

# **South East London Joint Health Overview & Scrutiny Committee**

MINUTES of the informal South East London Joint Health Overview & Scrutiny Committee held on 19 January 2023 at 7.00 pm at 160 Tooley Street, London SE1 2QH

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**PRESENT:** Cllr Chris Taylor  
(Nominated Vice-Chair in the chair)

Cllr Suzanne Abachor  
Cllr Christine Banton  
Councillor John Muldoon  
Councillor Caroline Newton

**OTHER MEMBERS PRESENT:** Andrew Bland, SE London Integrated Care Board  
Sarah Cottingham, SE London Integrated Care Board  
Tosca Fairchild, SE London Integrated Care Board

## **1 APPOINTMENT OF CHAIR AND VICE-CHAIR FOR 2022/23 AND 2023/24**

Councillors Chris Best and Chris Taylor had been nominated as chair and vice-chair respectively. However, as the meeting was not quorate it was agreed that formal business could not be conducted. The meeting proceeded on an informal basis and Councillor Taylor took the chair. The only agenda items considered were items 6 “An Established Integrated Care Partnership Board” and 11 “JHOSC Work Programme” and all other business was deferred.

## **2 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Chris Best, Mark Brock and David Jefferys and for late arrival from Cllr John Muldoon. Councillors Chris Best, Mark Brock and Rachel Taggart-Ryan attended online.

## **3 DISCLOSURE OF INTERESTS AND DISPENSATIONS**

No declarations of interests were made.

#### **4 AN ESTABLISHED INTEGRATED CARE PARTNERSHIP BOARD**

Andrew Bland, Chief Executive Officer, NHS South East London Integrated Care Board, presented slides summarising the key developments in establishing the Integrated Care System and Board in South East London from 1<sup>st</sup> July 2022 onwards.

He explained that the Integrated Care System brought NHS and local government partners together to improve outcomes for residents. The Integrated Care Board was the established legal entity with a constitution, statutory duties and public money. The South East London Board was large, with responsibility for around two million residents. The Integrated Care Partnership brought together NHS and local authority councillors from each of the six boroughs, with co-chairing between Richard Douglas, the Integrated Care Board Chair and Kieron Williams, Leader of Southwark Council. The Partnership included Chairs of major NHS organisations and others representing particular interests, such as primary care. The Partnership would drive a strategy aimed at wide solutions beyond just the health service.

The Integrated Care Board aimed to be as delegated as possible. Six “places” based on the boroughs were the foundation of this approach, with authority and financial resources delegated to these six Local Care Partnerships, each with its own individually styled name. Place Executive Leads (PELS) had been appointed for each Partnership. Within the boroughs there were neighbourhoods reflecting the varied characteristics of each area. In addition, the local acute providers were asked to collaborate formally. The South London Mental Health Partnership was also involved (this covered all of south London) as was the Community Provider Network.

Mr Bland summarised the Purpose and Principles of the Integrated Care Board and System. There were four national purposes – the fourth, to help the NHS support broader social and economic development in south east London, reflected the broader aim of keeping people well – not just treating them when they were ill. The principles were locally set and aimed at (i) partnership rather than competition, (ii) subsidiarity, with decisions made at the most effective level, sometimes quite locally, and (iii) accountability.

Responsibility for specialised services might be passed to the Integrated Care Board in the future; the Board would be taking responsibility for community services including pharmacy, opticians and dentistry on 1<sup>st</sup> April 2023.

The Integrated Care Board was directly responsible for about £4bn of expenditure. Adding in expenditure from all NHS partners nearly doubled this amount. In response to questions from Members, Mr Bland confirmed that further details about finance could be circulated after the meeting, and he added that the Board would be receiving financial reports at its meetings which would be held in public and would be looking at wider financial patterns across the region. Councillors wanted to understand the financial pressure from the acute trusts and getting more

resources into community services.

He also confirmed that most of the “Other Income” shown on the slides was from patients coming from outside the area – these would often be from neighbouring areas in London, but Guys and Thomas’ in particular would be drawing patients from across Kent, Surrey and Sussex. In the case of Trusts, such as Oxleas, taking on work beyond south east London, it was up to their Trust Board to consider the impact on core services and decide whether this was appropriate – very often this expanded the ability to innovate.

The Vice-Chair thanked Mr Bland and his colleagues for the presentation.

## **7 JHOSC WORK PROGRAMME**

The Joint Committee received a report on its work programme.

Sarah Cottingham, Director of Planning and Deputy Chief Executive of the Integrated Care Board, set out four key areas that the Joint Committee could scrutinise –

- (i) Service Changes. No significant service changes were anticipated by the Board, but NHS England was nearing completion of a review of Paediatric Cancer Services which was expected to result in a preferred option of two centres in London, north and south of the river. There would need to be consultation on this.
- (ii) Strategy Plan. There would be a Joint Forward View document bringing together what the NHS was doing to take forward the Integrated Care Strategy, wider local priorities and national priorities. A draft document was expected by the end of March leading to a final document by the end of June, which would be refreshed annually.
- (iii) Elective Recovery post-pandemic. This would include increasing reducing waiting times, increasing capacity and establishing elective hubs.
- (iv) Workforce. There were challenges around vacancies, recruitment and retention and morale. A People Plan was being developed.

Several Councillors commented that the workforce issues were crucial. Cllr Christine Banton added that the Joint Committee should also focus on health inequalities and added that shortage of penicillin was a particular concern in Lambeth.

The Vice-Chairman requested that the Joint Committee’s support officers be informed of the key timelines on all these issues.

The Vice-Chairman acknowledged the information that had been received from the Save Lewisham Hospital Campaign. In response to questions from members of this group, Andrew Bland stated that if there were any savings from current changes these would be retained in local NHS budgets, but health services in the

region had been operating with a deficit in recent years. He also asked that they let the Board know if information on the Board's new website was not clear and accessible. The Vice-Chairman stated that the Joint Committee would consider how often it would need to meet to consider strategic, regional issues, but drew attention to the health scrutiny committees operating in all six boroughs.

Councillor John Muldoon asked whether there had been any consideration of re-instating the Stakeholder Reference Group for informal discussion and engagement. Andrew Bland responded that regular meetings were being held with Councillors on current issues and he was happy to consider the best way to look at how this was done.

The meeting ended at 8.05pm.