Open Agenda

Health and Social Care Scrutiny Commission

Tuesday 16 May 2023
7.00 pm
Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Supplemental Agenda

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Date: 15 May 2023

Care Contributions questions and answers:

1. In the table of figures on page 1 of the Care Contributions update briefing, where it says “Monthly Total”, should that actually be “Annual Total”?

   Yes, to clarify, the header in the table should say “Annual Total”.

2. In the same table, to which of the four categories of resident do physically disabled adults aged 18-65 belong? There is one category for older people and two categories for mental health so the only other option is Learning Disabilities. Are there no physically disabled adults aged 18-65 who do not have learning disabilities?

   To clarify, physically disabled adults aged 18-65 who do not have a learning disability are captured in the Older Peoples Services category which is shorthand for Older People and Physical Disabilities, which is one of the two social work business units in the Adult Social Care Division.

3. The main question though is … at the February meeting, Pauline said that the Fairer Contributions Policy had been brought in in 2015 and there was no reason why charges would have increased in the last two years, as families of service users at Bede House have been reporting. However, apparently there was a revised approach which was implemented in April 2021 (Cabinet paper dated 24 March 2020), so could she explain more about this and why this has resulted in charges being made which were never made before or in charges increasing significantly?

   We would need to know the details of the individual cases to look into the reports of charges increasing but it is unlikely to be due to the changes made to the Council’s charging policy in 2020. The report to Cabinet in April 2020, updated the Council’s charging policy with a number of policy changes. These were to

   - *Simplify the Fairer Contributions Policy document (FCP) to make our approaches to residential and non residential financial assessments clearer.*
   - *Increase the minimum contribution towards social care costs from £3 to £5.*
   - *Specify a charge of £200 for the council to arrange care for full cost service users assessed to require non-residential care excluding alarms.*
   - *Use light touch assessments for those receiving alarm services only.*
   - *Promote deferred payment agreements and charges on property as a way of paying for residential care.*

- *Implement a review trigger where allowances exceeding £20 per week on DRE (disability related expenditure) are claimed from April 2021.*

In addition, the April 2020 report to Cabinet delegated the final decision on the future of the Direct Debit Discount Scheme to the cabinet member for children, schools and adult care following a further consultation on this process.

4. There was a question asked previously but it might have got lost so its repeatedhere: “The national statistic for care charges being taken to the Ombudsman is that approximately 70% of cases are overturned. Can you confirm what the statistic is for Southwark and can you confirm what the cost to the Council is of such challenges being taken to the Ombudsman?”

   Over 2022/23 no complaints regarding adult social care charges were referred to the Local Government Ombudsman (LGO) (see https://www.lgo.org.uk/your-councils-performance). In the previous five years two cases involving adult social care charges by Southwark Council were considered by the LGO but neither case involved a Council decision on adult social care charging being overturned.

5. Finally, are there plans to further increase the charges in the next budget year?

   Adult social care charges are individual to each service user and are based on financial assessments. Financial assessments are individual assessments of a service user’s ability to either pay the full cost of their care, to make a contribution to the cost of their care or to receive fully funded adult social care services. If a charge is applied, and in common with other local authorities, this charge is adjusted each year via a process known as the “Financial Assessment Batch Uplift”. The FABU process adjusts a person’s charge to reflect changes to benefit rates. As part of this process, for service users whose charges factor in their disability related expenditure (DRE), the Council also adjusts the person’s DRE based on a measure of inflation known as the “Consumer Prices Index Including Owner Occupiers' Housing Costs (CPIH). This ensures that any proposed increases in charges due to increases in benefits take into account inflationary increases in DRE.

Access to medical appointments: draft report

Introduction

This review examines access to Primary Care, as well as Urgent and Emergency Care, with an emphasis on the former.

The review was conducted in order to respond to constituents reporting difficulties accessing doctor appointments and concerns that the pandemic had precipitated a switch to greater use of online and telephone consultations, which was not always welcomed by patients, or appropriate. In addition members were concerned with evidence that hospital emergency departments' waits were too long.

The review took place during a period of change as the new integrated health and care partnership arrangements at the South East London level and borough level were formally constituted and delivered at an increasingly local level.

The South East London Integrated Care System has recently been established operating at a sub-regional level, with the Integrated Care Board (ICB) established on a statutory footing. Partnership Southwark has delegated functions from the ICB for the provision and integration of out of hospital services and the NHS works with the Council to jointly commission a range of services for local residents.

New front line practitioner roles are being created, to compliment GPs, with more links to social care and the community, arranged around neighbourhoods, and there is an expanded role for local pharmacies. The review therefore reflects on these changes and the consequent risks and opportunities.

The following outcomes have been used to guide the review and report. These were agreed by the Commission at the beginning of the review, in collaboration with Partnership Southwark and local NHS leads:

<u>Outcomes:</u>

A. Residents know what to expect from the local system – where and how to be seen for their conditions whether urgent/serious or not.

B. Providers ensure that their appointment and care systems can be navigated equally by patients and residents can get timely care.

C. Residents and Providers are able to offer care in a way that best meets people's needs, including face to face, and that the right balance is found in the use of new technology.

D. Public and councillors to know how to feedback when experience is not good and that this will be taken into account and lead to improvement.

E. A health system that operates well so that needs are met as well as possible within available resources

F. The scrutiny review feeds into work that Partnership Southwark is doing to engage with residents in order to build trust locally and use feedback to improve performance

List of contributors – to follow

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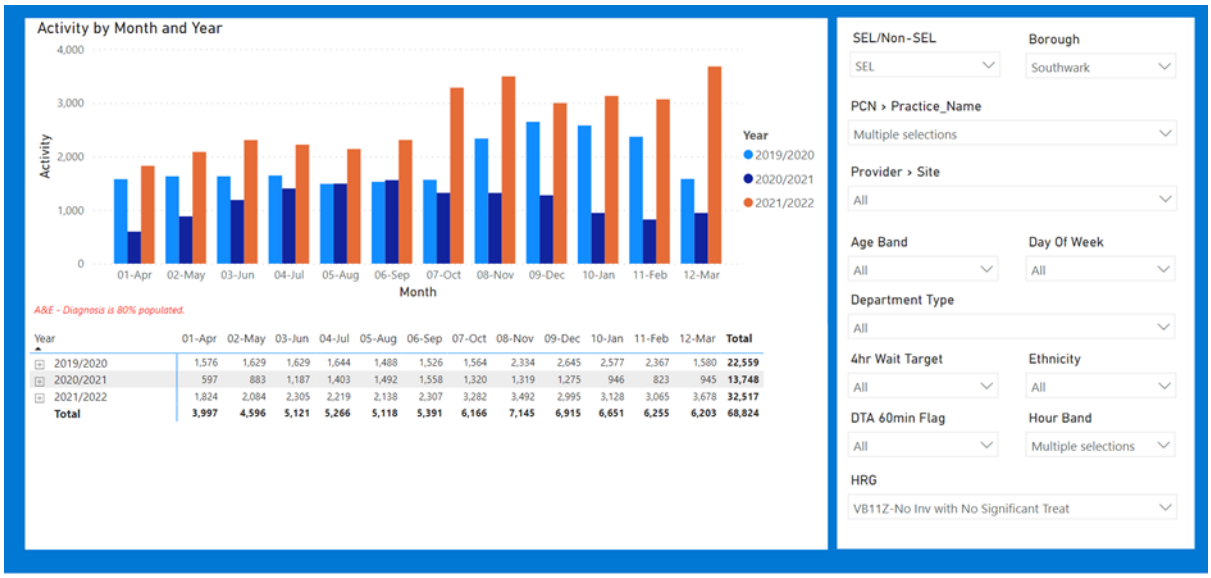
Background

System pressures

Health services, both Primary Care, and Urgent and Emergency services, are under pressure for a variety of reasons. The pandemic has impacted on operations, leading to a backlog. More recent winter pressures have seen increased paediatric demand associated with Group A strep, as well as seasonal flu and Covid -19. There is also ongoing NHS industrial action.

There are longer term problems with staffing, particularly with recruiting and retaining GPs and social care workers. The commission heard that the GP workforce capacity is reducing and the development of new front line practitioners expected to address this gap.

The Commission heard that because patients are not able to access hospital care, in part because of the backlog caused by Covid, they are coming back to the GP. At the same time more people are visiting Emergency care with no significant intervention or treatment needed at that time, who may therefore have been better served by Primary Care:



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
2019/2020	1,576	1,629	1,629	1,644	1,488	1,526	1,564	2,334	2,645	2,577	2,367	1,580	22,559
2020/2021	597	883	1,187	1,403	1,492	1,558	1,320	1,319	1,275	946	823	945	13,748
2021/2022	1,824	2,084	2,305	2,219	2,138	2,307	3,282	3,492	2,995	3,128	3,065	3,678	32,517
Total	**3,997**	**4,596**	**5,121**	**5,266**	**5,118**	**5,391**	**6,166**	**7,145**	**6,915**	**6,651**	**6,255**	**6,203**	**68,824**

There is also more ill health; life expectancy has been stalling since 2010, while the amount of time people spend in poor health has been increasing. This is driven in large part by socio economic disadvantage and resultant health inequalities.[1]

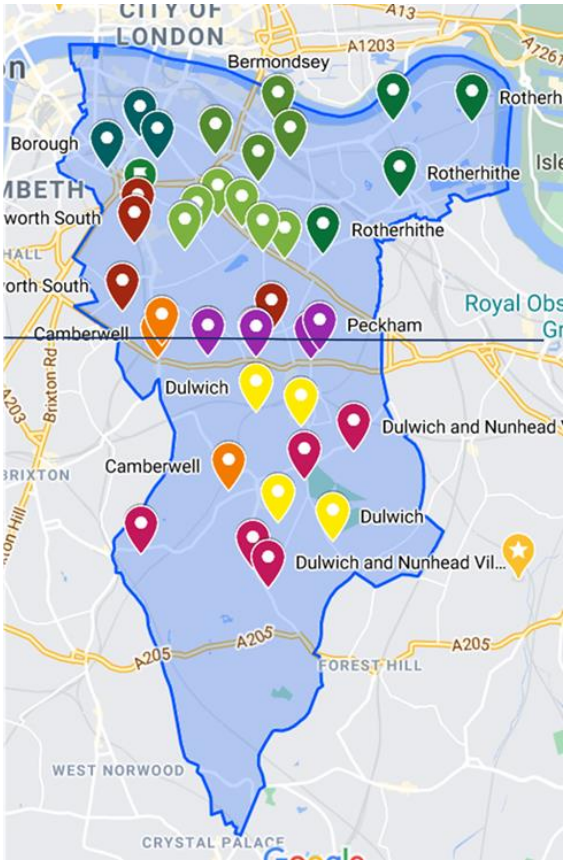
System change

Health services are moving towards a new integrated model, with delivery of NHS services done in partnership with Local Authority services including Social Care, Public Health and Housing, as well as the wider voluntary and community sector. There is an increasing focus on reducing health inequalities, working together to improve integration, productivity and increasing population health.

This is taking place as a sub-regional, borough and neighbourhood level. The South East London Integrated Care System (ICS) and its governing body, the Integrated Care Board (ICB) was established by statute in the spring of 2022. This covers the 6 boroughs of Southwark, Lambeth, Lewisham, Greenwich, Bexley and Bromley.

At a Local Authority level Partnership Southwark brings partners together to integrate provision and commission services, aiming to work together to improve the health and wellbeing for the people of Southwark. There are now plans in development at a national level to deliver services in partnership at even more local level, with neighbourhood multidisciplinary teams (MDT), which will bring local surgeries together with social care, the community and other partners in the localities.

- Walworth Triangle
- Bermondsey
- Borough
- Dulwich and Nunhead Villages
- Peckham
- Camberwell
- Dulwich
- Rotherhithe
- Walworth South



[1] Next steps for Primary Care Fuller Stocktake May 2022, page 14

Changes to the delivery of Primary Care.

In order to increase capacity and address the shortage of GPs the NHS is creating more specialist frontline roles, such as nurses, pharmacists, social prescribers, podiatrists, care coordinators, mental health practitioners, physiotherapists working as part of the primary care team, and expanding the role of pharmacies to provide additional capacity. These roles are paid through the National Additional Roles Reimbursement Scheme (ARRS) and there is some flexibility about deployment. These are the Southwark current and future plans as of September 2022:

Additional Roles	Current (WTE)	Prospective (WTE)	Current (WTE)	Prospective (WTE)
	North PCN		South PCN	
Clinical Pharmacist (exclude Advanced Practitioner)	6.3	0	10.1	0
Advanced Practitioner	2	0	0	0
First Contact Physiotherapist	2	0	0	0
Physician Associate	0	0	1	1
Social Prescribing Link Workers	12.6	0	9	0
Nursing Associates	4	0	0	0
Trainee Nursing Associates	6	0	0	0
Mental Health Practitioners	1	1	1	1
Care Co-ordinators	0	12	0	0
Health & Wellbeing Coach	0	5	0	4
Paramedics	0	0	1	0.8
Total	**33.9**	**18**	**22.1**	**6.8**

There are also well established Primary Care Networks. Southwark GP practices are grouped into two large Primary Care Networks – north and south. These are coterminous with two GP federations. The PCNs are working to mobilise the national service specifications from NHS England, provide leadership and co-ordinate some services. A local good example of this is the GP networks working with Doctors of the World charity to roll out the 'Safer Surgery' scheme to ensure migrants can access Primary Care.

Within the PCNs, there are now 9 clusters of GP practices covering the planned neighbourhoods, covering between 30,000-45,000 people each, so links and support can be organised from wider services like community health teams.

These PCNs and Federations work collaboratively and provide out of GP hubs (Extended Primary Care Service) every day of the year including bank holidays at North Southwark at Spa Medical Centre, Bermondsey and South Southwark at Tessa Jowell Health Centre, Dulwich.

Following learning from the pandemic there is also an expanded role for the 111 service, which provide telephone and online help and links with the local GP appointment service.

A. Residents know what to expect from the local system – where and how to be seen for their conditions whether urgent/serious or not.

The recent move to an expanded Primary Care offer, with a broader range of frontline practitioners is not widely understood by local residents. While this is understandable, as the recent focus has been recruiting to the new roles, this means that people do not always know where to go for care.

The Commission also heard that other services that have been commissioned under the integrated model are working well, and in particular the Wellbeing Hub for mental health needs. People can self-refer and obtain assessments. Healthwatch said they often signpost people to this service.

It is also unclear if people are widely aware that it is possible to access Out of Hours appointments at two local hubs, and that 111 can now make appointments as well as give advice, and that pharmacies now have a broader role in treating common ailments and providing health advice.

While there have been specific campaigns, particularly around winter, such as the 'Pharmacy First' the 'Choose Well' thermometer campaign, as well as a communication strategy for community Mental Health Transformation, there was general agreement between stakeholders giving evidence that more could be done to direct people to first contact practitioners, as well as Urgent and Emergency care when needed, and it would be timely to do so now as the new system takes shape.

The NHS leads envisaged that a better use of this broader offer would increase capacity and relieve pressures in the system.

It will take time and need a consistent narrative to shift public expectations away from the GP being the point of contact for all problems to use of the wider primary care team and services.

The NHS have made a start with informing and educating the public on how primary care is working, with a SEL wide primary care campaign launched in October, which explains how the expanded primary care team is working.

Recommendation One

Conduct a communication, engagement and outreach campaign explaining local integrated health services, where and when visit to Primary, Urgent and Emergency care, as well as services such as the Well-being Hub.

This to include a user friendly description of the below:

- Primary Care practitioners and their roles in urgent and non-urgent care
- South and North Primary Care Networks and move towards integrated neighbourhood teams working in partnership with social care and the community to provide coordinated and proactive care for those who need it – keeping this updated and in plain English
- Out of hours GP hubs remit and how to access an appointment
- How to make best use of Pharmacies
- When to use 111 (including information on accessing a urgent doctor appointment)
- When and how to use Urgent Care Centre (Guys etc.)
- When to go to Accident and Emergency (GSTT and Kings)
- The role of the mental health Wellbeing Hub and what they can do – including assessments

Include the following in promotion methods:

- GP surgeries waiting area
- Southwark Partnership website (in part to increase understanding and transparency on how local health and integrated services are delivered)

Ensure that the outreach programme reaches diverse communities equitably , and in particular take into account:

- The views of patients gathered through local surgeries, Healthwatch and other relevant engagement initiatives
- The need to address language barriers and conducts targets engagement with the diversity of Southwark's Black and Minority Ethnic communities such as the Somalian, Bengali, Latin American etc.
- Ensures that disadvantaged communities with a Protected Characteristic (older, disabled, maternity, LGBTQi etc) are particularly targeted.

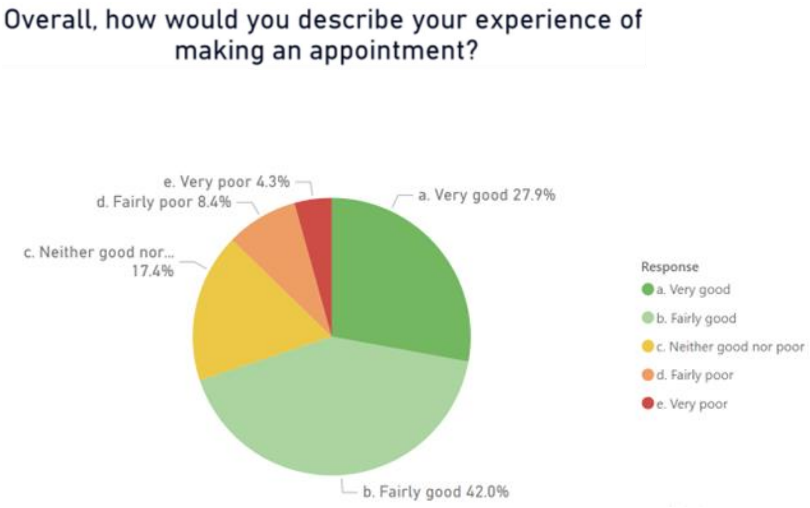
B. Providers ensure that their appointment and care systems can be navigated equally by patients and residents can get timely care.

One of the main drivers for this review was constituent concerns around being able to access a GP appointment, particularly as we have emerged from the pandemic. Members have received complaints from residents about being stuck in 8am morning telephone queues for an hour and, and then still not being able to access an appointment, and then waiting in for a call back which might or might not happen. More seriously two cases were relayed where delays in being seen by a GP could have contributed to preventable deaths. In both cases patients were unable to navigate the appointments system, despite repeated attempts.

These anecdotal stories of patient difficulties in accessing a GP appointment were echoed by the Healthwatch report, evidence from mental health service users, and an engagement event. People who are elderly, have mental health issues, young children, or where English is not the first language were of particular concern. These groups cannot necessarily make use of digital or phone systems.

NHS GP leads agreed that some residents have challenges in accessing practices on the telephone and making appointments, especially over Covid when practices like others had to work remotely. The pandemic has accelerated the use of digital options and practices are also using eConsult, and the NHS app to respond to the needs of patients. The NHS said that this has led to improved patient satisfaction, in some cases. However they said that all practices ought to offer a range of ways to book appointments, and while digital methods such as the NHS App can assist in relieving pressure on phone and reception systems, they are not appropriate for everyone.

Local commissioners provided data from the GP Practice National Patient Survey of 2021 of Southwark residents. This was distributed to 16,006 Southwark residents, of which 3,783 responded. This shows a mixed picture:



The above demonstrates that though the majority of people are fairly or very happy, there is still significant minority are not able to access an appointment easily enough.

There is good practice that could be built upon. The Healthwatch identified how some digital options are working well, such as repeat digital prescriptions. Telephone appointments system was also an improvement for some Healthwatch respondents as people could avoided long waits in reception. However some people told the commission at the Café Conversation event that they would prefer to revert to the previous practice of physically queuing in reception if it meant they would be seen that day, and have the option to visit their practice and book ahead.

There is clearly wide variability in user experience and preferences as such the Commission recommends that GP practices collaborate to develop solutions as a matter of priority.

Recommendation two

Seek to develop a more consistent practice appointment model based on best practice that will allow equitable and safe access for all, with particular care taken to:

- ensure that patients are not repeatedly turned away
- there are alternatives to early morning telephone booking systems
- that a combination of face to face, telephone, and digital appointment systems are provided to
- flexibly meet the needs of all sections of the community, particularly those with additional needs (mental health, disability, older, parents of young children, language barriers)
- informed by the views of the registered population

One theme that emerged is that Primary Care practice receptionists provide a variable service. Healthwatch and the Commission heard that many seem rushed, have a poor manner or are unable to explain the system adequately. This may be in part because some surgeries are overstretched, appointment systems are not working as they could be, and there is confusion about new ways of working and wider system pressures. Receptionists also seem to have some role in gatekeeping appointments on occasions however it is unclear if they have had adequate training to screen patients or if this is actually their role. Receptionists have important role in ensuring that patients have good experience and the NHS leads said that there is training in interpersonal skills and teamwork.

Recommendation three

Recognise and value the importance of GP Practice and Pharmacy receptionists, as well as other non clinical staff, and invest in guidance / training to ensure that they are appropriately guided and supported on how to screen patients, can provide an effective service and relate to patients with empathy. Attention also ought be paid to ensuring receptionists are not overworked.

Primary Care Network GP leads told the commission that vulnerable people are identified as high needs, and this includes older people and those with mental health needs, however they are not yet able to identify the high needs of callers. Members suggested this was taken forward and the GPs responded that a standardised approach could be helpful.

A member later updated the Commission to that constituents have reported Nexus have recently issues a special number for high needs patients and this has been really helpful in improving access to timely care.

The Fuller Stocktake report gave an example of identification and streaming patients by the Foundry Health Centre in Sussex as an example of good practice. Since 2019 it has sought to improve access and keep patients out of hospital. Patients are streamed using systematic triage and clinical judgement and identified as green (generally well – continuity less important), amber (long-term conditions – continuity important; appropriate reactive care delivered), and red (vulnerable or complex – continuity paramount; proactive care given). This approach has improved continuity

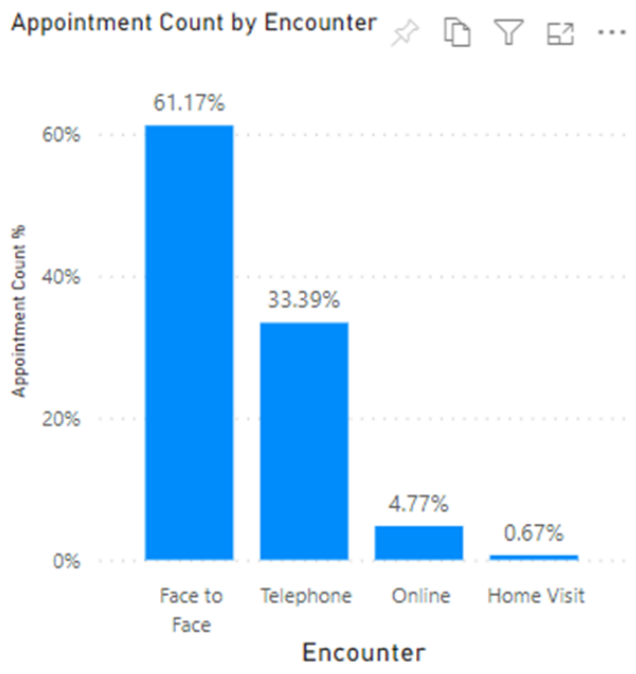
of care, and Foundry's top 5% of frequent attenders only use 30% of GP consultations compared with 40% elsewhere.

Recommendation four

Build on local and national good practice to ensure triage systems result in the allocation of appointment based on patient need. Systems to support proactive and coordinated care for those with complex problems and long term conditions need to be considered alongside.

C. Residents and Providers are able to offer care in a way that best meets people's needs, including face to face, and that the right balance is found in the use of new technology.

The pandemic has seen widespread adoption of telephone and video conferencing to deliver healthcare. This is the Southwark picture for July 2022:



The Commission heard repeated concerns that face to face appointments are much preferred and trusted for diagnosis of health conditions and to establish relationships. People generally thought that it was very important that a doctor makes a physical diagnosis.

Telephone or video conferencing were then much more acceptable for many people once a relationship had been established or to provide ongoing care for a known issue. A short telephone call for triage was also often acceptable, as was an appointment with a nurse.

Mental Health practitioners said that providing help using online tools allowed services to reach more people and in their view this worked well for many people.

Recommendation five

In finding a balance between face to face, telephone and video appointments these are recommended as guides:

- Telephone and video calls are reserved for triage, situations where a relationship has already been established face to face, and/ or where it is clearly the patients preference
- Face to face is the primary and preferred method for diagnosis of new conditions

D. Public and councillors to know how to feedback when experience is not good and that this will be taken into account and lead to improvement.

Healthwatch conducted a survey in its report and found that not all GP Surgeries websites clearly indicate how to complain. It would also be useful for this to be laid out on the Partnership Southwark website, including how complaints stages work.

In the course of the review concerns (and compliments) about named surgeries have been passed onto Commissioners. National reviews of failing services, such as the Francis Report on Mid Staffordshire, recommend that bodies with oversight of services, such as scrutiny, Healthwatch and Commissioners share intelligence and to take this forward a form will be developed for elected members, health and social care commissioners and Healthwatch to share concerns.

Recommendation six

Ensure all local surgeries website clearly indicate how to patients can complain directly and how to escalate to commissioners if still unresolved.

Recommendation seven

Partnership Southwark, health scrutiny and Healthwatch will agree a template for councillors to report concerns as part of a protocol to guide relationships and share intelligence

E. A health system that operates well so that needs are met as well as possible within available resources.

GP capacity and sufficiency

As detailed above there are national and local plans to increase Primary Care through an increase in capacity by other front line practitioners to make up for the shortfall of GPs. However having sufficient GPs will still be very important to ensure there is enough capacity, and Southwark has higher patient to care ratios than most, following decreases in GPs over the last few years.

The reduction in GPs is a national problem however the data suggests that this could be more acute in Southwark than elsewhere. Regionally here has been a drop in the number of substantive GPs across South East London since 2015 and a subsequent rise in the patient to GP ratio. The table below shows the substantive GP FTE and Patient Ratio from 2015 to 2019 across the region by individual borough. This is the latest dataset available. This shows wide variability and that Southwark GPs have increased their patient ratios by 31%, which makes them the borough with the largest increases, by a short margin.

	Substantive GP FTE				GP FTE:Patient Ratio			
Borough	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

Local commissioners said that GP workforce capacity is reducing as there are fewer doctors and also more working part time as part of a portfolio career. The Commission heard although Southwark can usually attract more newly qualified GPs there are difficulties with retention as GPs leave the borough for housing when they want to start a family. The Commission also heard that GPs leaving can destabilise practices leading to a downward spiral so increasing continuity is important. In Southwark many practices are managing significant vacancies and whilst they are being supported to help fill those vacancies, the turnover of staff is high including in the new roles within the primary care team. Retention is thus an area that may well benefit from more focus by bringing in the wider resources of Partnership Southwark to see what more could be done.

There is concern that that while Southwark GPs are clearly working very hard, and delivering some of the highest amount of appointments by population and GP ratio (as shown in table below)), resources are stretched too thinly.

The table below shows GP appointments between April and Aug 2022. Southwark had 633,247 appointments compared to 635,806 in Lambeth. However, Southwark has the highest rate of GP appointments per 1000 population.

Borough	Population	Appointment Count
Lambeth	440,198	635,806
Southwark	352,004	633,247
Lewisham	351,650	539,206
Bromley	356,326	537,491
Bexley	251,040	443,130
Greenwich	195,427	255,391
Total		**3,044,271**

The Fuller Stocktake report found that while nationally appointments are increasing patient satisfaction is dropping and that primary care teams are stretched beyond capacity, with staff morale at a record low. The Commission heard from South East London workforce leads that there is a problem with burnout and low moral across the health and social care workforce, particularly coming out of the pandemic, and with the current industrial action over pay linked to the cost of living crisis.

Although the Commission did not examine resource issues in detail it did hear that Primary Care receives delivers around 90% of patient contacts for under 10% of the national budget [2] . There is wider NHS ambition to move resources to the community away from acute care.

While the Commission welcomes and supports the increased and better use of Primary Care frontline practitioner roles it would also urge a focus on increasing retention of local GPs and working with GP Practices, Federations and the Local Medical Council, and bringing in the wider resources of Partnership Southwark to explore how this might be done.

Recommendation eight

Actively seek to recruit and retain more GPs to Southwark and to the new Primary roles by:

- Suggest this is included as an objective within SEL workforce programme if not already.
- Undertake work with local GPs and local Primary Care to understand more on how to improve retention, with particular regard to housing and addressing the national problem with burnout and low morale, and if there are opportunities within Partnership Southwark and SEL to retain more local GPs for longer
- Redirect more resources to Primary Care, where possible

Mental Health

The Commission heard from SLaM mental health user representatives about their experience of GP services. They raised particular concerns about links with

[2] https://blogs.bmj.com/bmj/2021/05/14/if-general-practice-fails-the-nhs-fails/

secondary care and the difficulty of ensuring a referral to a specialist is followed up on. They were especially concerned for people who cannot advocate for themselves. There were also concerns about the difficulties for people with mental health difficulties in navigating appointment systems, getting appropriate care for physical health needs and avoiding unsatisfactory Emergency hospital care waiting rooms.

The Community Mental Health Transformation Programme leads described work to support people in the community and avoid Emergency hospital care. They also spoke of the planned additional outreach and a newly commissioned sanctuary service at the well regarded Well Being Hub.

Recommendation nine

Increase focus on continuity of care for people with enduring Mental Health conditions and particularly ensuring that there is good links with secondary care and referrals are followed through for those people who are least able to advocate for themselves.

Proactive, holistic approach to health

South East London Integrated Care System (SEL ICS) and Partnership Southwark both have a focus on proactive health care, saying that "We need to become much better at helping people to stay healthy and well". Their current focus is on making sure that people receive convenient and effective care to prevent disease and detect it at an earlier stage, including in children and adults from marginalised communities. This has been chosen by SEL ICS as a priority because of the vital importance of increasing rates of vaccinations, health checks, screening and monitoring in order to save and improve lives.[3] This seems well supported by people in the community we spoke to who considered health checks important. The experience of Covid has demonstrated that addressing the impact of unequal vaccine uptake is important to address health inequalities, and evidence the Commission received on children shows this focus on childhood vaccination is certainly justified.

The Commission and people who came to the Café Conversations were also keen to go further, along the lines of the Fuller Stocktake report. Here she spoke of making a cultural shift towards a more psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community.

Commission members were keen to see a proactive approach to addressing the increased loneliness and isolation that has come out of the pandemic, particularly older people, and suggested that making good use of the active voluntary sector – for example Southwark Pensioners Centre. Mental Health experts who gave evidence agreed that for some people the pandemic has been left people more

[3] https://www.selondonics.org/wp-content/uploads/SEL-ICS-strategic-priorities.pdf

isolated and therefore vulnerable to poor mental health, and that also includes young people.

There is research that supports the importance of overcoming loneliness and isolation in promoting better health, particularly for older people and people with poor mental health. Lack of social connections can increase the likelihood of early death by 26%. That risk is comparable to smoking 15 cigarettes a day, and is higher than that caused by obesity and physical inactivity.[4] Age UK estimate that there are 1.4 million older people in the UK are often lonely. The Mental Health Foundation report on loneliness found strong links between loneliness and mental health[5].

Poplar HARCA – a housing association in Poplar, Tower Hamlets commissioned Kaizen in 2017 to carry out a wide ranging community consultation in order to better understand community views and perspectives on health and happiness. This informed the development and implementation of a health strategy. They spoke to over 1000 people to ask those questions on their current health and happiness, what residents currently do to improve their health and happiness what more they would like to do, motivations and barriers to improved health and happiness, and health activities and interventions that residents would utilise if available. They found that isolation and loneliness are very important causes of poor health and happiness, the importance of social networks to health and happiness, the vital role that mothers have as an influence on their children, employment has a strong correlation with happiness and those aged 15-24 were most likely to be very unhappy.

A better approach to ageing well was advocated by older people at the Café Conversations event. People referred to Death Cafes where people could openly discuss and plan for their end of life, and consider the emotional, social and in some cases spiritual aspects of death. There was concern that a much worse alternative would be ending their life with the withdrawal of water and food in hospital.

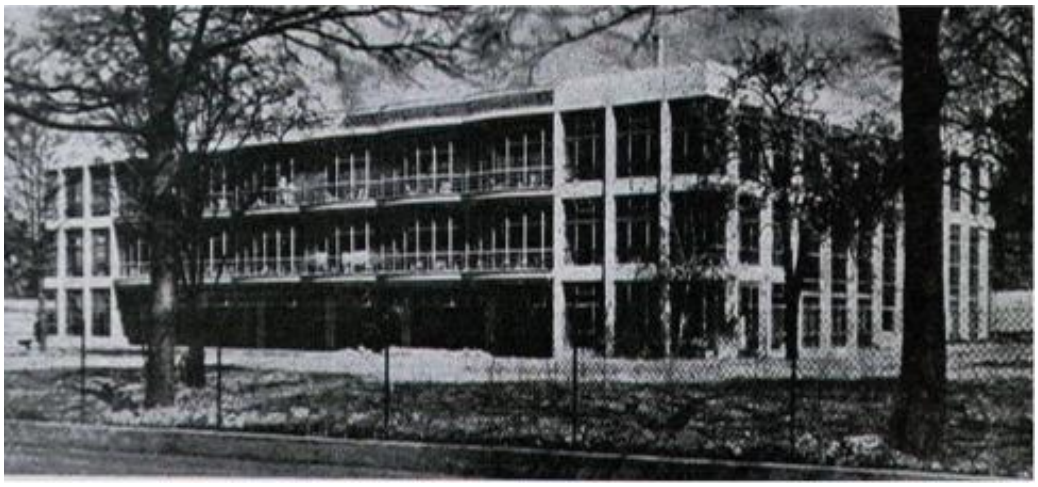
Contributors to the Café Conversations event were also very keen to see a much more proactive focus on health. People thought that GP surgeries ought to offer front line provision that promotes health. The Integrated Model, and practitioners such a physiotherapists, were seen as linked to this vision but the Integrated Model was still viewed as the medical model that was too driven by the pharmaceutical industry - instead of delivering interdisciplinary healthcare which involves a range of practitioners (including holistic practitioners) to address underlying causes of disease and promoting good health holistically. The Peoples Health Alliance was referred to https://the-pha.org/ as an alternative positive vision.

People thought good health was linked to a healthy ecology, and healthy food and conversely that ill health was linked to poor quality food, poor air quality and a poisoned earth.

Southwark pioneered such a proactive approach to health with the internationally recognised Peckham Experiment , delivered from the Pioneer Health Centre . The Peckham Experiment was an investigation into the nature of health. It ran from 1926

[4] Royal College of Nursing March 2023
[5] https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHAW22-Loneliness-UK-Report.pdf

– 1950 in Peckham, south London. The Experiment concluded that health is more than just an absence of disease, and identified the crucial role played by the environment in promoting health.



The researchers identified these as the main conclusions from the experiment[6]:

- Health is a process that has to be cultivated if it is to thrive.
- If people are given information about themselves and their families they will attempt to make decisions that are in the best interests of their families.
- People thrive when they are given the freedom to make choices about their activities and will choose those that help in their development.
- When people are given resources in a community to enable them to grow they will be active in their community for the benefit of that community.

There is more in the Peckham Experiment on the Wellcome Trust blog here.

Both the development of the Social Prescribing and Care Coordinator roles, and the move to Neighbourhood Teams, orientates the health system to building better links to the community and delivering a psychosocial model of health, one that also recognises the crucial role of the environment and wider community, and this is well supported.

Southwark's population is more at risk of poor health because of the wider socio economic determinants of health as it is one of the more deprived boroughs – though there is wide variability amongst different neighbourhoods and segments of the population. However Southwark is also a borough with a very diverse and rich community as was evidenced throughout the review and as such there are many community assets that could be built upon.

[6] https://thephf.org/peckhamexperiment

Recommendation ten

The Commission recommend that Partnership Southwark initiate a project with local surgeries working with the local voluntary and community sector to develop a more proactive and holistic model of good health and wellbeing, with a particular focus on increasing social connection. It is recommended that a pilot scheme is developed in a neighbourhood with higher levels of deprivation , and that this particularly focuses on groups at particular risk of ill health, such as older people and people with mental health needs, with a view to promoting good health and overcoming loneliness and isolation.

This could build on the model and research that came out of the Peckham Experiment on activities that promote good health, building upon existing NHS preventative work, such as health checks and social prescribers, as well as working more proactively with the local community. A particular focus on overcoming loneliness and isolation for older people with people with poor mental health is recommended.

In doing so it is suggested that Partnership Southwark identify one or two GP practices in clusters/ neighbourhood multidisciplinary teams (such as Walworth Triangle, Peckham) and locally based community projects (such a Blackfriars Settlement, Copleston Centre or Walworth Living Room) that might be interested, as well as linking with initiatives that work across the borough with communities of interest that work with older people (such as Golden Oldies , Southwark Pensioners Centre, and mental health (such The Nest, Southwark wellbeing Hub, Lambeth and Southwark Mind) .

TRIGGER TEMPLATE

Scrutiny welcomes early drafts of this form for proposals 'under consideration'.

Council , NHS Trust or body & lead officer contacts:	**Commissioners e.g. Local NHS, SEL NHS, NHS England, Public Health, Social Care. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:**

Trigger	**Please comment as applicable**
1 Reasons for the change & scale of change	
What change is being proposed?	
Why is this being proposed?	
What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.	
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	
2 Are changes proposed to the accessibility to services?	**Briefly describe:**
Changes in opening times for a service	
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	
Relocating an existing service	
Changing methods of accessing a service such as the appointment system etc.	
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and	

ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	
3 What patients will be affected? (please provide numerical data)	**Briefly describe:**
Changes that affect a local or the whole population, or a particular area in the borough (has data been looked at intelligently?)	
Changes that affect a group of patients accessing a specialised service	
Changes that affect particular communities or groups (Has inequity been looked for hard enough?)	
4 Are changes proposed to the methods of service delivery?	**Briefly describe:**
Moving a service into a community setting rather than being hospital based or vice versa	
Delivering care using new technology	
Reorganising services at a strategic level	
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	
5 What impact is foreseeable on the wider community?	**Briefly describe:**
Impact on other services (e.g. children's / adult social care)	
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	
Is there evidence of collective accountability or are organisations delivering activities independently here?	
Are right behaviours being incentivised by this change?	
Has an environmental impact assessment been done?	
6 What are the planed timetables & timescales and how far has the proposal progressed ?	**Briefly describe:**
What is the planned timetable for the decision making? (Please note that the timeline **must** include the date that scrutiny is asked to respond to the proposal by, and the date that	

the NHS body/ Commissioners intend to make the decision on the proposal. If relevant it would be helpful include dates that any consultation will take place.)	
What stage is the proposal at?	
What is the planned timescale for the change(s)	
7 Substantial variation/development	**Briefly explain**
Do you consider the change a substantial variation / development?	
Have you contacted any other local authority OSCs about this proposal? (Please note that if this is viewed as a substantial variation by OSCs / NHS bodies / Commissioners , and the proposal impacts on more than one borough, then regulations stipulate that the relevant boroughs **must** consider forming a Joint Health Overview & Scrutiny Committee, a JHOSC)	

Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2022-23

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NOTE: Original held by Scrutiny Team; all amendments/queries to Julie.Timbrell@southwark.gov.uk

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