

# Health and Social Care Scrutiny Commission

Thursday 2 February 2023

7.00 pm

Ground Floor Meeting Room GO1 ABC - 160 Tooley Street, London  
SE1 2QH

## Supplemental Agenda

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5.	<b>Care Charges</b> This item will look at Care Charges and the impact on people with Learning & Physical Disabilities and their families.  The following will attend: <ul style="list-style-type: none"><li>• Adult social care officers</li><li>• Carers</li><li>• Southwark Disablement Association – David Stock</li></ul> The following is provided: <ul style="list-style-type: none"><li>• A report of meeting between carers and councillors convened by Bede House.</li><li>• A briefing on Care Charges provided by Bede House for councillors</li></ul>	6 - 22

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Date: 27 January 2023

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## Health and Social Care Scrutiny Commission

MINUTES of the OPEN section of the Health and Social Care Scrutiny Commission held on Thursday 15 December 2022 at 7.00 pm at 160, Tooley Street, SE1 2QH

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**PRESENT:** Councillor Suzanne Abachor (Chair)  
Councillor Naima Ali  
Councillor Esme Dobson  
Councillor Charlie Smith

**OTHER MEMBERS  
PRESENT:**

**OFFICER  
SUPPORT:** Martin Wilkinson, NHS full time chief operating officer for  
Julie Timbrell, Project Manager, Scrutiny

**1. APOLOGIES**

Apologies were received from Councillors Maria Linforth-Hall and Sam Dalton.

**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 the 28 September 2022 were agreed as a correct record.

## 5. SLAM ADVISORY GROUP MEMBERS ON GP ACCESS

The chair introduced the item is by explaining this session will be hearing evidence from people experiencing mental ill - health to contribute to the review into Access to Medical Appointments.

Vicky and Angela Fernandes, SlaM Advisory group members, were welcomed to the meeting to speak about their experiences of accessing GP services.

Gosia Kaczmarczyk, Community Engagement Officer, Healthwatch Southwark / Community Southwark , who attended to support Vicky and Angela , was invited to introduce the session by summarising the report on page 7 & 8 of the agenda.

She highlighted the following points:

- Frequently mental health patients are experience long waits to see their doctor in person,
- There has been a push to video and phone appointments, which can lead to diagnostic mistakes,
- It is difficult for people experiencing mental ill health to get a referral and then if their doctor refers people it often requires persistence to be actually seen by a specialist.

Angela then gave evidence and made the following points:

- Her GP surgery does not provide medication in time, so she uses the pharmacy, who do provide a good service.
- During the pandemic, she was unable to see her doctor, and instead received a virtual consultation where she was offered antibiotics, but that was not adequate and she ended up at A & E.
- Telephone consultations can be good but there is prior need for a face-to-face consultation to establish a relationship.
- There is a lack of follow up, and this impacts negatively as on well-being and physical health.
- People are ending up going to Lewisham Hospital - which is not local.
- She had an experience of 111 booking an emergency appointment at home, which was then cancelled by the doctor who wrongly assumed this to be a repeat issue.
- A & E can be very busy with a lack of a much needed quiet place for people in mental health crisis.

Vicky then gave evidence and made the following points:

- Prior to the pandemic she was able to see the same doctor regularly in person, but now she has to see different doctors online and there is a lack of continuity of care.
- The referrals require persistence to obtain, which is a worrying for people who are too vulnerable to do this.
- The online applications require high level tech skills and are not user friendly.
- The pre scheduled appointments at GP surgeries can take 4 weeks or longer, which leads people to end up at the surgery or resorting to telephoning early in the morning to get an urgent appointment , which is a difficult process.
- Everything is telephone based and it is only possible to book an online call (not a face to face appointment).
- It feels like the appointment system is at the doctors convenience, not patients.
- Some GP surgeries have long and inaccurate voice mail messages.
- The loss of SELDOC out of hours service, which was decommissioned because of costs, is a loss of a valued service.

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

- A member asked if there ought to be a limit to numbers of patients taken on the books if there is insufficient capacity. In response, participants commented that one surgery lost doctors due to retirement and now use agency staff, which creates problems of continuity and managing follows up. There are many practices like this with underlying issues of staffing.
- A member commented that in her experience as a carer the online appointments worked well, if preceded by a home face to face visit to establish a relationship with the patient and family.
- Surgeries have very different set ups and receptionist can vary, and make poor decisions.
- There is a lot of stress in the system caused by underlying and interlinked issues.

- The Healthwatch Community Engagement officer said that demographic information is captured in reports, which are published online. The service works with a broad range of people who approach Healthwatch as well as conducting outreach to ensure a diversity of patient voices. Healthwatch have recently launched specialist surveys for different ethnicities and particular issues: one is being conducted on mental health amongst black communities, the other is looking at access to health care amongst the Latin American community – and it is anticipated that the Latin American survey will reveal language barriers.
- A member asked if community campaigns to educate patients on the right place to access care would be helpful, and the Healthwatch Community Engagement officer agreed that this would be beneficial and said a good example is Healthwatch sign post people to the excellent and reliable Well-being Hub service if they wish to obtain a social care assessment.
- Better coordination between Primary and Secondary care is important . People go to hospital as feel safe, which could be avoided through GP surgeries providing better continuity and consistent care.

## 6. COVID 19 AND FLU VACCINATION UPDATE

Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark, presented.

The chair then invited questions and the following points were made in response to questions from members:

- Public Health would be well placed to advise on increases in flu as a result of the pandemic, however this has not been seen at hospitals.
- There is work with children to increase vaccination and again Public Health would be best placed to provide more information on this including polio, diphtheria and working with cohorts with lower rates of coverage to increase confidence and increase take up.
- In response to a problem raised about obtaining a Covid vaccine the officer explained that there is a federated GP approach to ensuring that housebound people can get boosters, which must have gone awry.

### RESOLVED

Public Health will be asked to provide a briefing on increasing vaccination rates among children.

## **7. HEALTH AND SOCIAL CARE WORKFORCE UPDATES**

The reports were noted, and the chair commented that they have been provided to support the Health & Social Care Workforce review, looking at the impact of Brexit and the Pandemic:

The chair conveyed apologies from Unison, GMB, and Unite unions, who had been invited to contribute to this item, but could not attend because of work pressures. She reported that they are nevertheless keen to contribute and could attend a workshop in the day time with commission members.

## **8. WORK PROGRAMME**

The work plan and review scopes were discussed and the following points made:

- Further work will be done with Healthwatch to provide the patient voice.
- The chair advised that at the last meeting, Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark, offered to bring an update on FGM. A member requested that the expected report on FGM addresses universal and specialist services work with adults, and in particular 'triggering' adult survivors and providing services to heal psychological, physical and sexual trauma. Martin Wilkinson offered to meet with the member, and a couple of colleagues, to understand more and prepare the report.

Meeting ended at 8:40pm

# Agenda Item 5

Meeting 20 October 2022

## Attendance

Name	Organisation
Cllr Rachel Bentley	Councillor, North Bermondsey Ward
Alan Burnham	Relative
Amee-Lee Abraham	Mencap National Office
James Robinson	Mencap
Janette Dyer	Carer
Jean Jacobs	Carer
Joyce Toland	Carer of Seana and Ciaran at Bede
Sheila Faucher	Carer
Henry Kehoe	Carer
Maxine Smith	Parent/carer
Esmé Dobson	Councillor
Teresa Raven	Carer
Eileen Wall	Carer
Wendy Cookson	Bede Chair
Elizabeth Smith	Community Southwark
Marina Ahmad AM	London Assembly Member Lambeth and Southwark
Mary Kumara	Carer
Cassandra Brown	Councillor
Nimali Kumara	Bede attendee
Davion Jacobs	Bede attendee
Sarah Roff	Bede attendee
Josie Roff	Bede attendee

On 20 October, Bede hosted an afternoon for clients with learning disabilities and their carers to meet local councillors.

11 relatives or carers and 5 Bede clients met with 3 local councillors and the London Assembly member for Lambeth and Southwark. We were joined by staff from Mencap and Community Southwark.

People shared examples of their experiences.

- Many carers outlined the disjointed treatment between different departments and agencies
- Many outlined how they had to repeatedly prove the same information causing stress and anxiety. One had to pay £60 for a GP letter to renew proof that they had Down's syndrome.
- All carers were providing unpaid care that was not recognised.
- Some families were receiving warning letters for unpaid debts, but had not been notified that charges were being levied. They had no idea that they were building up a debt.
- People with learning disabilities, and their carers, did not understand how the care charges had been worked out. Charging letters did not provide a clear breakdown.
- Care charges were coming out of benefits, which are not going up at the same rate as the overall costs. One had had charges rise from £14/week to £72/week overnight.

A and C, siblings of L, who attends Bede and Surrey Docks Farm in the week. L lives on his own with support from the wider family.

- L received notice when he reached state pension age that he was required to pay £170 per week towards support.
- We pay out of their own budget to support L in his home. They are unpaid carers.
- The Reviews and Charging Team department started contacting L directly, when I have repeatedly told them not to as it puts so much stress on him. The letters are now coming to my house and my wife is worried about the debt. L is worried that he will lose his flat.
- L says now that he would rather not go to Bede, although he loves it. If it going to cost this much, he will stay at home and watch TV all day.
- We receive letters every single year saying L has to prove his handicap [sic] even though it is a lifelong disability. He worries that he will lose his flat if he doesn't meet the criteria.

Mother of K, 26, who attends Bede

- We have not been charged yet but we were getting 40 hours support and coming to Bede House. Now after a review we are getting 16hrs support and 3 days at Bede. [We are paying for an extra day ourselves]
- They [the council] wanted her to go to work, but she would need so much more support to get there and back. The Access to Work budget would cost so much more
- There is so much change to deal with, and always a different social worker
- Social workers suggest inappropriate things. One suggested that K join a dating website instead of coming to Bede.

Mother of N, 41:

- The government are picking on most vulnerable in society
- There is no rhyme or reason to the charges
- Why do we go from no cost to now exorbitant fees
- Why can we not get an answer as to the breakdown of fees
- And why charge now with the cost of living crisis?
- Why when you ask for help or explanation is there no answers?
- What about the future? What happens when I and my husband are no longer around? Some independent living places are too independent – some places are a dump.

Brother and main carer of M, 47;

- The cost is a concern and could determine if I go back to work, because we'll be worse off.
- Would M's benefit be cut, and also have to pay costs for service.

Grandmother and main carer for D, 42

- Why should independent people have their days cut just because they are independent? This was in response to the discussion around her grandson's day service being reduced.

The group asked Councillors, London Assembly members and local MPs for their help:

- To consider abolishing care charges entirely in Southwark. LB Hammersmith and Fulham has done this <https://livingindependently.lbhf.gov.uk/care-and-support/financial-support/care-and-support-costs/>
- Raising awareness of the impact on Southwark's disabled residents and their carers through the video 'A Tax on Disability'  
<https://www.youtube.com/watch?v=3l2MqxwHui8>
- Inviting families to speak at Council meetings so that they can hear the voices of the group
- Making information on councillor meetings and surgeries more accessible for people with learning disabilities

## Social care charges and their impact on disabled people in Southwark – briefing note

On 12<sup>th</sup> April 2022, Bede and Community Southwark organised a meeting for carers of people supported at the Bede Centre. Many had come to the service asking for advice about the increased social care charges they were facing.

At the meeting, many carers raised their concerns about the impact that the charges were having on them and the people they care for. Clients are now being asked to fill out a financial assessment, which determines the financial contribution they need to make towards their care of many families. Often families feel these forms are not explained properly to them, and so they do not understand how the form will affect them

These charges have created a real mental as well as financial strain for families. The cost-of-living crisis is only serving to exacerbate the situation.

*“They (Southwark) are taxing people for being special. They are picking on disabled people because they may not be able to raise their concerns” NC*

That is why we are hosting a further meeting on the 20<sup>th</sup> of October, to invite councillors to speak directly to people with learning disabilities and their families. Together we can discuss the effects of Southwark Council’s approach to care charges, and help Southwark residents with a learning disability during this cost-of-living crisis.

### 1. Background

#### 1.1 How care charges are calculated

Disabled people are eligible for a personal budget from their local authority, which they use to pay for care and support appropriate to their needs. However, clients are also asked to contribute financially towards this. Their contribution is means-tested and based on income (including benefits but not employment). While the councils have the power to charge individuals receiving social care, the Act specifies that people will only be asked to pay what they can afford.

Social care users can be charged for their social care through two different ways:

- 1) Via a means test on their **capital and savings** (£1 for every £250 over the lower capital limit of £14,250)
  - o To be eligible, you need to have assets and savings between £20k and £100k
  - o Most working age disabled adults do not have many assets or savings because of factors such as poor working opportunities, the additional costs of having a disability and the lifelong nature of disability meaning chances for accruing money are very limited.
- 2) Via their **income**. This excludes employment income includes benefits, something that disabled working age adults are disproportionately likely to rely upon. This therefore affects most disabled people and is a major concern.

#### 1.2 Care charges have risen rapidly in the last few years

Many people with a learning disability have seen their care costs increase rapidly in the past few years, with a BBC News report<sup>1</sup> showing that the amount that disabled and frail people were expected to contribute had risen from £369m in 2018-19 to £420m in 2020-21. In a number of local authority areas, this has seen the average person's care charges rise by around £500 per person.

Benefits constitute a large proportion of the amount they need to subsist on, and social care charges remove around 40% of this total income they receive per week, trapping them in perpetual poverty

Charging disabled people who use social care is discretionary. The Care Act 2014 gives councils a choice whether to charge or not for care services in the person's home, and organisations such as Royal Mencap and Inclusion London have called for these contributions to be abolished.

Hammersmith and Fulham council has in fact abolished care home charges for disabled and older residents<sup>2</sup>. Abolishing the care charges cost the council £324,000 a year in lost income, and was funded by £400,000 cuts in PR, council publications and lamp post banners.

### **1.3 Allowances have not kept pace with inflation, exacerbating the impact on disabled people**

The **Minimum Income Guarantee (MIG)** determines the minimum weekly amount of money that care users can be left with after the council has levied its care charges. While the government has increased the MIG by 3% this year, this is much lower than the current rate of inflation, which is at 9.9%

**Disability Related Expenditure (DRE)** aims to enable disabled people to retain money to pay for the cost of facilities, adaptations and additional costs that arise as a result of their disability. Scope research found that disabled adults on average spend £583 in extra costs on essential items like heating and electricity.

According to the Care Act guidance, the purpose of DRE is to “allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority”. However, evidence suggests that the scope of the DRE is being increasingly narrowed by local authorities and averages around £5 per week which clearly does not reflect the scale of additional costs that disabled people face. Indeed, we are also aware of some local authorities applying a blanket maximum DRE per week of £5 irrespective of individual circumstances.

## **2. The impact on Southwark carers and people with learning disabilities they care for**

### **2.1 Financial form not explained properly**

Many carers feel that the financial assessment form – used to calculate the level of contributions an individual is expected to make towards their social care – is not explained to them. One carer thought it was to check she was receiving the correct benefits until she got the letter and called the helpline. Most carers felt that the person they were supporting at home did not understand the financial implications to these charges.

<sup>1</sup> <https://www.bbc.co.uk/news/uk-58259678>

<sup>2</sup> <https://www.lbhf.gov.uk/articles/news/2014/12/tax-disability-be-abolished>

*“My brother has just one day at Bede and four hours Outreach elsewhere. We were shocked when we received the charges letter as this had not been explained to us by the social worker” NC*

*“When I was part of the last review there was no support, consultation or explanation about the financial form I filled in. This was sneaky! When I called the helpline number the person I spoke to did not have the right information about my sister in law’s circumstances and the information they had was wrong.” BT*

Whilst Southwark council does have an easy read copy explaining the care charges form, carers thought it still needed to be explained better. The Care Act requirement is that

*“Councils should have transparent charging policies... service users, carers and the public should understand the purpose of local charging policies and the criteria used to determine levels of charging for particular services”*

This is also stated in Southwark councils’ fairer contribution policy

*“Social care staff conducting assessments must ensure that the adult with care needs (and those supporting them during the assessment) are adequately informed about the financial assessment process, and charging implications”*

## **2.2 A tax on disabled people during a cost-of-living crisis**

Carers in Southwark feel that this is an extra tax on those with a learning disability as it is charging them for something that is essential to them

*‘Why are they forcing people to spend their entitlements to on something the Council has assessed that they need?’ BT*

This exacerbates the cost-of-living crisis for both the carer and the person with a learning disability, who already carry the additional costs associated with being disabled. Many people are being asked for significantly increased sums, some backdated by months, that they simply cannot afford.

All this affects disabled residents' ability to be independent.

*“I have decided I will pay this charge out of my carer’s allowance because he needs his money to keep his independence. This will have a financial effect on myself as his carer.” NC*

Carers expressed that they felt the savings they provide to the Council in unpaid support was not appreciated. Carers UK research shows that carers save the economy £132 billion per year, an average of £19,336 per carer.

*“Carers save Councils so much money because they support for free, but then they charge us.” MK*

### **Carers being forced to make backdated payments.**

The council is sending notices to carers for backdated payments to pay for charges that they did not know about.

*“(The Council) telling me he’s got to pay the back pay from 15th of August but we only got the letter 2wks ago until then we never knew anything about it.” The client is paying £75 per week in charges.*

These backdated payments potentially tip carers and disabled people into debt, and meaning having to give up on activities that keep them active and independent.

### 2.3 Financial cost to the council

These charges and assessments could result in the council being constantly challenged by carers who could challenge the care needs and/or financial assessment and take this to the Ombudsman. With two in three claims to the Ombudsman being successful this creates more costs for the council.

There is also the added cost of the council having to collect funds from families that cannot pay and using bailiff services to do so. Some carers had already been sent letters from bailiffs seeking to recover the social care charges.

### 2.4 Mental health impact

The charges have affected carers' and people with learning disabilities' mental health and made them feel increasingly anxious and unhappy. People with learning disabilities already more likely to be lonely and socially isolated<sup>3</sup> and, care charges contribute to this issue by creating a barrier to accessing support.

*'We sat down and discussed this charge. He was so upset and angry when he realised how much money he would have to pay he said he would not go to Bede anymore. This would be terrible as he loves going and we know it helps him with his loneliness. "* NC

*Today we cope with this but tomorrow worries me. Will they keep charging more and more when they need the money?' MK*

## 3. Councillors are asked to consider

1. If Southwark Council can least re-evaluate how they calculate care charges but ideally consider abolishing charges as in Hammersmith and Fulham
2. The financial assessment form better explained to both carers and people with learning disabilities
3. A commitment to a continuous discussion how charges can be assessed so that they do not leave families with no money during the cost-of-living crisis
4. Carers to be invited to present at the party group meetings to present on the social care charges and their impact.

## Notes

1. Southwark Council estimates that there are 5,800 adults with LD and 1,300 with moderate or severe LD (Southwark Council, Learning Disabilities in Southwark Joint Strategic Needs Assessment, 2018)
2. Bede House Association provides day services for people with LD in Southwark. At the moment it supports 75 people with a learning disability. Six of these have no formal support plan with Bede. Of the 37 clients that live with their families, 19 live

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<sup>3</sup> <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/friendships-research-and-statistics>

with family members who are either over 70 or who have health/disability concerns of their own.

3. The statutory guidance on charging for care and support under the Care Act 2014 is found in the Care and Support Statutory (CASS) Guidance at <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
4. The full Minimum Income Guarantee rates at October 2022 are:
  - responsible for, and a member of, the same household as a child, the amount of £86.20 in respect of each child
  - a single person and—
    - is aged 18 or older but less than 25, the amount of £74.60
    - is aged 25 or older but less than pension credit age, the amount of £94.15
    - has attained pension credit age, the amount of £194.70
  - a lone parent aged 18 or over, the amount of £94.15
  - a member of a couple and—
    - one or both are aged 18 or over, the amount of £73.95
    - one or both have attained pension credit age, the amount of £148.65
  - a single person who is in receipt of, or the local authority considers would, if in receipt of income support, be in receipt of—
    - disability premium, the amount of the applicable premium is £41.55
    - enhanced disability premium, the amount of the applicable premium is £20.30
  - a member of a couple and one member of that couple is in receipt of, or the local authority considers would, if in receipt of income support, be in receipt of—
    - disability premium, the amount of the applicable premium is £29.60
    - enhanced disability premium, the amount of the applicable premium is £14.60
  - in receipt of, or the local authority considers would, if in receipt of income support be in receipt of, carer premium, the amount of the applicable premium is £44.55

# Why does the council charge for services?

Pauline O'Hare

Director of Adult Social Care (ASC)

 @lb\_southwark

 facebook.com/southwarkcouncil



# Demand for services and legal basis for charging

- The number of people requiring support to manager their social care needs is increasing year on year
- Whilst unpaid carers continue to provide support across the country, the financial cost for Local Authorities to meet the social care needs of their residents continues to increase.
- Local Authorities provide and fund social care services under Section 9 of the Care Act 2014. This legislation also provides Local Authorities with a duty to complete “Assessment of an adult’s needs for care and support” and Section 14 of the Care Act gives Local Authorities a power “to make a charge for meeting needs”.

More information about the application of the financial assessments can be found via <https://www.legislation.gov.uk/ukxi/2014/2672/contents/made>

# How much does it cost the council to deliver services?

- The Council spends close to £130m on Adult Social Care
- The Council budgeted income from charging for services, is £8.4m
- If the council does not received this income, it will have a direct impact on the affordability of services i.e. day-care, shopping, cleaning and laundry support.

More information about the application of the financial assessments can be found via <https://www.legislation.gov.uk/uksi/2014/2672/contents/made>

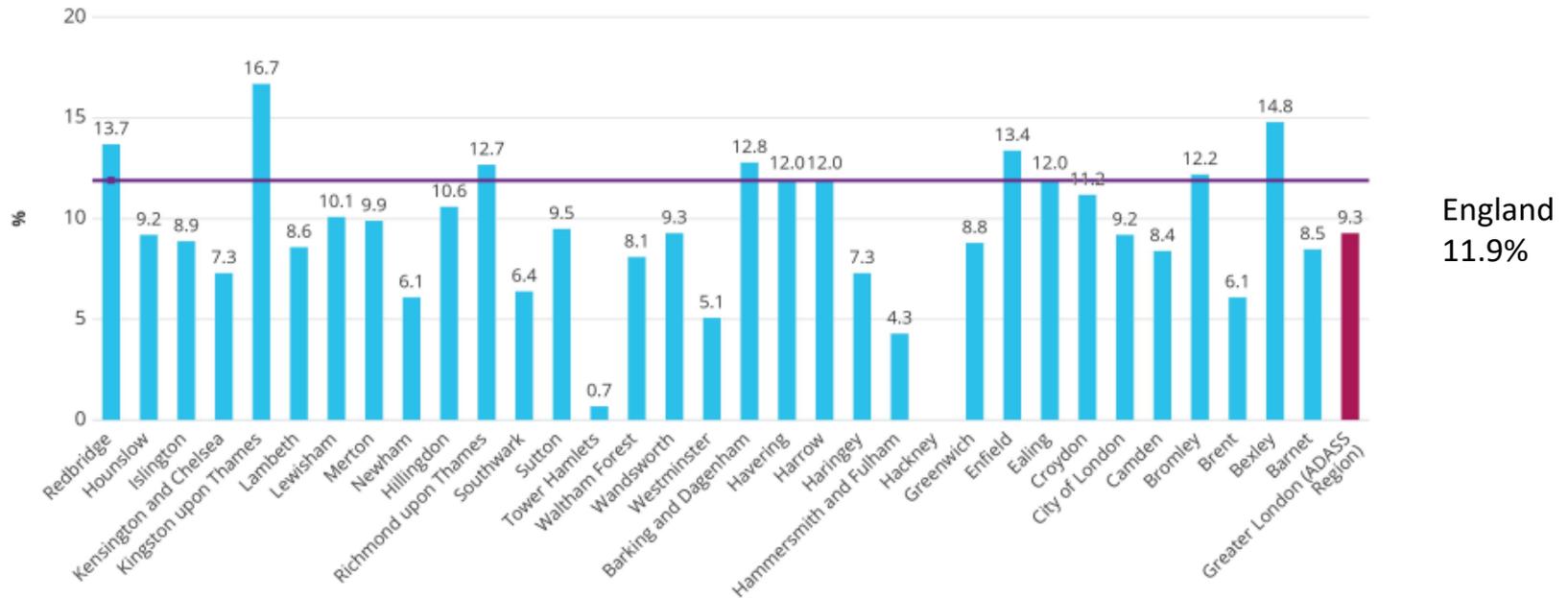
# Fairer Contribution Policy

- Southwark Council adopted a Fairer Contributions Policy in 2015, which outlines the way the Council financially assess recipients of social care services.

[fairer-contributions-policy.pdf \(antser.com\)](#)

- The principle of fairer contributions is that all services, with the exception of Reablement are included within the personal budget calculation. This means that previously 'flat-rate' charged services (such as a day centre, and respite care) are now included within the personal budget and not charged separately. Alarms and Telecare services, and transport are also included.
- A financial assessment is undertaken to determine the ability of the client to contribute towards the cost. The financial assessment of a person's circumstances will review the income, capital and savings of those receiving support in the community.

## Income from client contributions as a proportion of revised gross current expenditure on adult social care for Greater London (ADASS Region)



- Client contributions as % of revised spend on adult social care 2021/22
- Total for England: Client contributions as % of revised spend on adult social care 2021/22
- Greater London (ADASS Region) (Lead area)

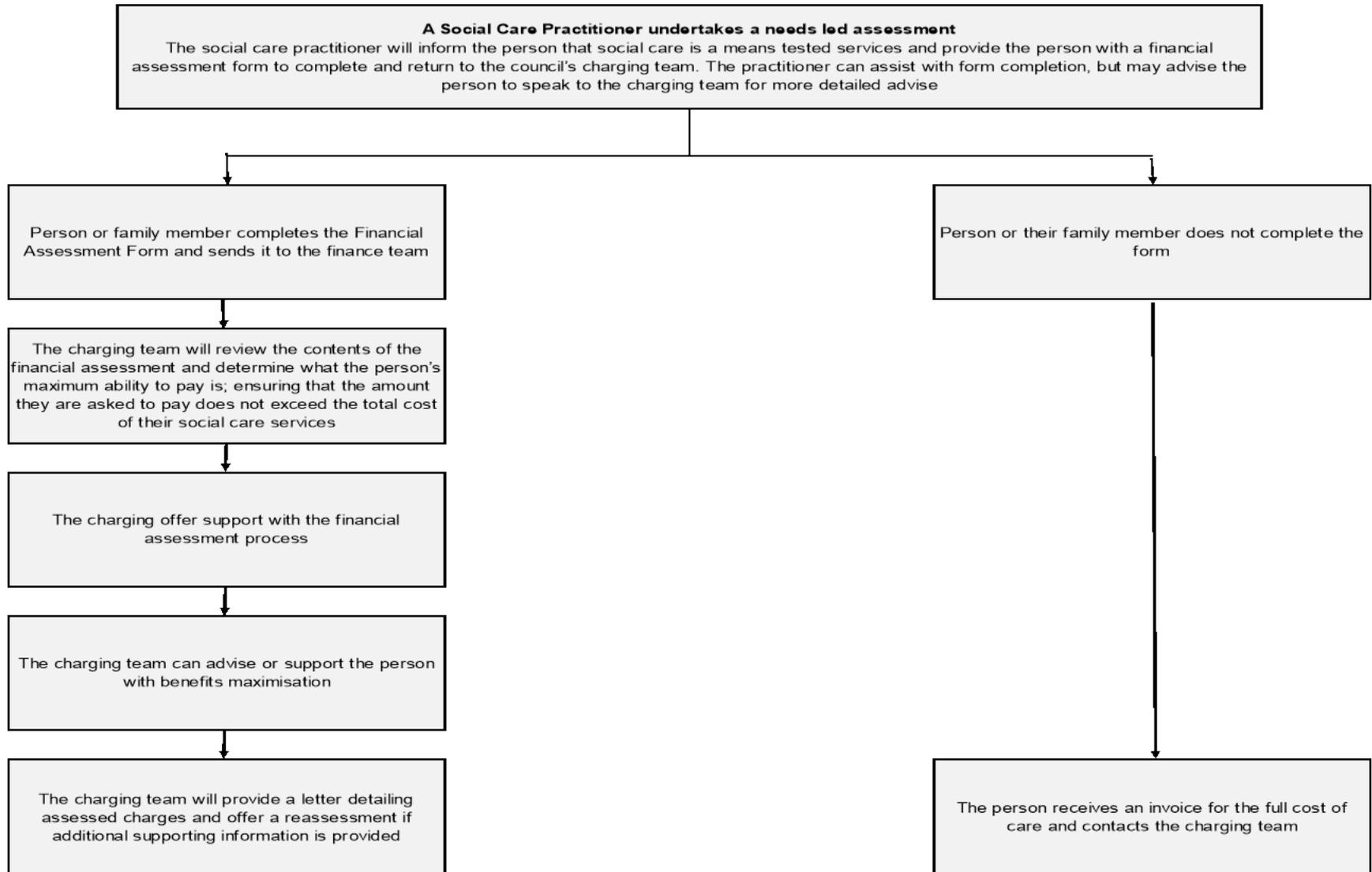
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## Breakdown of costs by client group

Client Group	Gross Expenditure	No, Service users currently receiving a package of care	Average cost/head/year
Learning Disabled	£29.1m	768	£37,894
Older Persons & Physical Disabilities	£43.8m	3,916	£11,175
Mental Health	£5.3m	456	£11,668

- To ensure that the council can afford to meet the needs of adults who are eligible to receive support, Adult Social Care (ASC) will work with individuals to identify what their needs are, how they would like their needs met, and how much they can afford to contribute towards the costs their care
- In order to determine whether the adult is able to make a contribution towards their care costs, a financial assessment is undertaken
- If the value of their capital does not exceed the upper capital limit, (£23,250) they will be asked to contribute to their personal budget, If it is over the capital limit they will be required to fund the full cost of their care.

# The Financial Assessment Process



# Disability Related Expenditure

- The Charging team will review the person's benefit income and savings, but will also consider whether the person is encountering "Disability Related Expenditure".
- The person's "Disability Related Expenditure" will be deducted from the person's maximum ability to pay and the Council must ensure that each person has the Minimum Income Guarantee [MIG]. This ensures that the person has sufficient funds available to pay their social care charges and meet their daily needs.
- Following their financial assessment, the adult should be left with sufficient funds (the MIG) to meet their housing (rent, council tax etc.), and basic needs (food, utility costs etc.). MIG thresholds are set by government.
- We will review the MIG figure at least annually to ensure that any adjustments to the sum are reflected in our charging practices.

More information about the MIG can be found via

<https://www.legislation.gov.uk/ukxi/2014/2672/regulation/7/made>

**From:** sda <sda@sdail.org>

**Sent:** Friday, January 27, 2023 11:52 AM

**To:** Timbrell, Julie <Julie.Timbrell@southwark.gov.uk>

**Subject:** RE: Invite SDA re Care Charges @ Health & Social Care Scrutiny Commission meeting 2 Feb

Hello Julie

Many thanks for contacting us about this issue.

As an organisation we are opposed to any charges for services which enable Deaf and Disabled People to have the quality of opportunity to lead an independent and fulfilling life.

Notwithstanding this policy we have some comments which we hope will alleviate some of the financial burden of this tax on Disabled People.

We appreciate that a lot of work was carried out by the Council on Fairer Charging back in 2019 which was signed off by the cabinet days before the Covid pandemic struck in March 2020.

Since then there has been a significant increase in the cost of living which has disproportionately affected the socioeconomic standing of Disabled People, as confirmed in the Council's own Equalities and Diversity Impact statements.

The biggest factor affecting Disabled People regards expenditure is the increase in heating costs as many are at home all day and their low mobility means they are significantly affected by the cold.

Many of the financial assessments carried out to determine how much an individual is expected to pay would have been carried out before the impact of increased gas and electricity prices were realised which now leaves people's budgets under enormous pressure.

In light of this we would request that a minimum flat rate of Disability Related Expenditure be increased from £20 to £80 per week and similarly the current 25% added to the Minimum Income Guarantee be increased to 50% when calculating someone's liability to pay.

I'll see you on 2<sup>nd</sup> February, this email may be circulated to committee members.

Many thanks

David Stock

SDA CEO

SDA - Southwark Disablement Association,  
Cornerstone Studios, 1 Addington Square, SE5 7JZ.  
[www.sdail.org](http://www.sdail.org)

## **Lead Member Briefing – Southwark Community Mental Health Transformation– Update**

### **Summary:**

- 1.1 The Community Mental Health Transformation (CMHT) programme has been made a priority and is a key element of the NHS Long Term Plan. The transformation includes a significant shift away from the previous Care Programme Approach and allow a more person centred, flexible approach to mental healthcare. NHSE has committed to funding the programme for 3 years to improve community based mental health services.
- 1.2 The programme has a clear outcomes framework underpinned by the principles of addressing inequalities, service user experience, and workforce & staff experience across the 5 key goals:
  - Anticipatory and preventative care available from a number of settings
  - Simplified, timely access to appropriate care.
  - Continuous seamless and person-centred care
  - Support to achieve and contribute to a wider range of goals.
  - Improved mental and physical health and reduction in mortality.
- 1.3 Through the whole of the CMHT programme we expect to improve access to care for Southwark residents. Taking a 'no wrong door' and 'simple points of access' approach will simplify the system from the patient perspective and improve their experience. Additional work is being done to decrease the rate of unsuccessful referrals between health and wellbeing professionals and to improve the experience for patients transitioning between primary and secondary care.

### **Key Information:**

#### **Background**

- 2.1 Community mental health services is an umbrella term for the NHS and VCS provided mental health and wellbeing services for adults which take place in their homes or communities. Using the new ICS model and working with PCNs, this transformation programme seeks to move towards place-based multidisciplinary services while addressing the historic issues of inequality in access, experience and outcome for patients. The Community Mental Health Transformation (CMHT) programme has been made a priority and is a key element of the NHS Long Term Plan. The transformation includes a significant shift away from the previous Care Programme Approach and allow a more person centred, flexible approach to mental healthcare.
- 2.2 NHSE has committed to funding the programme for 3 years to improve community based mental health services. In Southwark this programme has been informed by:
  - NHSE National guidance and roadmap
  - SEL ICS 'core offer' for community mental health
  - Southwark Mental Health & Wellbeing Strategy
  - Local engagement; services users & carers, communities, health and care workers

- 2.3 South London and Maudsley NHS Foundation Trust (SLaM), as the lead provider of mental health services in Southwark, has been the lead for this programme. SLaM has worked closely with key partners across the system including Partnership Southwark, North and South Southwark PCNs, the GP federations for North and South Southwark PCNs (Quay Health Solutions and Improving Health Ltd.), South London Listens and the local VCS.
- 2.4 This briefing focuses on the progress of the programme and patient access in response to queries raised by the Elected Member for Health and Wellbeing.

### The Transformation Programme

- 3.1 The programme has a clear outcomes framework underpinned by the principles of addressing inequalities, service user experience, and workforce & staff experience across the 5 key goals:
- Anticipatory and preventative care available from a number of settings
  - Simplified, timely access to appropriate care.
  - Continuous seamless and person-centred care
  - Support to achieve and contribute to a wider range of goals.
  - Improved mental and physical health and reduction in mortality.
- 3.2 The programme covers a core offer for residents with SMI (Severe Mental Illness), the interface between Primary and Secondary Care, and Primary Care and community-based support.

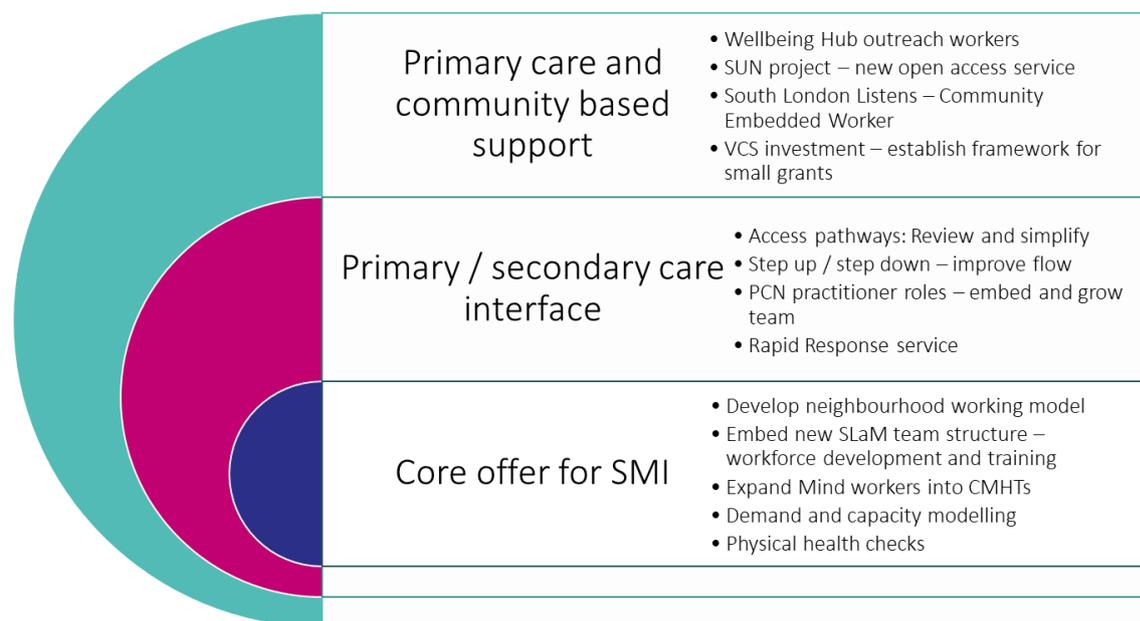


Figure 1: CMHT Programme Scope

- 3.3 The programme is funded from 2019/20 through to 2023/24 to support the year-on-year development of the programme in line with the Roadmap<sup>1</sup> developed by NHSE. The framework has been designed to allow localities to self-assess and design a programme based on their current position, local strengths and needs. Using this tool, the Southwark CMHT Programme Team have developed a milestone plan which has guided the transformation within the borough.

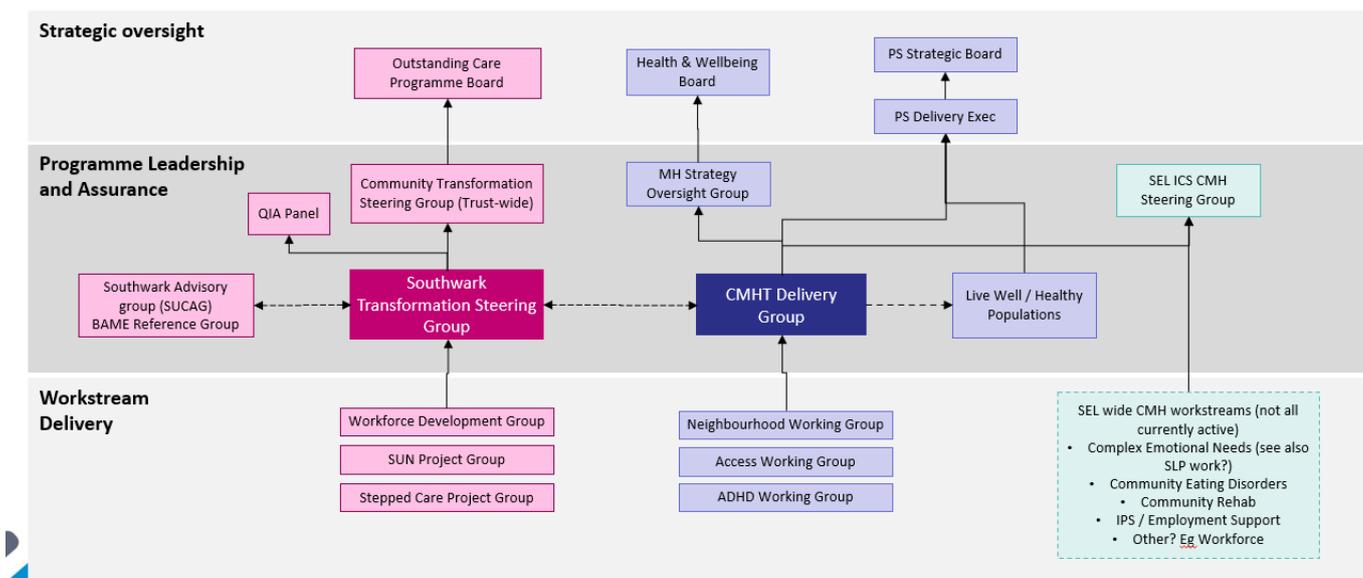
<sup>1</sup> Appendix 1 CMH Transformation Roadmap Priorities by 2023/24

- 3.4 Although lead by SLaM, the CMHT programme has benefitted from sitting within the Live Well workstream of Partnership Southwark the system wide connections that this provides. Key partners throughout this transformation programme have included:
- Partnership Southwark programme and commissioning teams
  - Primary Care, including Quay Health Solutions and Improving Health Ltd
  - South London Listens
  - Lambeth & Southwark Mind
  - Black Thrive
  - Community Southwark
  - Together for Mental Wellbeing
  - Southwark Wellbeing Hub
- 3.5 The CMHT programme governance structure takes into account the oversight of the SLaM Community Transformation Steering Group (which covers all internal SLaM activity across the Trust) and the Partnership Southwark Delivery Group (which focuses on the Southwark specific elements of the programme) as well as the

## Southwark Community Transformation governance

Updated: November 2022

	SLaM
	Partnership Southwark
	SEL ICS



Southeast London ICS CMH Steering Group which covers the ICS wide elements of the programme.

Figure 2: CMHT Governance Chart

- 3.6 Service users and carers have been engaged with throughout the programme and in a number of ways. Two lived experience representatives attend the monthly CMHT Delivery Group meetings, additional feedback is sought from the Service User & Carer Advisory Group, and targeted, specific engagement with BAME communities has been done in partnership with Black Thrive. We are currently working on plans for further engagement around particular workstreams such as simple points of access and neighbourhood working.

### Progress to Date

- 4.1 2021/22
- SLaM Community Teams Redesign consultation and mobilisation
  - Psychological Interventions work to reduce waits and implement Stepped Care model.
  - Model and framework developed
  - VCS contracts awarded to Mind and Black Thrive
  - Developed system-wide governance and decision making – Delivery Group
  - PCN mental health practitioner roles created
- 4.2 2022/23
- SLaM community teams' new structure in place
  - PCN MHP team expanded – interviews currently taking place.
  - Wellbeing Hub Support Worker roles created. Alternative funding secured.
  - Outcomes framework developed.
  - Partnership workshops on Neighbourhood Working and Access – working groups established Draft funding proposal for 2023/24 ready.

### Access

- 5.1 Through the whole of the CMHT programme we expect to improve access to care for Southwark residents. Taking a 'no wrong door' and 'simple points of access' approach will simplify the system from the patient perspective and improve their experience. Additional work is being done to decrease the rate of unsuccessful referrals between health and wellbeing professionals and to improve the experience for patients transitioning between primary and secondary care.
- 5.2 Making better use of data and digital technology: we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
- 5.3 Primary care's health care professionals, Additional Roles Reimbursement Scheme Mental Health Professionals (ARRS MHPs) and Mental Health & Wellbeing (MH&W) team will be working in more flexible and dynamic ways to provide care that's wrapped around our patients in our localities and close to their homes.

### Next Steps for 2023/24

Workstream	Objectives	Next steps
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Neighbourhood working	Build on new PCN roles: Develop and test model for integrated neighbourhood working	Working Group established and recruitment well underway.  Next: Plan and start Test and Learn – neighbourhood MDT meetings
Simple points of access	Streamline and simplify referral processes.  Tackle barriers to access and improve communication	Working Group formed – initial – scoping, review other models, develop, and assess options.  Next: Look at referral forms, digital options, SLAM contact options
BME outreach and community development	Address inequalities in access  Targeted work with underserved communities	Investing in VCS partnerships and projects  Next: Further planning with Black Thrive; link with Healthwatch Southwark work
Data & Outcomes	Develop partnership approach to service evaluation and monitoring against shared outcomes	Not progressing currently: No Business Intelligence / analytics / performance support
New roles and services	Launch SUN project service.  Develop and evaluate Rapid Response service  Recruit to new transformation roles	Rapid Response launched – 6-month review in Feb.  SUN project – mobilising for Q4 launch  Most roles recruited to
Physical Health improvement for SMI	People with SMI are offered a comprehensive physical health check and are able to access support for physical health needs as part of a holistic offer of care.	SEL work and LCP Task and Finish group. Using 75k funding recruit 2 band practitioners to deliver SMI health checks
Depot service	To run a pilot with GP practices to administer depot injections.	Confirm volume of resource needed, funding sources, staffing etc.

Appendix 1 CMH Transformation Roadmap Priorities by 2023/24

**DRAFT**

**By 2023/24 - Priorities for Community Mental Health transformation**



*Dedicated focus<sup>6</sup>*

Model development	Care provision	Workforce	Data & outcomes	CEN / 'personality disorder'	Community rehab	Eating disorders
Joint governance with ICB oversight <sup>1</sup>	"Must have" services <sup>3</sup> commissioned at PCN level tailored for SMI <sup>7</sup>	Recruitment in line with indicative 23/24 MH workforce profile	Record access data from new model (inc. primary, secondary and VCS orgs)	Dedicated function linked to core model: increased access to dedicated function and consultation, support, supervision and training to core model		
Model design coproduced with service users, carers & communities	"Additional" services <sup>4</sup> commissioned at PCN level tailored for SMI <sup>7</sup>	Expand MHP ARRS roles in primary care	Interoperable standards for personalised and co-produced care planning	Embed experts by experience in service development and delivery		
Integration with primary care with access to the model at PCN level <sup>2</sup>	Improved access to evidence-based psychological therapies	Staff accessing national training to deliver psychological therapies	Routine collection of PROMs using nationally recommended tools	Development of trauma-specific support, drawing on VCSE provision	Ensure a strong MDT approach <sup>5</sup>	No barriers to access e.g. BMI or weight thresholds
Commissioning and partnership working with range of VCSE services	No wrong door approach means no rejected referrals recorded	Multi-disciplinary place-based model <sup>5</sup> in place	Waiting time measured for CMH services (core & dedicated focus areas)	Co-produced model of care in place to support a diverse group of users	Clear milestones are in place to reduce reliance on inpatient provision	Early intervention model (e.g. FREED) embedded
Integration with Local Authority services	Tailored offer for young adults and older adults	Staff retention and well-being initiatives	Interoperability for activity from primary, secondary and VCSE services		Co-produced care and support planning is undertaken	Clear arrangements in place with primary care for medical monitoring
100% PCN coverage for transformed model	Principles for advancing equalities embedded in care provision	Dedicated resource to support full range of lived experience input	Impact on advancing equalities monitored in routine data collection		Supported housing strategy delivered in partnership with LAs	Support across spectrum of severity and type of ED diagnoses
Shift away from CPA towards personalised care	Support for co-occurring physical needs & substance use	Staff-caseload ratios to deliver high quality care				Joint working with CYP ED services including transitions
Alignment of model with IAPT, CYP & perinatal	Trauma-informed & personalised care approaches	Place-based co-location approaches				Accept self-referrals, VCS referrals and Primary Care referrals.

1. Governance to include commissioners, primary care (inc. PCN leadership), mental and physical health services, local authorities, VCSE, service users and carers  
 2. "PCN level" defined as a footprint of typically 30,000 and 50,000 people (this can also be thought of as "sub-place", "localities", or "clusters of wards"). More targeted, intensive and longer-term input for people with more complex needs can be provided at the wider community or "place" level of around 250,000-500,000 people (this can also be thought of as a "PCN-cluster")  
 3. Must-have: physical health checks, EIP, employment support, psychological therapies, social prescribing, personalised care planning, care coordination, peer support, outreach for inequalities  
 4. Additional: advocacy services, carer support, community assets, culturally competent services, financial advice, housing, social care, support groups, volunteering & education  
 5. Should include clinical psychologists; MH nurses; MH pharmacists; occupational therapists; primary care staff; psychiatrists; psychological therapists; social workers; community connectors; paid peer support workers  
 6. Systems should have commenced work on 2 of 3 dedicated focus areas in 2021/22, meeting relevant expectations. Where appropriate, aspects of core transformation model should be applied to dedicated focus areas  
 7. In this context 'SMI' covers a range of needs and diagnoses, including but not limited to: psychosis, bipolar disorder, 'personality disorder' diagnosis, eating disorders, severe depression and mental health rehabilitation needs – some of which may be co-existing with other conditions such as frailty, cognitive impairment, neurodevelopmental conditions or substance use

In place by end of year  
 In progress by end of year  
 Planning underway by end of year

Partnership  
Southwark



South London  
and Maudsley  
NHS Foundation Trust

# Southwark Community Mental Health Transformation: Programme Update and Discussion

Southwark Council Health & Social Care Scrutiny Commission  
2<sup>nd</sup> February 2023

# What we will cover in this presentation

- Programme overview – vision, aims, outcomes
- Achievements to date
- Community model and workforce structure
- Current workstreams and how we are organising delivery



# Strategic Context

**KEY AIM:**  
Develop a new person-centred, integrated model of community care for people experiencing mental ill health



# Outcomes framework for Southwark CMH Transformation – what do we want to achieve?

ADDRESSING INEQUALITIES

SERVICE USER EXPERIENCE

WORKFORCE AND STAFF EXPERIENCE

ANTICIPATORY

Anticipatory and preventative care from a number of settings

ACCESSIBLE

Simplified, timely access to appropriate care

CONTINUOUS

Continuous, seamless and person-centred care

HOLISTIC

Support to achieve and contribute to a wider range of goals

PARITY OF HEALTH

Improved mental and physical health and reduction in mortality

# Some key achievements to date

2021/22

- SLaM Community Teams Redesign consultation and mobilisation
- Psychological Interventions work to reduce waits and implement Stepped Care model
- Model and framework developed
- VCS contracts awarded to Mind and Black Thrive
- Developed system-wide governance and decision making – Delivery Group
- PCN mental health practitioner roles created

2022/23

- SLaM community teams new structure in place
- PCN MHP team expanded – interviews currently taking place
- Wellbeing Hub Support Worker roles created. Alternative funding secured.
- Outcomes framework developed
- Partnership workshops on Neighbourhood Working and Access – working groups established
- Draft funding proposal for 2023/24 ready

# Southwark Community Transformation governance

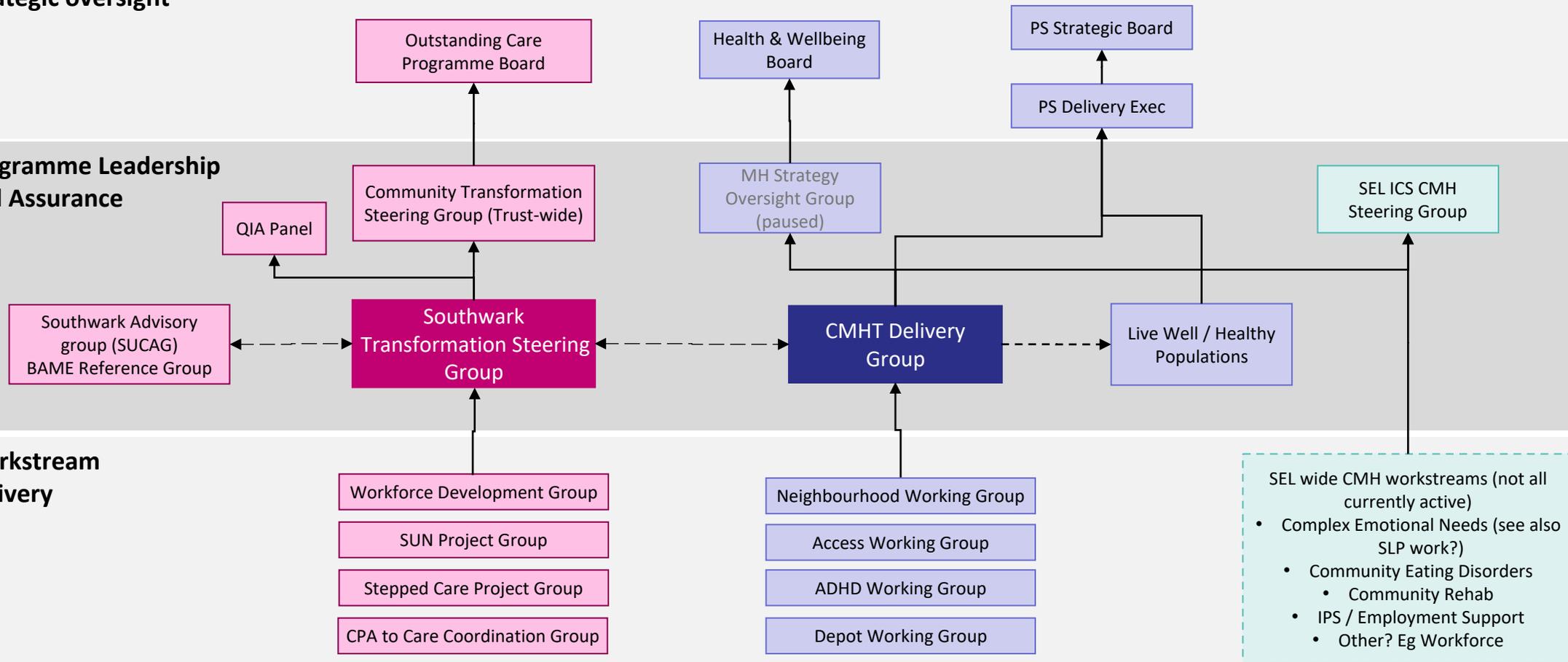
Updated: November 2022

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	Partnership Southwark
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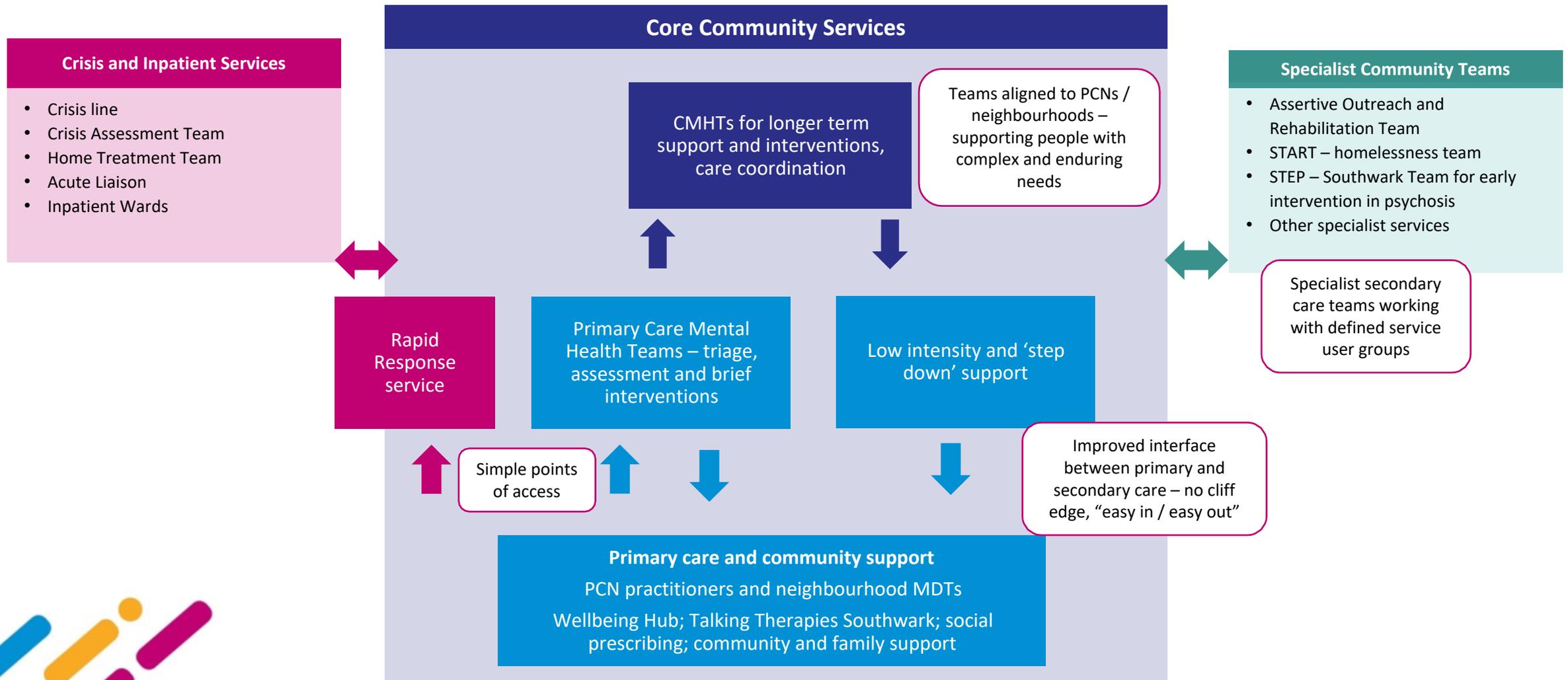
## Strategic oversight

## Programme Leadership and Assurance

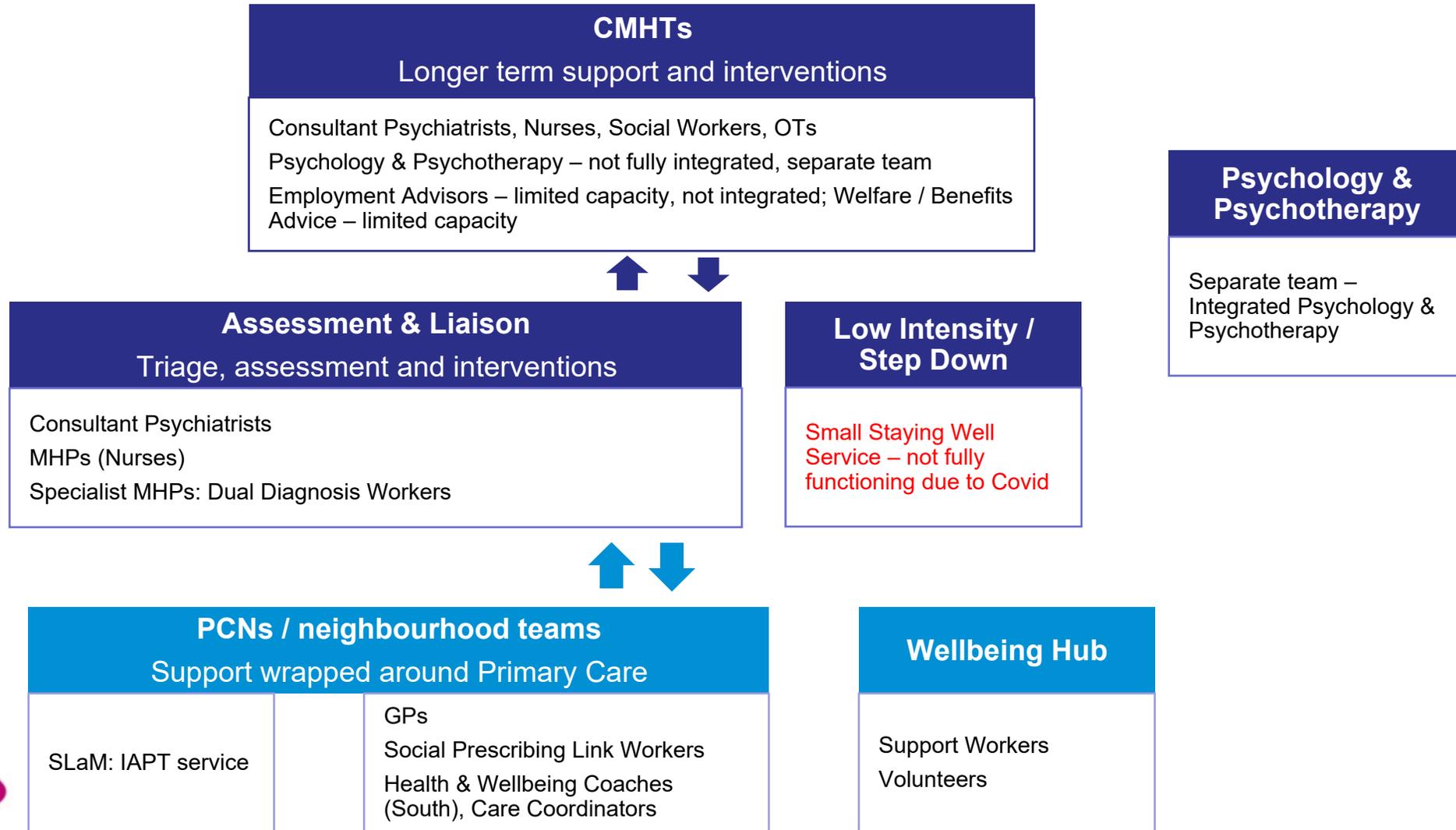
## Workstream Delivery



# Southwark Community Mental Health Model (Adults)



# Core Community Services: Workforce pre-transformation



# Core services: Emerging workforce structure

Existing roles
New / increased resource: In place
New: Partial coverage or recruitment in progress

CMHTs	
Longer term support and interventions	
Consultant Psychiatrists, Nurses, Social Workers, OTs, admin Psychology & Psychotherapy – fully integrated Employment Advisors - integrated; Welfare / Benefits Advice – more capacity	VCS: Lived Experience Support Workers

Variety of new roles introduced through transformation funding + ARRS + SLaM restructure

PCMHTs / Rapid Response	
Triage, assessment and interventions; stepped care	
Consultant Psychiatrists, Physician Associates MHPs: Nurses, OTs, Rapid Response Nurses Psychology & Psychotherapy, Clinical Associate Psychologists Specialist MHPs: Dual Diagnosis, Young People, Hoarding Worker	VCS: Lived Experience Support Workers

Low Intensity Team & SUN project
LIT Consultant Psychiatrist, LIT Nurses SUN Project MHPs Support Workers

PCNs / neighbourhood teams		
Support wrapped around Primary Care		
SLaM: IAPT service PCN MHPs	GPs Social Prescribing Link Workers Health & Wellbeing Coaches (South), Care Coordinators	Wellbeing Hub: Neighbourhood Outreach & Support Workers

Wellbeing Hub
Support Workers Volunteers

# CMHT Delivery Group workstreams 2022/23 and 2023/24

Workstream	Objectives	Next steps
<b>1. Neighbourhood working</b>	Build on new PCN roles: Develop and test model for integrated neighbourhood working	Working Group established and recruitment well underway Next: Plan and start Test and Learn – neighbourhood MDT meetings
<b>2. Simple points of access</b>	Streamline and simplify referral processes Tackle barriers to access and improve communication	Working Group formed – initial – scoping, review other models, develop and assess options Next: Look at referral forms, digital options, SLaM contact options
<b>3. BME outreach and community development</b>	Address inequalities in access Targeted work with underserved communities	Investing in VCS partnerships and projects Next: Further planning with Black Thrive; link with Healthwatch Southwark work
<b>4. Data &amp; Outcomes</b>	Develop partnership approach to service evaluation and monitoring against shared outcomes	Not progressing currently: No Business Intelligence / analytics / performance support
<b>5. New roles and services</b>	Launch SUN project service Develop and evaluate Rapid Response service Recruit to new transformation roles	Rapid Response launched – 6 month review in Feb SUN project – mobilising for Q4 launch Most roles recruited to
<b>6. Physical Health improvement for SMI</b>	People with SMI are offered a comprehensive physical health check and are able to access support for physical health needs as part of a holistic offer of care.	SEL work and LCP Task and Finish group. Using 75k funding recruit 2 band practitioners to deliver SMI health checks
<b>7. Depot service</b>	To run a pilot with GP practices to administer depot injections.	Confirm volume of resource needed, funding sources, staffing etc.

# Enablers

Work area	Objectives	Next steps
<b>Governance</b>	Develop plan for evolving system governance around mental health beyond current programme approach	Review overall governance structure and resourcing for system mental health work
<b>Lived experience involvement</b>	Establish framework and resources for involving people with lived experience in service design, delivery and evaluation	Developing plans with VCS partners to launch a regular mental health forum targeted at service users and carers
<b>Training</b>	Identify and address training needs to support integrated working and transformation aims	Collate ideas from engagement so far regarding training needs; Invite Training Hub lead to Delivery Group for planning discussion
<b>VCS and community partnerships</b>	Involve VCS sector in design and planning Establish longer term funding for VCS organisations	Invite VCS partners to be part of working groups and workshops; Commissioning review of VCS investment
<b>Estates</b>	Explore opportunities for colocation of services to support integrated working	Southwark Estates Strategy in place; SLaM management and Estates to work with Partnership Southwark Estates leads
<b>Digital</b>	Explore digital solutions to support integrated working	Simple Points of Access working group – prioritise work to improve referral processes

# Programme Team: Current roles and resourcing

Role	WTE	Funding
Primary Care Clinical Lead	2 sessions	CMH Transformation Fund
Clinical & Care Professional Lead	1 session	SEL ICS
Secondary Care Clinical Lead	1 session	CMH Transformation Fund
Programme Manager (8b)	0.4 WTE	CMH Transformation Fund
Project Manager (8a)	0.4 WTE	Partnership Southwark programme team (FTC)
Assistant Project Officer (6)	0.3 WTE	Partnership Southwark programme team
Clinical Service Lead – Transformation (8a)	1.0 WTE	CMH Transformation Fund

Wider programme team / delivery group membership – input from various leads within their roles:

- Commissioning & Quality
- Finance
- Comms
- Public Health

Challenges:

- Very limited senior commissioning and programme management capacity
- Business Intelligence / Analytics / Performance support

# Appendix 1: Other work areas -Targeted services / population cohorts

	Work area	Status
Focus areas in national guidance	Complex Emotional Needs (PD)	SEL workstream not currently active; some work at SLP level
	Community Eating Disorders	Service model and roles designed; need to develop in-reach from eating disorders team into PCMHTs
	Community Rehabilitation	SEL or SLP work as part of complex care? SLAM developing local proposal for 2023/24 funding
	IPS expansion (employment support)	SEL working group and Trust-wide Task and Finish group overseeing IPS expansion
	Young Adults	Meeting with CYP commissioning lead to identify any gaps / priorities not covered by existing work
	Older adults	No work currently via CMH programme
Local priorities	ADHD / neurodiversity	<b>NEW:</b> Forming task and finish group Nov 22 – agree scope and priorities Review current pathways and look at opportunities to improve / address gaps in provision
	Medicines / Long Acting Injections	<b>NEW:</b> Scoping with community pharmacy lead
	Dual Diagnosis / Substance misuse	TBC: Discussed but no specific plans being progressed via CMH programme

# PATIENT USE OF URGENT AND EMERGENCY SERVICES

## Data Pack

### Health and Social Care Scrutiny Commission

Thursday 2 February

Partnership  
Southwark



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

Agenda Item 7

# **PATIENT USE OF URGENT AND EMERGENCY SERVICES**

## **- Data Pack**

- 1. Background**
- 2. 111 activity trends (Southwark patients)**
- 3. A&E attendance trends (Southwark patients total)**
- 4. A&E attendance trends (Southwark patients - Age)**
- 5. A&E attendance trends (Southwark patients - Ethnicity)**
- 6. A&E performance on 4 hour waiting time targets (South East London level)**

## 1. Background

This item was requested to support the scrutiny review on Access to Medical Appointments. The data was requested after the item on GP appointments at the July committee.

Further details on how the NHS is responding to a range of system pressures reflected in this data pack are set out in the January meeting papers of the [South East London Integrated Care Partnership](#) (page 24, System Pressures Update).

Notes:

A&E data was downloaded from the ICS data portal on 24/02/2023. The data is provided by the acute trusts as part of national reporting requirements.

Ambulance service data at borough level is not currently available. Published ambulance data at a national and London level is available at <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2022-23>

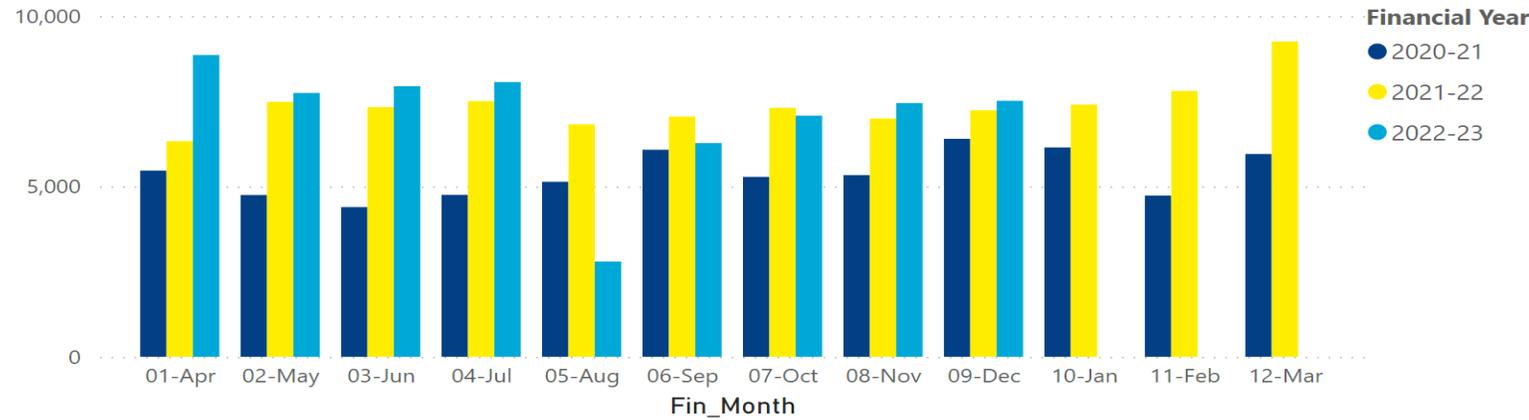
## 2. 111 activity trends – Southwark

- National communications encourage people to call 111 for advice on the best way to address health concerns, including appropriate advice on alternatives to attending A&E
- Data in chart shows significant growth in calls since 2020/21
- Heat map shows most popular call times include Saturday morning and Monday morning



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Breakdown by SEL borough areas



Financial Year	01-Apr	02-May	03-Jun	04-Jul	05-Aug	06-Sep	07-Oct	08-Nov	09-Dec	10-Jan	11-Feb	12-Mar	Total
2020-21	5,463	4,746	4,392	4,750	5,135	6,075	5,278	5,330	6,395	6,143	4,729	5,950	64,386
2021-22	6,327	7,480	7,326	7,502	6,820	7,049	7,305	6,992	7,231	7,399	7,802	9,253	88,486
2022-23	8,855	7,741	7,940	8,062	2,796	6,270	7,076	7,444	7,511				63,695
<b>Total</b>	<b>20,645</b>	<b>19,967</b>	<b>19,658</b>	<b>20,314</b>	<b>14,751</b>	<b>19,394</b>	<b>19,659</b>	<b>19,766</b>	<b>21,137</b>	<b>13,542</b>	<b>12,531</b>	<b>15,203</b>	<b>216,567</b>

Note: national data outage impacts on August 2022 data

SEL 111 calls by Hour/Day

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun
00	624	606	620	569	623	668	685
01	489	508	508	509	532	579	568
02	397	391	469	387	459	484	450
03	355	384	364	379	334	393	378
04	339	330	357	351	343	389	378
05	348	386	347	354	389	473	371
06	551	486	488	532	526	599	551
07	1,013	913	834	827	841	1,143	999
08	1,996	1,739	1,669	1,643	1,622	2,130	1,626
09	2,271	1,965	1,899	1,856	1,902	2,797	2,149
10	2,271	1,891	1,736	1,737	1,817	2,891	2,344
11	2,198	1,831	1,768	1,670	1,813	2,787	2,309
12	2,018	1,724	1,624	1,555	1,675	2,651	2,167
13	1,968	1,558	1,511	1,620	1,682	2,425	2,037
14	2,007	1,679	1,628	1,599	1,818	2,347	1,888
15	1,686	1,571	1,538	1,541	1,648	2,198	1,747
16	1,716	1,648	1,590	1,481	1,755	1,937	1,703
17	1,755	1,646	1,549	1,520	1,645	1,844	1,589
18	1,779	1,745	1,704	1,682	1,918	1,634	1,488
19	1,725	1,737	1,673	1,600	1,708	1,620	1,406
20	1,545	1,503	1,421	1,412	1,472	1,436	1,351
21	1,389	1,382	1,370	1,281	1,399	1,301	1,196
22	1,150	1,131	1,075	1,060	1,141	1,071	973
23	892	872	828	886	925	876	825
<b>Total</b>	<b>32,482</b>	<b>29,626</b>	<b>28,570</b>	<b>28,051</b>	<b>29,987</b>	<b>36,673</b>	<b>31,178</b>

45

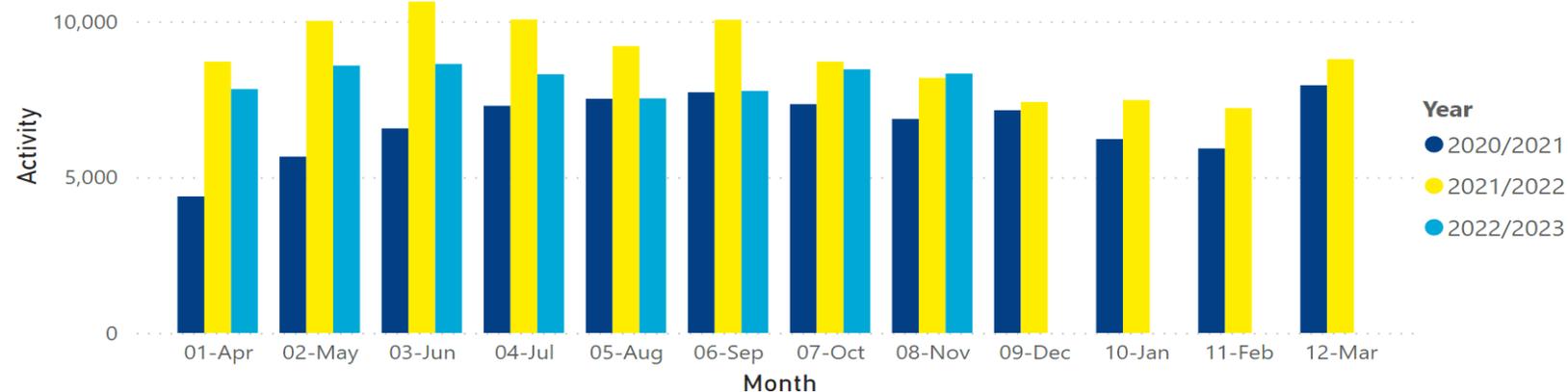
### 3. A&E attendance trends – Southwark patients (total)

- The data shows significant growth in 2021/22 compared to 2020/21 followed by a reduction in 2022/23
- The top two presenting conditions over the period (where recorded) were gastrointestinal and respiratory



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Activity by Month and Year



A&E - Diagnosis is 80% populated.

Year	01-Apr	02-May	03-Jun	04-Jul	05-Aug	06-Sep	07-Oct	08-Nov	09-Dec	10-Jan	11-Feb	12-Mar	Total
2020/2021	4,381	5,658	6,564	7,290	7,517	7,723	7,343	6,868	7,148	6,222	5,920	7,949	80,583
2021/2022	8,709	10,013	10,633	10,060	9,207	10,051	8,710	8,184	7,412	7,474	7,217	8,786	106,456
2022/2023	7,826	8,580	8,632	8,302	7,528	7,767	8,460	8,323					65,418
<b>Total</b>	<b>20,916</b>	<b>24,251</b>	<b>25,829</b>	<b>25,652</b>	<b>24,252</b>	<b>25,541</b>	<b>24,513</b>	<b>23,375</b>	<b>14,560</b>	<b>13,696</b>	<b>13,137</b>	<b>16,735</b>	<b>252,457</b>

Data is for Southwark patient attendances at all A&E departments.

The breakdown of attendances by site is as follows (2022/23):

St Thomas':	46%
Kings College Hospital:	40%
Lewisham Hospital:	3%
Other A&E depts*:	11%
*London and national	

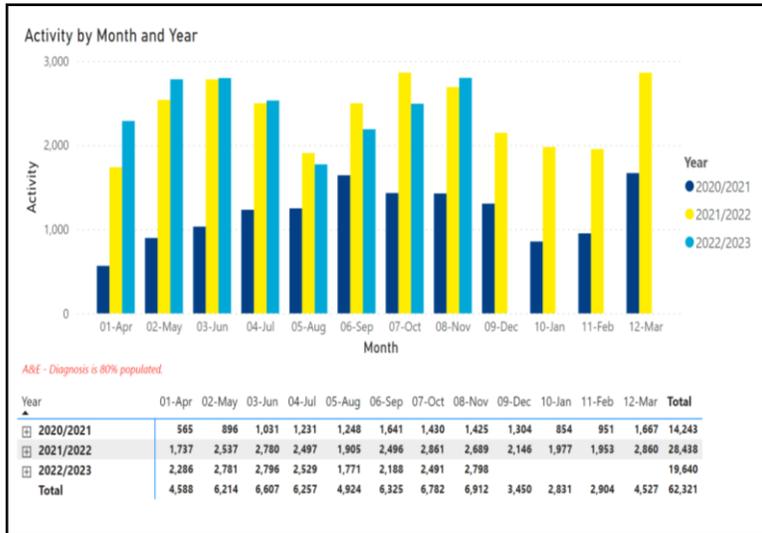
Note: data shows type 1 (emergency department) attendances for Southwark Patients.

Minor injury unit and walk in centres (type 3) excluded due to data issues.

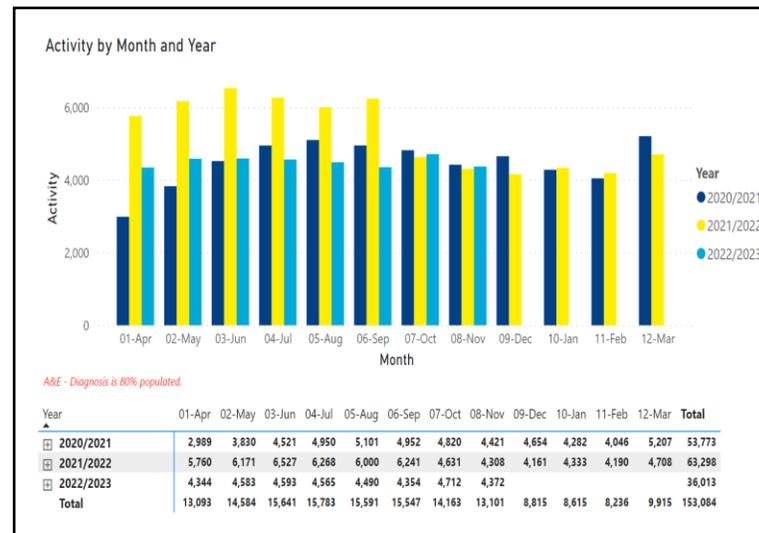
## 4. A&E attendance trends – Southwark patients (Age analysis)

- The data shows similar pattern of growth in 2021/22 compared to 2020/21 followed by a reduction in 2022/23 for all age groups
- The increase in A&E attendances for 0-17 year olds in 2021/22 is more pronounced than other age groups

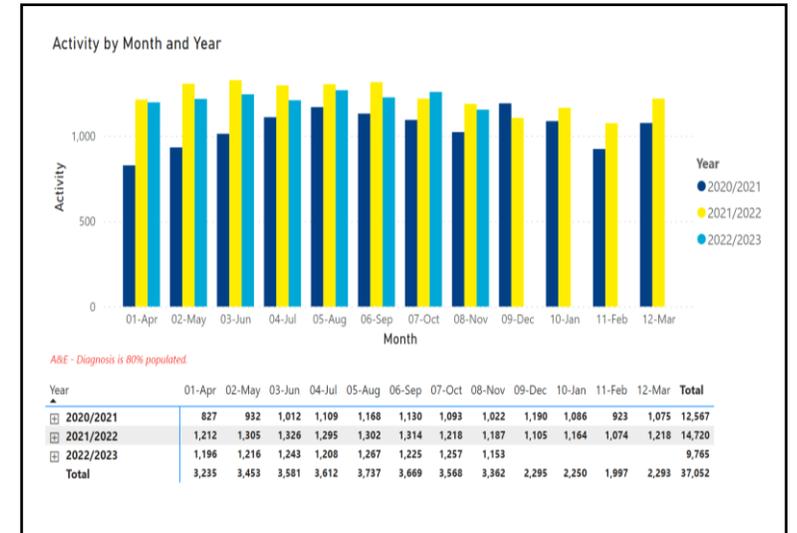
### Age 0 - 17



### Age 18 -64



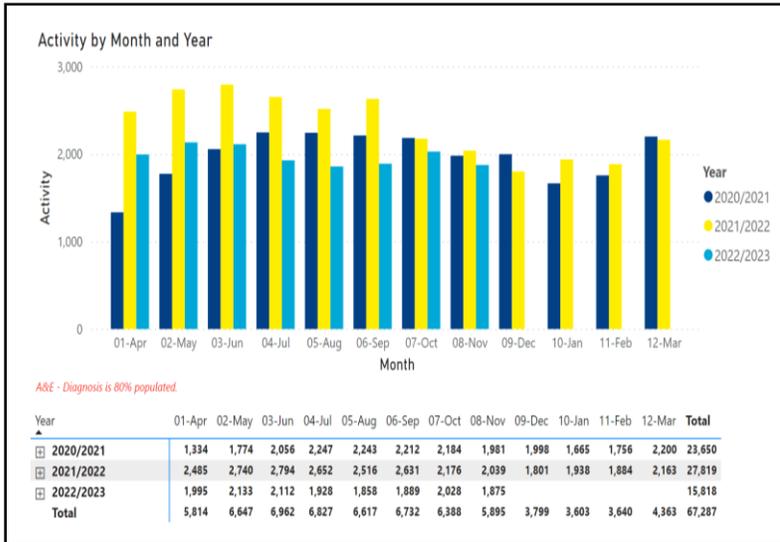
### Age 65+



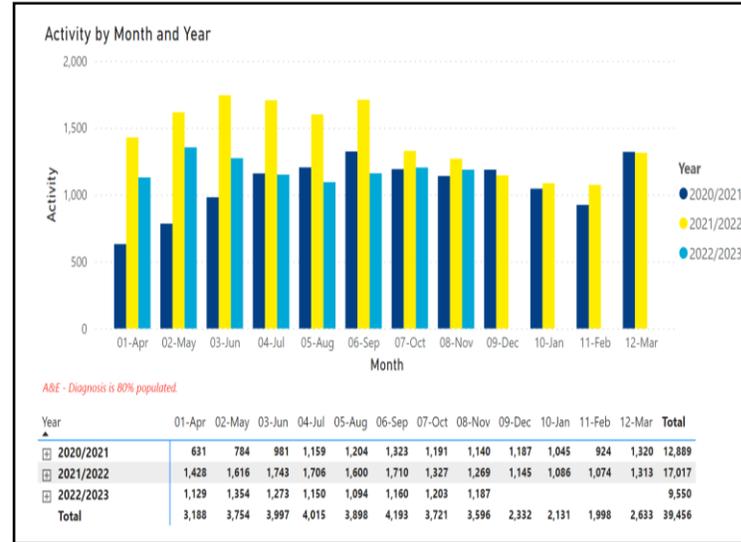
## 5. A&E attendance trends – Southwark patients (ethnicity analysis)

- The data below covers the top 3 ethnicity categories in the A&E data set
- The data shows similar pattern of growth in 2021/22 compared to 2020/21 followed by a reduction in 2022/23 for all ethnic groups
- The data for Caribbean patients suggests less annual variation over the period than for White British and African
- It should be noted that ethnicity recording in A&E data is an area for improvement with largest category being 'not stated'

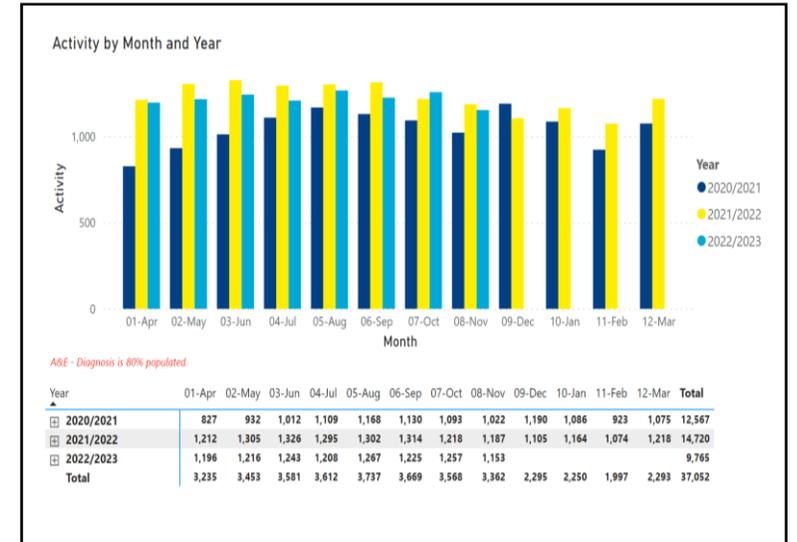
### White British



### African



### Caribbean

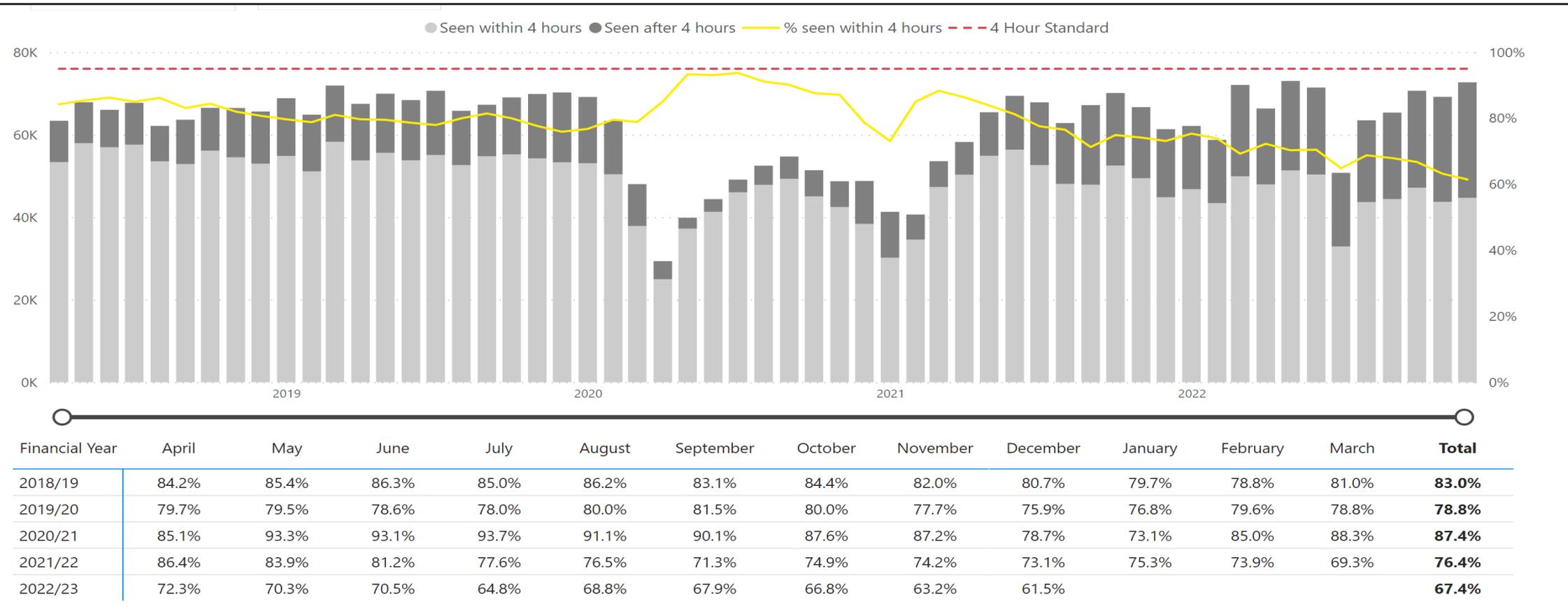


## 6. A&E attendance and waiting time performance trends (South East London) 2018-2023

- South East London data since 2018/19 illustrates the steep drop in attendances during the Covid lockdown period
- The attendance rates subsequently increase and a decline in performance in the 4 hour waiting time target is illustrated.
- Note: This analysis is only available at SEL level.



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





## Health & Social Care Scrutiny Commission

**MUNICIPAL YEAR 2022-23**

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