NHS
South East London
Clinical Commissioning Group

CCG Governing Body meeting in Public

Minutes of the meeting on 16 July 2020

Videoconference/ Streaming via MS Teams

Present:

Name	**Title & Organisation**
Dr Jonty Heaversedge (chair)	Chair SEL CCG
Dr Dianne Aitken	Lambeth GP Lead, SEL CCG
Dr Clive Anggiansah	Bexley GP Lead, SEL CCG
Dr Angela Bhan	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
Dr Sabah Salman	Greenwich GP Lead, SEL CCG
Dr Krishna Subbarayan	Greenwich GP Lead, SEL CCG
Martin Wilkinson	Lewisham Borough Director, SEL CCG
Stuart Rowbotham	Bexley Borough Director SEL CCG

In Attendance

Simon Beard	AD of Corporate Services, SEL CCG (producing)
Jane Bowie	Director Integrated Commissioning
Sonia Colwill	Director of Quality, SEL CCG
Sarah Cottingham	Executive Dir of Commissioning & Planning, SEL CCG
Dr Rob Harland	Clinical Director SLaM
Maria Hawes-Gatt	Director of Quality, SEL CCG
Dr Nada Lemic	Public Health representative
Matthew Longmate	Programme Director Health Advisory Partnerships
Julian May	Head of Governance SEL CCG (minutes)
David Orekoya	AD Integrated Commissioning
Theresa Osborne	Director of Commissioning System Reform, SEL CCG
Dr Simon Parton	LMC representative
Folake Segun	Healthwatch representative
Christina Windle	Chief Operating Officer, SEL CCG

		Action by
1.	**Welcome and apologies**	
1.1	Dr Jonty Heaversedge welcomed all to the second meeting of the SEL CCG governing body, which was being held online as emergency response arrangements were still in place,. Despite the emergency response arrangements, Borough boards had been held in public in each borough. The CCG was undertaking work to understand the impact of the pandemic, particularly the inequalities which could result from COVID, and how to work with providers of care to mitigate this during recovery.	
1.2	Apologies were received from Sam Hepplewhite and Kate Moriarty-Baker	
2.	**Opening business**	
2.1	No additional declarations or amendments to the conflicts of interest register were made. No conflicts of interest were identified in relation to items on the agenda.	
2.2	The governing body **ACCEPTED** the minutes of the meeting on 21 May 2020 as an accurate record.	
2.3	The action log was updated.	
2.4	There were no matters arising.	
3.	**Public Questions**	
3.1	Dr Jonty Heaversedge thanked members of the public for submitting questions in advance to the meeting, which had been answered with the responses published on the website, and would be addressed in the agenda. Further questions were submitted via the Q&A function.	
3.2	**It has been reported that all GPs will no longer take telephone prescription requests from September. This will adversely affect older people over 75, most of whom do not have IT connections or expertise. The NHS has performed heroically keeping the majority of older people alive and generally well since the covid-19 pandemic started. Could this be reviewed in south east London with the view of making life less stressful for older people?** Dr Jonty Heaversedge noted for some time most GP practices had not accepted telephone requests for repeat prescriptions, and patients had obtained these by attending in person on via their community pharmacy. Online orders were an additional method which patients were encouraged to use which during the pandemic had been convenient and helpful for many. However there were no plans to stop people accessing their GP via other routes such as by telephone, recognising that these methods were necessary for some patients.	
3.3	**We commend the PHE report, Beyond the Data, and note the 7 recommendations on page 50, which we think also apply to other groups**	

	experiencing poor outcomes. Please will the CCG commit to these, and let the public know a timetable for action? We note an Equalities committee is in discussions, but will they be leading on the urgent action necessary,And how will they work with the public? Christina Windle reported that the CCG had looked at the recommendations and were developing action plans to deliver them, working with partners where recommendations could not be delivered by the CCG alone. Joy Ellery added that the CCGs engagement committee had met to agree its ways of working and in this PHE's recommendations had been central. The committee were also working on how to engage both digitally and non-digitally on the issue. Dr Faruk Majid commented that the committee had developed recommendations for the CCG bringing together the PHE recommendations, as well as input and good practice from other areas and groups, local clinicians and patients.	
3.4	**We note the Recovery Plans have to be submitted to SELCCG tomorrow, and will then be subject of engagement. Please can we ensure that these plans do have engagement that is Coproduced with people and communities and the voluntary sector and not mandated from above?** Sarah Cottingham noted that the plans were in draft only and confirmed that the intention was to co-produce the final plans with local people and local stakeholders such as providers and voluntary sector representatives.	
3.5	**When questions are not answered in meetings, but replies are just posted on websites, with no opportunity for discussion or contact for follow up, this does not foster good working relationships.** **Please will you give contact details for follow up?** Christina Windle acknowledged that it was not possible to have a full dialogue in the meeting but follow up questions would be considered if submitted to questions selccg.questions@nhs.net	
3.6	**As health appointments go increasingly online the CCG accepts it must still reach NHS users lacking digital access. Is the SE London health and care system expanding engagement with local and wider community initiatives for digital inclusion (eg. device dot now, Virtual Aid, London Rainbow, Age UK etc) to achieve this?** Dr Jonty Heaversedge stated that digital inclusion was a subject of concern for clinical leads and the governing body, and while this had grown during the pandemic this should not reduce other ways people can access care, and work to ensure digital inclusion would be undertaken at borough level, involvingHealthwatch, local voluntary sectors and local people, and these could be developed in local recovery plans.	
3.7	**Please could you comment on what impact of Covid 19 has been on Mental Health (psychosocial) needs in South London and what central funding is being made available to meet these needs including crisis services?** Martin Wilkinson stated there was no doubt that lockdown has had a huge impact on mental health and emotional wellbeing, and work such as the "FreeYourMind" campaign with local providers and the voluntary sector aimed to help address this. There had also been an impact on those with existing mental health conditions who had not been able to access services as normal. Work had begun to reopen some services, using existing funding to build the support in particular crisis services. Whilst during lockdown, services such as	

	the crisis café had not been able to open, alternative support had been provided such as crisis lines, and the cafés had now begun to open.	
4 4.1 4.2	**PRESENTATIONS** **#FreeYourMind campaign** Dr Nancy Kuchemann reflected on the south east London residents having to deal with loss and bereavement as a result of the pandemic. As part of her role as clinical lead for mental health she updated members on the #FreeYourMind campaign which had been launched in June with campaigns across social media. • A range of advertisements had been run and by clicking on the links people were led to a number of online information resources as well as online mental health services such as Kooth. • The advertisements which were most popular and clicked on were re-used, and the topics frequently accessed helped to identify patterns of need. • The campaign had been praised in media articles and would continue to be optimised and maintained until August. • Martin Wilkinson added that the information on mental health need gathered from the campaign would help inform system plans for recovery, as well as providing information on what kinds of support the CCG and partners such as local authorities could offer to local people for their mental health. The governing body watched a video outlining progress with the Tessa Jowell Health Centre. Dr Jonty Heaversedge praised the centre as an example of integrated care, and an opportunity to provide services to people recognising that many people were living with more than one health condition. He highlighted the work of Malcolm Hines on the project, which hopefully would become an ‘anchor institution’ and an asset in the local community.	
5. 5.1 5.2 5.3	**PRESENTATIONS COVID-19** Dr Angela Bhan informed members that the GOLD incident command continued to meet daily working closely with all CCG partners and public health to closely monitor case numbers and further outbreaks. New ways of working were being incorporated into business as usual processes, and it was hoped that elective work could soon be fully restarted. The data showed around 7,498 people had tested positive for COVID-19 and 1,616 had sadly died in south east London, with numbers varying across the six boroughs. Christina Windle noted the CCG had worked with ICS partners to support antigen and antibody testing, increasing availability and introducing blanket antigen testing for all care homes, reporting that all south east London care homes had now been tested. Testing of 80% of the 55,000 NHS staff in south east London had revealed antibodies to the disease in around 25% of those tested although this did not infer immunity. Dr Angela Bhan added that in the first few weeks, testing of all care home staff and residents showed that 9% of residents and 4% to 7% of staff tested positive to antigen testing, even though many were asymptomatic: highlighting the importance of the programme now in place to test staff weekly and	

	residents monthly to identify any outbreaks.	
5.4	Dr Jonty Heaversedge shared a video from Kevin Fenton (Director of health and wellbeing at Public Health England) speaking about the 'Beyond the data' report, and noted that the impact on inequality particularly in relation to BAME people, was a concern for governing body members and the public.	
5.5	Nada Lemic presented a report with data on the pandemic for south east London Boroughs compared to the whole of London and outlined some steps taken in response. • All London public health teams had been asked to publish outbreak control plans by the end of June, these plans provided a framework of the responsibilities of difference agencies. Measures would include test and trace and outbreak management and the various responsibilities of Public Health England nationally and local public health was detailed. • Local outbreak control plans in south east London had already been developed before the pandemic and additional work in preparation for the new school term was being undertaken. Mobile testing units were available to local areas if needed and local data hubs would monitor data and trends. • Efforts to identify vulnerable groups that would need specific support and preventative measures while the pandemic was at a low level, as well as support with food and medicines if people were shielding. • Governance of the process was largely through the health and wellbeing boards and health protection boards as their local public and professional boards. Public health teams have been working jointly for many years and SEL directors of public health met weekly.	
5.6	Dr Sabah Salman asked if data on outcomes had been collected for asymptomatic care home residents testing positive in the Bromley care homes pilot. Dr Angela Bhan explained that while it had not yet been possible, but the intention was to explore this.	
5.7	Joy Ellery asked results from tests were now available more quickly. Christina Windle commented that the majority of tests were now completed within 24 hours and results texted directly to patients. Point of care testing machines able to process tests within a few hours were being explored but were currently high cost and only allowed four tests per hour.	
6.	**Accountable Officer's Report**	
6.1	Andrew Bland referred members to the accountable officers report. • Noting that before COVID the CCGs response to the long term plan had identified inequalities as a priority, he highlighted that the CCG had turned its attention to the impact of COVID on BAME communities, and the CCG has written to staff, and made public its position as an organisation and CCG. • In response to a question that had been raised about David Sloman's (NHS Regional Director for London) proposals for changes to the health service in London and the CCGs recovery plans, Andrew Bland clarified that a set of topics had been shared which CCGs were expected to address during recovery, but boroughs in the CCG were already producing draft recovery plans would be ready by the 17th July.	

6.2	The governing body **NOTED** the accountable officer's report .	
7. 7.1 7.2 7.3	**Report of the CCG Prime Committees** Presenting the report, Christina Windle highlighted that all governance meetings would have met once by the end of July, including borough based boards with the exception of the engagement and assurance committee which would be established once engagement on the best approach had been concluded. There were two items for approval, recommendations from the remuneration committee which appropriately would be dealt with in a private session and some small changes to the Commissioning Strategy Committee Terms of Reference as recommended by that committee. The governing body **NOTED** the report and **APPROVED** the revised terms of reference for the CCG's commissioning strategy committee.	
8. 8.1 8.2 8.3	**Board Assurance Framework (BAF)** Christina Windle asked the governing body to review 25 risks identified to delivery of the CCGs objectives, which has been presented in the draft board assurance framework. Sarah Cottingham reiterated the draft nature of the BAF in view of exceptional circumstances. Further planning guidance due for phase 3 would clarify targets. Joy Ellery asked whether the impact identified for the WRES risk 24 was sufficiently highly scored. Christina Windle noted that comparatively good outcomes on WRES had been achieved in previous years, but the equalities committee could discuss the approach to this risk. Professor Simon McKenzie commented that some of the risks had reduced in likelihood and impact in the context of a difficult first quarter for acute standards. Christina Windle suggested that the scores reflected the effect that mitigations in place would have, but scrutiny on this would continue to be helpful.	
9 9.1	**Quality update** Sonia Colwill presented the report, assuring members that quality assurance had continued throughout the pandemic. • The CCGs first quality and safety sub-committee had met and would continue to work with providers to develop a dataset of quality information for south east London in the context of ICS working. • In a recent CQC inspection report on Lewisham & Greenwich NHS trust (LGT)ratings had increased to 'good' in a number of areas. • Root cause analysis and deadlines for serious incident submission had been relaxed but themes were now being examined, and sadly there was an emerging trend of self-harm in the incidents. • Safeguarding had been maintained throughout the pandemic and cases of deteriorating mental health and domestic abuse had been identified during the lockdown.	

9.2	Neil Kennett-Brown commended LGT for their work to achieve real improvements in some areas in a recent CQC report although the overall rating had not improved.	
10 10.1 10.2 10.3 10.4	**Individual Funding arrangement Policy** Dr Angela Bhan reminded members that the six CCGs had earlier agreed to work with NELCSU for all individual funding arrangement applications. After delays due to the pandemic, the policy now proposed outlined panel membership, an ethical framework, and referenced ongoing work to develop quality monitoring. Two individuals from the CCG were recommended to serve on the London-wide panel: Harvey Guntrip lay member for Bromley borough based board, and Dr Sid Deshmukh Chair of Bexley borough based board. Mary Currie noted that it would be important to establish an appropriate forum within the CCG for oversight of the IFR work. The governing body **APPROVED** the draft Once for London individual funding arrangement policy. The governing body **AGREED** the nominated south east London representatives for IFR panels: Harvey Guntrip lay member for Bromley borough based board Dr Sid Deshmukh Chair of Bexley borough based board.	
11 11.1 11.2 11.3	**Lambeth Hospital Services** Andrew Eyres introduced the recommendation on reconfiguration on transfer of adult mental health inpatient services from Lambeth Hospital to a purpose built centre in the Maudsley Hospital. Lambeth CCG board has considered proposals in the past, and recently the Lambeth borough based board had also considered the proposals and now recommended them to the governing body. Rob Harland outlined the aim of improving patient care and experience noting • The need to make improvements to the quality and safety of the inpatient wards • The commitment to supporting people in Lambeth experiencing mental illness or distress. • The opportunity to build a purpose built mental health unit at the Maudsley • Planning for the future with partners as a health economy, recognising the need to consider patients across all boroughs. He described the options that had been the subject of consultation, including the recommended proposal and the option to do nothing. A further option to redevelop the Lambeth Hospital site had been ruled out because of the additional capital required for infrastructure and loss of capital receipts, the disruption of necessary ward decants and affordability of the additional efficiency savings required to service additional capital charges. David Orekoya drew attention to the extensive pre-consultation exercise resulting approval of a pre-consultation business case by Lambeth CCG, and start of a 12 week formal consultation. A range of channels were used to reach patient and carers, those from BAME communities and staff, and a number of submissions were received which expressed high levels of support. A key	

	consideration arising from feedback from black communities was to develop services which would be clinically excellent but also culturally appropriate. Key recommendations were developed on seven key areas outlined in the paper.	
11.4	Summarising the decision-making process, David Orekoya noted the Lambeth together board had approved the proposal on 17th June 2020 with a further meeting on 1 July 2020 to take into account some feedback from Black Thrive. Lambeth and Southwark Joint Health and Oversight scrutiny committee were actively involved throughout and gave their approval and would continue to be engaged with them going forward. Andrew Eyres asked the governing body to approve the preferred option and importantly to support the seven recommendations arising from the consultation.	
11.5	Joy Ellery expressed her assurance as lead for engagement, based on detailed briefings, that the consultation had been robust and appropriately targeted to patients of the service, addressed concerns about the move, and included a commitment to co-design the new services with patients.	
11.6	Peter Ramrayka noted his satisfaction following detailed briefing on the proposals, being impressed in particular with the future-proofing of the building and consideration of the built environment at the early stage.	
11.7	Adrian McLachlan as local Chair and lead for mental health added his endorsement to the proposals, noting the importance of creating an environment most suited to staff and patients who needed the services which had been developed after a long period of joint work.	
11.8	The governing body **APPROVED** the preferred option as described in the decision making business case to move inpatient services from Lambeth Hospital to new facilities at the Maudsley Hospital following formal statutory consultation.	
11.9	The governing body **SUPPORTED** recommendations in response to the key themes raised by respondents to the consultation and contained in the decision making business case at section 1.5 for progression to the next phase of planning by South London and the Maudsley NHS foundation trust.	
12	**Finance and planning report**	
12.1	Usman Niazi reminded the governing body for context that the CCG was still working within the national framework of a level 4 incident and an associated financial regime for months 1-4. • Against the CCG's recurrent allocation there was an £18.2m overspend of which £11.5m were costs related to COVID-19 such as the hospital discharge programme, IT and PPE. • Expected top-up payments for expenditure related to COVID-19 as part of the national framework had allowed a breakeven position to be reported for months 1-4. • While the initial focus had rightly been on responding to COVID-19, work had now been done with NHS England regional teams to confirm the availability of non-recurrent funding which would normally be received for other programmes of work. • In recognition of the difficulties of working to previous budgets the CCG	

	was currently focussing on controlling its run-rate. • Risks identified in the paper reflected the difficulty of delivering savings from QIPP programmes because of the pandemic, the impact of changes to allocations for month 1-4 and awaited guidance on months 5-12, and the reliance on non-recurrent top-up payments to cover expenditure related to COVID.	
12.2	Dr Sabah Salman asked how south east London compared with other STPs on COVID-19 expenditure. Usman Niazi advised that discharge costs had been relatively consistent across London with some variation related to rapid roll-out of PPE and confirmed that south east London CCG was not an outlier.	
12.3	Dr Jonty Heaversedge asked for assurance on planning for winter. Dr Angela Bhan commented that there was concern that a second wave could coincide with winter pressures and flu season. There would be challenges related to the need to maintain infection prevention and control measures for all services but also when administering the flu vaccine given the likely greater demand. Winter planning for 2020/21 would therefore place greater emphasis on flu planning with practices and primary care networks. Check and challenge sessions with local leads would take place as well as co-ordination with the London region.	
12.4	The governing body **NOTED** the financial position at month two.	
13	**Public Forum**	
13.1	**Do you have patients from all boroughs on the new engagement group? Will this be the assurance engagement group?** Joy Ellery commented that during January and February engagement with the public on methods of engagement had produced feedback which had produced task and finish groups composed of members across the boroughs including one on the assurance and engagement group. Terms of reference would be produced for a committee which would report directly to the boroughs. Further recommendations were welcome to joy.ellery@nhs.net	
13.2	**Potentially worrying details are emerging for Italy & elsewhere that Coronavirus does NOT just affect the respiratory system in those contracting the virus. Indeed, it can affect other organs in the body too, including the brain etc even in those with just mild Coronavirus symptoms. Given this latest information should further individuals be 'shielding' especially if they are e.g. cancer survivors, those in AF, those using CPAP, and/or those who, for whatever reason, have just one kidney etc, especially if they have multiple comorbidities?** Dr Jonty Heaversedge replied that there was now a greater understanding of the effects on both physical and mental health of the virus itself, and stays in intensive care. Work at London level was agreed to develop a pathway of support and care for COVID patients going forward based on this knowledge. The impact of the virus on patients who acquire it is a separate issue from the risk of acquiring it, although increasing understanding of at-risk groups is also being used working with public health colleagues to develop ways to help keep people safe and reduce infection.	
13.3	**How are members of the public supposed to know which public body is ultimately responsible for the various aspects of healthcare within our 6-**	

13.4	**borough locality (SEL)? Is there an easy to understand 'dashboard' on any of the websites so that members of the public can clearly identify what & who these are and precisely what they are responsible for?** Andrew Bland the commissioning of health services for south east Londoners would be the responsibility of the governing body. Services delegated to borough based boards were largely 'out of hospital' services such as primary community mental and physical health commissioning, continuing healthcare and prescribing. Providers were additionally subject to NHS contracts such as GP contracts or the standard NHS contract. **Action: CCG to produce a dashboard of delegated responsibility for services within the CCG**	
13.5	**Are there any plans to blanket test those who were deemed extremely vulnerable or advised to shield by their GPs and have been isolated from society for 4 or so months? It appears that the shielding recommendation may be coming to an end soon and can they really be expected to suddenly and safely re-integrate with society with no tests to indicate if they, or close family/friends/carers, may have or had exposure to the Covid-19 virus? If no such plan exists, please explain why. Furthermore, how many residents within South East London were deemed extremely vulnerable or advised to shield? Is there any reason to assume that no vulnerable or shielding person had already been exposed to the virus or is asymptomatic?** Dr Angela Bhan there were no central plans to blanket test vulnerable groups, although as mentioned in the report testing was planned for certain vulnerable groups where there was evidence they would be exposed to others regularly, such as carers. The key aim of the approach was to prevent infection for those who were vulnerable, through social distancing and adequate PPE. Unfortunately early recognition of infection currently did not provide any significant advantage in treating patients.	
13.6	**Nada Lemic rightly highlighted importance of robust data in managing Covid19. Do the local authority Public Health Teams have access to COVID data at postcode level; have you liaised with Public Health colleagues in Leicester to draw on there experience of managing a local lock-down (as this cannot be ruled out in the future).** Dr Angela Bhan added that in Leicester the increased number of positive tests had led to the lockdown, in London there were less positive tests, and this was monitored daily by GOLD command to spot any rise using a set of early indicator warnings including positive tests, early admissions to hospital, people in critical care and data from 111.	
13.7	**Doesn't Andrews attempted response to an earlier question demonstrate how fragmented the NHS has become since 2012?** Dr Jonty Heaversedge reflected that instead of fragmentation he had seen commissioners, providers, acute colleagues and general practice working more closely during the pandemic, and this will help accelerate plans for more collaborative working as part of the ICS.	
14	**Any other business**	

14.1	There was no other business	
15	**Date of the next meeting in Public:** Thursday 17 September 2020	