

Health and Social Care Scrutiny Commission

Thursday 15 December 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

Access to information You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

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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: 7 December 2022



Health and Social Care Scrutiny Commission

Thursday 15 December 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	
	To approve as a correct record the Minutes of the meeting held on the 28 September 2022 – to follow.	
5.	SLAM ADVISORY GROUP MEMBERS ON GP ACCESS	
6.	COVID 19 AND FLU VACCINATION UPDATE	
	A briefing is to follow.	
7.	HEALTH AND SOCIAL CARE WORKFORCE UPDATES	1 - 7

The following reports will be provided, to note, in order to support the Health & Social Care Workforce review, looking at the impact of Brexit and the Pandemic:

- South East London NHS Integrated Care System (ICS) workforce programme – enclosed
- Southwark social care workforce in the independent sector – to follow
- Council employees working in the social care sector – to follow

More information on the review is included in Appendix C under the workplan.

8. WORK PROGRAMME

8 - 25

The Work Programme is enclosed, along with a cover report and the following appendices setting out the current scrutiny reviews and topic:

- Appendix A Review: Access to Medical Appointments
- Appendix B Topic: Partnership Southwark and Integrated Care System (ICS)
- Appendix C Review: Health and Social Care Workforce

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.”

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

1. Introduction

This briefing sets out key information about the work of the South East London (SEL) ICS workforce programme and actions being taken to support workforce growth, retention and transformation under a robust governance structure with strong partnerships. Specifically, the briefing provides an update on the impact of Brexit on staff recruitment; it also presents a view of the impact of the pandemic with a specific focus on staff morale and well-being. This briefing provides an overview of key insights and core activity supporting the SEL workforce but does not full cover the breadth of work taking place within the SEL workforce programme.

2. South East London ICS Workforce Programme

Friday 1 July 2022, marked the legal establishment of South East London Integrated Care Board (ICB) and the disestablishment of NHS South East London Clinical Commissioning Group (CCG). As a newly created statutory body, the ICB will now support and build upon existing health and care partnerships established by our Integrated Care System (ICS) – Our Healthier South East London.

A five year ICS workforce strategy is being published in March 2023, as a key enabler to the ICS priorities of:

1. Improving population health and healthcare
2. Tackling unequal outcomes and access
3. Enhancing productivity and value for money
4. Helping the NHS to support broader social and economic development

This strategy will represent a continued commitment to the growth and development of our “one workforce”, approximately 131,000 people working across all sectors of health and social care (including the voluntary sector). It will build on and expand work that is currently ongoing within the ICS workforce programme to support population health through three fundamental priorities of securing workforce supply, supporting the health and well-being of our staff and ensuring equality, diversity and inclusion is embedded in all we do.

SEL has an established governance overseeing strategy and delivery of workforce objectives. The South East London People Board reports to the ICB and the London People Board. It brings together system leaders and oversees core work to support the ambition of integration across health and care in the six boroughs of the sector. The People Board is responsible for ensuring an effective system response to immediate workforce priorities alongside ensuring strategic and longer-term workforce planning and transformation. The People Board is connected to Collaboratives and Committees that cover the full patient pathway as well as the HR Directors network and Directors of Adult Social Services. Altogether, this supports strong partnerships and leadership.

3. The impact of Brexit

EU nationals make a substantial and highly valued contribution to care and Brexit has posed significant risks to Health and Social Care across the UK. Workforce trends and risk have been monitored closely since the referendum in 2016, but with recognition of the fact that Brexit is one part of a complex challenge in growing and retaining our workforce.

London has a diverse workforce; approximately 28% of staff are non-UK Nationals. Since 2016, London's NHS has been twice as more reliant on the EU workforce than England as a whole. Nationally and in London EU staff have either remained stable or increased marginally between 2016 and 2022. In SEL, between Sept 2016 and Sept 2022 the EU workforce within NHS Trusts has grown by 20%, and throughout this period EU nationals have made up 10-11% of the total workforce. However, within the Nursing and Midwifery staff group, the EU workforce has declined by 12% from September 2016 to September 2022. This correlates with significant increases in international nurses from outside the EU.

Historically, international recruitment has always been relied on to address workforce gaps and this has increased significantly since 2016. Currently, 19% of the total NHS workforce in SEL hold a nationality from outside of the EU. This workforce, now 10,200WTE, has more than doubled since 2016. Within Nursing and Midwifery staff group the international workforce increased by 2,700WTE whilst the number of European Nurses have reduced by 200WTE (HEE, ESR data set Sept 2022).

These changes in international recruitment are set against ongoing shortages in the workforce. The total British workforce has increased by 4500 WTE (14%) over 7 years and makes up 70% of the total workforce. However, profession specific differences need to be considered. A 3.4% reduction in British Nurses and Midwives in SEL over the same 7 year period, together with London wide increases in international doctors (currently approximately one third of doctors have gained Primary qualification abroad) demonstrates the ongoing need to plan for supporting and growing our workforce.

A focus on staff retention and the need to expand the pipeline of workforce supply is a core strategic priority for the ICS.

4. The impact of the pandemic

Securing workforce supply across Health and Care is pivotal to delivering excellence in health and care. Workforce shortages have been an ongoing challenge further exacerbated by COVID and now also impacted by further pressure on the UK economy and the cost of living crisis.

Workforce gaps across Health and Care and the need to improve on productivity, skill mix and new ways of working are well documented and link to national policy. Staff turnover trends in SEL are similar to those across England. In SEL, NHS turnover was 14-15% before the pandemic this reduced through the COVID pandemic to less than 13% and was lowest one

year after the pandemic. Since February 2021 staff turnover increased rapidly and has risen to 16%. This rate is now steady.

The position in social care is even more challenging with workforce turnover at 26% and a large proportion of staff on zero hours contracts (36%). Pay disparity with independent sector workers being paid over a third less than local authority workers will also impact on staff retention (Skills for Care, 2022).

Staff turnover trends possibly link to staff commitment and increased interest in supporting Health and Care services seen in the pandemic followed by the reported exhaustion and burn out of staff

This section outlines some of the core pressures and the active steps being taken to address recruitment, retention and new ways of working within the ICB as we recover from the pandemic.

4.1- Staff Retention

SEL workforce programme are actively addressing the need to support staff health and well-being and promote retention. A multi-faceted retention strategy runs through the ICS programme. A summary of key activity is as follows:

Staff Health and Wellbeing:

- We have an ICS wide staff health and wellbeing strategy in place (to May 23) and have sustained investments in a universal offer for all SEL health and care staff and levelling up investments.
- Keeping Well in SEL, KWSEL, our staff mental health and wellbeing hub, is a single point of access for SEL health and care staff and provides a wide range of support ranging from signposting to assessment and one to one psychological support www.keepingwellnel.nhs.uk. In terms of portal use, there have been 33,371 new users to the site since its launch in April 2021.
- The assessment element of the wider service was launched in January 2022 and has delivered for the 288 referrals from SEL Health, and Social Care staff received to date. (The assessment is available in the top 8 languages spoken in South East London).
- KWSEL has also expanded its outreach and engagement in the care and voluntary sector, reaching 50 care organisations across all boroughs. Following this outreach, 27 additional support sessions for groups have been scheduled. The service offers web-based resources and advice taking an adaptive approach to meet the needs of our one workforce. Recent examples include a dedicated webpage, support and sign posting for staff affected by the events in Ukraine and surrounding regions.

- A breadth of 'levelling up' investments are being enabled through investment including Place based and primary care wellbeing initiatives and a staff Psychology service for Lewisham and Greenwich NHS Trust employees.
- Our ICS work is also currently focusing on collaboration to reduce incidence and impact of violence, aggression and abuse towards staff, and initial collaborative working between acute providers on Occupational Health provision.

Staff Equality Diversity and Inclusion:

- Since our last update, we have completed and evaluated our ICS level, 12-month Staff Network Development Programme to support and better equip network members and chairs to be more actively engaged in organisation decision making.
- We have also hosted a successful Staff Networks Day event in May attended by 93 people from a breadth of networks across the ICS.
- Over the spring, we have undertaken an important 'discovery piece' to help determine the vision and ambition for the ICS Staff EDI Committee. The final report was delivered in July 2022, outlining four priorities for our ongoing collaboration and approach. The priorities are 1. Sharing expertise about what works and what does not. 2. Creating the space for developing bold new thinking 3. Creating a social movement on staff EDI 4. Acting as a critical friend to the ICB. Our Staff EDI work is seeking to foster energy at multiple levels and work to do things differently to create more positive experiences for current and future staff.

Ongoing retention priorities:

- SEL are an exemplar site for the NHSE retention programme. Work is being developed to support flexible working as a key initiative that will retain staff and address workforce gaps. All learning will be shared across Health and Care wherever possible. Targeted focus on Social Care Nurses and the Home Care workforce has also begun.
- Lessons learnt from COVID are paramount. GSTT ran a centralised recruitment for the SEL COVID vaccination programme working in partnership with all other Trusts and with Primary Care. Following mass recruitment of unregistered vaccinators, 1548 are retained in SEL.
- Future utilisation of unregistered roles, reservists and improvements in digital technology features across the evolving workforce strategy

4.2- Recruitment and new ways of working

Recruitment challenges are being addressed within every sector and specialty in a number of ways through education, upskilling and re-designing workforce models. Following the pandemic some of our key cross sector priorities for supporting recruitment are as follows:

- **Community, Mental Health and Acute Provider Collaboratives** are set to ensure provider organisations are jointly setting their approach to workforce planning and transformation to support services. Critically, supporting the operational response through senior collaboration and decision making is key. For example, within the Acute Provider Collaborative this includes CPOs collaborating to facilitate staff movement between sites to support mutual aid and also working to align bank and agency rates where possible.
- **Implementation of a “Health and Care Hub”** that aims to support our local population to access to good jobs. Employment and health are inextricably linked; adults not in employment suffer from poorer physical and mental health. Through a digital platform and direct engagement through our widening participation network this Hub will support local recruitment and also retention through career progression. This work supports our commitment to addressing inequalities and the Anchor agenda. (GLA funding partly confirmed and decision pending on full sum).

Mental Health:

- A Mental Health Workforce Transformation Lead was in post as part of the ICS workforce Programme from November 2021 to May 2022. This role delivered a Primary Care Mental Health Practitioner (MHP) implementation toolkit to support system partners to consider and implement this relatively new role and on behalf of London. A multi-professional Competency Framework for support workers in mental health was developed. The competency framework development has been highly collaborative with key organisations including Bromley, Lewisham & Greenwich (BLG) Mind, Bridge Support, Southwark Council, HEE and NHS colleagues and other London leads. The framework aims to attract people from diverse backgrounds into mental health roles and is supported by a careers and recruitment guide. The content is being translated into a web-based version and a will be launched in the next few months.
- Recognising the workforce challenges extend far beyond community services in mental health, we have recently submitted a bid for funding to develop our strategic and at scale workforce planning and transformation capacity across SEL and develop recommendations for additional known priorities for our system, Children’s and Young People’s Services and Improving Access to Psychological Therapies.

5. Operational response

Whilst a longer term strategy for growth is being developed and delivered, key operational challenges are also being regularly addressed. A critical priority is our response to upcoming industrial action and the potential for more in the new year.

The Royal College of Nursing (RCN) recently balloted its members working in the NHS and health and social care on whether to take strike action. The RCN confirmed that the majority of its members have voted to go ahead with strike action. Strike action is planned on the 15th and 20th December. There are regular discussions with RCN to plan and understand the

derogations and what this means in practice for NHS service nationally and for our local services. We are supporting staff through this difficult period and respect the right of staff to take industrial action.

6. Conclusion

Our staff continue to work under an immensely challenging situation given the pressure of COVID recovery plans, within the context of financial pressures and a focus on productivity. The cost of living crisis and upcoming industrial action with the potential for more next year demonstrate the severity and complexity of the current climate. Therefore, a focus on staff well-being is paramount, acknowledging both their personal and professional experiences.

Fundamental to the work of the ICS is to support growth, retention and transformation of our “one workforce” across Health and Care irrespective of employer. Across SEL, teams are working at pace towards an ambitious drive to work collaboratively to support population health in a variety of ways from setting up new services and pathways for care to actively supporting local recruitment. Whilst this work is complex, instilling our values, and ensuring support for all our boroughs will remain central to all we do.

We will carefully monitor changes to workforce supply and the impact of wider policy drivers, the economy and the labour market to deliver an appropriate strategic response working in partnership across our system.

Julie Screaton

Chief People Officer SEL ICB and Guy’s and St Thomas’s NHS Trust

6th December 2022

Annex – Overview of SEL workforce

Partnership Southwark Local Care Partnership

- 319,610 Residents
- 35 GP Practices
- 58 Pharmacies

Lambeth Together LCP

- 327,897 Residents
- 45 GP Practices
- 64 Pharmacies

Lewisham Health and Care LCP

- 309,560 Residents
- 27 GP Practices
- 52 Pharmacies

Healthier Greenwich LCP

- 287,753 Residents
- 36 GP Practices
- 63 Pharmacies

One Bromley LCP

- 330,730 Residents
- 45 GP Practices
- 58 Pharmacies

Bexley LCP

- 247,444 Residents
- 22 GP Practices
- 46 Pharmacies

MH Trusts

- Oxleas
- SLAM

Community Providers

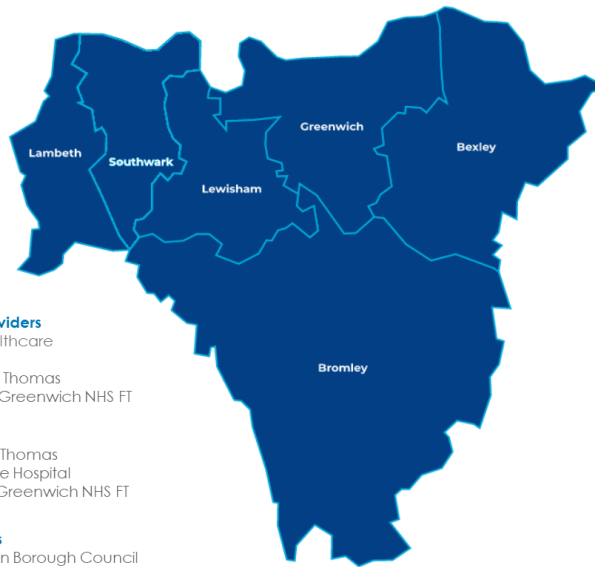
- Bromley Healthcare
- Oxleas
- Guy's and St Thomas
- Lewisham & Greenwich NHS FT

Acute Trusts

- Guy's and St Thomas
- King's College Hospital
- Lewisham & Greenwich NHS FT

Local Authorities

- Bexley London Borough Council
- Lambeth London Borough Council
- Lewisham London Borough Council
- Royal Borough of Greenwich
- Southwark London Borough Council
- London Borough of Bromley



Population 1.9M

Organisation	Headcount
Adult Social Care (Independent sector) -	36,000
Voluntary Sector Employees *(crude split London/5)	31,484
Guy's and St Thomas+	22,188
King's College Hospital +	13,291
Lewisham and Greenwich FT+	6,888
SLAM (also covers Croydon)+	5,526
Oxleas+	3,958
Pharmacy July 22 x	2,457
Adult Social Care (Local Authority's)-	2,400
General practice July 22 +	5,065
Bromley HC (website)	800
SEL ICB	663
Estimated workforce SEL	130,720

Item No. 8	Classification: Open	Date: 15 December 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 7 December 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.
3. That the Commission consider integrating the Health & Social Care Workforce scrutiny review into the Access to Medical Appointments scrutiny review, given the particular focus on the NHS workforce this year.

BACKGROUND INFORMATION

4. 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
5. 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

- 6. Set out in Appendix 1 (Work Programme) are the issues the Health & Social Care Scrutiny Commission is considering in 2022- 23.
- 7. 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
Appendix A	Review: Access to Medical Appointments
Appendix B	Topic: Partnership Southwark and Integrated Care System (ICS)
Appendix C	Review: Health and Social Care Workforce

AUDIT TRAIL

Lead Officer	Everton Roberts, Head of Scrutiny	
Report Author	Julie Timbrell, Project Manager, Scrutiny.	
Version	Final	
Dated	7 December 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	7 December 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: Health and Social Care 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 – March	Review Access to Medical Appointments : visit A & E and other frontline providers in liaison with Healthwatch
15 December 2022	<p>Review Access to Medical Appointments : SLAM advisory members re GP access</p> <p>Covid and Flu vaccination programme briefing and presentation</p> <p>Review workforce – reports to note</p> <ul style="list-style-type: none"> • Evidence from NHS Southwark / SEL Hospital workforce • Update council workforce • Update social care commissioning <p>Workplan : Update Healthwatch meeting</p>
2 February 2023	<p>Interview Cabinet Member for Health and Wellbeing (tbc)</p> <p>Care Charges and people with Learning / Physical Disabilities - Bede House will facilitate advocacy on behalf of carers of service users .</p> <p>Transformation and mental health GP</p> <p>Patient use of secondary and primary care statistics</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
30 March 2023 TBC	<p>Access to Medical Appointments:</p> <ul style="list-style-type: none"> - Outreach update - Healthwatch outreach <p>Partnership Southwark protocol</p> <p>Discuss headline review reports:</p> <ul style="list-style-type: none"> • Access to Medical Appointments • Workforce
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

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 collaboration with Healthwatch.

A consultation workshop in the community with older people regarding access to GPs.

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 an updated protocol and review of the present 'Trigger Template' – see appendix i.

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 Governance and Scrutiny (CfGS) 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.

See:

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

A Centre for Governance and Scrutiny (CfGS) blog, published September 2022 touches on health scrutiny and the anticipated changes to reconfiguration of health and social care and the role of scrutiny (particularly anticipated changes expected to the current power to refer to the Secretary of State) and also mentions joint scrutiny arrangements. This says new regulations and guidance are expected around the beginning of the new calendar year 2023.

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

This legal blog comments on the commencement of the new statutory Integrated Care Systems (ICS) and reflects on the main themes and issues that have come from the new relationship between local government and health, over the first three months:

https://www.brownejacobson.com/about-us/news-and-media/published-articles/2022/10/public-sector-integrated-care-systems-lessons?utm_source=government&utm_medium=vx-email&utm_campaign=public-matters-2022-10-25

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?

Lewisham Council have produced a protocol

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'.

The review has two themes:

- Impact of Brexit on workforce retention and recruitment
- Impact of the pandemic on morale and well being

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".

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

² Ibid.

³ Ibid.

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:

- 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

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.

The government's announcement of mandatory vaccinations for the health and social care workforce (later dropped) was predicted to have similar detrimental effects on staffing issues. The leader of Britain's biggest union – Unison - warned that tens of thousands of people could lose their jobs unless the government drops plans to enforce compulsory Covid-19 tests 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 commission will seek to hold a Q&A with external actors such as SEL and Commission leads on initiatives 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 investigation, 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>.
- House of Commons Health and Social Care Committee Workforce:

recruitment, training and retention in health and social care Third Report of Session 2022–23
<https://committees.parliament.uk/publications/23246/documents/171671/default/>

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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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