

## SEL CCG Governing Body meeting in Public

**Minutes of the meeting on 21 January 2021**

**Videoconference/ Streaming via MS Teams**

**Present:**

<b>Name</b>	<b>Title &amp; Organisation</b>
Dr Jonty Heaversedge (chair)	Chair SEL CCG
Dr Dianne Aitken	Lambeth GP Lead, SEL CCG
Dr Clive Anggiansah	Bexley GP Lead, SEL CCG
Mark Cheung	<i>For Angela Bhan</i> Bromley Borough Director SEL CCG
Andrew Bland	CCG Accountable Officer and SEL ICS Lead
Mary Currie	Registered Nurse Member
Dr Rob Davidson	Southwark GP Lead, SEL CCG
Dr Sid Deshmukh	Bexley GP Lead, SEL CCG
Joy Ellery	Lay Member, Public & Patient Involvement
Andrew Eyres	Strategic Director, Integrated Health & Care Lambeth
Neil Kennett-Brown	Greenwich Borough Director SEL CCG
Shelagh Kirkland	Lay Member, Governance & Audit
Dr Nancy Kuchemann	Southwark GP lead, SEL CCG
Prof Simon Mackenzie	Secondary Care Doctor member
Dr Faruk Majid	Lewisham GP Lead, SEL CCG
Dr Adrian McLachlan	Lambeth GP Lead, SEL CCG
Dr Jacky McLeod	Lewisham GP Lead, SEL CCG
Usman Niazi	Chief Finance Officer, SEL CCG
Dr Ruchira Paranjape	Bromley GP lead, SEL CCG
Dr Andrew Parson	Bromley GP lead, SEL CCG
Peter Ramrayka	Lay Member, Primary Care & Commissioning
Stuart Rowbotham	Bexley Borough Director SEL CCG
Dr Sabah Salman	Greenwich GP Lead, SEL CCG
Dr Krishna Subbarayan	Greenwich GP Lead, SEL CCG
Martin Wilkinson	Lewisham Borough Director, SEL CCG

**In Attendance**

Sarah Cottingham	Executive Director of Planning and Commissioning
Dr Nada Lemic	Public Health representative
Theresa Osborne	Director of Commissioning System Reform, SEL CCG
Dr Simon Parton	LMC representative
Catherine Pearson	Healthwatch representative
Julian May (minutes)	Head of Governance SEL CCG

<b>1.</b>	<b>Welcome and apologies</b>
1.1	Dr Jonty Heaversedge welcomed all to the south east London CCG governing body. He explained that the meeting had been used as an opportunity to update on the Covid-19 response. Some of the governance in the CCG had been stood down in order to enable staff to support the Covid response.
1.2	Apologies were noted that technical difficulties had prevented Michael Boyce, Sam Hepplewhite, Kate Moriarty-Baker and Jessica Arnold joining the Teams

<p>1.3</p> <p>1.4</p>	<p>meeting.</p> <p>Dr Jonty Heaversedge thanked members of the public for their questions in advance of the meeting, which were published with answers in the website. He noted that Covid questions would be prioritised for answer during the meeting, and others published afterwards.</p> <p>Dr Jonty Heaversedge noted the pressure that the south east London system and paid tribute to the work going on across the NHS, social care and the voluntary sector to respond to the pandemic concurrently with the rolling out the vaccination programme.</p>
<p>2.</p> <p>2.1</p> <p>2.2</p> <p>2.3</p> <p>2.4</p> <p>2.5</p>	<p><b>Covid Response</b></p> <p>Sarah Cottingham updated that since 20 December 2020 there had been a sustained increase in Covid related demand which had affected hospital services with large numbers in general and acute beds and pressure in critical care. In wave two there had also been continued higher levels of non-urgent Covid urgent and emergency care compared to the first wave.</p> <p>To meet these challenges it had been necessary to refocus capacity and expand where possible. This had impacted on planned care, which continued to be managed on the basis of clinical priority, with the most urgent cases prioritised but with a large element of elective work stood down. General and acute and critical care capacity had been expanded on all hospital sites, ensuring all physical capacity that could be safely staffed was open alongside repurposing beds in to meet demand. In trying to ring-fence some elective care capacity independent sector capacity had also been used, with elective care focussed on the most clinically urgent patients.</p> <p>Additional community beds, enhanced care home capacity, discharge and flow and admission avoidance initiatives, and enhanced pathways to avoid pressure on hospitals such as remote oxygen monitoring as well as virtual wards had also been put in place. The Nightingale was now open as a general and acute discharge facility for the whole of London.</p> <p>SEL's acute hospitals had worked on a collaborative and networked basis over this period with fantastic examples of collective approaches and mutual aid. There had been differences between available capacity and demand in locations across south east London, resulting in mutual aid, for example Guys and St Thomas's NHS foundation trust had set up additional general and acute beds to support flow by providing mutual aid to other hospitals, and critical care demand transfers had been agreed daily across the system to help decompress hospitals experiencing exceptionally high demand.</p> <p>Primary care, community services, mental health and social care services had made a huge effort to support the acute hospitals with further great examples of collaborative working across south east London and across organisational boundaries, while coping with challenges such as effect of sickness on their staff. Staff sickness, including Covid related sickness plus the impact of exhaustion is also a significant factor affecting our hospitals. As we seek to recover from the pandemic we will need to be very mindful of allowing staff time to recover as well as providing support to them to do so.</p>

2.6	<p>Going forward demand and capacity was being looked at daily, in the context of services operating at exceptionally high levels of capacity particularly in critical care. The downward trajectory in demand was expected to be relatively slow and continued work would be required on supporting flow through and out of hospitals and to best manage capacity and demand across the system with mutual aid, to deal with Covid and also the most urgent non-Covid cases.</p>
2.7	<p>The CCG had focused on supporting the management of wave 2, continuing to operate the southeast London Incident Control Centre and enhancing key crucial work streams such as testing and hospital discharge as well as providing direct support to providers.</p>
2.8	<p>The Governing Body papers did not include a performance report but performance data would be made available to the governing body as soon as possible.</p> <p>Andrew Bland pointed out that the whole south east London health and care system was involved the Covid-19 vaccination programme. Guy's Hospital in south east London had been one of the first begin vaccinating in December and since then the programme had ramped up and had now undertaken 109,000 vaccinations, at a rate of around 60,000 vaccinations per week with more sites still opening. This was in the context of around 500,000 vaccinations being delivered across the five ICS footprints in London.</p>
2.9	<p>By 14 February 2021 the national aim was to vaccinate the first four priority cohorts which included people aged 70-74, 75-79 and 80 and above, NHS and social care staff, and care home residents and staff. For south east London reaching this aim would require vaccinating around 250,000 people across south east London. To do this eight hospital vaccination sites were open with a further site opening soon, 25 primary care network sites in local communities, and recently community pharmacy sites where they had the physical capacity were going live with three sites already open. The system had been asked to vaccinate all care home residents by Sunday 24 January and on track to deliver this with 102 of the 104 homes had already been vaccinated, with follow up visits underway for those who were not well enough to receive the vaccine in the first visits. South east London was confident that maintaining its current pace it could deliver vaccines to the first four priority cohorts by 14 September 2020.</p>
2.10	<p>Engagement with the communities in south east London was very important particularly in south east London where the governing body had been concerned with the disproportionate impact of the first wave of the pandemic on some groups in the community. Good work had been done and a huge amount remained to do engage appropriately with the diverse communities across south east London. IT was particularly important to the concerns people had who had not yet been called or hesitant about taking the vaccine.</p> <p>Andrew Bland shared some of the key messages about the Covid-19 vaccine for people in south east London:  <b>Please don't contact the NHS to seek a vaccine, the NHS will contact you</b>          Large parts of south east London's population simultaneously became eligible to receive a vaccine, but it was not possible to vaccinate this group at once as the different types of delivery sites were being brought online in a phased way and</p>

2.11	<p>each provider was systematically calling people from the priority groups. The NHS in south east London committed to provide vaccines to all those eligible, and although it was understandable that this would cause anxiety for those who had not yet been called, no one would be forgotten.</p> <p><b>When the NHS does contact you, please attend your booked appointment.</b> It was important to make best use of the available capacity, but he noted that currently in south east London the rate of people not attending appointments was very low and there was minimal wastage.</p>
2.12	<p><b>Please continue to follow all of the guidance to control the spread of the virus and save lives.</b> This was important as the vaccine does not give immediate immunity and even when the cohorts are complete this will represent a small proportion of the population.</p>
2.13	<p>Dr Andrew Parson as chair of the programme board reflected that the approach to this complex and expanding programme had tried to involve all parts of the healthcare system in a collaborative approach which sought to learn from every engagement with the public to improve communication.</p>
2.14	<p>Joy Ellery asked if there was evidence on progress with making the vaccine available to those from BAME communities, with some surveys suggesting people from these communities were less likely to want to take up the vaccine.</p> <p>Dr Andrew Parson recognised the importance of the issue, but advised that there was not yet sufficient data for a clear answer. Governing body members had been engaging with their local communities, trying to understand any hesitancy, have done a lot of engagement, and as we get more manoeuvrability with transporting the vaccine, this may make it easier for some groups of our population to access vaccine.</p>
2.15	<p>Dr Jonty Heaversedge added that clear information about who had received vaccine was crucial. The national platform to capture data had not included ethnicity information, but after representations from south east London and local elected members it is understood this now will be added. In south east London practices were flowing data and information into the Discovery platform which would allow real time access to information about those who had received information to identify any cohorts in the population who were experiencing difficulty in accessing the vaccine. The governing body had identified this as critical importance, and the governing body had already been involved in developing communications for those who had uncertainty around the vaccination.</p>
2.16	<p>Mary Currie asked for assurance that emergency pathways were still working effectively for people suffering from heart attack, stroke and trauma.</p>
2.17	<p>Sarah Cottingham confirmed that there had been no step down in provision and there had been no reduction, as in the first wave, of people accessing these services, suggesting that people were continuing to access the help they needed.</p>
2.18	<p>It would be important to continue to analyse this in detail across geography and speciality.</p> <p>Catherine Pearson asked on behalf of Healthwatch if people who are caring for</p>

2.19	<p>someone in one of the four priority groups could receive a vaccine at the same time as the person they are caring for.</p> <p>Dr Andrew Parson noted that carers were in cohort 6 and would be vaccinated before the spring. However if carers were also part of cohorts 1-4, for example if they were over 70 years old, they would be vaccinated as part of the programme for these groups.</p> <p>Dr Jonty Heaversedge noted that the vaccination programme was nationally led but concerns raised about the priority cohorts could be escalated to the national team for consideration.</p>
<b>3.</b>	<b>Public Questions</b>
3.1	Dr Jonty Heaversedge welcomed the large number of questions which would receive individual responses and the themes addressed as far as possible in the meeting.
3.2	Dr Jonty Heaversedge observed that there had been questions about the vaccine, on communications, including social media messages, and concerns about people who feel forgotten. There were also questions about the timetable for vaccinations and whether consideration had been given to vaccinating key workers. There had also been a question about which vaccine had been used.
3.3	Andrew Bland noted that reiterated that a large cohort of the population has become eligible for vaccination and were being called over a period up to mid-February. Around 50% of the over 80 cohort had already been called, so some would not yet have received their call but had not been forgotten, and would be called systematically by their local NHS.
3.4	Andrew Bland noted that unfortunately there had been messages on social media circulating about the availability of vaccine at Guys and St Thomas's NHS Foundation trust These were not sponsored by the trust or by the NHS, and people would be called for their vaccine by their local NHS. Because the vaccine needed to be defrosted and used daily, it was within the guidelines allowing people from 70-75 to be vaccinated where this was necessary to avoid waste.
3.5	Andrew Bland noted that some people in south east London who lived within a 45 minute journey of the ExCel centre in London had been invited to book their vaccination there. This was an option available to these residents, but they would still receive a call to be vaccinated from GPs in their area.
3.6	Dr Andrew Parson, vaccines being used were the Pfizer -BioNTech and Oxford-AstraZeneca vaccine. The Oxford-AstraZeneca vaccine has more ability to be moved and clearance given last week had enabled south east London to start providing vaccinations for those who were within cohorts 1-4 but who were housebound.
3.7	Dr Andrew Parson noted that the reason that the cohorts have been formed, that the vaccines are aimed at personal protection, and prevention of deaths. For example in care homes it had been estimated that vaccinating 20 residents would on average prevent one death. Health and social care staff worked very closely with vulnerable groups and it was important to vaccinate these groups as there

	was a risk of transmission between the staff and those they cared for.
3.8	In response to a question on vaccinations for those shielding, Dr Andrew Parson noted that those having vaccination would not mean that those who were shielding could stop shielding until levels of prevalence in the population had decreased. If people were invited but were not able to attend a vaccination site, plans were continuing to use the Oxford-AstraZeneca to vaccinate those for the housebound, and local GPs and clinicians would best know the needs and vulnerabilities of local people.
3.9	Dr Jonty Heaversedge explained in response to a question that virtual wards were opportunities to support people in their homes in a number of different ways. Pulse oximeters could be used to measure oxygen in the blood and heart rate which were an important marker of the progress of the illness. GPs and clinical staff overseen by consultants were able to monitor people with Covid to assess if it was necessary to admit to hospital if there was deterioration, and also to measure the progress of people recovering after spending time in hospital. Hundreds of people had benefited from this in south east London and feedback suggested that it gave patients confidence that they could be supported at home. This helped reduce the pressure on local hospitals.
3.10	In response to questions around partnership working Neil Kennett-Brown shared the example of 'Project Hope' where the local NHS in Greenwich had partnered with the local authority and volunteers to set up a health and wellbeing hub supporting those working in Queen Elizabeth Hospital Woolwich. Home care staff had offered help to support the work of staff on the wards, and others had helped with basic things to demonstrate care for staff at a very pressured time. The hub had helped co-ordinate, the work of local volunteers and had also contributed to the vaccination programme.
3.11	In response to a question on vaccinations for the street homeless Dr Adrian McLachlan commented that in general the NHS had sought to work to bring as many off the streets as possible through initiatives such as the Everybody In programme and help to register homeless people with GPs. While there had been good results achieved with flu vaccination, homeless people would not currently be called for vaccination unless they also were part of the 4 most vulnerable cohorts being vaccinated. However good progress had been made with vaccinating health and care staff who worked with homeless people.
3.12	Andrew Eyres noted that a question follow-up question had been received on whether there should be a further devolution of control and funds for test and trace to local borough level. He explained that Lambeth Council had considered the motion, although the NHS would support test and trace being done at whatever level was the most effective. All involved would recognise that no borough could manage test and trace in isolation in given the need for co-ordination across boundaries in a city such as London. However, Lambeth and other south east London boroughs were already making effective contributions to the national test and trace programme such as supporting people to isolate and using local knowledge to help identify additional contacts.
3.13	Dr Jonty Heaversedge noted a question on staff wellbeing and reiterated the importance of looking after health and care staff, thanking people across the healthcare system who continued to work hard together on the response going

	above and beyond their roles and working throughout the Christmas and new year holiday period.
<b>4</b>	<b>Date of the next meeting in Public: 18 March 2021</b>