

Southwark Borough Based Board
Minutes of the meeting on 3 March 2022
Meeting in public via MS Teams Live

Present:

Name	Title	Organisation
Dr Nancy Küchemann	Chair of Borough Based Board and Borough CCG Clinical Lead	SEL CCG
Dr Robert Davidson	Vice Chair - Borough CCG Clinical Lead	SEL CCG
Martin Wilkinson	Borough Director - Southwark	SEL CCG
Richard Gibbs	Borough Lay Member	SEL CCG
Dr Emily Gibbs	Clinical Portfolio Lead for Primary Care and Quality	SEL CCG
Linda Drake	Clinical Portfolio Lead for Healthy Populations and Development	SEL CCG
Sabera Ebrahim	Associate Director of Finance, Southwark	SEL CCG
Genette Laws	Director of Commissioning, Children and Adults	Southwark Council
David Quirke-Thornton	Strategic Director, Children's and Adults Services	Southwark Council
Sangeeta Leahy	Director of Public Health	Southwark Council
Pauline O'Hare	Director of Adult Social Care	Southwark Council
Shamsur Choudhury	Southwark Healthwatch Representative	Healthwatch Southwark

In Attendance:

Mathew Griffiths	Associate Borough Director	SEL CCG
Omar Al-Ramadhani	Head of Assurance	SEL CCG
Cynthia Davis	Assistant Director Commissioning	Southwark Council
Jean Young	Associate Director CBC	SEL CCG
Dr Robin Rastogi	Local Representative	LMC
Megan Isherwood	Research and Project Officer	Healthwatch Southwark
Cynthia Davis	Assistant Director Commissioning	Southwark Council
Ruth Sheridan	Head of Quality	SEL CCG
Sulaimon Quadri	Quality Manager	SEL CCG
Sadhna Murphy	Associate Director of Medicines Optimisation	SEL CCG
Jean Young	Associate Director HP & CBC	SEL CCG
Sonia Colwill	Director of Quality	SEL CCG
Brenda Donnelly	Clinical Director, Nurse	South PCN
Olufemi Osonuga	Clinical Director, QHS	North PCN
Rebecca Dallmeyer	Executive Director QHS	North PCN
Nigel Smith	IHL GP Federation Director	South PCN
Julian Walker	Head of Communications and Engagement (Southwark)	SEL CCG
Kevin Matthews	Interim SEL Executive Office Lead	SEL CCG

Bola Olatunde	Communications and Engagement Manager	SEL CCG
Madeleine Medley	Southwark Business Support Lead (minutes)	SEL CCG

Apologies:

Cllr Evelyn Akoto	Cabinet Member for Health and Wellbeing	Southwark Council
Nina Dohel	Director of Education	Southwark Council

1.	CHAIR'S WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE
	<p>The chair welcomed everyone to the Borough Based Board and noted apologies.</p> <p>The Q&A facility was opened for questions.</p>
2a	DECLARATION OF INTERESTS
	<p>The Chair, Nancy Küchemann (NK) noted that agenda item 9, Contract Log, would generate a conflict of interests for several members and requested Martin Wilkinson (MW) to lead this point.</p> <p>MW confirmed that conflicts are detailed in the declaration report and that he and Richard Gibbs (RG) would consider the proposals and make decision.</p> <p>The Board NOTED the current register of interest.</p>
2b	MINUTES OF THE MEETING HELD ON 27 January 2022
	The minutes of the previous meeting were APPROVED .
2c	ACTION LOG
	<p>The Chair updated on actions listed on Page 14;</p> <ol style="list-style-type: none"> 1. Primary Care Quality: this is postponed and will be added to the forward planner to allow sufficient time to plan and allow for the significant framework changes expected. Action CLOSED. 2. Assurance report – updated at last meeting and now closed. 3. System Response: Martin Wilkinson (MW) confirmed this had been taken forward via the vaccine strategy and delivery group who will be actioning a letter and survey to volunteers. Action CLOSED.
2d	MATTERS ARISING
	No matters arising were raised.

3	<p>PUBLIC QUESTIONS</p> <p>The Chair thanked the member of the public for one question received in advance and informed that the response was published on the website.</p> <p>Question: <i>“Would the group consider allowing those of us identified as Clinically Extremely Vulnerable (and/or Immunosuppressed), to continue to have free Lateral Flow Tests?”</i></p> <p>Response: The national announcement last week is that free lateral flow test kits will cease for most people at the end of March. We are awaiting further information on the detail of who will continue to have access to free lateral flow test kits after 1 April 2022 and what this means for NHS staff and people who are Clinically Extremely Vulnerable. Until then we are continuing to encourage everyone to use the national portal to obtain kits.</p>
4	<p>BOROUGH DIRECTORS REPORT & LCP DEVELOPMENT</p> <p>Martin Wilkinson (MW), Borough Director took the report as read and raised highlights.</p> <p>The vaccination programme has reached a critical point with expectation to live with COVID-19, mindful that many residents have not come forward for a vaccination. There will continue to be a push for people to come forward, to discuss any concerns around the vaccination and also encourage a broader health offer. Information has recently been received on the next phase, where 5-11yr will be offered the vaccination and a spring booster dose offered to care homes and those over 12yrs with suppressed immunity with an autumn offer in the pipeline. MW wanted to thank all the people involved in the vaccine programme and to encourage those that have not come forward, to do so.</p> <p>The CCG borough team has worked on priorities for the next four months in partnership with the council with key areas being:</p> <ul style="list-style-type: none"> – The local care partnership (LCP) focused on the operating system, leadership, systems, supporting joint commissioning and staffing structures – Health and Wellbeing strategy refresh with public health – Tackling health inequalities work with the voluntary community sector for ongoing support with low level mental health needs, wellbeing and emotional resilience as well as the roll out of mental health support to schools. – Strengthening our wrap around support services for individuals and families with a neighbourhood model – Safeguarding – Sustainability in terms of financial rigor for the next four months as we move into the Integrated Care System (ICS), involving planning and investments with relevant engagement – Joint work with council on growing and securing accommodation sector care; mental health placements, older adults physical disability, care home, reablement and supporting learning disabilities <p>Partnership Southwark summarised the white paper which stressed the importance of local places within the ICS and pleased that Southwark is making fantastic progress in establishing arrangements. Good discussions were held in a leadership session, thinking through key tangible priorities to take forward through Partnership Southwark and there is good progress in recruitment</p>

	<p>of key leadership posts, both clinical and care professional, as well as co-chair and place executive.</p> <p>The Chair thanked MW for the overview and noted the appreciated move out of the pandemic with more work on integration.</p> <p>Richard Gibbs (RG) valued the update and made two observations: the priority of growing and securing care with the accommodation sector is a good area for joint working and suggested it may feature in care well work. RG was also pleased to hear of the successful selection as an accelerator site, which will benefit from extra facilitation to take the partnership forward, also making note to the very productive workshop.</p> <p>Robert Davidson (RD) prompted by work in partnership before with one document produced, the 2019-2021 Southwark Immunisation and Strategy plan and acknowledged the successes and outstanding challenges for us. He recommended that we should now seek to learn from the pandemic and build on this document to inform our next steps as a local care partnership.</p> <p>Sangeeta Leahy (SL) agreed the priorities could have been written for the response to COVID-19 and that all the valid learning will be used to move forward. SL acknowledged the need to identify what did we do differently, what did we not know before and use the very important information from communities about how they want to receive information and about their concerns, in work post peak pandemic.</p>
5	PRIMARY CARE – GP ACCESS
	<p>The Chair thanked colleagues for making time to help present this hot topic that hit the media last summer, where people are still expressing difficulties in accessing healthcare, particularly general practice.</p> <p>Emily Gibbs (EG) and Megan Isherwood (MI) shared slides that will be published and gave a break down of Healthwatch findings, what access means and how it feels on the other side as a provider. General practice and changes to the route of access through the impact of the pandemic has been a journey for all, those seeking care and those providing care.</p> <p>EG identified the need for future GP engagement on what GP practices offer as there is a very traditional view to see a 'doctor' but there is a wide range of clinical skills and team mix through practices that needs to be better explained for patients to access and make full advantage of.</p> <p>In setting the context, EG expressed personal experience of never feeling busier, running to keep up with rapidly changing speed and suddenly implementing new ways of working, listing the functions that involve GPs and the role of the GP.</p> <p>Nigel Smith (NS) gave overview of the work that has happened using slides on primary care extended access hubs and case studies.</p> <p>EG highlighted work that goes on with connecting patients with other services, that are not easy to navigate even when you feel well and so important that someone brings services to you.</p> <p>Rebecca Dallmeyer (RD) showcased with North PCN slides, how quickly primary care did respond to the challenges of the pandemic and delivered a different level of service that it never expected it would need to and how working together enabled everyone to access to a high level of care.</p>

EG highlighted clinical services needed to engage to support general practice access and demand in a system who also had pressures in workforce from COVID-19.

Olufemi Osonuga (OO) voiced how primary care now exists beyond GP practices. The extended primary care service is crucial to service delivery and noted how smaller practices benefited from this with support from the whole system, council and commissioners. OO wanted to note that most staff in primary care have not had days off for twelve to eighteen months yet the public felt they had not been seen. COVID-19 has not gone away so as systems open gradually, some of the new ways of working will continue and some have expressed for telephone e-consults to remain as more convenient. The learning will be used to enhance access and the new way of life.

Brenda Donnelly (BD) gave overview from her nursing role and noted it had been crucial to maintain nursing services such as smears, child immunisations, diabetes checks along with vaccinations and was puzzled when asked why are GPs not delivering vaccinations as GPs have been delivering them. There is a lot to look at and learn from together, at how quickly general practice delivered vaccinations by bringing in teams, using volunteers and demonstrating you do not always need a nurse or a doctor. Going forward the same opportunities can be used, look at using others to provide treatments as lots were taught to vaccinate so what else can they do. BD welcomed the initiatives like group consultations which will assist with the backlog as well as extra weekend and evening clinics and noted some preferred telephone contact and not having to be seen face to face. The regulations need to change to make best use of the community to help. One last point noted was not ever working so hard and highlighting professionals are patients as well with lots of colleagues leaving from the pressure which must be learnt from, 'we work better together'.

EG welcomed the future models and encouraged a continued move forward, keeping sight of barriers and difficulties with help of peoples voices from Healthwatch.

The Chair thanked all for their presentations and sharing of personal experience and welcomed questions. The patient front door experience is important and there must be better ways to access rather than compete on the phone and welcomed further exploration of proactive care, registers, regular check ups, hand held records, digital options and demand management. EG reflected that the first point of contact is much smoother and response is more manageable and directed, so the whole experience has improved, better websites will assist also.

Linda Drake (LD) appreciated the challenges being explained and agreed it had been exhausting with practice staff working seven days a week, twelve hours a day to ensure the vulnerable were vaccinated. LD was also involved in the clinical effectiveness Southwark, where a template was developed within ten days, offering proactive care, advising how to stay safe and shield for over a thousand calls. There were challenges around child immunisations but the practice learnt to approach this differently by making a short video to highlight the risks which resulted in the best ever immunisation statistics. The new ways of working are more beneficial and there is a need to work with local people to understand additional roles and the work of the whole team.

Robert Davidson (RD) reiterated the work of the team where primary care is not just about your GP or practice nurse and asked what are the next steps on developing roles, mental health support, pharmacists, paramedics, paediatricians, social prescribers, to be used more efficiently to relieve significant work and retain staff to make Southwark a great place to live and work.

Martin Wilkinson (MW) thanked the team and HealthWatch and emphasised the need for engagement from the clear mismatch between the tremendous work from primary care and the access frustrations from citizens. How do we engage the public in the dialogue to reconcile and

	<p>alleviate issues? MW expressed gratitude to colleagues for all the work over the past two years and the work they continue to do for residents.</p> <p>Sonia Colwill (SC) reflected on first contact and digital from personal experience as a local resident and parent to a young male adult, that the digital approach is fantastic for young people taking responsibility for their own care with much more control and access. Digital experience examples are mostly from older residents but the young must not be forgotten, especially young males that are known not to access primary care.</p> <p>BD raised the employment of the new roles happened throughout the pandemic so has taken a lot of effort to blend them and would be more difficult for patients to understand, highlighting the need to communicate how others within the practice can fulfil roles extremely well too. The agility of primary care never failing to step in was acknowledged. BD also wanted to note the positive working with Southwark partnership with very good working arrangements for older people in practice.</p> <p>The Chair suggested more joint engagement work with Healthwatch, seeking views of patients in future on what they think of improvements to websites or text care.</p> <p>MI welcomed joint work on engagement as they continue gathering patient views and acknowledged the need for better communication and more transparency about behind the scenes and overwhelming numbers coming through. MI felt that alternatives had been demonstrated to meet diverse demand and access need and confirmed Healthwatch can assist with opening lines of communication and community engagement.</p> <p>Robin Rastogi (RR), GP, agreed as a working GP with references made to speeds and demands of workforce and acknowledged the mismatch of understanding, but wanted to emphasise in context that when a person has waited thirty minutes for a call to be answered, it is because there are thirty minutes worth of calls in front and not thirty minutes of a tea break. It is recognised that one size does not fit all, for example remote consulting is not for everyone but does meet a large amount of need. There is confusion about patients understanding access and the benefits in new ways of working. We are in a healthcare workforce crisis and use of the alternative models with allied health care professionals has not addressed the need. The demand for healthcare has increased and there are more appointments being offered than pre pandemic but with less GPs and nurses due to burn out, retirement or reducing hours.</p> <p>EG gave final word that the presentation and discussions had been the step forward in working together with Healthwatch and engagement with wider services for the hyper local model of care, taking the good out of what has been learnt and used to refine issues and barriers to make care more accessible.</p> <p>The Chair gave final thanks to all involved, including Jean Young who had part in bringing this together.</p>
<p>6</p>	<p>FINANCE REPORT</p>
	<p>Sabera Ebrahim (SE), Associate Director of Finance, gave a brief overview of the finance report circulated with month ten position. The SEL CCG is reporting an overspend of £11million for the first ten months of which is mostly COVID-19 expenditure and other initiatives which received retrospective funding. The CCG is forecasting a breakeven position for the year with Southwark's</p>

	<p>position reporting an underspend of £317K and total budget for Southwark for the first ten months of £116million.</p> <p>Key areas noted:</p> <p>Currently an overspend is reported in the continuing health care (CHC) budget which is an adverse movement to previous reports and this is due to additional care costs. The CCG and local authority can claim care costs back up to four weeks through the hospital discharge programme and where the local authority has continued to incur costs beyond the four weeks, the CCG is liable to pay as assessments were not carried out. There have also been a number of disputes and challenges for continuing care cases which has been included within the reported position.</p> <p>The prescribing position has improved and now reporting an underspend of £251K.</p> <p>Community services reports underspends driven by minor ailment schemes and urgent activity and over spends in audiology services. Primary care is reporting an underspend on our Out of Hours service but increased activity can now be seen in this contract.</p> <p>There is no risk in terms of financial position landing this year but underlying cost pressures remain in mental health and CHC which need to be managed as we move into 2022/20223 and the borough has also received a lot of non-recurrent monies, so as funding streams end, the impact needs to be managed.</p> <p>The Board NOTED the report and the Chair reminded that reports are readily available for reference.</p>
7	RISK REPORT – SOUTHWARK RISK REGISTER
	<p>Mathew Griffiths (MG), Associate Borough Director took the report as read and gave overview.</p> <p>There are no new risks to report for the borough but two extreme risks remain which the borough continues to track in mental health placements and initial accommodation centres, both associated with substantial programmes of work that are progressing well.</p> <p>MG gave apologies for a small error in the provisional risk scoring for initial accommodation which should read higher than the residual risk rating and will be corrected.</p> <p>The Board NOTED the risk report and risk register.</p>
8	PERFORMANCE ASSURANCE REPORT
	<p>Omar Al-Ramadhani (OAR), Head of Assurance took the report as read and gave an overview from the summary slides.</p> <p>IAPT recovery performance has dipped and now below the 50% target. Southwark performance fluctuates around the target but SLaM have flagged that senior clinicians have diverted time to train new trainees which reduces capacity and impacts recovery rates but noted this is a temporary position and performance expected to recover in the coming months.</p>

	<p>SMI physical health checks has seen consistent improvement from 33.6% to 38.2%, the highest position reported since the early days of the pandemic due to a concerted effort to drive improvement in this area.</p> <p>Personal health budgets performance is below trajectory and it is unlikely the borough will achieve target due to a drop off of personal wheelchair budgets in December and January due to impact from Omicron, but confident this will improve.</p> <p>Continuing health care (CHC) has expanded reporting to include CHC assessments completed within 28 days and the number of incomplete referrals which exceed 28 days by 12 weeks. Southwark is performing below agreed trajectory on 28 days assessments with 18% completed. The borough only reported four incomplete referrals waiting over 12 weeks and although above target is still one of lowest in south east London.</p> <p>Richard Gibbs (RG) gave thanks for all the very clear reports and congratulated SE on managing the budget so well to leave a surplus. Two risks attracted his attention, understanding that CHC spends do fluctuate and this is not the only borough experiencing this, so hopeful it is not a recurring problem. The more worrying extreme risk is mental health placements and asked if there is confidence in resolution for this.</p> <p>Martin Wilkinson (MW) emphasised that this is an item all are keen to address and joint work is progressing with extra capacity being brought in to assist. There is confidence that there will be an understanding agreed of how to manage from April but not for this year.</p> <p>David Quirke-Thornton (DQT) shared concerns with a number of matters, mental health placements and the significant non recurrent funding that will end. Conditions are being created to ensure proper funding arrangements for respective duties and accepted sustainable solutions are required which integrated working will help with in the future. DQT was encouraged and grateful by efforts from colleagues who are all person centred and committed to work together for a sustainable system with better outcomes for residents.</p> <p>The Chair echoed achievement with finances when reports clearly show the variations managed and ability to balance books for transition to ICS. In reference to the risk on workforce sustainability (161 page 55) she related this to the borough priorities mentioned earlier and emphasised the need to consider how neighbourhoods will operate, to think more broadly about the new primary care roles, and the culture change to support them. In regards to SMI health checks it is reassuring that numbers are improving, with practices continuing even though it does not affect their income. NK also wanted to log delay in dementia diagnosis and asked if any action was planned for that, along with revisiting screening programmes and requested they both be logged to the forward plan.</p> <p>ACTION: Add dementia diagnosis and screening programmes to the forward plan</p> <p>The Board NOTED the Assurance report.</p>
9	CONTRACT LOG
	<p>Jean Young (JY) indicated the updated report circulated, which referred to work already done with Cynthia Davis in the partnership commissioning team that was previously brought to the borough based board. The contract log only applies to those contracts requiring a different decision now, ie. those that are expiring at the end of this year and not going out for procurement or where other action previously agreed is being taken. JY confirmed that all contracts end on 31 March 2022</p>

	<p>and each has a proposal listed. The request was to seek the board's support and endorse proposals.</p> <p>JY clarified the prior information notices are known as PINs and are published for providers to show interest in contracts.</p> <p>The Chair reiterated the conflict of interest and requested MW and RG to lead on this item.</p> <p>MW and RG noted the contract log confirming support with the recommendations and ENDORSED the proposals.</p>
10	PUBLIC FORUM
	<p>No further questions were received, and the facility was closed.</p> <p>The Chair welcomed and encouraged future opportunities for the public to engage.</p>
11	ANY OTHER BUSINESS
	<p>No items were raised under any other business.</p> <p>Meeting closed at 15:50</p>
13	NEXT MEETING
	<p>Next meeting is scheduled for Thursday 5 May 2022 but is likely to change to 12 May 2022 due to local elections being held.</p>