Brexit, as well as an overview of recruitment and retention efforts. GSTT is the largest NHS Trust in South East London and the Trust's Chief People Officer is Senior Responsible Officer (SRO) for Workforce across the Integrated Care System (ICS).

GSTT has led the development and delivery of the vaccination programme in SEL and continues to work in collaboration with partners across the ICS.

Specific questions around both GSTT's and the ICS' workforce priorities have been addressed, which seek to improve our position as anchor employers, working more closely with local communities to improve employment opportunities.

The most significant issue that both the Trust and the sector have had to manage is the impact of the pandemic which continues to affect the volumes of activity with elective recovery and the impact of winter. During 2020, we saw a significant reduction in vacancies and turnover but as the economy has opened up, these have returned to almost pre pandemic levels last seen in 2019.

The paper presents workforce detail for GSTT and also a view of the wider context and sector wide priorities.

### **2. Guy's and St. Thomas's**

#### **a. The impact of work on the well-being, mental health, morale and physical burnout of the health and social care workforce**

The full long term effects of the pandemic on the NHS workforce are yet to be fully understood. Levels of non-Covid related sickness remained relatively stable through each wave with spikes in Covid related absence at the peak.

From the annual 2020 NHS staff survey, GSTT's results were as follows:

- The Trust achieved 6.2 on the Health & Wellbeing theme in 2020 above the national average which was at 6.1. This is an improvement on our score of 6.0 in 2019.
- Staff working on Covid wards/areas reported a score of 5.9 on health and wellbeing and this is above the national average which was at 5.7.

- Staff who were redeployed reported a score of 5.9 on health and wellbeing, above the national average which was at 5.6.
- 46% of respondents have reported that they have felt unwell as a result of work related stress as compared to 41% in 2019. This is slightly higher than the national average.
- 45% of the respondents have indicated that they came into work despite not feeling well enough to perform their duties as compared to the national average of 47%. The Trust has improved on this score by 11% since 2019 and this also aligned to the national average which has improved significantly.

The staff health and wellbeing programme was recently assessed as part of the Mayor of London's Healthy Workplace Award receiving the Excellence level of accreditation. It provides a comprehensive and varied package of support and benefits open to all employees regardless of role to support their professional, personal and family lives.

#### **b. Actions to encourage retention of the existing workforce**

Supporting the health and wellbeing of our staff has always been a priority for the Trust and is a key aid to improve retention. In addition, flexible and remote working for many staff was the norm during the pandemic and supports staff to have more or different sorts of flexibility in their working lives.

A renewed focus on personal and professional development and attending to the 'hygiene' factors at work will be the emphasis of our retention effort and we enjoy the continued support of our charity for an extensive series of benefits.

#### **c. Actions to recruit to vacancies**

Recruitment activity is high across all areas reflecting heightened activity within the Trust. The number of new starters (excluding doctors and temporary staff) between August and October 2021 was 1,544, an increase of 29% compared to the previous 3 months.

Recruitment of experienced specialist nurses continues to be challenging and we have engaged a number of international recruitment agencies to source candidates from overseas.

#### **d. Actions to train the local workforce**

As an anchor organisation, we aim to grow our workforce from within our local communities.

The GSTT Widening Participation Team have led on bringing together a South East London ICS wide network, which has worked together to submit a bid for the Mayor's Academy Funding (£250k).

Examples of progress are:

- Kickstart: an initial 10 posts approved by Lambeth Council and a further 7 offers were made at a Southwark Youth Hub event in late October. We will attend further recruitment events at the Southwark Youth Hub to recruit additional candidates. Posts are for 6 months and we will create a wraparound support package to enable candidates to successfully move into permanent employment at the end.
- Our partnership with Southwark College includes the provision of in person access to experts from the Trust, providing information on careers and apprenticeships whilst showcasing variety of roles within healthcare and access to health and finance information.
- Our 6<sup>th</sup> Bespoke Health Sector Based Work Academy Work Experience and Internships is due to start shortly. In June 2021, we relaunched our work experience placements. To date we have had 83 Work Experience Placements and 7 Neurodiversity Internships have been arranged despite Covid restrictions being in place.
- Our Virtual Work Experience Package will offer Nursing/Midwifery, Allied Health Professionals (AHPs) and Admin and Clerical roles
- Project Choice specialise in supported work experience and internships covering all Special Educational Needs and Learning Disabilities (SEND). We will initially focus on Work Experience placements from February 2022 for a single SEND school in Lambeth. This builds on the 10 years of work with The Autism Project/ Care Trade in providing placements and employment to young people with Autism.
- Supporting an NHS Cadets Unit based at Southbank UTC, due to start in early 2022. Additionally we have a Year 13/Bank Readiness project – Starting in January. Evelina London will take 13 Southbank UTC Year 13s for their 100 hours work experience. We have agreed on a programme that includes work based learning that will enable them to join our staff bank on completion of their course.

#### **e. The impact of Brexit**

The NHS is the largest employer in England, with nearly 1.2 million full-time equivalent (FTE) staff working in hospital and community services. EU nationals make a substantial and highly valued contribution to care at GSTT and Brexit has posed significant risks to Health and Social Care across the UK. Workforce trends and risk have been monitored closely since the referendum in 2016, but with recognition of the fact that Brexit is one part of a complex challenge in growing and retaining our workforce.

London has a diverse workforce; 28% of staff are non-UK Nationals. Since 2016, London's NHS has been twice as more reliant on the EU workforce than England as a whole.

Nationally and in London EU staff have either remained stable or increased marginally between March 2016 and March 2021, whilst during the same period there have been significant increases in international staff recruited from outside of the EU. The position at GSTT is different; over the same time period GSTT has seen similar growth in overseas staff both from within the EU and outside. GSTT currently employ similar numbers of EU and other international staff; (2,129 EU staff and 2040 other non-UK national were working at GSTT in September 2021).

However, when considering Nursing and Midwifery staff group, trends at GSTT are similar to the London and National picture with a sharp increase in international recruitment. In London international non-EU Nursing and Midwifery staff have almost doubled from 8710 in 2016 to 14,463 in 2021 (ESR, March 2021). The South East London sector now has 1600 additional non-EU international Nursing and Midwifery staff since March 2016, whilst the number of EU Nurses has remained the same over this 5 year period.

Historically, international recruitment has always been relied on to supplement local initiatives and in this current climate there is more reliance on overseas staff from outside the EU. Altogether the impact of Brexit needs ongoing management and review with a focus on supporting all our staff and developing a comprehensive workforce strategy for required growth to support patient needs.

**f. The SEL Vaccine programme and the introduction of mandatory vaccinations for Health and Social Care workers.**

GSTT have taken a lead role in the design and delivery of the South East London vaccine programme. Both Flu (for staff) and Covid vaccines are now being administered in vaccine Pods. We are currently using 4 marquees across GSTT and there are Outreach services up and running to homeless, inpatients, schools, dialysis clinics and community sites for GSTT staff.

South East London has now given 1,426.5k people a first dose of which approx. 1,282.4k had their second dose done, and 224.5k had a booster as well (Total vaccinations given 2,933.4k).

Uptake is generally higher in the outer SEL boroughs of Bexley, Bromley and Greenwich, and lower in the inner SEL boroughs of Lambeth, Lewisham, and Southwark. This aligns with areas of deprivation and ethnicity in respective areas. Work continues to support staff and explore strategies to overcome reduced uptake in specific ethnic groups.

88% of all GSTT staff and 90% of front line staff have now received at the least their first dose of the COVID-19 vaccine. The uptake varies significantly across different ethnic groups with only 62% of Black Caribbean staff receiving the vaccine compared to 96% White British.

A small number of our staff (56 at the time of writing) whose roles require them to enter care homes have chosen not to take the vaccine. We continue to support staff to make an informed choice and in parallel seek redeployment opportunities.

We await further details following the recent Government announcement on mandating the vaccine for frontline NHS staff.

### **3. The South East London Integrated Care System**

The ambition of the South East London Integrated Care System (SEL ICS) is to deliver a clinically and financially sustainable system for the future, taking collective action to improve outcomes and address health inequalities in our population. Workforce is a key enabler for our vision for care. The formation of the ICS now presents the opportunity to make a step change towards progressing the workforce agenda by taking a different approach that is focussed on national priorities but also borough based local planning to work towards excellence and equity in care.

The population of South East London is 1.9m across the six Boroughs of Bexley, Bromley, Lewisham, Greenwich, Southwark and Lambeth, of which over 314,000 reside in Southwark. The SEL ICS is the second largest in London; the health and social care workforce is made up of 103,000 people.

#### **a. The SEL ICS workforce programme**

The SEL ICS workforce programme is supporting workforce growth and transformation across Health and Care through three interconnected priorities of Workforce Supply, Equality, Diversity and Inclusion and staff health and wellbeing.

- Borough based relationships are being built to promote effective collaborative working and maximise benefits for our workforce. ICS plans have been shared with Partnership Southwark with agreement to continue discussions and work together.
- Nursing is the largest staff group and central to all areas of health and care. A programme of activity is underway to support the national target of 50,000 more nurses nationally by 2024. The SEL target of 2120 more Nurses by 2024 is being addressed with the ethos of focussing on local priorities across the system.
- SEL ICS enabled a sector wide approach to invest £1.4m in workforce development which met the needs of individual Trusts but also enabled specific investment in core priorities of palliative care, mental health and elective recovery.
- Work is in progress to address workforce challenges in social care. We are working with partners to further define and scope a strategic delivery plan for social care workforce support. An immediate education offer to Nurses working in Social Care has been made initially to share online learning developed for NHS nurses. Further work is needed to develop digital platforms to enable ongoing access to learning material.
- COVID has regenerated interest in working for the NHS and work is in progress to capitalise on this. Over 1500 people were recruited on the SEL vaccine programme through Guys and St Thomas' working in collaboration with partners across SEL. The ICS is now building on this vision of collaborating and working differently, as well as the fundamental need to recruit staff from outside the NHS.

Throughout the pandemic, staff health and wellbeing has been of paramount importance. In addition to the wellbeing offers set out in our partner organisations,

the SEL ICS also has an overarching offer for all staff delivering health and care across the six Boroughs. This is [www.keepingwellnel.nhs.uk](http://www.keepingwellnel.nhs.uk) and offers a wide range of support to staff, ranging from signposting to access to psychological support. The assessment is available in the top 8 languages spoken in South East London and there is an enhanced offer for staff from black, Asian and minority ethnic background, which includes a community forum offer. Since May 2021 over 12,000 health and care have accessed the service.

Due to nature of the service being drop in and confidential, the majority of staff do not declare their employer details or work location however data shows staff from each of our provider organisations in Southwark have accessed the service including one to one psychological support.

#### **4. Conclusion**

Our staff are working in an unprecedented context, noting a seismic shift in pressure on the NHS, whilst locally responding to the continued activity fluctuations that the pandemic necessitates, an operational urgency to address the backlog of patients and the heightened acuity of patients presenting. This is combined with each staff member's personal experience of the pandemic and the requirement to continue to work at pace for the foreseeable future.

Through our ICS collaboration, building a 'one workforce' approach across health and social care will improve local employment and better careers. We continue to carefully monitor changes in workforce supply and demand across the system as the longer term impact of Brexit and other labour market dynamic changes resulting from post pandemic emerge. By working in partnership, we will strengthen our resilience to do so.

**Julie Screatton**

**Chief People Officer Guy's and St Thomas's  
Workforce SRO, SELICS**

**11<sup>th</sup> November 2021**

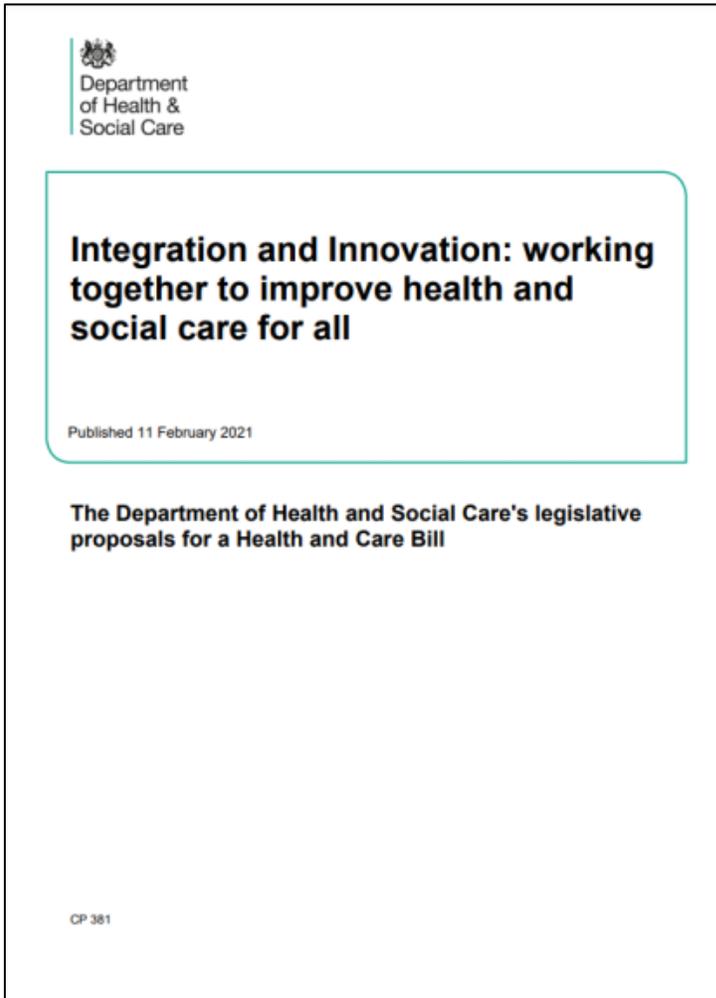
# Overview for Southwark Health and Social Care Scrutiny Commission

## Development of the South East London Integrated Care System

17 November 2021



# The Government's Integration and Innovation White Paper sets out the next phases for integrating health and care services in England



- Published in February 2021, the Integration and Innovation White Paper proposes to place 'integrated care systems' (ICSs) on a 'statutory footing'
- This means that, subject to legislation in Parliament, ICSs will become the entities formally responsible for allocating resources and planning services
- Under the proposals, ICSs will continue to bring together a broad partnership across health and social care to improve health and wellbeing
- Clinical Commissioning Groups (CCGs) will be replaced by new 'ICS NHS bodies' responsible for delivering these functions with partners
- The White Paper commits to a more strategic and less transactional approach to commissioning and promises to repeal market regulation
- It also emphasises the key role of partnerships within boroughs and collaboratives of providers within ICSs

# In practice, this means a continuation and development of the model of partnership working we have established for our system

- We have been working as a system since we established a 'Sustainability and Transformation Partnership' in 2016
- In 2018, we were the first local system in London to become designated as an 'Integrated Care System' which would work together to manage resources
- This has meant moving away from a 'transactional' model of overseeing services to much closer joint working on service change
- In our boroughs, health and local authorities work together in combined teams to join up services
- Our mental health providers combine clinical leadership and work together on service change
- In the Covid 19 pandemic, acute providers pooled resources to protect patients and maintain services



- Following the white paper, we will need to make some changes to our ICS governance arrangements
- Subject to legislation, we will also need to close our CCG and establish a new ICS NHS body
- However, our main priority is to embed the model of partnership and system-working we have developed over the last five years
- In particular, we want to develop our model of collective decision-making, pooling resources and working together on system-wide challenges
- We are determined not to create a new 'top down' hierarchy for our system.
- Instead, we want to ensure that partnerships within our system, and staff within our services, have the power, authority and autonomy to drive change.

# We are now developing the new overarching governance arrangements for a statutory system ....

## **New IC Partnership**

- Bringing together leaders across health, care, other public services, VCSE, SEL healthwatch
- Statutory responsibility to develop an integrated care strategy
- Key role in our system in population health, inequalities, prevention, health in all policies
- Enabling collective action across wide range of areas related to health and wellbeing
- Leading our anchor mission

## **New IC Board**

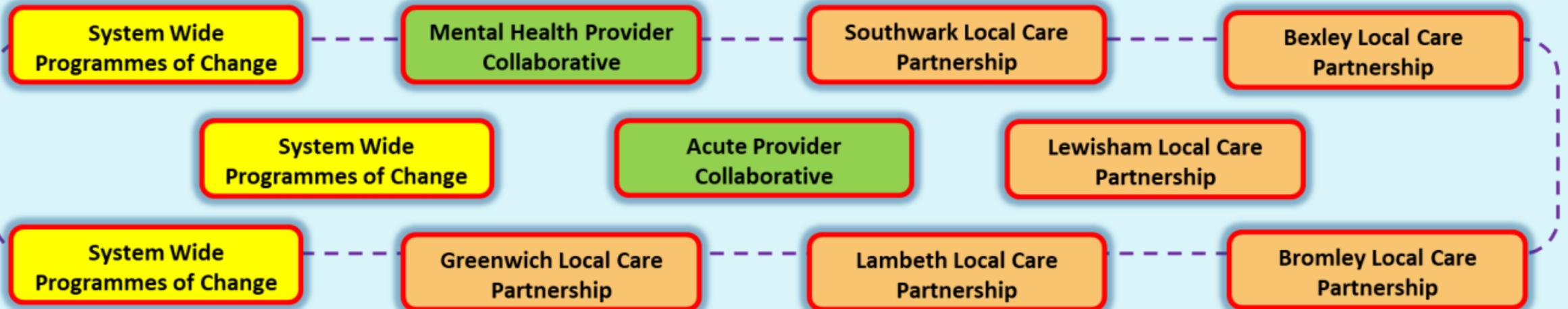
- Bringing together leaders from across the health and care system, our local care partnerships and provider collaboratives
- Oversees the work of the new ICS NHS body including resource allocation and planning
- Responsible for overseeing the performance of the system in delivering SEL and national priorities

## **Governance and development of other key groupings in our system**

- Agree leadership arrangements for local care partnerships at level of our boroughs and collaboratives of health providers
- Agree committee structures for our local care partnerships, bringing together partners from across local systems
- Ensure each of our key partnerships has the skills and resources to deliver its delegated responsibilities

# The architecture of our system is population focused - an 'inverted pyramid'

## Interconnected system of mandated partnerships – place-based local care partnerships and provider collaboratives



Engages

Convenes

Understands

**NHS ICS Board**

Delegates

Enables Improvement

With a Board that drives the four main functions (to improve outcomes, tackle inequalities, enhance productivity and support social and economic development) through partnership, underpinned by principles of engagement, participation, subsidiarity, delegation and facilitation

## ICS Partnership Committee

Broad alliance of organisations across SEL. Agrees an ICS wide Integrated Care Strategy – for which partners take delivery responsibility, collectively and individually

## As well as system-level governance, partnerships in our system will also need to develop new governance arrangements in the next few months

- The ICS will set out a scheme of delegation to local-care partnerships, underpinned by associated decision-making and budgets. The partnership will also agree a mandate for our provider collaboratives.
- The local care partnerships should take on responsibility for the planning and delivery of non-acute health services, defined as primary care, physical and mental health community services, prescribing, continuing healthcare and client groups.
- Meanwhile, our acute and mental health provider collaboratives will take responsibility for key areas of joint work, for example elective recovery.
- Each of these partnerships will need to ensure over the next few months that it has the necessary governance, leadership and capabilities to take these responsibilities, and arrangements for effective partnership working.

# Over the last few months, we have been clarifying our priorities and principles for how we want to work together as an integrated system ....

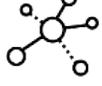
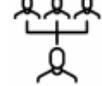
**Our ICS is a partnership. It's our shorthand for south-east London working together to improve health and care for our communities.**

Our six system-wide priorities for improving care:

- ▶ Preventing ill-health and supporting wellbeing
- ▶ Compassionate, whole person care, delivered in community wherever possible
- ▶ Rapid access to high quality specialist services when people need them
- ▶ Joined up care across health and other public services
- ▶ Addressing health inequalities
- ▶ Building resilient communities

**In practice this means building on the significant changes we have made in how we work together**

Our 'operating principles' to guide how we manage our system:

- ▶ Partnership by default 
- ▶ A single SEL pound 
- ▶ Combining our resources 
- ▶ Respecting subsidiarity 
- ▶ Ensuring sustainability 

**As an ICS we are being more systematic about the cultural and organisational infrastructure needed for faster change**

Our approach to building cultural and organisational infrastructure:

- ▶ Formalise a new way of working 
- ▶ Establish a new system architecture 
- ▶ Support our staff to work as a system 
- ▶ Focus on innovation and improvement 

# As part of this work, we have clarified our shared cross-system priorities for improving health and care for our communities ...

**We have known for some time that we need to fundamentally change how we deliver services to reflect the needs of our diverse communities. Recent work amongst ICS partners confirms these priorities, and the need to use our resources more systematically as anchor institutions to strengthen community resilience.**

- |   |   |
|---|---|
| ▶ <b>Preventing ill-health and supporting wellbeing</b>                             | A shift from treating people when sick to preventing ill-health and supporting wellbeing, rooted in primary and community care and neighbourhoods but across our system         |
| ▶ <b>Compassionate, holistic care, delivered in the community wherever possible</b> | Building meaningful relationships with our service users and delivering whole person care that reflects people's physical health, mental health and social needs                |
| ▶ <b>Rapid access to high quality specialist services when people need them</b>     | Ensuring that people can quickly access outstanding specialist services without long waits or unjustified variation in the care they receive                                    |
| ▶ <b>Joined up care across health and other public services</b>                     | Working together so that people experience joined-up support when they rely on multiple services and seamless care when they move from one service to another                   |
| ▶ <b>Addressing health inequalities</b>   | Delivering care in ways that reduce health inequalities between different population groups and communities, including care that better reflects the needs of deprived groups.  |
| ▶ <b>Building resilient communities</b>   | Using our resources and working in partnerships to strengthen the economic and social resilience of our communities, in how we hire, procure, support our staff and other areas |

# We have also developed our principles and approach to operating as an integrated system ...

Operating as a system means a different way of working and a different approach to service development: pooling our knowledge and insight, making collective decisions, allocating and using resources differently, and a partnership model for transforming our services.



## Partnership by default

Each of the partner organisations in our system will have a voice at the table at the appropriate level in collective decision-making. We will hold ourselves collectively to account for improving care. We will build strong partnerships with citizens, other public services and the VCSE.



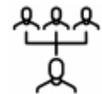
## A single SEL pound

Each year, we receive a limited allocation of funding to meet the needs of our communities – there is a ‘single SEL pound’. We work together to make best use of this funding, allocating money where it will have greatest impact rather than fighting for resources to the detriment of our population.



## Combining our resources

As common practice, we will work in partnership to address major challenges in our services: we will combine strengths and pursue new opportunities for innovation – spotting ways to fix problems through cross-system action as well as within organisations.



## Respecting subsidiarity

We will ensure that our local care partnerships, our provider collaboratives and leaders and staff closest to communities are responsible for shaping their services, inverting traditional hierarchies.



## Ensuring sustainability

We will work together to ensure the sustainability of our system and individual partners within our system, maintaining financial balance and securing efficiencies so we can invest in better care.

# We are now pursuing programmes of work to develop the capabilities and infrastructure to deliver faster change

**Our work areas focus on the tangible and intangible infrastructure that will help us to work as an effective system, including how we work together, support our staff and pursue innovation.**



**Formalise a new way of working**

Continuing to develop effective ways of working based on trusting relationships, reducing bureaucratic controls, respecting autonomy, ensuring openness and transparency, and working in close partnerships with service users and communities.



**Establish a new system architecture**

Developing our new system architecture to support our ways of working, for example empowering our local care partnerships and provider collaboratives, developing an ICS NHS Body with capabilities to convene, connect and build consensus across our system.



**Support our staff to work as a system**

Supporting our staff to play effective leadership roles across our system, enabling team-working, developing shared standards and exchanging learning on how we can improve staff wellbeing, diversity and inclusion.



**Focus on innovation and improvement**

Developing our capabilities and infrastructure to lead more widespread innovation and improvement, with a focus on improvement in partnership across organisations in our system

# The next phases in our development

## Key priorities to Spring 2022

Establishing new overarching governance arrangements for our system by Autumn 2021

Completion of our immediate development workstreams on the roles of different partnerships in our system by Autumn 2021.

Develop the governance and infrastructure to support our local care partnerships and our provider collaboratives.

Establish new approaches to support clinical and professional leadership and system-wide innovation and improvement and continue building other infrastructure

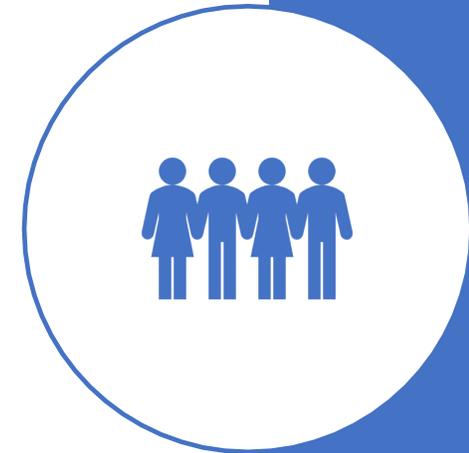
Closure of our CCG and transfer of staff to a new ICS NHS body, under an employment commitment, subject to legislation, in Spring 2022.

# Southwark General Practice Report

Southwark Borough  
November 2021

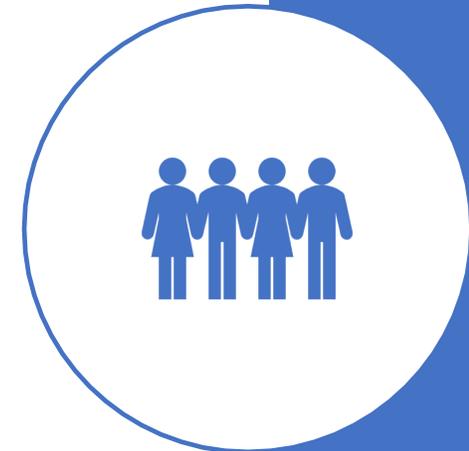
# Primary Care - Summary (1 of 2)

- There have been longstanding, widespread and acknowledged concerns around general practice provision and an increasing realisation that a one-size-fits-all approach does not reflect patient need
- There is significant variation in patient experience of general practice provision, which has in some places been exacerbated by covid
- Local commissioners are often constrained by national policy - including guidance on access and infection prevention and control
- Activity (all types of consultation) has now increased circa 20% on pre-pandemic levels - this is driven by both the covid vaccination programme and unmet need (backlog) from the pandemic
- There is a scarcity of data making it hard to quantify pent up demand but we do have some insights emerging e.g. 50% reduction in T2 diabetes diagnosis during pandemic, >35% reduction in diabetic care processes
- The demand on practices and other parts of the system seems less differentiated with a mixture of more serious and more minor conditions - this may be driven by public concern over scarcity of appointments and media coverage highlighting numbers of people with undiagnosed cancer and reduced availability of face-to-face appointments
- In addition practices are seeing patients whose need is created and more complex and supporting people waiting for hospital appointments whilst also supporting the hospitals manage out-patient follow up for those people they are now seeing virtually
- Staff morale has been significantly impacted recently by increased workload and perceived criticism from the public and politicians



# Primary Care - Summary (2 of 2)

- As a system we are clear that solutions will have to be borne out of collaboration and integration of 'front door' - primary care/111/A+E
- We need to be better at communicating with the public - we know often people are confused about how to best access the care they need
- We know that general practice is a critical part of the solution but its current form often limits change capability and partnership working - this is why there has been a strong focus on collaboration through PCNs and Federations in SEL
- PCNs continue to be quite emergent and there is variable maturity - borough collaboration through Federations will therefore be key to delivering change - building leadership capability and new models to better manage workload through integrated pathways with other providers e.g. musculoskeletal pathways for conditions such as back pain with direct access to a physiotherapist
- New professional roles will add more value if they are integral to pathways of care rather than located in individual practices e.g. physiotherapy, pharmacists, mental healthworkers, and care navigators
- Creating shared support for change in partnership with other providers within the ICS will be essential to better integrate care and create a more seamless experience for patients



# Setting the context

NHS Long Term Plan commits to every patient having the right to be offered digital-first primary care by 2023/24. The five-year framework for GP contract reform published to implement the Plan, introduced a set of commitments related to digital services in general practice. These commitments are introduced gradually every year through the GP contract since 2019/20.

**By now all GP practices should, among other new requirements:**

1. An online presence, such as a website, and an nhs.uk GP profile page, both of which they keep up to date no longer use fax machines for NHS communications
2. Offer all patients online access to their GP medical record
3. Offer and promote to patients, and those acting on their behalf, access to an online consultation tool, enabling patients to contact the practice online
4. Offer and promote video consultations to their patients as an option for receiving care where that would be appropriate.

# Setting the context - Workforce

- The health and care workforce in SEL is made up of circa 103,000 people
- Primary Care, General Practice comprises only 2% of this workforce 5,273 people but delivers 90% of NHS contact through 212 GP Practices
- There has been a drop in the number of substantive GPs in SEL since 2015 and a subsequent rise in the patient to GP ratio

Borough	Substantive GP FTE				GP FTE:Patient Ratio			
	2015	2019	Change (n)	change (%)	2015	2019	Change (n)	change (%)
Bexley	102	85.51	-16.49	-16.17	2298	2858	561	24.4
Bromley	154	155.87	1.87	1.21	2208	2267	59	2.65
Greenwich	130	107.08	-22.92	-17.63	2198	2841	642	29.21
Lambeth	180	178.88	-1.12	-0.62	2133	2387	254	11.91
Lewisham	155	147.71	-7.29	-4.71	2018	2301	283	14.04
Southwark	153	126.11	-26.89	-17.57	2041	2693	652	31.97

# Setting the context – Activity



In August 2021 - **103,744**  
appointments were seen by  
primary care in Southwark



4<sup>th</sup> August – 3<sup>rd</sup> September 2019 -  
**107,300** appointments were seen  
by primary care in Southwark

# Setting the context

In 2021 Southwark has 343,989 patients registered at 32 GP practices including the care home service. In 2018/19 Southwark had a registered population of 323,025 and 38 practices

Southwark has 2 GP federations, one in the south and one in the north. These are coterminous with the 2 Primary Care Networks and support primary care by offering services at scale for our local population

The PCNs are working to mobilise the national service specifications from NHS England/Improvement, provide leadership and support the response to covid including mobilising a covid community service and covid vaccination programme

# Setting the context – Activity

In August 2021 103,744 appointments were seen by primary care in Southwark

60,485 people had a face-to-face appointment with a GP

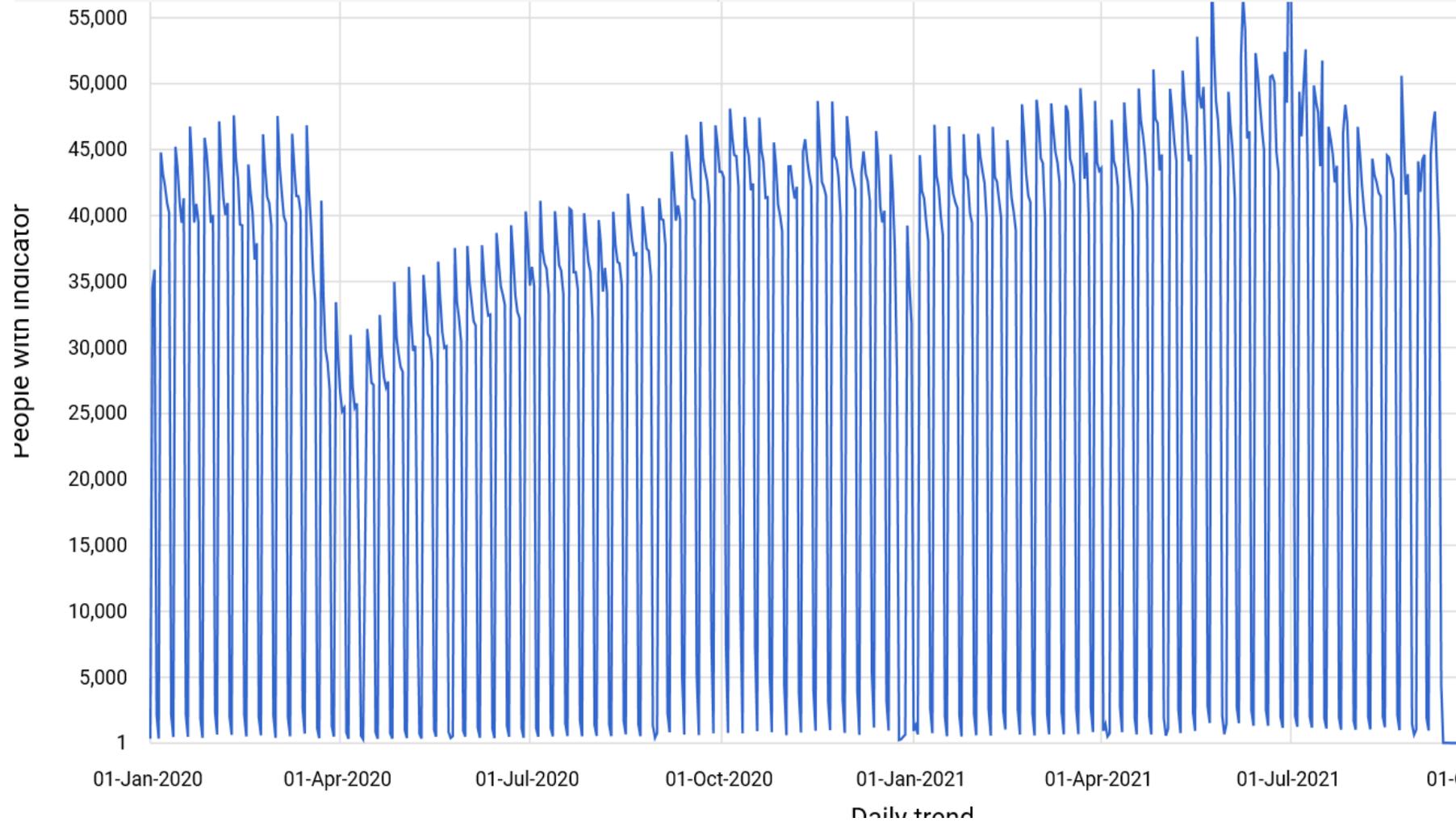
40,995 people had a telephone consultation with a GP

Southwark has a registered population of 343,989 which means that circa 1 in 3 people can access a general practice appointment every month at the moment and that is increasing

# Setting the context - Activity



South East London Explorer - DID - Practice Level (South East Lond



This chart shows the activity happening on a daily basis in general practice including the vaccination programme

# Changes over the Pandemic Period



- A marked shift in the types of appointments undertaken in primary care, with an **increase in remote appointments types over face-to-face appointments. This was in direct response to the NHS England Standard Operating Procedure which all practices were instructed to work from.**
- Work is underway to ensure that choice in appointment type is offered to patients and that we are able to maintain and increasing face to face appointment availability, where appropriate, whilst still working within the NHS England guidelines.
- We have also **seen a shift in appointment profile across the week** with a slight reduction in appointments undertaken on a Monday, and an increase in appointments undertaken across Tuesday – Friday.
- Whilst we did experience a drop of in **Southwark GP hub appointments** during the pandemic due to patient demand, these **have now returned to pre-pandemic levels and increasing month on month.**
- Southwark has the high number of asylum seeker and refugees places in temporary accommodation. Primary care has been providing healthcare services to this complex, vulnerable population working with other local services

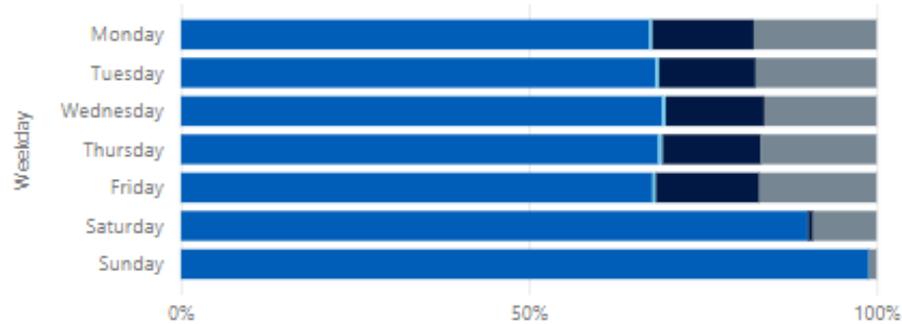
# Primary Care Capacity

## December 2019

## June 2021

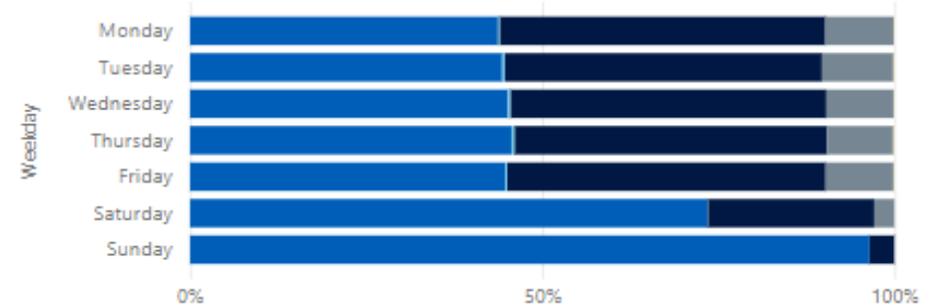
Percentage of appointments, by weekday

APPT MODE ● Face-to-Face ● Home Visit ● Telephone ● Unknown



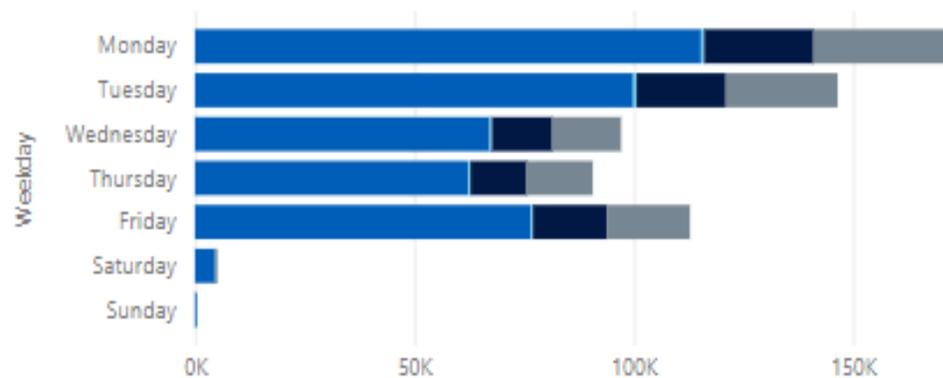
Percentage of appointments, by weekday

APPT MODE ● Face-to-Face ● Home Visit ● Telephone ● Unknown ● Video Conference/Online



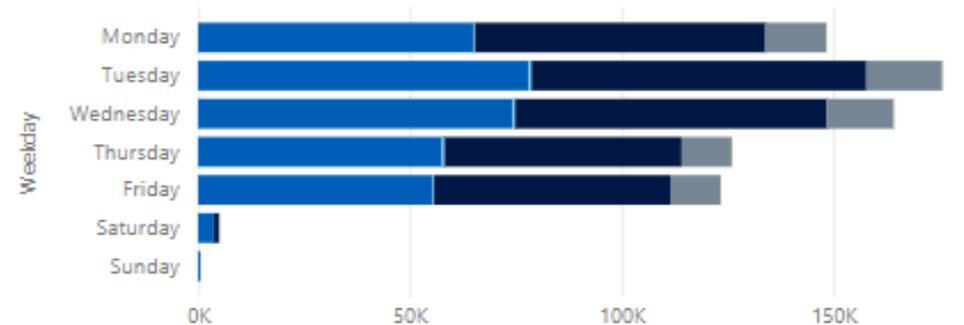
Total count of appointments, by weekday

APPT MODE ● Face-to-Face ● Home Visit ● Telephone ● Unknown



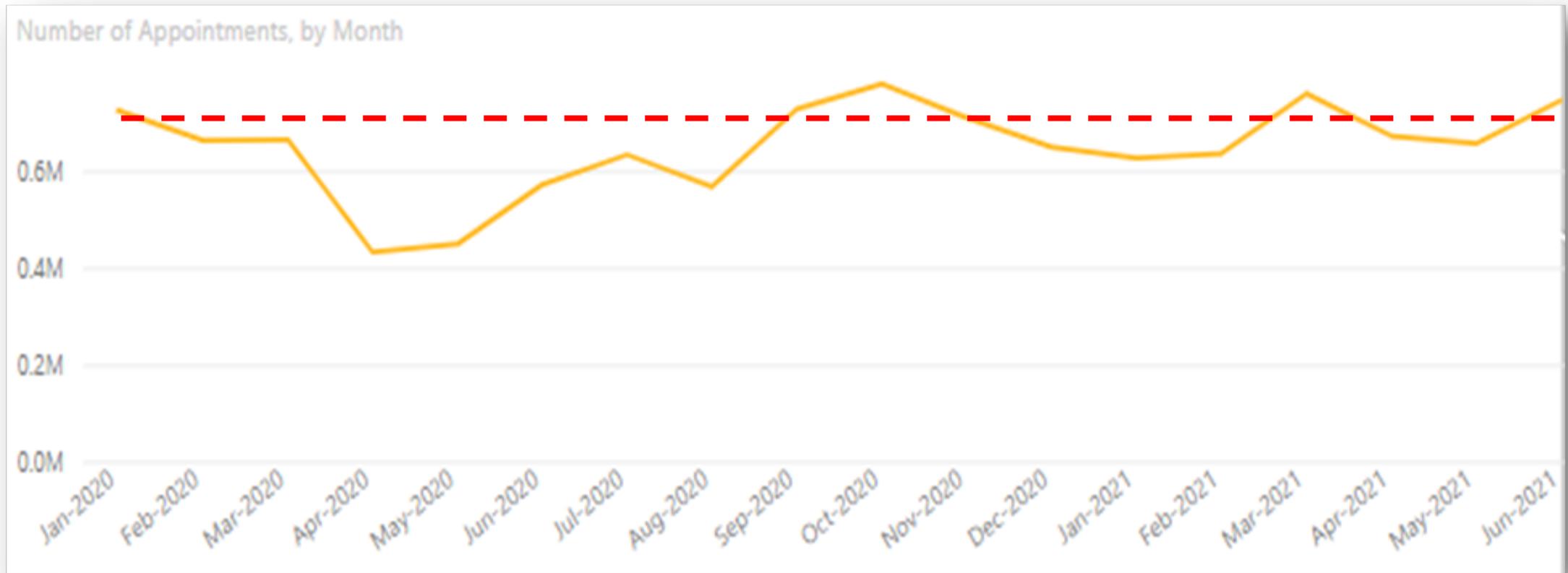
Total count of appointments, by weekday

APPT MODE ● Face-to-Face ● Home Visit ● Telephone ● Unknown ● Video Conference/Online



## South East London - GP Appointments

- GP Practice appointments returned to pre-pandemic levels in September 2020, March 2021 and June 2021 levels following the initial wave in Spring 2020.
- A far less pronounced dip occurred during Wave 2 - rebounding in May 2021.



# Southwark – Patient Survey

We have numerous sources of both data and feedback from patients and the public on their experiences access general practice both before and during the pandemic. SEL Healthwatch have undertaken a survey across the 6 boroughs and we have the GP Patient survey results along side the stories and feedback received directly from our residents.

- **81%** of patients report a **good** overall experience at the general practice however **6%** had a **poor** one
- **70%** of patients reported that they found it very easy to get through to their practice via the telephone, however **30%** experienced problems and found it difficult
- **88%** of people found their GP receptionist helpful but **12%** did not
- **34%** of people did not feel that they had received enough support from their local services to manage their condition with **66%** feeling that they did
- **68%** of people found their GP practice website easy to use but **32%** did not

# Wider System Activity

The Appendices provide information by borough for key areas / points of activity looking at this and the previous two years.

## Emergency Admissions

Bexley, Bromley, Greenwich, Lewisham are now back to pre-pandemic levels  
Reduction in Lambeth (13%) and **Southwark** (9%) compared to Pre-Pandemic

## A&E attendances (Compared to Pre-Pandemic)

Reductions in Bromley (20%), Greenwich (25%) and Lambeth (7%)

Bexley has increased by 40%

Lewisham and Southwark static

In August 2021, **10,415 patients** registered with a GP in Southwark attended A&E.  
On average across Southwark this equates to 31 attendances to A&E per 1,000 patients

## 111 activity

Increasing in all boroughs as per national policy

### **New Models of care**

Encourage radical, large scale and innovative models of care to be tried whilst maintaining what is working well. This could include borough hubs for admin and/or telephony, social prescribers in ED, an alternative vaccination model, an MSK pathway that removes GPs and has direct access to physio, direct access into IAPT or other MH professionals, unscheduled care hubs and pharmacy capacity supporting all medication issues.

### **Workforce**

Utilising the additional roles reimbursement scheme available to general practice and therefore maximising the efficiency of the workforce. At the same time supporting the wellbeing of the current workforce to aid recruitment and retention

### **Data**

Development of the primary care access dashboard. Working with general practice to share information. Using the data and intelligence to inform decisions

### **Communications**

Proactive and positive communication campaign. Behaviour insights work and a Winter campaign.

### **Finance**

Remove the disincentives that currently sit within the system. Investment in new models of care and change management capacity and support

# Supporting Primary Care



# Some of the functions which involve GPs

Patient consultations in the surgery/home visits/telephone

Managing repeat prescriptions

Specialist clinics, for example respiratory, diabetes, cardiovascular disease

Managing incoming and outgoing correspondence and related actions, for example patient referrals and following up pathology test results

Practice administrative functions - these are usually split among the team of GPs, for example IT lead, QOF lead

Leadership and participation in CCGs

Training GP trainees - many practices are training practices

Clinical sessions in primary or secondary care settings as GPwSI or clinical assistant roles

External or non-NHS related work, for example prison care, private medical officer, medicolegal work, employment tribunals and high-cost drugs appeal tribunals.

# General Practice: Additional Roles

General Practitioners (GPs) are highly skilled doctors who support patients throughout their lives. They work as part of a general practice team of professionals to help you to manage your health and wellbeing.

Your local general practice team is the main point of contact for general healthcare for NHS England, and is there to support you with getting the right kind of care.

It is made up of the following team members:



# ARRS continued..

## Practice nurse

Monitoring of long-term conditions such as asthma, diabetes and hypertension, cytology services, family planning, smoking cessation, childhood and travel vaccinations.

## Practice Manager

This role will be responsible for the management of practice staff, patient liaison and daily operations within the practice. They are usually the first point of contact relating to the management of the GP contract and QOF, prescription management and IT functionality for the practice. Often responsible for providing financial and business advice to the partners for the development and implementation of the practice corporate strategy.

## Healthcare Assistants (HCA)

The role of the HCA can vary depending on the number of services provided by practice nurses. They often provide assistance to nurses, as well as undertaking routine tasks such as phlebotomy, chaperoning and taking blood pressure and weight measurements for long-term conditions clinics.

## Paramedic Practitioner

This role involves carrying out home visits and giving advice over the phone to patients unable to travel to the surgery. Patients normally seen by a Paramedic Practitioner are normally elderly, infirm or nearing end of life. This means doctors and other healthcare staff are able to see and treat more patients in the surgery

## Physiotherapist

Musculoskeletal health issues such as back, muscle and joint pains are the most common cause of repeat GP appointments and account for around 1 in 5 of all GP appointments. Most of them can be dealt with effectively by a physiotherapist without any need to see the GP.

# ARRS continued..

## Practice Pharmacist

Clinical Pharmacists are becoming more common place in GP practices and highly skilled at reviewing medications for patients who have long term conditions. They can also treat minor illnesses and refer patients onto other services.

## Advanced Nurse Practitioner

Nurse Practitioners are highly-trained professionals and can undertake complex reviews of patients, just like GPs. They can assess symptoms and build a picture of a patient's condition, treat minor health problems, infections, minor injuries and prescribe medication where necessary

## Social Prescribers

Social prescribers, also known as a link workers, work in partnership with GP surgeries and can help people to access appropriate support in the community to help them make positive changes to your personal wellbeing.

## Mental Health Practitioners

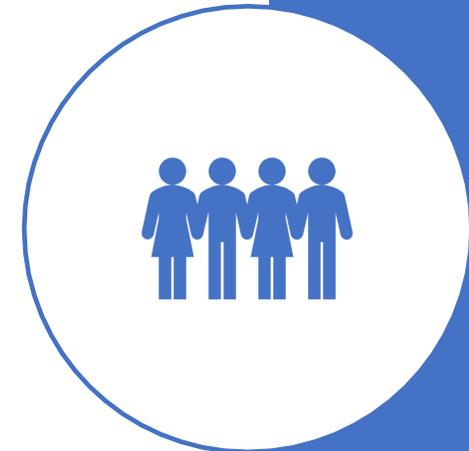
Looking after our mental health is important for everyone. If you, or someone you know requires support, it's important to find the right kind of help early on and your GP can help you to do this.

## Care Navigators

Care Navigators are members of the surgery reception team who have been trained to help patients get the right care from the right healthcare professional, as soon as possible, by asking for a little more detail from the patient when they book an appointment.

# Reducing unwarranted variation across SEL

- A range of data sources (A&E attendances, NHS 111 calls and GP Patient Survey data) identify areas of variation across SEL, as well as to identify PCNs and practices who would benefit from more targeted support
- Key SEL areas of variation are as follows:
  - When you review across age bands, Lewisham, Lambeth and Greenwich have larger rates per 1000 in the working age category
  - Bromley, Lewisham and Lambeth have the highest rates of attendance during daytime hours
  - When reviewed at a PCN level, we have particular outliers in Southwark, Lewisham (North Lewisham PCN), and Bromley (Penge and Orpington)
  - In terms of NHS 111 calls, Bromley again has the highest rate of NHS 111 calls per 1000 population and Bexley the lowest.
  - Bromley, Lewisham and Lambeth have the highest rates of NHS 111 calls during core primary care hours.



# Examples of work underway

**Offering a range of different appointments** to meet local need. The GP Capacity Expansion Fund has been used to make both Practice-level and at-scale investment in the local workforce to boost capacity for key priorities.

**Local Access Hub capacity** has also been increased. Extended access continues to be repurposed in some boroughs to provide cold and respiratory/ Covid clinics.

**Developing a range of MDT clinics** and approaches, integrating workforce across primary, community and acute to manage more complex patients in an efficient and joined up way supported by appropriate digital innovations - for example around respiratory.

**Community pharmacy consultation service** roll has begun its roll out allowing minor ailments presentations to general practice to be streamed to community pharmacy consultations. Providing more capacity in general practice. Southwark continues to provide **Pharmacy First minor ailment scheme**

**Utilising the flexibilities of Additional Roles Reimbursement Scheme (ARRS)** to redeploy staff into patient facing roles this includes recruiting mental health professionals and working with the MH trusts to maximise CMHT opportunities, clinical pharmacists, first contact physiotherapists, social prescribers and other roles who are being streamed to appropriate patient activity.

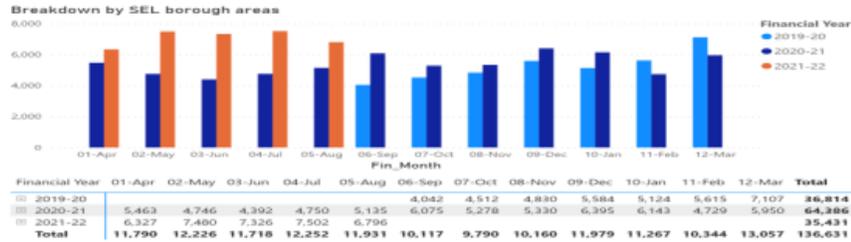
## Appendices on wider activity - Borough data:

- 111
- A&E
- Emergency admissions



## Demand – Southwark

111

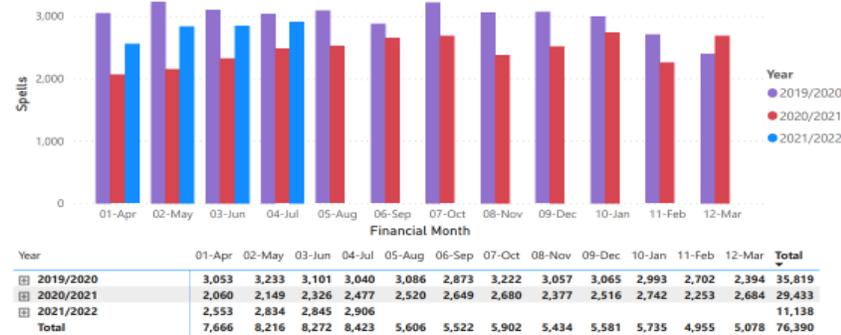


**SEL 111 calls by Hour/Day**

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun
00	423	423	411	415	423	480	479
01	371	325	345	322	371	389	400
02	263	272	315	304	304	342	295
03	270	276	257	259	257	277	270
04	256	245	221	247	230	277	263
05	240	242	222	233	236	309	278
06	350	297	305	329	337	426	372
07	583	559	502	504	507	754	701
08	1,169	845	840	835	830	1,397	1,171
09	1,227	1,002	982	962	940	1,911	1,506
10	1,216	1,006	949	928	995	1,827	1,601
11	1,204	1,015	982	965	1,030	1,922	1,623
12	1,129	957	884	897	919	1,816	1,465
13	1,084	866	861	940	936	1,615	1,363
14	1,085	952	889	944	996	1,553	1,272
15	979	914	900	914	947	1,457	1,156
16	1,030	938	933	986	1,040	1,334	1,159
17	1,030	981	911	917	1,014	1,271	1,041
18	1,248	1,148	1,151	1,096	1,371	1,117	1,022
19	1,226	1,145	1,116	1,156	1,198	1,089	1,031
20	1,038	1,034	1,013	974	982	999	925
21	985	932	926	909	969	849	814
22	764	757	733	748	786	727	705
23	616	554	547	616	648	602	592
<b>Total</b>	<b>19,766</b>	<b>17,683</b>	<b>17,195</b>	<b>17,388</b>	<b>18,246</b>	<b>24,845</b>	<b>21,808</b>

## Emergency Admissions

Spells by Month and Financial Year



## A&E Activity

Activity by Month and Year





**Health & Social Care Scrutiny Commission****MUNICIPAL YEAR 2021-22****AGENDA DISTRIBUTION LIST (OPEN)****NOTE:** Original held by Scrutiny Team; all amendments/queries to Fitzroy Williams Tel: 020 7525 7102

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Councillor Nick Dolezal			
Councillor Eliza Mann			
Councillor Renata Hamvas			
Councillor Jane Salmon			
Councillor Martin Seaton			
Councillor Kath Whittam			
		<b>Total: 11</b>	
		<b>Dated: May 2021</b>	