

Governing Body meeting Questions received from the public with responses from the CCG

MEETING DATE: 21/05/2020

This first set of questions were received prior to the meeting taking place, with the response document then published on the CCG's website and also emailed to those who submitted the questions. Where a question was raised on behalf of a group, the person's name is listed below; where the person did so as an individual, then their name has not been published.

Q	ue	st	io	n	1

From a member of the public in Bromley

I should be grateful to ask what on-site medical support has been provided to care homes in SE London during the pandemic including access to scheduled drugs during residents' last days.

Response

Each borough within south east London has a range of primary care and community health support available to care homes. This includes both on-site medical support, where appropriate and in line with appropriate safeguards (e.g. to reduce infection prevention and control risks), as well as a range of virtual support that has been enhanced as part of the response to COVID-19 (E.g. virtual ward rounds and proactive reviews, on-call advice from healthcare professionals including GPs, advanced nurse practitioners (ANPs), mental health practitioners and geriatricians). This includes advice and support from dedicated palliative care services and rapid access to medicines, where this is required.

The borough-based medicines management teams have been working collectively as part of the CCG response to Covid-19 under the joint leadership of two senior pharmacists as subject matter experts. Very early on in the response, rapid access to end of life drugs in people's homes or care homes was recognised as an urgent priority. Working closely with colleagues in hospitals and also with local hospices, a new service was commissioned from community pharmacies to hold an agreed stock of drugs and to be able to supply these on demand within two hours. There are several pharmacies in each of the boroughs offering this service. Out of hours access has not been raised as an issue across any of the boroughs but a service is in place through St Christopher's hospice.



Question 2

lan Fair, a member of Lewisham Pensioners Forum

- 1. How many outpatient appointments, diagnostic tests and operations have been cancelled or postponed by SEL hospitals, for understandable reasons, as a result of the response to the covid-19 pandemic?
- 2. How is the situation being monitored?
- 3. What plans are being made to tackle this increasing backlog, and how and when the SEL patients affected be told where they stand?

Response

- 1. The CCG does not have direct access to this information. We will be receiving validated performance and activity information, which will enable us to assess the impact of the Covid-19 pandemic in terms of activity, waiting times and numbers waiting and to compare this to pre-Covid information. We are also working with providers to understand and collate the tracking and monitoring they have been undertaking with the objective of securing both more detailed and consistent information. It is clear that a large number of appointments, test and operations have been cancelled or delayed there has however also been a significant increase in the number of patients who have been seen remotely and patients who are clinically urgent have also been treated during the Covid-19 pandemic.
- 2. As with the previous question, we will be reviewing our activity and performance information and working with the providers to secure more detailed and consistent monitoring information. Providers have reviewed patients during the pandemic and arrangements have been made to ensure that urgent referrals and clinically urgent patients have been seen and treated. As part of the planning for recovery waiting list backlogs are being quantified and assessed and will be subject to on-going clinical review.
- 3. Providers are currently working up plans to restart elective/ planned activity with planning and associated timescales compliant with national planning guidance and recommendations. Plans are being reviewed to ensure that we can restart elective activity safely. Patients will be offered treatment in line with their clinical priority. We will be seeking to maximise available capacity to enable us to tackle the increased backlog as quickly as possible utilising NHS and private sector capacity. A communication plan will be enacted so that patients are clear about the next step in their pathway.



Question 3 From a member of the public in Southwark	We have been inundated with statistics from the government expert scientific advisers (SAGE) on the daily death tolls from Covid-19 in Intensive Care Units (ICUs) across the country but, never told how many people were successfully treated and recovered from the virus in ICUs! Could you please enlighten us members of the public as to how many people have been successfully treated and recovered from the virus in ICUs in comparison with the death tolls?
Response	This information is not held by the CCG as the data made available does not count the unique number of patients admitted to ITU (i.e. the CCG just receives the overall bed states). Equally, we do not get data on the recovery/deaths of individuals as this is reported directly by the NHS trusts to NHSE/I. NHS Trusts do hold this information.
Question 4 From Gareth Morris, a	I am writing to you, as Chair of SELCCG, to introduce myself as the Health and Wellbeing board member of Lambeth Links; a new community forum group for Lambeth LGBTQIA+ residents to represent their views and to work closely with organisations that plan or provide services that affect our community.
member of Lambeth Links	Firstly, we would like to applaud all the work undertaken by all the NHS staff, especially the sacrifice made by all staff on the frontline, in response to this pandemic. We would also like to submit the following questions to be asked at the SELCCG May 2020 Governing Body Meeting:
	A To what extent has the LGBTQIA+ community been affected by covid infections and what has the response been by SELCCG?
	B Covid19 lockdown has meant a high proportion of our community have been forced to isolate with abusive partners or return to family members who may not be accepting of their sexuality/gender. The LGBT foundation have seen a 30% increase in calls to their hotline about domestic abuse/violence during lockdown ¹ . Can I ask, what mental health provision is in place and planned for, as well as access requirements, to ensure the safety of our community, during this difficult time?
	C In January this year, the U.K. government committed to eradicating HIV from the U.K. by 2030. Social distancing has meant a reduction in sexual activity and professionals are reporting that this could be a once in a lifetime opportunity to reduce/or even eradicate some STI's, like Syphilis/HIV through increased testing/treatment during this period. However due to covid19, 54% of UK sexual health services have closed, and 38% of sexual health staff have been moved to work in other parts of the NHS ² .
	i) How have the SELCCG used lockdown as a way to make progress in the diagnosis and permanent reduction in STI



transmission?

ii) How are the SELCCG prepared for an increase in sexual activity and therefore demand for self-testing kits/clinic appointments, and prepared to prevent an upsurge in infections once lockdown has been removed?

¹ https://lgbt.foundation/coronavirus/impact

We hope to be present for the virtual meeting and hear about the priorities of the SELCCG. Can I also ask who is the point of contact for the SELCCG with the LGBTQIA+ community?

Thank you for all you are doing to support communities during this difficult time.

Response

We very much welcome your questions and hope that the responses below prove helpful:

- A. Whilst the data collated around cases and deaths does not reflect LGBTQIA+, Metro Charity has provided a <u>summary of evidence</u> to Parliament's Women and Equalities Committee on the impact that Covid-19 has on several protected characteristics, including LGBTQ people. The evidence highlighted a range of issues, including rises in mental health; financial hardship leading to increase in food poverty; increase in domestic violence; lack of contraception; and emergency hormonal contraception, leading to increased demand to pregnancy termination services.
 - Local authorities offer a range of help and advice services around Covid-19, providing advice and signposting residents to additional help and support, setting up a volunteer programme working with community groups to support vulnerable people, including those require shielding. We have also required our commissioned service providers to ensure clear and up-to-date information tailored for the client groups they serve are made available on their website.
- B. The CCG's borough teams have been promoting health and wellbeing messages based on <u>Every Mind Matters</u> self-care resource pack to heighten awareness and enhance signposting to enable vulnerable groups within our population. Examples of this work includes encouraging people to seek help and advice through initiatives such as the inclusion of Covid-19 health booklet for mental and physical health advice, as well as dissemination of the Covid-19 information pack with the first issue on mental health and wellbeing service. While these may not be specifically targeting the LGBTQIA+ community, we are more than happy to work with Lambeth Links in helping to promote these messages to their members.

² https://www.bbc.co.uk/news/newsbeat-52488892



C. Currently clinics continue to offer a limited service and have shifted to telephone consultations. Where necessary, booked appointments (after triage) are made for emergency cases and those who are vulnerable, which includes those from the LGBTQIA+ community. Within south east London, postal and online provision is available for routine contraception.; online STI testing service is available for all residents via Sexual Health London (https://www.shl.uk/). Significant efforts have also been made in promoting safe sex messages, with various online and postal condom schemes continuing to be available.

Question 5

These are some of my findings:

Paula Lewis Franklin, Member of GSTT Council of Governors and Public Governor for Lewisham, Southwark & Lambeth The Lewisham borough has a high ratio of Black and Asian people, within this cohort I have identified various issues with accessing high quality health care. For now, I shall concentrate on the main issues during the Covid19 crisis within the Lewisham borough.

Children: Mental Health

During this Covid19 pandemic I have spent a great deal of time dealing with children with a wide range of mental health issues. children themselves are dealing with other children's mental health issues. Suicidal thoughts due to systematic bullying within the schools within Lewisham seems to be a huge issue.

Over this period I have run surveillance and I have identified that the Mental health facilities provided within Lewisham are ineffective, complaints have been made that MIND charge for the counselling line and do not call back when the children's credit has finished. (Please Advise)

Compass@thehub, I have been advised is not an effective mental health facility for the children. (Provided by the children themselves). (stats should be provided for how many children are using this facility and feedback regarding the effectiveness and quality of care).

I have attended many young advisers committee meetings and I have been advised that the children would like a similar facility to "The Nest" (Southwark). The chair of the young advisers has made contact with Cllr Jasmin Ali (Southwark) and the children have expressed great enthusiasm for a similar c. I have been advised by the Chair of the Young advisers that they would also like the STJ NHS Cadet program to be rolled out throughout the borough. I have been advised that an effective mentoring scheme within the schools would be highly beneficial. I have been advised that reflection areas, meditation areas rather than detention should be implemented within the schools to engage more with the children to tackle more underlying issues within Secondary children This is already been conducted within the primary school setting.



I have run surveillance and I have identified that there seem to be a major concern with the usage of the bathroom facilities within the primary /secondary setting. I myself have witnessed and had to approach head teachers regarding this major issue. This not only effects the children's mental health but also raises long term health issues later in life.

Pollution:

I have identified a major culprit within Catford, (Supserset film and Tv) is a major pollutant to the residents of Catford. I have informed the Mayor, Public health, Kevin Fenton and various other organisations of my grave concerns considering a lot of funding and reviews are being held with regards to why Black and Asian people were highly infected with Covid19.

I attended the last Heath and well-being board chaired by Dr Majid, where he suggested to the Public health Dir. DR. Mbema that funding be made available so small grassroots social enterprises and charities within the Black and Asian groups be trained in the art of bid writing, I fully support this, I also personally addressed his suggestions with the mayor. (Please advise)

I also took note that within the Nov19 minutes that the Mayor identified the 'Unwillingness' within the borough to address the inequalities within the Black and Asian demographic and he also recommended 'Unconscious bias training and Cultural awareness training (Please advise). Is this a racist thing.

I put forward my concerns to Sir Hugh at GSTT and he agreed to liaise with LGT on the Apprenticeship initiative, I was pleased to hear this has now expanded to a Cancer hub and the trust will try and engage in more initiatives within the Lewisham borough. I was advised that GSTT has invited Lewisham council to become a stakeholder at GSTT but to date they have not done so.

Response

Mental health services for children in Lewisham

Bromley, Lewisham and Greenwich (BLG) MIND is not commissioned locally by adults or children's service to provide counselling support for young people in Lewisham. The main contract in place with BLG MIND relates to adult-only counselling provision, with an additional service level agreement to deliver the Mindful Mums programme for mothers with babies under one who require support with their emotional health. We believe that the telephone number you refer to in your question is for a national charity, not a service commissioned in Lewisham.

For Children and Young People in Lewisham the mental health and wellbeing offer is summarised below.



Child and adolescent mental health services:

- Lewisham CAMHS duty worker on 0207 138 1250 (available 9am to 5pm, Monday to Friday) referrals to CAMHS are made through primary care, education, social care and/or voluntary sector providers
- The South London CAMHS crisis line service is open to all children and young people across south London whether known to CAMHS services or not. Staffed by trained CAMHS crisis practitioners, the telephone line provides out-of-hours support and interventions, aiming to de-escalate crises, reduce A&E attendances and potentially reduce admissions and readmissions to hospital. It is operational from 5pm to 11pm, Monday to Friday, and 9am to 11pm at weekends (and on bank holidays)
- Eating disorder referrals are made to the eating disorder service (020 3228 2545 for information or make an online referral by going to the dedicated website: https://mccaed.slam.nhs.uk/)

Additional mental health support services for children and young people:

It is clear from your questions that you have spent considerable time supporting children and young people experiencing mental health challenges – and we are very grateful for your feedback. Where you do have concerns about individual services, we would ask that these are always raised. In the meantime, below are some answers to your questions that we hope you will find helpful.

- Compass is commissioned to provide a 'risky behaviours' service. This is about supporting young people with their substance misuse and/or risky sexual behaviour, addressing the underlying emotional wellbeing needs that is often the cause of these risky behaviours. Young people that are referred or self-refer to Compass with a need for support around their emotional wellbeing, will either:
 - o Receive a brief emotional wellbeing intervention from a health and wellbeing worker
 - Receive structured counselling
 - o Be supported to access Kooth.com for online support (see below)
- Compass works in partnership with Kooth, who offer free, safe and anonymous online support to young people with mental health needs. Qualified counsellors are available on weekdays from midday until 10pm, and from 6pm until 10pm at weekends for booked or drop-in one-to-one therapy. Compass workers will support young people to access this service if necessary.

Pollution in Lewisham

The lead organisation for combatting the adverse impact of pollution in people's lives rests with public health services, which form part of local authorities. Whilst we would suggest that you address your questions to the local public health team in Lewisham, we do recognise the importance of the threat to health posed by pollution.



With regard to the disproportionate impact that Covid-19 has on people from a BAME background, we would like to reiterate that this is being taken seriously and we are pleased that this is being investigated nationally and locally.

You also raised points about bid-writing for small social enterprises/charities within Black and Asian groups, unconscious bias training and your discussions with colleagues in local NHS trusts. Whilst it is unclear what advice you are seeking from the CCG on these points, we thought you might find the following information helpful:

- The CCG is not involved in the provision of funding to social enterprises
- In terms of the CCG's recruitment process, interview panel members must have completed unconscious bias training
- 1. Please can you update us with the current figures and share information on the details of the excess death figures too, to plan future services?

2. Please can we know if there is an explanation of the difference between 3 hospitals death figures, how many beds are in use, and if there are lessons to be learnt?

3. Please can we know to what extent Public Health staff have been involved, and enabled or will enable a better response to issues around PPE, and Finding, Testing, Tracing and Isolating that will be so important going forward? Please can you explain how local Public Health teams work alongside the NHS and social care, so that all services are planned with local knowledge to provide the best service possible? This BMJ paper mirrors concerns we have on the national response, and its lack of public health involvement and local situations. Too little, too late, too flawed. Evidence: BMJ - The UK's public health response to Covid-19

https://www.bmj.com/content/369/bmj.m1932. Can you let us know the extent of Public Health and local authorities involvement in mainstream NHS discussions, we believe that the work on Covid-19 needs Public Health involvement at every level?

4. Please can the Committee consider the differential outcomes demonstrated by Covid deaths, and ask what steps can be taken to mitigate adverse impact on BAME and other groups who are adversely affected? What work can be done to harness the power of local communities going forward in proactive action to start to mitigate these adverse outcomes?

Evidence: Open SAFELY – Factors associated with Covid-19 deaths. http://www.ox.ac.uk/news/2020-05-07-risk-factors-covid-19-death-revealed-world-s-largest-analysis-patient-records-date https://www.medrxiv.org/content/10.1101/2020.05.06.20092999v1

Question 6

Nicola Kingston, Co-Chair Lambeth Patient Participation Group



Your papers state that you 'will be building on existing local mechanisms to ensure we test our plans with the public'. We recommend that the way forward is now changed in the light of all the evidence, and rather than a passive' testing' role, that it will be seen as essential that work is taken forward in partnership with local people, and communities who have been doing such good work, alongside NHS and council staff and councillors, to take action to mitigate the inequalities shown so starkly by Covid-19.

5. Could preventative measures, such as provision of Vitamin D and targeted action on preventative measures to improve communication within communities, be ways of mitigating these figures?

We recommend work is taken forward with Councils and local leaders to set up a group to coproduce local action to mitigate these adverse outcomes?

6. Can you give us an update on what is happening on the two papers on Engagement going forward in both the CCG and the ICS. Will they be discussed in borough-based boards?

Response

Thank you for your questions and please find below the answers to each one.

- 1) Data and information relating to the numbers of cases and deaths due to Covid-19 is contained within the Governing Board papers discussed at its meeting on 21 May.
- 2) There are numerous reasons to explain the differences between NHS trusts. For example, the numbers published are absolute and not rates, so we would need to know what proportion of those admitted with Covid-19 died. Even if the above information was published, it is not possible to know from these figures about the severity of the disease, comorbidities, age, etc. Patients in one hospital, therefore, could be significantly different to those in another. This is why it is always difficult to interpret such figures as there is a potential for numerous biases. A proper study would be required to look into this, which would account for potential bias, in order to produce meaningful comparisons.
- 3) Public health services in each borough are included in both our south east London wide Covid-19 response, as well as being part of their local borough resilience arrangements. CCG staff work with their public health and other local authority colleagues on all aspects of the local response, including the use of PPE, infection control training and testing within care homes and the wider aspects of infection prevention and control.



The CCG Gold Command meets formally with representatives of all six borough public health teams at least once a week to discuss key issues, agree responses and joint arrangements in order to manage the impacts of Covid-19. This is in addition to other ad hoc and regular discussions, for example on developing testing arrangements. It builds on the collaborative work that the CCG has put in place with public health and other local authority colleagues as part of business as usual work, including in the strategy, planning and decision-making related to local primary and community services. All public health departments are engaged in developing test, track and trace services and the NHS is supporting this work.

4) Covid-19 is an entirely new virus that only emerged a few months ago. In that time, scientists across the world have been studying this new virus to understand more about it, the threats to health that it poses and developing new vaccines and treatments. One of the research findings emerging is around how the virus appears to affect parts of society differently, especially in relation to age, ethnicity and gender. Whilst the reasons for the different impacts may be becoming more clear, the reasons why this is so are far from certain — and it is the latter that informs the actions that need to be taken within the NHS to mitigate the virus' impact on people's health, irrespective of their ethnicity, age or gender.

The government has identified people at particularly high risk due to underlying health conditions and advised these patients to 'shield' or be particularly stringent about social distancing depending on their risk group. General practice teams have reviewed the government list to ensure that all the patients who should be on these lists are included and are contacting all shielding patients by telephone or video to ensure their health condition is optimally managed, that they have access to medication and refer to volunteer teams if needed. GPs and practice nurses undertaking these patients contacts are also discussing how patients would like to be cared for should they become unwell. Teams are now looking to how best to manage all patients with long term conditions, and how to best prioritise those most at risk, using the emerging evidence of risk factors including underlying illness and other factors including ethnicity and deprivation.

As more guidance regarding how to mitigate inequalities in relation to COVID-19, the CCG will ensure that these are implemented locally, as well as continuing to consider measures which can be implemented locally, working with partners. When referring to the testing of plans with local communities, this will not be a passive approach – we will be seeking feedback actively.



- 5) The preventative role that vitamin D may play in terms of limiting or reducing the health risk posed to people by Covid-19, including those from a BAME background, is the subject of active research. Our public health colleagues, with whom the CCG works collaboratively, will always seek to act on the latest scientific and medical advice and guidance issued nationally.
- 6) In relation to your sixth question, there has been a pause on both the CCG and ICS' engagement work. This was a direct result of the response to the pandemic, which meant that a series of activities were suspended in March 2020 including engagement as resources were redeployed. The CCG is considering its recovery programme now and resumption of this work and associated deadlines will be included within that work and reported to the Governing Body. The ICS will need to go through a similar process.

Question 7

From a member of the public in Southwark

I was one of about 6 members of the public to attend the final ever meeting of the Southwark CCG on 12th March 2020 (2-5.30 pm). As a dedicated health volunteer and campaigner for Southwark, who was present at the first ever SCCG in April 2013, who has committed so much time consistent time to support efforts over the integration of health and care, it was a woeful and sad spectacle to see you chair a Board which spent most of its two and a half hours on self-congratulatory hubris. And far, far too little on what should have been your overarching priority of the day- COVID 19. The 12th March 2020 was indeed a fateful day. The public asked about how these minutes and how ongoing engagement and Patient Participation Groups' activity would be recorded. It asked how the ongoing and unfinished work would be taken forward and communicated within Southwark to Southwark residents. I heard and received assurances that I would, and that we as residents would, have on going communication. Empty Words.

Q1: Where are the minutes of the 12th March 2020 Final Southwark CCG Board Meeting?

Q2: Was that meeting recorded as per your previous (Hansard standard) good practice? If not, why not? Please make any recording and notes of this meeting immediately available to Councillors Victoria Olisa and David Noakes who represent Southwark on the SELCCG Scrutiny Board. Has it met? If not, why not?

Q3: Will you undertake to publish a full set of minutes and place these together with an explanation of how Southwark residents are supposed to know what is happening in its Southwark "Borough Based Board and its GP Patient Participation Groups (PPGs) in a full page advertisement in both the South London Press and Southwark News.

(I am including the email contacts of both local papers, who I hope can look forward to receiving a helpful public information 'commission' from this CCG.) If we are learning anything in this crisis, it is that accountability to the public, that governance, that keeping one's word and keeping trust, all desperately matter. I look forward to seeing you and your Board make good your major error.



Response

- 1. Days after Southwark CCG's final Governing Body meeting in March, a national major incident was declared that led to delays in the minutes being drafted and approved. That is now in the process of happening and they were placed on the former CCG's website on 21 May 2020, which is being maintained currently before being archived by the end of the year.
- 2. The minutes will follow the same approach as all former minutes of Southwark CCG's Governing Body meetings, which will be available for the public to see and read. If individuals wish copies of the minutes to be emailed to them, then we will always respond to such requests directly.
- 3. We will be seeking to make sure that people in Southwark have an opportunity to understand how their local borough-based board will work going forward and will seek to share this information as broadly as possible. The Southwark borough teams is also planning both a north and south virtual PPG to take place in June as per the commitment at the March meetings; participants should receive an email later this week to that effect.

Question 8

Tim Bradley, Lewisham Wellbeing Map In 'Planning for Recovery' from the pandemic you mention 'challenges associated with the wider socio-economic impact of the pandemic, including an expected increase in demand for mental health support'. In our mapping of community health and wellbeing provision, as the lockdown gradually unwinds, we have been influenced by this schema:

In the '4th wave', which local community provision (of any type) should be a priority to reopen (when safe) to address the huge mental wellbeing challenges you identified?



Response	Thank you for your question and we will look to address it in our recovery planning with our partners in south east London. Thank you for sharing this and we will be making sure that the question is answered fully in due course once that planning work has been undertaken.
Question 9 From a member of public in Southwark	Journey to A New Health and Care System We understand in a report entitled 'Journey to a New Health and Care System, that NHS England is planning to fundamentally change the way Health and Care is delivered across London in the quake of coronavirus. Can you confirm: - that no changes will be made to services in SE London without prior consultation and engagement with local people? - what is the CCG's current involvement with planning for these changes? - why is the report not tabled at today's GB meeting, and when will it be made available for public scrutiny?
Response	The CCG will act in accordance with all relevant requirements made of it, as a statutory body, in considering any services changes should they be proposed. Journey to A New Health and Care System is a regional framework that all London ICS and STPs, as partnerships, have been



asked to make an initial response to. Partners across the South East London ICS, including the CCG are involved in considering that framework and the type of responses that would be required by it.

The framework has been issued for the initial response of London partners. It does not represent the CCG or ICS' plan for responding to recovery. We are working with representatives from partners across the ICS including our local authorities and social care to develop plans that reflect the needs of our populations in south east London. The way in which we approach our plan is still under consideration and will be brought forward to sovereign bodies/partners in due course.

It is inevitable that changes to services have had to be implemented in response to the current public health emergency. This has only been done where it is necessary to keep both the public and NHS staff safe. These are temporary changes and the CCG has made clear its commitment to engagement with local people in the ongoing planning processes, and this is also a very clear expectation within the regional framework.



From a member of the public in Southwark	As previous Southwark CCG Board members will be aware patients and public from across PPG networks have for many months expressed concerns regarding the proposed approach to engagement, and the consequent dilution of public oversight of the work of the new CCG. We were advised that these were only draft arrangements, and that the new Engagement and Assurance Committee would produce a more robust strategy asap. Can you confirm; - what steps have been taken by the Engagement and Assurance Committee to develop a new engagement strategy? - what steps have been taken to engage patients and public in co-production of the new strategy? - what is the deadline for drafting the new strategy?
Response	As a result of the CCG's response to the pandemic, a series of activities were suspended in March 2020 – including engagement – as our resources were redeployed. The CCG is considering its recovery programme now, which will include the resumption of its engagement activities. How this will be done, along with associated deadlines, will be included within this work and will be reported to the Governing Body. We can commit that we will be engaging members of the public in developing our approach.
Question 11	
Barbara Gray CEO Urban Dandelion CIC Lewisham's Mayor and Council Advisor on BAME Health Inequalities Member of Lewisham BME Network	Despite being submitted after the deadline, due to unawareness of this meeting and process, and given the substantial consequence of the unequal impact of COVID19, I request that the following question be accepted and asked in public at Thursdays meeting. "What steps have SEL CCG taken with their COVID response monies to tackle disproportionate impact on a) BAME staff b) BAME Population across South East London, and In Lewisham in particular with the 3rd largest Caribbean population in England and largest Black population of any Authority (Cabinet Office 2020)?"
Response	Work is being conducted by PHE on this important area. It is being led by Prof Kevin Fenton, the former director of public health in Southwark, to gain further understanding about the disproportionate impact of Covid-19 on people from a BAME background, with the results due to be published by the end of May 2020. It is anticipated that the findings of this study may provide evidence for the underlying reasons for this problem and consequently potential actions that can be taken across the country, not just in south east London. In the meantime, public health advice around Covid-19 has been aimed at protecting



everyone in society, but especially those who are most vulnerable.

Question 12

Jane Mandlik on behalf of SLHC and SELSON It is no doubt an understatement to say that there have been significant changes to the south east London health service landscape since the publication of the NHS Long Term Plan in January 2019. We now have an SEL ICS, a merged CCG, Borough Based Boards, a planned Pathology Network and a Health and Care service reeling under the pressure of a pandemic.

One of the casualties of these rapid changes has been the lack of involvement of the public in the decision-making process. We made our concerns clear to you in our communications relating to the merging of the 6 SEL CCGs.

Therefore it is very disappointing to learn via the media that more significant changes are being rushed through via Sir David Sloman's proposals in the Journey to a New Health and Care System. It would seem that no effort has been made to involve the local community I.e. the users .of the health service in south east London. I appreciate that you had limited time to pull together your response from when Sir David gave his presentation on the 29th April to the deadline for responses on the 11th May. Similarly you undertook the minimum of consultation on OHSEL's response to the Long Term Plan because you claimed lack of time, purdah etc. didn't allow it. The excuse of lack of time is beginning to wear thin, we are now in an era of rapid change and will be for the foreseeable future, you must take your services users with you on this journey. With regard to Sir David's proposals you could at the very least have informed campaigners of its existence!

I haven't as yet studied Sir David's proposals in detail but a quick skim of his PowerPoint immediately identified a number of issues of concern:

- 1. Elective Care PowerPoint Sheet 4 "Use of the private sector for waiting list clearance" Please comment on previous concerns highlighted by the CQC among others about the standard of care in the private sector, use of NHS staff in these settings and "the NHS being left to pick up the pieces when things go wrong"
- 2. Governance Sheet 4 #8 "The new healthand better governed" Please elaborate on proposed governance as campaigners we are increasingly dismayed by the lack of accountability and democratic deficit developing in our public services
- 3. Democratic Voice Sheet 5, Assumptions- "Change will be provider led" I would hope that the local commissioners I.e. the CCG and the Borough Based Boards including the local and democratic voices of the GPS and elected councillors would lead the change!



- 4. Transfer from hospital Sheet 9, Point 6 Pressure to minimise hospital stay was possibly one of the reasons Covid patients were transferred back to Care homes leading to a spreading of the virus
- 5. Consultation Sheet 9, Point 12 Please give details of "systematic deliberative engagement e.g. citizen juries". How will participants be chosen? Sheet 12, Col. 1, Point 4; Col. 2, Points 2 & 4; Col. 3, Point 2 Please expand, in particular on Col 1, Point 4 "within the constraints of an emergency" Sheet 14, Point 4 again please expand
- 6. Risk Appetite Sheet 14, Point 1, right hand column "Accepting a different risk appetite" Please expand on this with reference to the post-Covid era when there is bound to be a public mood of risk aversion.

I appreciate that I have missed the deadline for questions for tomorrow's meeting of the CCG and therefore do not expect answers to the above to be given at the meeting but I would be grateful if the meeting could be alerted to our concerns. Following the meeting I would be grateful to receive your considered response to the above and a copy of the response that you have sent to Sir David Sloman regarding his proposals in The Journey to a New Health and Care System. Thank you for your questions. As you will have seen from the papers discussed by the Governing Body, we are developing our recovery plans and, therefore, we are not in a position yet to answer your questions fully. We can, however, provide some comments and commitments that we hope you will provide helpful:

- Where the CCG commissions services directly from the private sector, we apply the same quality and standards to these contracts as to those with NHS partners. We also apply equivalent contract monitoring and management processes. Our contracts are not waiting list clearance focussed but cover end-to-end elective pathways. NHS providers also sub-contract with private sector providers to support their waiting list management and clearance where this is the case, the NHS provider is responsible for ensuring the quality of the services it is sub-contracting. Providers undertake quality assurance processes and on-going monitoring of any such sub-contracts to ensure appropriate standards of care. We are committed to appropriate governance and transparency, which is why we are live streaming public meetings during Covid-19 outbreak as a means of providing access to the public.
- We are working as a system with our providers in developing south east London's recovery plans, which includes input from our local authority colleagues. Richard Douglas, who chairs the South East London Integrated Care System, has established a small leadership team and steering group to oversee this work, with many of its workstreams led by CCG or council executives. It will give focus to future governance arrangements.

Response



- All hospital patients are tested for Covid-19, even if they are not symptomatic, before being transferred to care homes. It is also now standard practice for people moving in to care homes from the community also to be tested.
- Shortly we will be recommencing involving patients and the public about our approach to engagement, which means we cannot describe our approach in detail as this cannot happen until that feedback has been received.
- Covid-19 is a new virus, both to science and medicine. Despite all the research undertaken globally, there is still much about the virus, the threat it poses to people (including from different backgrounds), effective preventative measures and treatment options that remains unclear. To minimise risks, therefore, the CCG like all organisations involved in combatting the epidemic will continue to follow national guidance and ensure that recommended precautions aimed at reducing risk are always followed.

Question 13

Cllr Dave Putson LB Bexley

I am a councillor in LB Bexley. I sit on the Overview and Scrutiny Committee for Communities as part of those duties I also sit on the Health Sub Committee.

The health sub-committee recently had a contribution from the Hurley Group which runs the Erith Urgent Care Service. I asked them a question, pre Covid, about their processes for dealing with a contagion, should a patient present at their service. FYI their patients have to come to reception thru the throng in a reception area whilst awaiting their nurse or doctor appointment. I was advised they would take the patient thru to the nurses room (Thus walking then behind all of the waiting patients) I asked what the process was for then dealing with the dispatch of the patient to the other appropriate service i.e hospital and what they would then do to address the room used for the patient with a contagion. I felt that their ideas were not fully thought through, if at all.

What are the proposals for the SE CCG to improve ALL UCC and their processes and when will there be a written protocol to address and define UCC processes as it appears to me that they have not been fully thought out if the latest questions and answers remain the defined process?

Response

The CCG's commissioning plans include a commitment to ensuring that patients can access the urgent care they need at the right place and right time. Linked to this we have committed to working to ensure that we have in place a core offer or specification for all patients regardless of the site or organisation from which they access services; this core offer development would apply to urgent care centres alongside other urgent care services.



Question 14	
Paul Brownlow, a trustee of Lewisham Pensioners Forum	In future, until the lockdown is lifted, would it be possible to have Governing Body meetings on a hybrid basis akin to how the House of Commons is currently operating with some key senior CCG staff and members of the public who aren't able to join using technology in the room and others joining by video? This would ensure full engagement with pensioners some of whom don't have the skills or resources to join a virtual meeting. For example, only 1 out of 3 of the trustees at Lewisham Pensioners Forum are able to access this meeting.
Response	We will continue to look at opportunities to make our meetings held in public as accessible as possible. In doing so, we will need to consider the health and safety of both attendees and CCG staff in any changes to the format used on 21 May 2020. It may be possible to provide access for those who do not have computers or broadband connections, but whatever solution is found must not pose undue risks to those involved.



This second set of questions was raised by those who viewed the live streaming of the meeting on the day, which had a chat function that allowed questions to be posed and then addressed by the Governing Body at both the start and end of the meeting. Where a question was raised on behalf of a group, the person's name is listed below; where the person did so as an individual, then their name has not been published. The questions/comments raised have been grouped in two areas: general issues/topics; and the meeting itself.

Question 15

Fraser Symes, SymesBros (Lambeth) As Andrew Bland will acknowledge representatives from various groups within Lambeth had been collectively lobbying Lambeth CCG during 2019 & 2020 to clarify what was going on in relation to the 'then' forthcoming merger of the 6 CCGs into the super SELCCG and ultimately requested a living 'prospectus' on such, which would be edited as circumstances & protocols etc changed. This was requested to be in crystal clear layperson's language so that everyone (public included) within Lambeth & OHSEL NHS would be able to understand the content of 'prospectus' (ideally jargon & initialism free). Lambeth recognised this to be an excellent idea. Unfortunately, for whatever reason, Lambeth were unable to produce this 'prospectus' themselves and latterly the matter was passed over to Andrew Bland to deliver. In one of the final Lambeth CCG meetings at Lambeth Town Hall, it was announced that this 'prospectus' would be delivered by Andrew Bland on April 1st 2020. Since then, there has been communication & radio silence on the matter. It would appear that SELCCG has since come up with a PDF document of sorts entitled "Introduction-to-the-CCG-web-ready-28-Apr-20" further titled "An Introduction".

- [1] Is this simply a marketing leaflet or a 'prospectus' substitute?
- [2] Is this a 'living document'?
- [3] If so, how often are updates likely to occur?
- [4] If not, will a 'living prospectus' be established and if so when?
- [5] On page 11 a bold statement is made in the first paragraph. Please identify, specifically which of the local CCGs in the last 2 years received national recognition for the quality of engagement they undertook with local people.

Response

We apologise that publication was delayed from the original target date of 1 April, which was due partly to the suspension of some CCG commitments during the pandemic and on having time to confirm some key appointments to the Governing Body. Whilst updates can be provided on a regular basis, the decision has not yet been made whether to do this in document form or to make more use of the website for this type of information.

All six borough CCGs received high ratings for their engagement work, with Bromley and Southwark CCGs receiving specific national acknowledgement for this area of their work and were asked to share their best practice with other areas. The CCG is proud of this achievement and is keen to maintain these high standards of engagement, by sharing expertise from all six boroughs.



	Whilst work had started early in the year on the CCG's approach to engagement, using learning from all boroughs, this was placed on hold during the Covid-19 outbreak, where the focus needed to change to keeping the public informed. This engagement work is now being picked up again as part of the CCG's recovery planning.
Tony O'Sullivan, Save Lewisham Hospital	I have not seen the agenda, apologies but: Please could the new CCG explain its response to the requirement from Sir David Sloman, NHSE's London regional director that each ICS delivers a revised ICS plan by Monday 11 May. As the CCG is involved in the ICS integrally, and Andrew Bland has a joint role, please let us know if the revised plan is available.
Campaign Response	The CCG will act in accordance with all relevant requirements made of it, as a statutory body, in considering any services changes should they be proposed.
	Journey to A New Health and Care System is a regional framework that all London ICS and STPs, as partnerships, have been asked to make an initial response to. Partners across the South East London ICS, including the CCG, are involved in considering that framework and the type of responses that would be required by it.
	The framework has been issued for the initial response of London partners. It does not represent the CCG or ICS' plan for responding to recovery. We are working with representatives from partners across the ICS including our local authorities and social care to develop plans that reflect the needs of our populations in south east London. The way in which we approach our plan is still under consideration and will be brought forward to sovereign bodies/partners in due course.
	It is inevitable that changes to services have had to be implemented in response to the current public health emergency. This has only been done where it is necessary to keep both the public and NHS staff safe. These are temporary changes and the CCG has made clear its commitment to engagement with local people in the ongoing planning processes, and this is also a very clear expectation within the regional framework.



Question 17 Posted anonymously	What does NRPF mean?
Response	NPRF stands for no recourse to public funds
Question 18	Covid-19 Pandemic-related question
Fraser Symes, SymesBros (Lambeth)	Given the government's weird, inconsistent and often questionable national statistics (in terms of Covid-19 related deaths) it appears that little thought or indeed importance has been given to our Primary Care heroes within these figures. The emphasis seems to be exclusively given to hospital & care home deaths, which have obviously been far too high. That said, in our Primary Care within the SELCCG: [1] How many GP Surgeries are there in total? and [2] How many Covid-19 related deaths have been recorded in relation to staff at GP Surgeries (covering all staff from GPs, Nurses, Specialists, Practice Mangers, Admin staff, cleaners etc)? Thank you
Response	In south east London, there are 212 GP practices. In terms of GP practice staff who have died with Covid-19, this is not information that is recorded centrally. Also, the numbers are so small, publishing them would likely risk breach confidentiality rules. Where a death has occurred, the borough teams will have been aware, and the appropriate support provided to the practices involved.



Question 19 Posted anonymously	What is the work being undertaken between Lewisham and Birmingham relating to BAME health inequalities and to what extent is the Lewisham BME Network involved? I am asking from a Lewisham perspective, what is the focus and work in Lewisham, the speaker mentioned that selccg was approached.
Response	Lewisham and Birmingham City councils have set up an 18-month research partnership to share insights and academic rigour in investigating how the cycle of inequality can be broken alongside local communities; the focus will be on African and Caribbean populations. The work was announced in early May and whilst still in development, it builds on the existing work plan that Lewisham council is leading through Lewisham's Health and Wellbeing Board. The BAME Network is engaged fully in this wider work and the expectation is that it will continue to be involved going forward.
Question 20	
Posted anonymously	Could the selccg please present the corvid impact in relation to African, Caribbean and Asian residents?
Response	Covid-19 is an entirely new virus that only emerged a short few months ago. In that time, scientists across the world have been studying this new virus to understand more about it, the threats to health that it poses and developing new vaccines and treatments. One of the research findings emerging is around how the virus appears to affect parts of society differently, especially in relation to age, ethnicity and gender. Whilst the reasons for the different impacts may be becoming more clear, the reasons why this is so are far from certain — and it is the latter that informs the actions that need to be taken within the NHS to mitigate the virus' impact on people's health, irrespective of their ethnicity, age or gender.
	The government has identified people at particularly high risk due to underlying health conditions and advised these patients to 'shield' or be particularly stringent about social distancing depending on their risk group. General practice teams have reviewed the government list to ensure that all the patients who should be on these lists are included and are contacting all shielding patients by telephone or video to ensure their health condition is optimally managed, that they have access to medication and refer to volunteer teams if needed. GPs and practice nurses undertaking these patients contacts are also discussing how patients would like to be cared for should they become unwell. Teams are now looking to how best to manage all patients with long term conditions, and how to best prioritise those most at risk, using the emerging evidence of risk factors including underlying illness and other factors including ethnicity and deprivation.
	As more guidance regarding how to mitigate inequalities in relation to COVID-19, the CCG will ensure that these are implemented locally, as well as continuing to consider measures which can be implemented locally, working with partners.



	When referring to the testing of plans with local communities, this will not be a passive approach – we will be seeking feedback actively.
Question 21 Posted anonymously	Why are those over 70 years of age suffering from diabetes not shielded, given that statistics now show that they are much more vulnerable to Covid-19?
Response	At the beginning of the pandemic, based on national guidance, different groups of patients were recommended for shielding. Those at very high risk were people with specific cancers, transplant patients and those with severe respiratory problems. Groups classed as moderate risk included people with diabetes and those aged 70 plus. Working together NHS trusts, GP practices and local authorities identified individuals at risk; at the same time, opportunity was provided for people to identify themselves.
	As the response to Covid-19 has progressed, learning increased as did understanding of who is most vulnerable. There is also an element of individualistic response and sometimes it is not possible to predict who will be most susceptible. People with diabetes are still recommended strongly to classify themselves as being very vulnerable, thus providing them with greater protection.
Question 22 Posted anonymously	May I ask why it would appear that the SELCCG has put on hold all Individual Funding Requests even before the lock down within London, very little if no communication from the organisation which has left no transparency and or empathy.
Response	Individual Funding Requests (IFRs) have not been stopped. Before the onset of Covid-19, the processes followed by the former six CCGs had been brought together into one – but there had been no change to how patients or GPs requested IFRs. Where anyone believes that this is not the case, then the CCG welcomes this being brought to our attention.
From a member of the public in Bromley	Have you been able to supply the appropriate PPE to our care homes?



Response	The provision of personal protective equipment (PPE) is overseen nationally, with regional hubs developed some weeks ago to ensure that all local health and care organisations – including care homes – can access the support they need. The CCG has taken a co-ordinating role in this work, ensuring that the needs of south east London are addressed – notwithstanding some of the well documented challenges that the country has faced around PPE. Through a combination of effective planning and mutual aid, the availability of PPE and getting it to the right places on time, while improved, remains a top priority for the CCG.
Question 24 Posted anonymously	The largest number of deaths in hospital was in Lewisham Hospital what was the patterns of who died and what is the learning that will be taken from that
Response	As mentioned in response to a previous related question, potentially there are numerous reasons to explain the differences between NHS trusts. For example, the numbers published are absolute and not rates, so we would need to know what proportion of those admitted with Covid-19 died. Even if the above information was published, it is not possible to know from these figures about the severity of the disease, co-morbidities, age, etc. Patients in one hospital, therefore, could be significantly different to those in another. This is why it is always difficult to interpret such figures as there is a potential for numerous biases. A proper study would be required to look into this, which would account for potential bias, in order to produce meaningful comparisons.
Question 25 Posted anonymously	Can the CCG share the Lewisham public health report and the work mentioned being done in Southwark. Lewisham has the largest Black Authority of any authority so a focus on ethnicity is important in order to better serve what is half of the Lewisham population
Response	The CCG very much supports placing of such reports in the public domain and will continue to do so going forward.



Question 26 Posted anonymously	Does NO RECOURSE TO PUBLIC FUNDS mean that IFR requests have been put on hold . If I understand this correctly and when was this implemented
Response	As stated previously, NRPF stands for no recourse to public funds. This relates to people who are not able to access benefits or are difficult for a local authority to support. Often the homeless fall into this category or visitors who have been stranded in the country during Covid-19. It does not relate to Individual Funding Requests.
Question 27 Posted anonymously	The Lewisham community are not happy that Lewisham council chose to collaborate with Birmingham, and they have not engaged with leaders, group, charities, social enterprises within Lewisham. This is very worrying to them. Maybe Joy Ellery. Say Hi to Joy for me, can maybe look into this
Response	As per the answer provided earlier, in early May Lewisham and Birmingham City councils announced that they had set up an 18-month research partnership to share insights and academic rigour around investigating how the cycle of inequality can be broken, with a particular focus on African and Caribbean populations.
Question 28 Fraser Symes, SymesBros (Lambeth)	During these trying Covid-19 times, is there any standardised protocols in place for the public to make easy contact with relatives who are terminally/critically ill as inpatients in hospitals in SEL?
Response	There is not a standardised protocol in place with regards communication with and contact with the relatives of patients who are terminally/critically ill in hospital in south east London. In the context of this question we will seek to understand the specific arrangements our hospitals have put in to place and to consider the merits of ensuring a standardised approach across the south east London's hospital sector.
Question 29 Posted anonymously	What about informal carers (those on carers allowance) who have had to intervene on behalf of the individual they care for, no mention of the vital role played by this section of society.



Response	Although local authorities lead in terms of supporting carers, teams within the CCG – for example around continuing healthcare – seek to support carers with whom they are in contact in recognition of the important role they play in caring for friends and loved ones.
Question 30 Posted anonymously	Could slccg seminar with public health suggested to look at BAME health inequalities also include BME Networks in Lewisham, Croydon, Southwark and Thrive using a co-production process to get the broadest perspective at the start and throughout in order to identify the issue and shape budget allocation, service quality improvements and interventions.
Response	This is an important point and we will make sure that it is shared with our public health colleagues to ensure that such discussions are factored in when commissioning services going forward.
Question 31 Posted anonymously	Pollution within the Lewisham borough also needs to be looked at. respiratory problems a factor with Covid19. Lewisham is a predominantly Black and Asian borough. This is a major concern to me.
Response	The lead organisation for combatting the adverse impact of pollution in people's lives rests with public health services, which form part of local authorities. Whilst we would suggest that you address any concerns to the local public health team in Lewisham, we do recognise the importance of the threat to health posed by pollution.
Question 32	
Posted anonymously	Chair it would seem that while IFR are been looked into the time delay has been indeed been a long time in coming
Response	As stated previously, Individual Funding Requests (IFRs) have not been stopped. Before the onset of Covid-19, the processes followed by the former six CCGs had been brought together into one – but there had been no change to how patients or GPs requested IFRs. Where anyone believes that this is not the case or that the process involved is not taking place in a timely manner, then the CCG welcomes this being brought to our attention.



Questions 33-39

These were all about how the meeting was run so will be answered together

- 33. Can the questions and answers you have just displayed be published now on the website rather than wait for the minutes to be published with any longer answers?
- 34. It is very disappointing that we do not have any answers on these most important questions. Can we discuss a better system- suggest having a public session once all the answers have been provided?
- 35. When will the minutes of the meeting be published? In the past we have waited for months for the minutes of the OHSEL board meeting
- 36. Please can you arrange to name the CCG participants as they speak on screen? Should the technology not be up to this, perhaps they could wear a good old-fashioned badge? With this new group, we are not all aware of who is who from the different Boroughs. The example in Staff Studios video was excellent!
- 37. Is it possible to view the questions as they come in in the Q and A box? It would be good to see in advance what people are wanting to ask as it can save people asking similar questions, can stimulate reflection, and think about follow up questions 38. Where are the questions which I sent in ahead of this meeting visible on this chat feed please? Are all Governing Body members able to see now and in real time the 3 questions I sent in?
- 39. Some people are in darkness plus or minus a bright light or window behind their head. Please could that be considered?

Response

In a desire to replicate as close as possible holding the Governing Body meeting in public, the current circumstances required this to be done virtually. The CCG investigated the technologies that were available within its resources and settled on Microsoft Teams Live Event, which allows a meeting to chaired and streamed live for members of the public to view. To our knowledge, the CCG is the first organisation to provide access in this interactive way.

On 14 May, the CCG posted the meeting's papers on its website and encouraged people to submit questions. We also explained how the meeting could be viewed through live streaming and committed to place a recording of the meeting on her website subsequently and to publish the meeting's minutes a week later. Responses to the questions, where we were able to provide them within the timeframe, were published in a single document on the CCG's website on the morning of the meeting (i.e. 21 May 2020), as well as being sent by email to those who submitted these questions. Finally, a commitment was made to update that same document with responses to the many questions – 25 in total – that were raised during the meeting itself, with that document also published on the CCG's website alongside the minutes. The answers to the specific questions listed above are:

- 33. The aim is to make public the responses to the questions, along with the minutes, within a week of 21 May 2020
- 34. Some of the questions submitted before the meeting were complex in nature and/ or required input from partners, which is why these could not be answered ahead of the meeting but a commitment was made to ensure that a full response is



provided and published in this document, as well as provided to those who asked these questions.

- 35. As stated above, the CCG has committed to publishing the minutes within one week from the meeting
- 36. The two videos were pre-recorded, which meant that job titles could be added. We will have to check whether or not Microsoft Teams Live Events allows people's job titles to appear as they speak this may or may not be possible. We can, however, ask people to introduce themselves each time they speak so that those viewing are aware of their role.
- 37. We will investigate if it is possible to share questions as people ask them for all to see, but that may be a facility that may or may not be possible with Microsoft Teams Live Event
- 38. The questions sent in before the meeting are not included in the chat view. This is because they are contained within the document that was posted on the website on the morning of the meeting, as well as being sent by email to those who submitted them.
- 39. We will remind people of the importance of considering where they sit in terms of light sources it was in the guidance that we issued to Governing Body members before the meeting, but we will reiterate it for future meetings.