

Health and Social Care Scrutiny Commission

Wednesday 28 September 2022
7.00 pm
160, Tooley Street, SE1 2QH

Membership

Councillor Suzanne Abachor (Chair)
Councillor Maria Linforth-Hall (Vice-Chair)
Councillor Naima Ali
Councillor Sam Dalton
Councillor Esme Dobson
Councillor Hamish McCallum
Councillor Charlie Smith

Reserves

Councillor Victor Chamberlain
Councillor Sabina Emmanuel
Councillor Natasha Ennin
Councillor Barrie Hargrove
Councillor Emily Hickson
Councillor David Watson
Councillor Kath Whittam

INFORMATION FOR MEMBERS OF THE PUBLIC

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Contact Julie Timbrell on 020 7525 0514 or email: Julie.Timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Althea Loderick

Chief Executive

Date: 20 September 2022



Health and Social Care Scrutiny Commission

Wednesday 28 September 2022
7.00 pm
160, Tooley Street, SE1 2QH

Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	MINUTES	1 - 6
	To approve as a correct record the Minutes of the meeting held on 11 July 2022.	
5.	ACCESS TO MEDICAL APPOINTMENTS REVIEW: HEALTHWATCH	
6.	ACCESS TO MEDICAL APPOINTMENTS REVIEW: NHS UPDATE	7 - 19

Follow up briefing arising from the last session on GP workforce and appointments covering :

- Updated Workforce data where available comparing Southwark to others
- GP appointment data, with comparisons

7.	PARTNERSHIP SOUTHWARK REVIEW	20 - 33
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A presentation introducing Partnership Southwark is enclosed.

A 'Trigger Template', used by the NHS and commissioners to communicate changes to scrutiny, is enclosed to inform the discussion on developing a protocol.

8.	WORK PROGRAMME	34 - 50
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A cover report, work programme, and review scopes are enclosed.

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”



HEALTH AND SOCIAL CARE SCRUTINY COMMISSION

MINUTES of the Health and Social Care Scrutiny Commission held on Monday 11 July 2022 at 7.30 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Suzanne Abachor (Chair)
Councillor Maria Linforth-Hall (Vice-Chair)
Councillor Naima Ali
Councillor Sam Dalton
Councillor Hamish McCallum
Councillor Charlie Smith

**OTHER MEMBERS
PRESENT:**

**OFFICER
PARTNER
SUPPORT:** & Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark
Dr Femi Osonuga Clinical Director of North Southwark Primary Care Network
Dr Gavin McColl, Clinical Director of South Southwark Primary Care Network
Julie Timbrell, Scrutiny, Project Manager

1. APOLOGIES

Apologies were received from Councillor Esme Dobson, Councillor Barry Hargrove attended as a substitute.

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 22 March 2022 were noted.

5. GP APPOINTMENTS

The chair invited Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark, to provide the presentation enclosed with the agenda.

He was joined by Dr Femi Osonuga (Clinical Director of North Southwark PCN), and a little later by Dr Gavin McColl (Clinical Director of South Southwark PCN), who gave apologies for lateness.

Dr Nancy Kuchemann, co-chair for Partnership Southwark, was unable to attend and sent her apologies.

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

- Martin Wilkinson said that GP workforce capacity is reducing as there are less doctors and also more working part time as part of a portfolio career. The NHS is creating more specialist frontline roles, such as nurses, pharmacists, social prescribers working as part of the primary care team, and expanding the role of pharmacies to provide additional capacity.
- The Primary Care Networks allow practices to work together and specific services which includes offering extended access, providing weekend and evening appointments.
- The GP leads said technology is being utilised, such as smart phone applications (e consult) to book appointments and order repeat prescriptions. They emphasised that there are safeguards in place for people who do not have a smart phone; patients can still come to the practice to book appointments or book using a telephone.
- A member reported that dozens of constituents are

complaining that they are waiting for hours for an appointment on the telephone, and then they are cut off. People are reporting that the telephone systems tell them they will get a call back, however this might or might not happen. She referred to a recent case where a patient was unable to speak to a doctor about numbness in his feet and was told by a receptionist to take painkillers, and put their feet up – however the patient had diabetes, the toes went black, had to be amputated, and ultimately a fatal infection set in. She also said another person queued every morning for weeks, as they were unable to navigate the phone system, however despite being first in line they were told by their surgery that appointments had already been allocated by telephone. By the time they were seen they had late stage cancer. She said that sometimes reception advice is not appropriate.

- In response to the above the NHS leads said that the majority of patients are getting good care, however even one person getting poor care must be addressed. They assured the Commission that there is training with receptionists on interpersonal skills and teamwork, and recommended that the unfortunate patient outcomes of gangrene/ sepsis and the late stage diagnosis of cancer be reported as a significant event to the GP practices for learning. They remarked that there is some learning more generally for the system on patient access.
- Commission members said that there are people whose first language is not English who are ringing surgeries and are unable to understand the telephone message, nor do they have a smart phone, nor are they computer literate; therefore it is hugely important to accommodate these people. The NHS leads agreed and said that enabling the majority who can to use smart phones could free up the space and time to accommodate those that cannot and require face to face or telephone contact.
- Members said that there is a particular concern with about elderly, disabled and people with mental health needs getting through on the telephone. Dr Femi said vulnerable people are identified as high needs, and this includes older people and those with mental health needs. The members appreciated this identification but highlighted the difficulty in being held on the telephone line for a long time for these cohorts, in particular. The doctors said that there are call-backs in the new systems but they acknowledged that these are yet able to identify the high needs of callers.

- Members asked about the process for identifying high need patients and the doctors said that there were many different methods for doing this; and commented that a standardised approach might help.
- A member commented that the presentation identified a dwindling workforce, and growing population, and asked about the causes and if GPs were now managing as best they can with insufficient resources. The NHS leads were asked if the problems were caused by Brexit, or a lack of financial resources, or the pandemic. The NHS leads said that there is a system wide problem. One issue is that patients are not able to access hospital care, in part because of the backlog caused by Covid, and so are coming back to the GP. There is also a nationwide shortage of GPs, that was predicted, which is why the NHS is seeking to make use of nurses, social prescribing, pharmacies etc.
- Members asked if Southwark was facing a unique problem and were told that doctors will often train in Southwark, as it is an attractive place to start a career, but then frequently GP leave as they progress and want to start a family and need a house - as it is so expensive in the borough. Southwark and Lambeth have a GP similar profile. Members requested comparison data with other boroughs.
- The GP leads said one of the challenges is for the patient to go to the right place, as the message has until very recently been to see a local GP. Redirecting people to alternative and appropriate frontline services can be reliant on good triage and is not straightforward.
- A member commented that he did not know about the range of options for frontline NHS care and asked what is being done to communicate this to Southwark residents. The NHS leads said that are campaigns, particularly around winter, and referred to 'Pharmacy First' the 'Choose Well' thermometer campaign. However they commented that more could be done to educate people and it is very difficult to unpick the 'see your GP' and instead direct people to other first contact practitioners, as visiting a GP is so ingrained. They went on to explain that this is change to the system and it will take a while to shift behaviour. The NHS has recently spent a lot of effort recruiting these first contact care practitioners and embedded them into GP practices. Now the emphasis is on ensuring that people utilise the right person. A member suggested using waiting times in

surgeries to promote visiting the appropriate first contact practitioner, and this idea was welcomed.

- A member highlighted the importance of understanding when a service is delivered by the NHS, and gave an example of a bowel cancer test that arrived by post, however she did not know and trust the source. A GP lead acknowledged that the bowel cancer the envelope is very impersonal and the importance of receiving care from a trusted source.
- A member raised concerns about migrants not being able to access secondary care without being charged, and asked about the numbers involved. The doctors were very clear that they offer safe care at surgeries and were working with Doctors of the World charity to roll out the 'Safer Surgery' scheme, however beyond that they cannot provide any data on secondary care. They pointed out that hospital accident and emergency and emergency treatment more generally can be accessed by those with no entitlement to routine NHS care as set nationally.
- A member raised concerns about a pharmacy who might have to move and the impact of regeneration of Elephant and Castle.
- The NHS leads were asked about long waits for GP appointments that have been reported and asked if there was monitoring of GP waiting times - for example there was three week appointment wait reported by many constituents during Covid. Members referred to the data in the presentation, and requested more. The NHS leads undertook to do this but cautioned that comparison can be difficult as there can be different appointment systems and different clinical needs being measured.
- Commission members returned to concerns about capacity and performance of GP surgeries. They asked if there is a degrading of the system leading to more uptake of health insurance. The NHS and GP leads assured members that they would not like to see this and said they remained more optimistic that the recent changes to expand the provision of frontline care, once embedded, would enable the NHS to better meet demand. They also commented that the NHS still offer a great service.

RESOLVED

The NHS will provide the following:

- Workforce data comparing Southwark to inner city peers, the wider South East London area and rural provision
- GP appointment data, with comparisons.

6. WORK PROGRAMME

The Commission discussed the work-programme and the following actions were agreed:

- Request an organigram for Partnership Southwark and ICS,
- Circulate the ICS launch presentation, already provided to the chair and vice chair, to the wider membership.

Meeting ended at 9pm

Partnership
Southwark



Timely medical appointment review: GP Access Supplementary Information

Update to Health and Social Care Scrutiny Commission 28th September 2022

- Updated Workforce data where available comparing Southwark to others
- GP appointment data, with comparisons

Setting the scene – GP Workforce

- There has been a drop in the number of substantive GPs in SEL since 2015 and a subsequent rise in the patient to GP ratio
- The table shows the substantive GP FTE and Patient Ratio from 2015 to 2019. This is the latest dataset available.

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

GP Appointment data - key statistics for South East London



South East London Data shown is for April 2022-August 2022

3,044,271 appointments were seen by primary care across South East London

The borough with the highest rate per 1000 of GP appointments is Southwark

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

Workforce Data Southwark – New roles through the National Additional Roles Reimbursement Scheme (ARRS)

Additional Roles	Current (WTE)		Prospective (WTE)	
	North PCN	South PCN	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

As at February 2022

Partnership
Southwark




Southwark – GP Appointment Data

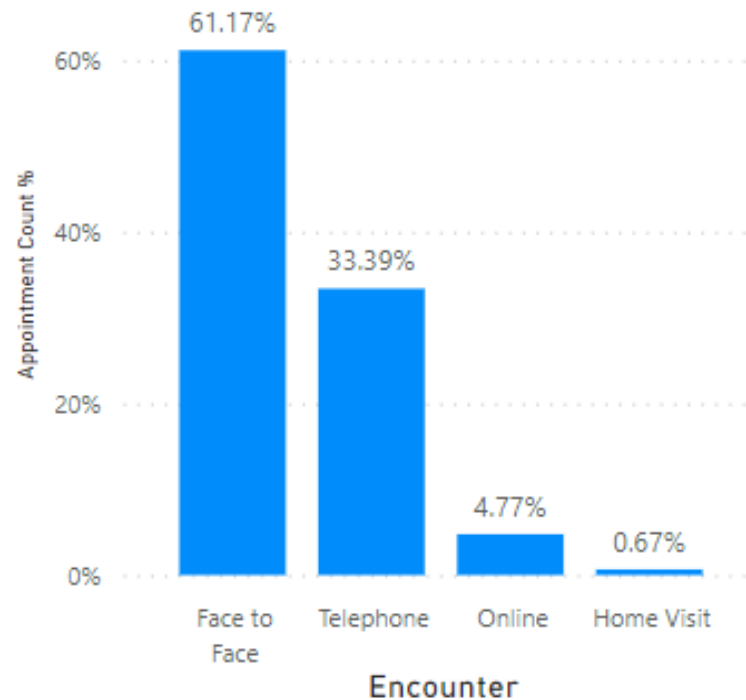
GP appointments in Southwark

In July 2022, 129,752 appointments were seen by primary care across Southwark

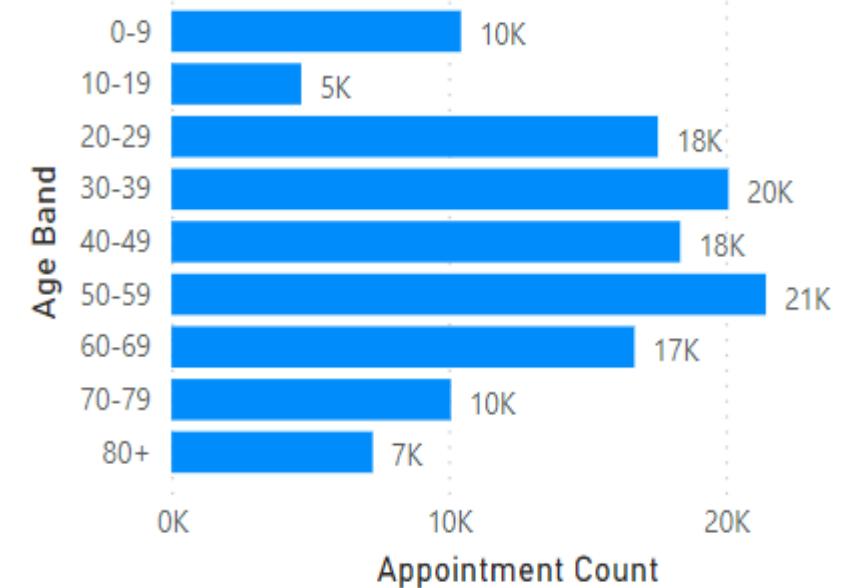
61% of appointments were face to face

Highest number of appointments is accessed by 50- 59 year olds

Appointment Count by Encounter 



Appointment Count by Age Band



Extended Primary Care Service - July

Appointments are provided by a range of clinicians and activity for July 2022 is shown below alongside the Did Not Attend rates:

North PCN

Clinician	Number of appointments available	Number of appointments utilised
GP telephone	366	317
GP F2F	1357	1208
FCP Physio	173	166
Nurse	260	248
LARC	72	65
Total	2228	2002

South PCN

Clinician	Number of appointments available	Number of appointments utilised
GP triage	98	98
GP F2F	1278	1029
ANP triage	147	146
ANP F2F	912	806
FCP Physio	412	392
Nurse	79	68
LARC	14	11
Total	2940	2550

Month	Appointments Booked	Number of DNA's	% DNA's
Jul-22	2228	226	11%

Month	Appointments Booked	Number of DNA's	% DNA's
July 2022	2940	390	14%

Partnership
Southwark



Southwark - Lambeth Comparison



GP Appointments compared between Southwark and Lambeth

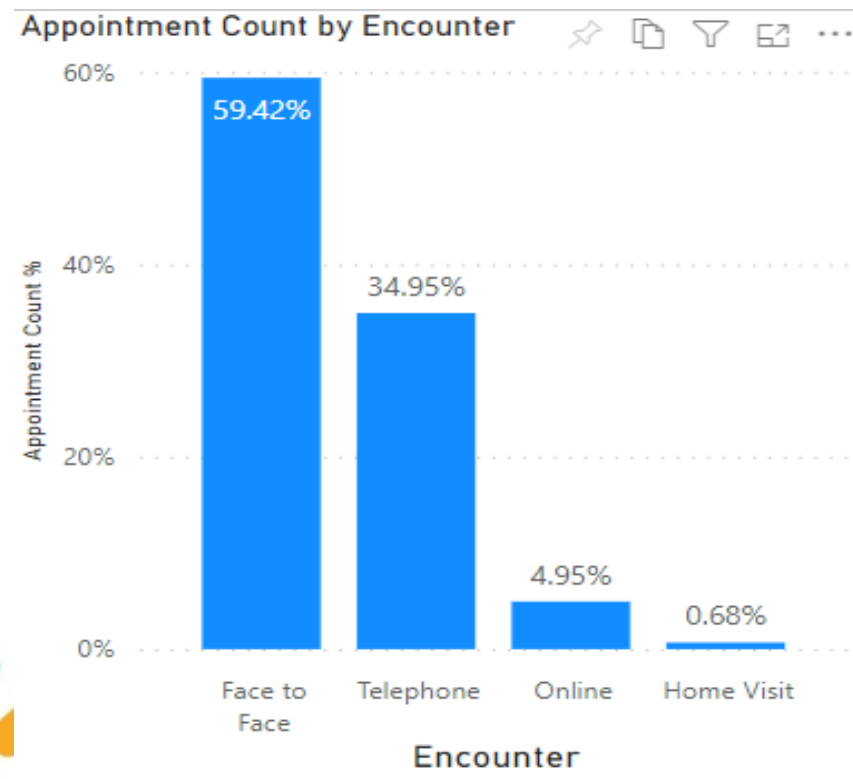
Table below shows GP appointments between April and Aug 2022. Southwark had 633,247 appointments compared to 635,806 in Lambeth. However, Southwark has the highest rate of GP appointments per 1000 population.

Financial Year	Lambeth	Southwark	Total
<input type="checkbox"/> 2022-23	635,806	633,247	1,269,053
01-Apr	118,088	116,332	234,420
02-May	139,103	132,601	271,704
03-Jun	129,429	127,898	257,327
04-Jul	125,589	129,752	255,341
05-Aug	123,597	126,664	250,261
Total	635,806	633,247	1,269,053

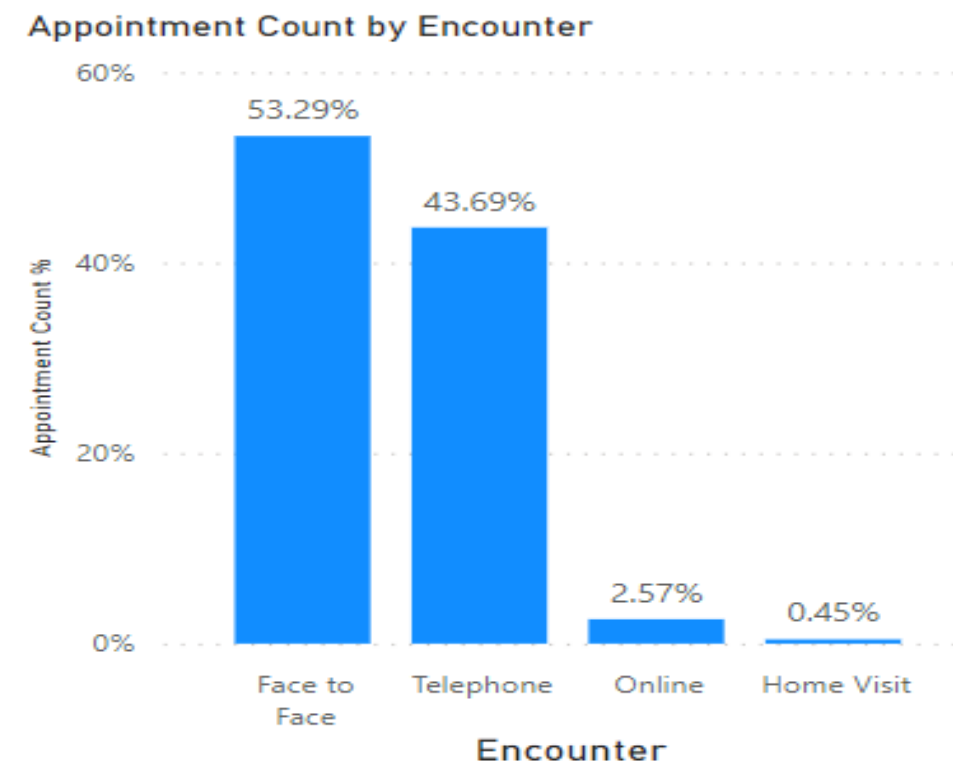
GP Appointments compared between Southwark and Lambeth

The face to face proportion of these appointments 59.42% for Southwark and 53.29% for Lambeth

Southwark



Lambeth



Partnership
Southwark



Southwark Compared to Peers

Primary Care workforce full time equivalent (FTE)

Other comparable boroughs to Southwark are Hackney and Tower Hamlets which are a part of North East London ICS.

There isn't data available to compare boroughs, hence the comparison is at ICS level.

The table below shows the Full time Equivalent (FTE) from July 2021 to July 2022 for South East London compared to North East London

Year	South East London FTE	North East London FTE
Jul-21	3541	3872
Jul-22	3709	4048

Data taken from SEL ICB BI tool



GP appointments – Notes on key statistics

- Data on previous slide is taken from nationally available data on GP appointments published monthly, with the latest data available here [Appointments in General Practice, July 2022 - NHS Digital](#)
- There are some limitations to this national data tool:
 - Currently the tool only provides data at a South East London level.
 - The data does not show the totality of GP activity/workload. The data presented only contains information which was captured on the GP practice systems and does not represent all work happening within a primary care setting. The data does not include appointments delivered within primary care settings for covid vaccinations, this has been removed and is reported via a different dashboard.
 - Data is available from November 2019 – August 2022 at the time of writing.
- We are **currently developing our own access dashboard which will have more granular data at a borough/place level, including the ability to look at access data by different population groups and at different geographical levels.** This dashboard will be made available to Local Care Partnerships to support transformation and quality improvement.

Partnership Southwark



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

**An Introduction to Partnership Southwark -
September 2022**

Our Integrated Care System

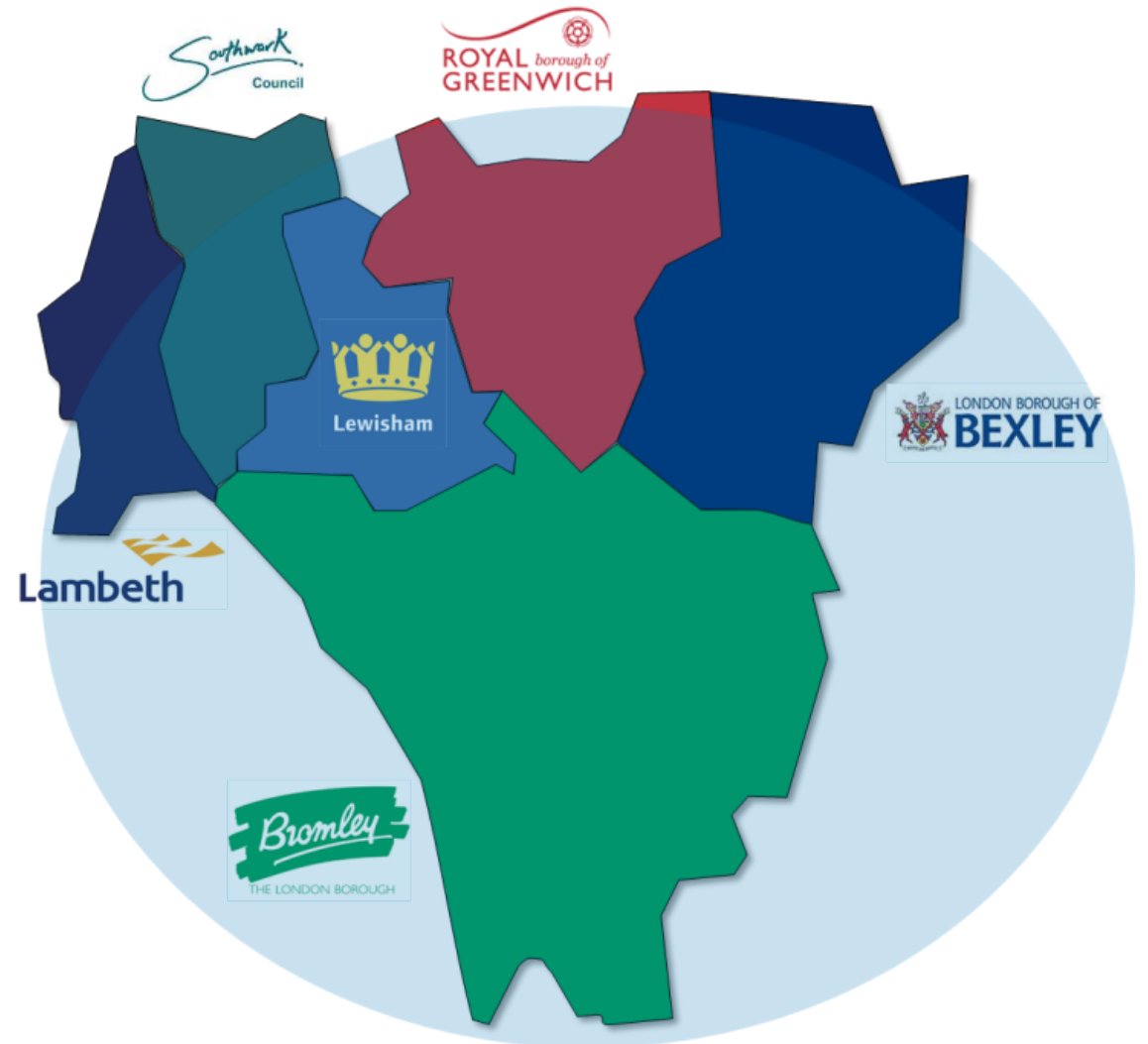
Integrated Care Systems (ICSs) are a new model for organising local health and care, aiming to:

1. improve outcomes in population health and healthcare
2. tackle inequalities in outcomes, experience and access
3. enhance productivity and value for money, and
4. help the NHS support broader social and economic development.

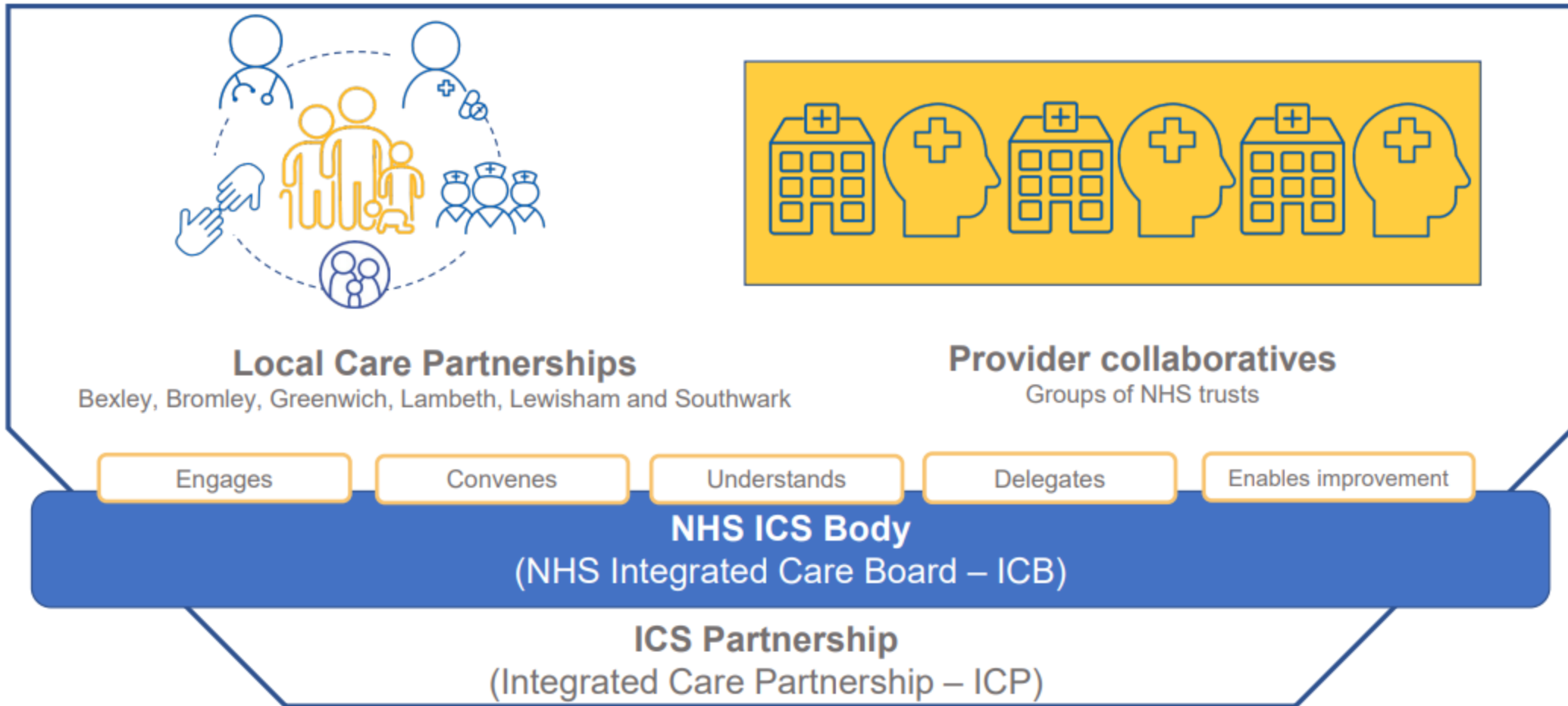
Our ICS brings together all organisations involved in delivering health and care in South East London

For us, an 'ICS' is shorthand for partnership working – the ICB is the legal name for the new body

We have committed to working together, combining our staff and resources, and making best use of our funding to improve the health and wellbeing of our communities.



Our Integrated Care System



Our system architecture and partnerships

Level of the system	Description
Integrated Care Partnership	Sets strategic direction, may lead some key programmes, may help to hold system to account.
Integrated Care Board	Strategic planning, use of NHS resources, overall performance
Local Care Partnerships	Lead integration and innovation in community-based services in boroughs ('place') and neighbourhoods which aim to build community as well as join up care
Provider Collaboratives	Groups of providers leading improvement of specific services (acute, mental health and community) across south east London, inc. planning, quality improvement, use of resources, benchmarking.
Primary Care Networks	GP practices working together with community, mental health, social care, pharmacy, hospital, voluntary, community and social enterprise services in their local areas.



Focus on 'place'

- Although we are a south-east London system, there is significant focus on the role of 'place' (ie. our six boroughs) as a fundamental building block for integration
- There is a recognition that we need to use our local insight and intelligence (eg. JSNAs, engagement outputs) and redesign services and support with, and for, residents to drive better outcomes and address inequalities
- There are delegated responsibilities and budgets from the ICB to each borough (discharged by a Place Executive Lead through Local Care Partnerships) to support planning, designing and delivering community-based services
- As people aren't carved up into acronyms – we need to ensure we look at the whole person/system - so Local Care Partnerships will need to work with other collaboratives (e.g. acute provider collaborative, community provider network, mental health collaborative)

Partnership
Southwark



Partnership Southwark: Our vision, aims and objectives

<p>Vision</p>	<p><i>We will enable every part of the health and care system to make Southwark an amazing place to be born, live a full healthy life, and spend one's final years.</i></p>				
<p>Aims</p>	<p>Improving population health outcomes and reducing inequalities</p>	<p>Enhancing people's experience of care services and reducing unwarranted variation</p>	<p>Securing a financially sustainable health and care economy</p>	<p>Enabling compassionate care and supporting the health and wellbeing of our staff</p>	
<p>Objectives</p>	<p>Adopting a keeping families strong approach</p>	<p>Proactive health and care with a focus on prevention and early intervention</p>	<p>Accessible, holistic and person centred Models of Care based on the needs of our populations</p>	<p>Joining up and connecting our services and teams at a neighbourhood level</p>	<p>Collaborative partnership working that protects and draws on assets, skills and expertise within our communities</p>
	<p>Investing in and supporting our workforce – focusing on wellbeing, cross-boundary working and tackling discrimination</p>	<p>Embedding a more supportive and responsive offer for carers</p>	<p>Aligning budgets and resources where possible to ensure the Southwark pound is spent wisely and for the benefit of our population</p>	<p>Being data and intelligence driven so we respond to needs of the population and measure the impact of what we do</p>	<p>Clear, transparent, purposeful and robust governance and delivery arrangements; minimising duplication and holding each other to account</p>



Who is currently involved in Partnership Southwark?

Partnership Southwark includes the following organisations working closely with other partners across health, care, education and the voluntary and community sector; and with service users, carers and local communities.



Our governance

Partnership Southwark Strategic Board

- Responsible for the effective delivery and discharge of delegated responsibilities that sit at place level
- Responsible for the overall leadership and development of the Local Care Partnership
- Consists of senior leaders from partner organisations

Partnership Southwark Delivery Executive

- Supports the Place Executive Lead with oversight of ICB delegation including the transformation programme and business as usual activities
- Consists of senior operational leads from partner organisations

'Wells' workstream leadership meetings

- Oversight of delivery and development plans for Partnership Southwark 'Well' programmes in line with agreed objectives and outcomes
- Multi-agency leadership and core delivery teams driving delivery through working/ project groups

Our four population based programmes:

Start Well	Live Well	Age Well	Care Well
<i>Children and Young People</i>	<i>Working Age Adults</i>	<i>Older People</i>	<i>People in Care and Residential settings</i>
Supporting children and young people – “keeping families strong”	Supporting working age adults with joined up services that tackle the causes of ill health and promote wellbeing	Neighbourhood-based networks to keep people as healthy and independent as possible in their home	Supporting those in care and residential settings (older people; and those with physical, mental health and learning disabilities)

Within each of these programmes we are seeking to:

- Improve population health outcomes and reduce inequalities
- Enhance people’s experience of care services
- Secure a financially sustainable health and care economy
- Support the wellbeing of our staff, carers and wider health and care workforce.



START WELL

Mhina's story



Originally from Sierra Leone, Mhina was pregnant and living in temporary accommodation provided by a women's refuge charity after fleeing an abusive relationship with the father of her baby.

She suffered very low moods and had no friends or family to support her. She was prescribed anti-depressants by her GP who referred her to the social prescribing service who, working in turn with a range of community and voluntary organisations, referred her to Home Start.

Family support coordinators at Home Start discussed Mhina's situation with her and drew up some plans to alleviate her stress and improve wellbeing for both Mhina and the baby during the

vital peri-natal period. They drew together multiple partners to support Mhina including the midwifery safeguarding team to plan for the birth and helped Mhina to arrange the registration of the baby, along with helping with applications for Healthy Start vouchers and free vitamin D.

Mhina was signposted to the Salvation Army baby bank to find supplies for herself and the baby and introduced to the team at the local children's centre to help find activities to help her baby's development and to meet other parents. She was also connected with social services and local asylum seekers charities to assist Mhina with her immigration status.

Mhina has now given birth to a healthy baby girl and is very joyful about her arrival. Her mental and emotional wellbeing is much more positive. She now displays resilience and is determined to do what she can to protect and nurture her new baby.

Our priorities for the coming year

- Ensuring resident voice is at the heart of all our work
 - Establishing a 'lived experience' group to hold the Partnership to account, and support growth
- Establishing governance in line with national guidance
 - First meeting of the ICP
 - Working through how SEL and borough governance work together
 - Reviewing strategies
- Resident voice: the borough plan (Southwark 2030)
- Setting the steer: finalising our Joint Health and Wellbeing Strategy (developed by the Health and Wellbeing Board) and Health and Care Plan
 - Sets out our aims for the health and wellbeing of people in Southwark
 - Substantial improvements, many challenges remain
 - 5 key drive areas: whole family approach, healthy employment, early identification, strong and connected communities, integration of health and social care
 - Heart of the strategy: reducing inequalities between communities and neighbourhoods in the borough, along with the commitment to co-design services and actions with our residents
- Considering further delegation

How do we work together?

- Important to consider how the Scrutiny Commission and Partnership Southwark can work most effectively together
- We cover a number of statutory health and care bodies, who have their own individual processes but are also looking to work more closely together
- We want to make sure that we are providing the right information to the right places within our system, providing transparency on our work and helping us on our partnership journey

Proposed next steps: develop a protocol covering the relationship between Scrutiny Commission and Partnership Southwark

TRIGGER TEMPLATE

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

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. 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.	
Changes that affect a group of patients accessing a specialised service	
Changes that affect particular communities or groups	
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?	
6 What are the planned 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)	

Item No. 8	Classification: Open	Date: 28 September 2022	Meeting Name: Health & Social Care Scrutiny Commission
Report title:		Health & Social Care Scrutiny Commission Work Programme 2022-23	
Ward(s) or groups affected:		N/a	
From:		Julie Timbrell, Project Manager, scrutiny.	

RECOMMENDATIONS

1. That the Health & Social Care Scrutiny Commission note the work programme as at 20 September 2022 attached as Appendix 1 Work Programme.
2. That the Health & Social Care Scrutiny Commission consider the addition of new items or allocation of previously identified items to specific meeting dates of the commission.

BACKGROUND INFORMATION

3. The general terms of reference of the scrutiny commissions are set out in the council's constitution (overview and scrutiny procedure rules - paragraph 5). The constitution states that:

Within their terms of reference, all scrutiny committees/commissions will:

- a) review and scrutinise decisions made or actions taken in connection with the discharge of any of the council's functions
- b) review and scrutinise the decisions made by and performance of the cabinet and council officers both in relation to individual decisions and over time in areas covered by its terms of reference
- c) review and scrutinise the performance of the council in relation to its policy objectives, performance targets and/or particular service areas
- d) question members of the cabinet and officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects and about their views on issues and proposals affecting the area
- e) assist council assembly and the cabinet in the development of its

budget and policy framework by in-depth analysis of policy issues

- f) make reports and recommendations to the cabinet and or council assembly arising from the outcome of the scrutiny process
 - g) consider any matter affecting the area or its inhabitants
 - h) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working
 - i) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the scrutiny committee and local people about their activities and performance
 - j) conduct research and consultation on the analysis of policy issues and possible options
 - k) question and gather evidence from any other person (with their consent)
 - l) consider and implement mechanisms to encourage and enhance community participation in the scrutiny process and in the development of policy options
 - m) conclude inquiries promptly and normally within six months
4. The work programme document lists those items which have been or are to be considered in line with the commission's terms of reference.

KEY ISSUES FOR CONSIDERATION

- 5. Set out in Appendix 1 (Work Programme) are the issues the Health & Social Care Scrutiny Commission is considering in 2022- 23.
- 6. The work programme is a standing item on the Health & Social Care Scrutiny Commission agenda and enables the commission to consider, monitor and plan issues for consideration at each meeting.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Health & Social Care Scrutiny Commission agenda and minutes	Southwark Council Website	Julie Timbrell Project Manager
Link: https://moderngov.southwark.gov.uk/ieListMeetings.aspx?Committeeld=518		

APPENDICES

No.	Title
Appendix 1	Work Programme 2022-23

AUDIT TRAIL

Lead Officer	Everton Roberts, Head of Scrutiny	
Report Author	Julie Timbrell, Project Manager, Scrutiny.	
Version	Final	
Dated	20 September 2022	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Scrutiny Team	20 September 2022	

Health and Social Care Scrutiny Commission 2022/23

Work plan

Reviews and topics

- Review: Access to Medical Appointments – addressing patients timely access to frontline medical care and meeting patients' needs (GP Appointments / A& E waiting times/ face to face physiotherapy etc.) See **Appendix A**
- Topic: Partnership Southwark and Integrated Care System (ICS) .See **Appendix B**
- Review: Healthcare workforce. Continue and complete the review started on the impact of pandemic and Brexit on the health and social care workforce, started during the previous administrative year. Evidence from unions and Human Resources on the impact of the pandemic, particularly burnout, will be sought, along with an update on Brexit. See **Appendix C**

Standing items

- Interview with the Independent Chair of the Southwark Safeguarding Adults Board (SSAB). The Safeguarding Adults Board is a multi-agency partnership which has statutory functions under the Care Act 2014. The main role of Southwark Safeguarding Adults Board (SSAB) is to ensure that local safeguarding arrangements work effectively so that adults at risk due to health needs, social care needs or disabilities are able to live their lives free of abuse or neglect.

Interview Cabinet member/s

- Cabinet Member for Health and Wellbeing

Meeting dates and items

Date	Item
11 July 2022 briefing and pre meet	Briefing and q & a on health scrutiny powers and responsibilities
11 July 2022	<ul style="list-style-type: none"> • Briefing and q & a on health scrutiny powers and responsibilities • GP Appointments • Workplan and deciding review topics
28 September 2022	<p>Review: Access to Medical Appointments</p> <ul style="list-style-type: none"> • Healthwatch Southwark update on recent work on this topic, with input from NHS • Follow up briefing arising from the last session from NHS / Partnership Southwark on workforce and appointments <p>Topic: Partnership Southwark and the ICS Presentation and Q & A on the topic by Partnership Southwark lead including principles for working protocol</p> <p>Workplan – discuss and plan outreach</p>
Outreach: October – January	Review Access to Medical Appointments : visit A & E and other frontline providers in liaison with Healthwatch
16 November 2022	<p>Review Access to Medical Appointments:</p> <ul style="list-style-type: none"> • Local Medical Committee evidence <p>Review workforce</p> <ul style="list-style-type: none"> • Evidence from Hospital and council unions and council HR
2 February 2023	<p>Interview Cabinet Member for Health and Wellbeing (tbc)</p> <p>Report on outreach - Access to Medical Appointments</p> <p>Discuss headline review reports:</p> <ul style="list-style-type: none"> • Access to Medical Appointments • Workforce • Partnership Southwark protocol
18 April 2023	<p>Interview with the Independent Chair of the Southwark Safeguarding Adults Board (SSAB).</p> <p>Agree review reports:</p> <ul style="list-style-type: none"> • Access to Medical Appointments • Workforce • Partnership Southwark protocol

Scrutiny review scoping proposal

1 What is the review?

Access to Medical Appointments.

2 What outcomes could realistically be achieved? Which agency does the review seek to influence?

The review seeks to influence health providers, Partnership Southwark , and the Cabinet .

Outcomes:

- 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 , 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. The scrutiny review feeds into work that Partnership Southwark is doing to engage with residents in order to build trust local and use feedback to improve performance
- F. The health system that operates well so that needs are met as much as well as possible within available resources

3 When should the review be carried out/completed?i.e. does the review need to take place before/after a certain time?

By the end of the administrative year

4 What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)

Full investigation

5 What are some of the key issues that you would like the review to look at?

- GP appointments – ensuring that patients can make an appointment (by visiting a practice , by phone, or online etc) and that care is timely.
- Are there sufficient GPs?
- A & E waiting times (emergency and urgent care)
- Can patient access Face to face appointments (GP, OT , physiotherapy)

6 Who would you like to receive evidence and advice from during the review?

Southwark Healthwatch

Southwark NHS / Partnership Southwark

Local Primary Care Network Directors

GP Practices

Local Medical Committee - <https://www.lmc.org.uk/lmc-profiles/se-southwark/>

Hospitals with Emergency and Urgent care (Guys and St Thomas and Kings College Hospital)

7 Any suggestions for background information? Are you aware of any best practice on this topic?

Southwark Healthwatch looked at access to GPs and completed a report last year. A summary is in the annual report, page 9
<https://www.healthwatchsouthwark.org/report/2021-07-01/annual-report-202021>

8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Visits to A & E and frontline providers in discussion with Healthwatch.

Scrutiny review scoping proposal

1 What is the review?

Partnership Southwark and the Integrated Care System (ICS)

2 What outcomes could realistically be achieved? Which agency does the review seek to influence?

- Clarity on the role and remit of Partnership Southwark , relationship with South East London Integrated Care System and Boards (SEL ICS/B) , the membership, sub groups and any key pieces of work.
- Establish how scrutiny can add value to Southwark Partnership's work and vice versa.
- Develop shared understanding, principles, protocols and good practice in order to better govern the working relationship between scrutiny and Partnership Southwark- particularly between the key partners: the NHS and Social Care.

3 When should the review be carried out/completed?i.e. does the review need to take place before/after a certain time?

Completed by 2023

4 What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)

The review will take the form of a topic with written outcomes being updated protocols .

5 What are some of the key issues that you would like the review to look at?

There will be a newly constituted South East London Joint Health Overview & Scrutiny Committee (SEL JHOSC) scrutinising health proposals from the ICS. The boroughs that comprise the South East London area (Southwark, Lambeth, Lewisham, Greenwich, Bexley, and Bromley) are devising a new terms of reference for the JHOSC, which will take over from the previous long standing Our Healthier South East London JHOSC, which previously covered the SEL ICS area. This new committee is being set up to respond to both proposals for substantial reconfigurations of Health Services in South East London, as well as other health issues that cross more than one borough, subject to member

agreement and formal approval by respective boroughs.

Updates from government and the Centre for on Regulations governing ICS and health scrutiny.

In advance of the statutory guidance on the Secretary of State's new powers in relation to service reconfigurations, this document sets out the expectations of the Department of Health and Social Care (DHSC), the Local Government Association (LGA) and the Centre for Governance and Scrutiny (CfGS) on how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements will work together to ensure that new statutory system-level bodies are locally accountable to their communities.

<file:///G:/Scrutiny/Health%20scrutiny%20guidance/health-overview-and-scrutiny-committee-principles.htm>

A CfGS blog, published September 2022 touches on health scrutiny and the anticipated changes to reconfiguration (referral to Secretary of State powers) and also mentions Joint scrutiny arrangements. This says new regulations and guidance are expected around the beginning of the new calendar year

<https://www.cfgs.org.uk/chief-executives-update-on-health-scrutiny-and-levelling-up/>

“There is a recognition that more needs to be present in Regulations and guidance to bolster scrutiny's powers, both of which are currently under development. There's also a recognition that more support needs to be given on joint committees (ie, when they might need to be convened) and transitional arrangements (substantial variations which “start” before next July but where the process straddles the old and new system).

As things stand I have asked DHSC to ensure that fresh Regs and guidance are produced by January next year at the latest, to provide an opportunity for scrutiny committees to consider them before the 2023 pre-election period and make any necessary changes to systems and processes well in advance of July.”

6 Who would you like to receive evidence and advice from during the review?

Partnership Southwark members

- 7 Any suggestions for background information? Are you aware of any best practice on this topic?**
- 8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?**
e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Discussion at meetings

Attending conferences and events on the subject

Scrutiny review scoping proposal

1 What is the review?

'Health & Social Care Workforce'.

Impact of Brexit

The review will look at how the downward turn in EU migration along with the high levels of outward migration from EU workers has affected the Health and Social Care industry.

As of 2020, of every 1000 NHS staff in England, 55 were from the EU with the Health and Social Care industry relying on this workforce.¹

However, since Brexit a different picture has been clear with those from the EU either leaving the NHS and applications falling. In 2015/16, 11% of those joining the NHS were EU nationals. In 2017/18, this had fallen to 8%, and in 2019 to 7%. For nurses the percentage of EU joiners fell from 19% in 2015/16 to 6% in 2019. Meanwhile, the proportion of nurses joining the NHS with non-EU nationality rose from 8% in 2015/16 to 22% in 2019.²

In 2017/18, 12.8% of nurses leaving the NHS were EU nationals, up from 9% in 2015/16. This fell to 11% in 2019.³

With this in mind, the review will look at how this outward migration has impacted the workforce, along with an emphasis on how to encourage retention; increase recruitment and train the local workforce.

The review aims to assist the Council's Economic Review Plan, which aims to, "mitigate the impacts of Brexit as they become evident, with a shared emphasis on protecting our local economy and our diverse Southwark communities".

Pandemic

The impact has not only hit the health and social care workforce in terms of employment numbers, but also the well-being of the existing workers and the strain felt during the pandemic. Firstly, in terms of social workers:

¹ <https://ukandeu.ac.uk/wp-content/uploads/2018/03/Brexit-and-the-NHS-.pdf>.

² Ibid.

³ Ibid.

- Social care workers faced among the highest mortality rates by occupation during the first phase of the pandemic and sickness absence rates more than doubled between February and October 2020, with the industry carrying increased risk of COVID-19 exposure.⁴
- Staff are also at higher risk of getting the virus and of dying from it because they are older and more ethnically diverse than the general population – a quarter are aged 55 and older and 21% are from black and minority ethnic backgrounds.⁵
- Moreover, the government was slow to implement policies (for example to ensure staff had access to enough PPE and comprehensive testing) to protect the sector.
- In a Health Foundation funded ‘pulse’ survey of nearly 300 social care staff in July 2020, a sobering four out of five respondents said that their job had left them feeling ‘tense, uneasy or worried’ more often since the onset of COVID-19.
- In July, four in five reported that their workload had risen, mainly due to covering for colleagues who had to self-isolate or having to train new volunteers.⁶

Secondly, NHS staff are feeling similar effects on wellbeing, mental health and physical burnout:

- Pre-pandemic reports indicate high levels of staff stress and burn-out. Features of burn-out include exhaustion, detachment and cynicism, which can reduce the healthcare provider’s capacity for empathy and in turn negatively impact on their ability to provide high quality care. It can also increase the risk of mental ill health.
- 50% of staff felt that their mental health had declined during the first two months of the pandemic. 45% of doctors across the UK surveyed in May 2020 by the British Medical Association (BMA) reported experiencing depression, anxiety, stress, burn-out or other mental health conditions relating to or made worse by the outbreak.⁷
- Six months into the pandemic, 76% of almost 42,000 nurses surveyed by the Royal College of Nursing (RCN) reported an increase in their stress levels since the advent of the pandemic.⁸

On top of all of this, the government’s recent announcement of mandatory vaccinations for the health and social care workforce is going to have

⁴ <https://www.health.org.uk/news-and-comment/blogs/how-is-covid-19-impacting-people-working-in-adult-social-care>.

⁵ Ibid.

⁶ Ibid.

⁷ <https://post.parliament.uk/mental-health-impacts-of-covid-19-on-nhs-healthcare-staff/>.

⁸ Ibid.

similar detrimental effects on staffing issues. The leader of Britain's biggest union – Unison - has warned that tens of thousands of people could lose their jobs unless the government drops plans to enforce compulsory Covid-19 jobs for workers in adult care homes in England and, potentially, frontline NHS staff.⁹ She said the government's "heavy-handed" and "counter-productive" approach could be perilous for the health sector, which is suffering from staffing shortages following post-Brexit barriers to hiring overseas workers.

2 What outcomes could realistically be achieved? Which agency does the review seek to influence?

The review will aim to influence the Council and especially Cabinet Member for Health & Wellbeing to encourage local job retention, employment and advocate training.

It will also aim to provide a forum to investigate the impacts of Brexit on our local workforce by working with external organisations, as well as examining the wider issues surrounding well-being and mental health of the workforce.

3 When should the review be carried out/completed? i.e. does the review need to take place before/after a certain time?

The review will take place across administrative year, 2021/2022 and 22/23 aiming to complete early 2023

4 What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)

The review will be multi-levelled, with a joint initiative between the Health and Social Care Commission and the Environment Commission taking place.

In addition to this, the commissions will seek to hold a Q&A with external actors such as 'Proud to Care', which will help build a larger picture for a full investigation and subsequently a report for the cabinet.

In carrying out this investing, the review will also work with local partners within the NHS and the social care industry.

⁹ <https://www.ft.com/content/5ab2c2de-96f2-4748-8444-480900900d2a>.

5 What are some of the key issues that you would like the review to look at?

- Analysis of the impact of Brexit on health and social care provision
- Actions to encourage retention of the existing workforce
- Actions to recruit to vacancies
- Actions to train the local workforce
- The impact of work on the well-being, mental health, moral and physical burnout of the health and social care workforce, and how this has been especially exasperated by Brexit and Covid-19.
- The introduction of mandatory vaccinations for Social Care NHS workers.
- Fair pay / ethical care charter
- Precarious employment in care sector
- impact of commissioning due covid cost issues

6 Who would you like to receive evidence and advice from during the review?

- Cabinet Member for Health and Wellbeing
- Cabinet Member for Jobs, Business and Towns
- Local authority best practice (e.g. Islington, Lambeth, Hackney, Kensington and City of London)
- Mayor of London / GLA findings and work
- Proud to Care organisation
- The Nuffield Trust
- Unions

- Equality Trust

7 Any suggestions for background information? Are you aware of any best practice on this topic?

- The UK in a Changing Europe (Kings College) report: <https://ukandeu.ac.uk/wp-content/uploads/2018/03/Brexit-and-the-NHS-.pdf>.
- Nuffield Trust - Impact of Brexit on the UK Health Sector: <https://www.nuffieldtrust.org.uk/research/understanding-the-impact-of-brexit-on-health-in-the-uk>.
- The Kings Fund: Brexit and the End of the Transition Period: <https://www.kingsfund.org.uk/publications/articles/brexit-end-of-transition-period-impact-health-care-system>.
- Age UK - Brexit Could Worsen Broken Care System for Older People: <https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/brexit/>.
- Government Website – NHS Staff from Overseas: <https://commonslibrary.parliament.uk/research-briefings/cbp-7783/>.
- Nuffield Trust on Statistics: <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#1-what-kinds-of-staff-make-up-the-nhs-workforce>.
- Proud to Care: <https://www.proudtocarenorthlondon.org.uk/>.
- London Assembly report on EU Migration Consequences: <https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/eu-migration>.
- How Covid is Impacting the Social Care Workforce - <https://www.health.org.uk/news-and-comment/blogs/how-is-covid-19-impacting-people-working-in-adult-social-care>
- Work Study <https://www.hscworkforcestudy.co.uk/>.
- Parliamentary Report on the Health Care of the NHS <https://post.parliament.uk/mental-health-impacts-of-covid-19-on-nhs-healthcare-staff/>.

- FT article on Mandatory Vaccinations
<https://www.ft.com/content/5ab2c2de-96f2-4748-8444-480900900d2a>.

8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Verbal and/or written submissions from external actors, NHS bodies and organisations, cabinet members and officers.

Stakeholder representation that speaks to the session and assists in framing and scoping the review.

Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2022-23

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