



Partnership Southwark Leadership Team Meeting

Thursday 05/11/20

High level summary

1. Minutes and Matters Arising

Minutes were agreed as accurate and matters arising were picked up as per appended action log.

2. Recovery Plan Workstream progress

Live Well

EF gave an update on planned session to map work currently happening in this area which will employ graphic facilitation, noting the importance of attendance from partners in determining what we look to do within this workstream. Given the breadth of work which could fit into Live Well it is key that we look to add value and do not duplicate what is being done through BAU already.

HO – flagged only 2 partner reps in this leadership cell, v light on partner contributions into delivery. Can partners support additional capacity given the critical importance of this workstream in our focus on prevention?

CI – because content isn't that clear it's difficult to know who to nominate – would look to field a clinical and an operational lead – who are we planning to invite to mapping session? EF – would want GSTT at the mapping session so we can understand what work is aligned to the workstream and t/f who should be involved and engaged moving forward

RD – should people with learning disability in a residential setting sit in live well or care well – their view is that it should be based on population not the setting that they're living in (i.e. that Live Well should include people with learning disabilities living in their own home as well as those living in residential settings)

EF – need to bear in mind that what live well is taking on is based on where can add value. RD – important to note that in suggesting it would move over to live well, the resources supporting this strand of work would follow.

CM-P – there is degree of scepticism from VCS partners involved in the past as to the added value of the Partnership and what will be different from previous iterations of partnership working. There is additional engagement work that needs to be done outside of this call given the reluctance to be involved.

EF – reflecting on the way we have worked with VCS as a partnership it is not surprising that there's reluctance here, so definitely something that needs to be worked on.

GM – this group could work up examples where there could be benefit on partnership working and take to VCS to shape/work-through?

KW – how we address scepticism in VCS is important, and probably something we need to focus on and have at forefront of minds when talking about PSwk.





ACTION: Leadership cells from Live Well and Care Well to discuss where people with learning disabilities in residential settings should sit for Recovery Plan delivery.

Age Well

Leadership cell reps for Age Well were not present on the call. Partners noted the highlight report that had been received with papers.

Care Well

RD provided an update on work within Care Well. The key challenge for the workstream has been shifting from initial focus on older people's care homes to other settings including community. Following a workshop at the end of the summer the workstream now has much wider representation, but we do need to agree whether the structure proposed is still right. Weekly meeting b/w care well and age well uses PSwk framework to ensure we support each other and our population and remove blocks in the system.

EF – Asked about mental health strand of this work and who from SLaM was involved – RD noted this referred to those in mental health residential care settings – EF noted that SLaM reps need updating as roles have changed.

HO – asked whether there will be changes to where older people's care homes sit once, we come out of the more acute Covid/Covid recovery phase i.e. as sub workstream of age well.

RD – through working together we are focused on the individual person's and carers need, key that part is not lost. Using it as a test bed to see how much we can shift services in their usual ways of working – how organisations can flex to work in a truly integrated way. Focus should not be lost as making good progress in the acute phase and other areas where we benefit from working in an integrated way.

KW – thinks should remain separate, in part because it engages different partners in step up and down from acute settings.

Start Well

GL was not able to attend the meeting to provide an update. Given KW involvement in this workstream, a brief update was given with partners asked to review the highlight report from Start Well for more detail on progress to date.

KW – A lot is happening around 0-5s and have recognised the need to focus on older children and adolescents and how this workstream flows into live well from a transition perspective.

The SCYPP is really good in terms of partner representation. There could be better communication and engagement especially around non-health impacts for adolescents as this group is most likely to be impacted by the pandemic – e.g. education, economic and employment impacts.

1. Public Health Update on COVID-19

KW provided a brief update on the current COVID-19 picture for Southwark.



The current transmission rate in Southwark is 118 per 100,000. Increasing rate across all age groups – infection among over-65s has increased faster than other age groups in the last 2 weeks, also slightly concerning that Southwark's increase in this group is higher than the London rate. Overall, our rate of transmission is slower than London, 3 London boroughs are over the 200 per 100,000 mark.

Numbers of people testing positive currently at 8% which shows community transition is rising. 111 call numbers have remained fairly static over Sept-Oct which we would not have expected, given initial thoughts were they would be an early warning signal for wave 2. Have made an EoI for lateral testing – point of care – test and trace has been running locally for 3 weeks and going well.

EF – is Lambeth similar? – KW yes slightly higher but not meaningfully so, similar across Lambeth, Lewisham and Southwark.

KW – to set up local track and trace testing is very intensive in terms of staffing. However, there have been some interesting insights, including the ability for more local contacts to support interface with local care and support.

3. Partnership Southwark Recovery Plan - Enablers Update

Engagement

JW joined the meeting to provide an update on work that he and Jess Leech from the Council have been progressing around engagement linked to the Recovery Plan.

A script has been developed for talking through the Recovery Plan with our communities, with a feedback form which can be used to aid conversations. We have been making connections to meet groups and have those conversations. We will be working with RH to set up meetings with workstreams to understand comms and engagement needs.

In relation to bringing C&E leads from across the partners together. We need to spend some time working on culture and ethos of that group – trying to build a group that's a completely open space so C&E leads can work together to resolve issues, share work and support each other - ideally aiming to meet within November.

HO – to note when we get to budgetary conversations, we are proposing dedicated C&E resource. Neither JW nor Jess L have capacity to be leading on and coordinating this work for the Partnership. Need to be cognisant of properly resourcing comms and engagement particularly where we are trying to do more in relation to more inclusive and targeted engagement.

Sharing and Linking Data

HO – Judith Poncelet our Integrated Care Analyst (who works for the Partnership 0.4 WTE) has been engaging with workstreams to understand their needs. Planning to bring together BI and Analytics leads from each partner organisations so we can work-through each workstreams data needs to determine the process, approach and resource needed to support this. The intention is to embed this work within the workstreams with the right level of support and expertise rather than having a siloed sharing and linking data workstream. We are also linking in with ICS level work to help us understand what is happening in this space and avoid duplications.



Part II

4. Programme Team Options

HO set out the key elements for how the Programme Team would work within the broader context of partner resources, the proposed options for the Programme team structure and approach, and associated budgetary proposals (as set out in the briefing paper and spreadsheet shared with papers).

RD – how long are we proposing the roles would be for?

HO – these are predominantly secondments if from within the system, or fixed term posts for external candidates. We would seek to go out to recruit for 12 month posts, however, the proposals are for us to agree funding within business planning to enable the posts to be in place for the duration of the Recovery Plan (i.e.. through to March 22).

The recruitment panel for the most recent programme manager post was very impressed by the quality of candidates and noted that had there been 2 roles to offer the top two scoring candidates would have been complimentary in skill-set and experience.

RD – it is not the funding that is lacking it is the resources needed to do the work, so we need to focus on the proposal that will result in the most doing. We also need to consider this in the context of other resources in the system e.g. joint commissioning team/CBC team.

JY – thinks option 2 provides parity with the other programme and population leads from CCG perspective.

NS – would be interested in HOs stance on preferred options as best placed to understand the resource needed to drive things forward.

HO – noted that option 2 would most likely give the right level of drive to workstream delivery, with potentially a lag around recruiting the project manager posts proposed to ensure the size and skill-mix of the team aligned to delivery needs (given some workstreams are still unclear about what level of resource they need). It would be important for the programme manager posts to have clearly delineated roles and responsibilities across specific workstreams and enablers.

EF –comms and engagement resource is important – it is something we are unlikely to get from partner organisations as an in-kind resource so having this as a defined post is definitely a benefit.

ACTION – Partners agreed that option 2 was the preferred option. It was agreed to go out immediately for the additional Programme Manager post, with phased recruitment to the other roles to ensure we are not over-resourced for the need. HO will come back to the group if there’s any issues recruiting to a 0.5 C&E lead; however, not anticipating this to be an issue at this stage.

Option 2	The addition of 1 x B8c programme manager, 1 x B8a senior project	This option enables more senior level resource to drive delivery across specific workstreams and
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	managers, 1 x B7 project manager and a 0.5 x8a communications and engagement lead to the existing structure	enablers (through a complementary skill-set and clear delineation of responsibilities). The programme managers would have access to a project team that could flex across the PS programme. Dedicated C&E expertise as per option 1.
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5. Proposed Budget Allocations

Pay

HO noted that the pay elements of the budget would be reflective of the programme team structure (i.e. option just agreed) dependent on recruitment timelines for these posts. A decision at some point would be required around the ongoing WTE requirement for the Programme Director post as noted in the spreadsheet.

Non-pay

HO set out the proposals for allocation of non-pay funding within the Partnership Southwark budget (as per the paper and attached spreadsheet). This included:

- Call off budget for leadership cells to support delivery (as per paper agreed to by the Partnership in September but with a suggested value now attached, which could be split equally across the workstreams or be allocated based on need).
- A proposed grant programme for VCS organisations aligned to our ambitions for integrated social prescribing and COVID recovery, which will need to be worked through and if approved would propose that we align with other funders to consider a pooled funding opportunity which could have significant impact on both the sector and local residents.
- Allocation of funds remaining for neighbourhood and workforce development with PCNs as the building block for this; noting that these funds have been unspent for some time. PCN and SEL CCG reps will work up a plan for spend against this funding, which will be signed off by the Partnership Delivery Group to ensure alignment to the Recovery Plan.
- Allocation of funds to enable the Council and CCG to continue to facilitate an outcomes-based approach using the Bridges to Health and Wellbeing Framework to underpin work across both CYP and adults, building on work previously done for frailty. This utilises the underspend associated with this area of work from 19/20.

NS – think having allocation to support neighbourhood development is important – lots of enthusiasm but there have not been natural funding routes to support this, so this would be really welcome and a good tool to harness the enthusiasm that is there.

The group were very supportive of the proposal to offer grant funding to the VCS and felt that this could be useful in addressing CM-Ps earlier point re VCS contribution to the delivery of the Recovery Plan and Partnership.





HO noted that in addition to in-year allocations, the proposal is for the funding partners to agree in principle that they will put forward same level of funding as they have this year, with a view to agreeing this as part of individual organisation business planning processes (in January?). This will enable us to recruit to posts that span into 20-21 and be clear on resources being allocated to support workstream delivery.

It was noted that not all partners had the authority to give this in-principle agreement in the room, so would be followed up via email.

ACTION – HO to follow up with funding partners re in-principle commitment to 21/22 funding levels and to sense-check business planning timetables for final agreement to funding contributions to the Partnership (currently proposed for January).

6. MOU

HO noted that the updated MoU had been shared with papers. The proposal was that it be agreed as per tracked changes set out in the document; however, there was one specific area of feedback received that needed a specific steer/decision - Whether decision making is only by consensus, or if we should have a majority vote?

NS – consensus is desirable, but we do need the majority provision, nature of partnership is that cannot always be in absolute agreement.

CI – think would also support the idea of majority but for decisions that could impact on partner finances or changes to service delivery agreement would need to go through own governance and could not be made by the Partnership.

JM – has concerns about how decide what a majority is i.e. simple majority, rather than say 75:25 or 80:20

Following discussion all agreed that the MoU should be agreed as shared with papers with additional amendments to reflect that while the aim will be to always make decisions by consensus, where consensus cannot be reached and the decision does not have a financial or service delivery impact on any partner, a sizeable majority vote will be the basis for decision making and will need to be defined.

ACTION: HO to update the MoU with additional point as per above and circulate to partners for signing.

7. AOB

CI – noted falls strategy going through ratification within GSTT is very comprehensive and would be a key part of Age Well workstream. HO asked for this to be shared with the Age Well leads once finalised.

HO – noted that given KCH and the Council were not in attendance, she would follow up given decisions made by the Partnership with respect to options around programme team and budget to make sure they were sighted and on board with decisions.



Attendees

Name	Organisation
Olufemi Osonuga	Clinical Chair, Partnership Southwark; GP, Nexus Health Group
Chris Mikata-Pralat	Chief Executive, Community Southwark
Emily Gibbs	GP Clinical Lead, Southwark Borough Team SEL CCG
Hayley Ormandy	Programme Director - Partnership Southwark
Rebecca Dallmeyer	Executive Director, QHS (North Southwark PCN)
Rhiannon Handslip	Assistant Project Officer – Partnership Southwark
Gavin McColl	GP, The Hurley Group and South Southwark PCN Clinical Director
Shaun Heath	Nurse Clinical Lead, Villa Health and North Southwark PCN Clinical Director
Nigel Smith	General Manager, IHL
Jonathan Mortimer	Director, IHL
Judith Connolly	General Manager for Children's Community Services, Evelina London, GSTT
Emily Finch	Clinical Director - Southwark, Central Acute and Addictions Directorate SLaM
Louise Pisani	Programme Manager, QHS (North Southwark PCN)
Harprit Lally	Programme Manager, IHL (North Southwark PCN)

In Attendance

Name	Organisation
Sarah Birch	Head of Primary Care Development, Bexley Borough team, SEL CCG
Julian Walker	Head of Communications and Engagement, Southwark Borough Team SEL CCG
Mark Tearle	Project Manager, Integrated Care Transformation Team, GSTT
Jean Young	Associate Director HP and CBC, Southwark Borough Team, SEL CCG
Cathy Ingram	Programme Manager, Integrated Care Transformation Team, GSTT
Kirsten Watters	Consultant in Public Health, Southwark Council





Minutes and Matters Arising

Date	Action	Owner/s	Progress Update	Status
06/08/2020	HO to reach out to Communications & Engagement leads in each partner organisation to form task & finish group on our approach to communications and engagement. T&F group above to consider additional resources to support this work over and above contributions of leads in BAU capacity	HO	A script and online feedback form have been developed to gather consistent information and enable partners to replicate and share. Will be seeking meetings with cell leads to discuss their comms and engagement needs and then come together as an all cell group.	JW updated on progress at 5/11 meeting.
06/08/2020	HO to work with SH and GL re Partnership Board and governance arrangements, ensuring that in interim we have ability to collectively make decisions while at same time ensuring leadership cells have clear mandate and trust to deliver against priorities set out in the plan	HO/SH/GL	Governance proposal signed off at H&WB Board and Strategic Board will be a sub-group of the HWB Board. GL/SH to update on likely timescales for this to be stood up	In progress
06/08/2020 (updated 03/09)	SH to discuss how we mitigate against HO stepping down to 0.5 WTE from Sep with partners	SH	Recruitment for Programme Manager & Strategic Chair underway. Programme team proposal on agenda for 5/11	In Progress. Programme Team structure agreed following 5/11 meeting
06/08/2020	GSTT, SLAM, Southwark Council, SEL CCG and KCH to confirm funding allocations for 20/21 for partnership transformation budget	GSTT, SLAM, Southwark Council, SEL CCG and KCH	Formal confirmation received from all partners and budget signed off. Finance team will begin invoicing partners shortly	Closed
06/08/2020	HG and KW to pick up offline re how to ensure we can have a partnership discussion in relation to spikes/wave 2 planning, recognising the restraints of current OPC governance which is mandated nationally	HG/KW	Wave 2 – picked up on a weekly call between care well and age well, and a regular update at partnership and delivery group for SROs. Can partners please advise if there are any issues around delivering on those plans.	Closed



06/08/2020	All partners to start to think about who they wish to put forward either to a) be part of leadership cell for one of the population priorities or b) be involved in the work from an operational/delivery perspective – post meeting note re to confirm back to Rhiannon and Hayley by 14/08.	All	Nominations received. However, still gaps particularly across live well/age well. SROs/Leads will take forward with individual partners.	Agreed to close
03/09/2020	GL to link in with RD around how primary care can engage in start well work	GL+RD	Have started those conversations	Closed
03/09/2020	RD to share slides summarising approach for care well	RD	Will share after today's 5/11 meeting	Closed
03/09/2020	HO to share with PO'H ToR for the clinical and professional advisory forum and the names of ASC reps that previously were nominated by Jay to attend	HO	Action completed	Closed
03/09/2020	Action the next steps following recommendations around approach to recovery plan delivery and associated governance including: <ul style="list-style-type: none"> - Establishing Partnership Delivery Group - Moving leadership forum to bi-monthly - Ensuring sufficient representation and clarifying remit of clinical and professional advisory forum - Developing recruitment pack for strategic chair - Ensuring paper to HWB Board re. sign off of Recovery Plan incl. recommendation around accountability for Strategic Chair - Confirmation of leadership cells and working/delivery group reps – ensuring that reps are clear on the ask and lines of accountability back to individual organisations 	HO + RH RH OO + RH	All actions completed	Closed





		HO + RH HO ALL		
03/09/2020	HO to confirm final deadline for amends to recovery plan following internal governance review within partners to ensure we can agree any substantive amends before plan submitted to HWBB for sign-off	HO	Deadline was confirmed and comments received. Recovery Plan signed off by Health and Wellbeing Board	Closed
03/09/2020	Partners to confirm which internal forums they will use to update on progress of delivery of Recovery Plan and resolve any organisational specific issues or barriers to delivery	All	All partners have confirmed they have internal forums in place to action this.	Closed
05/11/2020	Strategic Chair - partners agreed to extend the deadline and advertise more widely – closing date within November.	All	Partners confirmed happy to do so and to share with their networks once revised pack shared.	In progress
05/11/2020	KW to link EF with Liz a new PH consultant	KW		In progress





05/11/2020	Partners agreed that option 2 was the preferred option. It was agreed to go out immediately for the additional Programme Manager post, with phased recruitment to the other roles to ensure we are not over-resourced for the need. HO will come back to the group if there's any issues recruiting to a 0.5 C&E lead; however, not anticipating this to be an issue at this stage.	HO/SROs		In progress
05/11/2020	HO to follow up with funding partners re in-principle commitment to 21/22 funding levels and to sense-check business planning timetables for final agreement to funding contributions to the Partnership (currently proposed for January).	HO/SROs		In Progress
05/11/2020	HO to update MOU to reflect views on majority vs consensus	HO		In progress
05/11/2020	Leadership cells from Live Well and Care Well to discuss where people with learning disabilities in residential settings should sit for Recovery Plan delivery.	SROs		In Progress

