

## Health and Social Care Scrutiny Commission

MINUTES of the OPEN section of the Health and Social Care Scrutiny Commission held on Wednesday 17 November 2021 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

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**PRESENT:** Councillor Victoria Olisa (Chair)  
Councillor David Noakes  
Councillor Maria Linforth-Hall  
Councillor Sandra Rhule  
Councillor Charlie Smith  
Councillor Bill Williams

**OTHER MEMBERS PRESENT:** Councillor Evelyn Akoto, Cabinet Member for Health and Wellbeing

**OFFICER SUPPORT:** Ben Collins, ICS Director of System Development  
Sam Hepplewhite, Place Based Director (Southwark), NHS South East London CCG  
Julie Screatton, Chief People Officer, Guy's & St. Thomas' NHS Foundation Trust and South East London Integrated Care System (SEL ICS) workforce lead.  
Sarah Morgan SEL ICS .  
Mark Preston, Chief People Officer, King's College Hospital  
Julie Timbrell, Scrutiny Project Manager

### 1. APOLOGIES

Councillor Dora Dixon-Fyle gave apologies because of another council commitment she had to attend.

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

There were none.

**3. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

Councillor Linforth-Hall declared that she is a director of a charity that works on Domestic Abuse and Councillor Williams declared that his partner work for the NHS.

**4. MINUTES**

The minutes of the meeting on 30 September 2021 were agreed as an accurate record.

**5. CABINET MEMBER INTERVIEW: CABINET MEMBER FOR HEALTH AND WELLBEING**

Councillor Evelyn Akoto, Cabinet Member for Health and Wellbeing, was interviewed on her portfolio. She was supported by the Director of Public Health, Sangeeta Leahy.

The following topics were covered:

- The impact of the pandemic on her portfolio, particularly Public Health and Social, and the hard work of staff.
- Accessing GPs via face to face consultations, and addressing constituent concerns.
- Increasing vaccine rates for COVID 19, vaccine hesitancy, building confidence, misinformation and outreach.
- Mandatory vaccination for health and social care staff and the potential impact on staff and services.
- Health inequalities.
- Southwark Stands Together – anti racism work.

## **6. REVIEW: IMPACT OF BREXIT AND THE PANDEMIC ON THE NHS WORKFORCE**

Southwark NHS, Guy's and St Thomas' Foundation Trust (GSTT) and King's College Hospital Foundation Trust (KCH) attended to assist with the scrutiny review on the workforce.

The following attended remotely via Zoom:

- Julie Screatton, Chief People Officer, Guy's & St. Thomas' NHS Foundation Trust and South East London Integrated Care System (SEL ICS) workforce lead.
- Sarah Morgan who supports the ICS workforce role that Julie leads on.
- Mark Preston, Chief People Officer, King's College Hospital
- Sam Hepplewhite, Southwark CCG Place based Director

The chair invited attendee to summarise and present the reports from KCH and GSTT, enclosed in the agenda pack. The chair then invited questions and the following points were made:

- A member said that feedback from the council social care lead at a previous session was that BrExit had not had an enormous impact on the care sector. He asked about the most major concern for hospital, and in particular about the potential impact of mandatory vaccination on staff given the current vaccine take-up rates.
- In response the Trust staff said that while BrExit has not impacted hospitals now, however there could be an impact 5/10 years as pipeline .Vacancy rates are currently stable, and always 10/12 % for successful organisations. However burnout could lead to early retirement and career moves over next few years, particularly with the impact of the pandemic.
- Mandatory vaccine giving cause for concern – currently GSTT said that there are 56 people in care homes which they will have to redeploy. Vaccine rates amongst staff mirror population vaccine hesitancy, with uptake percentages in the late 80s to early 90 with similar demographics having higher refusal rates.
- There is collaborative work on workforce issue across the South East London Integrated Care System (SEL ICS)

## **7. INTEGRATED CARE SYSTEM (ICS)**

Ben Collins, ICS Director of System Development gave a presentation, circulated in advance, on the development of South East London's (SEL) Integrated Care System (ICS), assisted by Sam Hepplewhite , Southwark CCG place Director .

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

- As well as a strategic decision making structure working at the South East London level there are also borough based Local Care Partnerships, building on existing arrangements. 'Partnership Southwark' will to be ready 1 April 2022 and will be working with all local partners. Presently Partnership Southwark are working on the governance and leadership arrangements as the board will discharge delegated decisions from the SEL ICS. Partnership Southwark have been operating locally for the last couple of years, and will now move to a more formal footing. They are currently working on a COVID recovery plan.
- A member asked about the rationale for an ICS, and queried whether this was another top down NHS reorganisation, remarking that one of the benefits of the previous reorganisation, with the inception of the Clinical Commissioning Groups (CCGs), was that they did at least have the benefit of bringing some more local accountability, whereas the ICS seem to be moving further away from this. The member also asked if the ICS will see conflicts between government, regional (SEL) and borough priorities. A further question was asked about whether the ICS will be better placed to deliver the holy grail of 'integration' between health and social care, which has long been the aim of previous reorganisations.
- The Director of System Development said that his emphasis was on partnership and innovation, and this endured beyond changing NHS organisational governance arrangements. On integration he agreed with this was vital as all the big intractable issues such as rapid care, end of life care, etc. rest on working to solve these in partnership. He acknowledged that the SEL area is a large geographic area of 2 million people, and there will be NHS directives for the ICS to deliver on and it will be challenging to carve out an enough space to deliver local priorities. The model of Local Partnership Boards is an opportunity to bring in local accountability.
- The Health and Well-being Board will stay in the new governance arrangements and the ICS will be reporting into this.
- Members asked if the ICS and Local Partnership Board will all be comprised of professionals, and if there will be a role for the voluntary and community sector, as well as elected local representatives. NHS colleagues said that there will be an important role for the community and voluntary sector in innovation and that Partnership Southwark will be where the local voice will be heard on this. There will also be independent advisory roles, however there are challenges at the SEL ICS board level in involving directly elected members, particularly as this will work across several boroughs.

## 8. GP APPOINTMENTS

Sam Hepplewhite, Southwark CCG, gave a presentation on access to in-person consultations with local GPs.

A member asked if GPs ought to close their books if they do not have the capacity to offer face to face GP appointments. The Director of Place said this was not advisable, as people do need to be able to register with a doctor. Presently one GP covers 2000 people on average, however in Southwark it is more than this.

Members commented that it is concerning that the number of GPs has gone down and consequently they are seeing more people. The Director of Place responded that the workforce is variable, however she recognised the concerns. Patient feedback is generally positive but shows that some patients are very unhappy.

A member reported that it recently it took him an hour and half on the telephone to get an appointment. The Director of Place said that there is government money in the pipeline to provide more capacity - both for face to face appointments and improved telephone systems. However this new funding has not been that well received by GPs because it is less than 5 months' worth of money which is non-recurring means so it is not a long term solution to the problem of staffing, and in the short term it is driving the price of locums up. Southwark will receive about £1million plus there will be some money for 111 and emergency hubs at a South East London regional level. Southwark NHS are encouraging GPs to work locally in collaboration on the use of the funding.

The Director of Place was asked if Southwark will eventually see an increase in GPs in the borough and she responded that there are not a huge pool of GPs to recruit from so the NHS are recruiting more associated professionals, such as paramedics and mental health workers, and building public confidence for people to see them.

A member queried if there was politically driven pressure on practices so larger American corporations can move in. The Director of Place said that there are negotiations with the national leadership of GPs on the issue of training and outmoded contracts. She added that GPs are on the frontline with both healthcare delivery and vaccination roll out, which have been fraught during the pandemic.

Members asked if, despite the huge difficulties, adaptation to the pandemic has driven innovation and exposed obsolete practices. The Director of Place said that there are a tranche of people who want online and video consultation and do not care so much about continuity of care, whereas there is another tranche that want face to face and continuity. The Director of Place agreed there is a digital divide as well as an institutional need for infection control with the pandemic which means that practices cannot go back to the former volume of face to face consultation. She added that poor quality outmoded telephone systems are an obstacle to virtual consultations which the funding can help to address. A member added that the

front of house also ought to be addressed, with the inefficiency and attitude of some reception staff is also hindering good quality patient experience, with a failure to pass on messages, being left to wait on the telephone system, not calling back or be being dealt with sufficient consideration.

## **9. REVIEW: DOMESTIC ABUSE**

The review scoping document was discussed and the following points were made:

- Southwark has one of the highest rates of Domestic Abuse.
- The commission ought to hear from a broad range of community organisations working on the frontline
- It is notable that child to parent abuse is significant and on the increase.
- It would be good to understand more about the involvement of the police in incidences, including training, how involved they become, the protocols for addressing violence by a child or young person, and how they address distress, crisis, and safety.

## **10. REVIEW: HEALTH & SOCIAL CARE WORKFORCE**

The review scope was noted.

## **11. WORK PROGRAMME**

The work programme was noted.