South East London
Clinical Commissioning Group

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

MEETING DATE: 19 November 2020

This set of questions was 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. It has been updated since its first publication and includes questions received during the meeting which were not answered in 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.

Question 1 **Denise Williams-Cox, Clinical Director, Bullen Healthcare**	Many CCGs are advancing plans to centralise stoma and continence appliance services with the aims of improving patient experience, ensuring patients have an annual review with a nurse specialist and containing costs. Do you have any plans to look into this area? And if so, who will be leading on this?
Response	The CCG medicines optimisation team is working with Guy's and St Thomas' NHS Foundation Trust to review and make recommendations for stoma and continence services across south east London to improve patient experience, ensure patients have appropriate support from their nurse specialist and to ensure best value. There are a number of common problems with stoma and continence appliances including skin irritation, blockage, leakage, difficulty with attaching and removing the appliances and sore skin. Most of these can be resolved with appropriate advice from a trained healthcare professional.

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Question 2 **Elizabeth Rylance-Watson MBE, a member of Southwark Pensioners Action Group and a member of Southwark Keep our NHS Public**	**Workforce Risk and Capacity:** 1: Why does the Board (in this particular example p56/157 Operations update) persist in only referencing workforce risk using bland generalities with no risk assessment or accompanying data? Why is there still no full strategic workforce risk register within the Board Assurance Framework (BAF) showing capacity and fitness for work taking into account both Covid-19 burnout and EU-Exit with no deal? 2: What report have the South London and Maudsely, GSTT, KCH, Oxleas and Lewisham and Greenwich FTs provided the SELCCG on the outcomes of their individual staff risk assessments on the disproportionate impact of Covid-19 on their BAME workforces? • Have any of these Foundation Trusts failed to complete and to report on such individual risk assessments? What mitigating actions are being taken right now to protect NHS BAME Staff as the Covid-19 crisis deepens? (following on NHSE and Government assurances) **Accountability and Transparency of Trust Performance and Clinical Commissioning**: 1. Why, since the creation of a single SEL CCG, has reporting by FT institutions against core NHS Targets such as A&E Waiting times, Referral to Treatment (RTT), Cancer waiting times ceased? Why are they not still reported at Borough level? How is a resident expected to maintain their right to continuity of care and to knowledge of the provider institution when such critical information has been removed from this Board and from scrutiny by the public? 2: After the massive investment through Southwark and Lambeth Integrated Care (SLIC) 2013-16 of a prevention of injuries from falls programme in people aged 65 and over, how does the Board explain the fact that Southwark and Lambeth are rated "red" in the bottom quartile nationally for the rate of emergency national admissions from falls? Have these two NHS Boroughs and their FTs allowed the standards of their Discharge Practices and Quality Procedures to fall? Have they allowed investment in the Better Care Fund to slip? Have they allowed over-hasty hospital discharge post surgery? Or over-long waiting for operations and procedures? What is the explanation for this negative impact on the older populations of Southwark and Lambeth?

Mental Health Crisis Provision and Suicide:

1: Southwark Health and Wellbeing Board (11 November) received the attached SEL Borough comparison of planned spend per head for 2019-20 showing that the three most deprived Boroughs (Southwark, Lambeth and Croydon) received the least (a frankly miserly) spend per head of between £134 -£139. What % of known demand of the populations experiencing Mental Health Crisis and at risk of suicide have received Crisis Care? How does this Board recognise and describe Crisis Care? Where does the appalling BAF slide in this board pack of papers on how patients with learning difficulties are being failed fit into this picture?

2: The Southwark Health and Wellbeing Board (11 November) were told by Dr Nancy Kuchemann, a member of this Board responsible for Mental Health, that conversations were live for an allocation of "new money" to the SEL ICS of £121 million for 2021-2022 and for £366 million for 2023-2024? What are the expected figures for the FYs 2021/22, 2022/23 and 2023/24? How will figures be attributed to each MH Trust and to Kings A&E and St Thomas's A&E? How will figures be attributed to Crisis Provision compared with Prevention? What is the expected planned spend per head of population by Borough once the additional 'new money' is allocated? Is Croydon included in the SEL CCG and its ICS for the purposes of Mental Health?

3: How many incidents of failures to have 24 hour SLaM consultant psychiatrists on KCH A&E site, of failures to find beds for under 18s, of failures to provide immediate therapeutic appointments for those presenting at Kings A&E in a mental health crisis has this Board received since March 2020 - Covid-19? In addition to two examples in July and October, I am now given to understand from patients and doctors that the best Kings A&E is offering in November is to: "come back in a month for an appointment." Kings A&E continues to be the WRONG DOOR for Crisis self -presentations. Currently, how many beds are available for those who should be offered in-patient admission? Are any patients currently occupying beds in Kings when, clinically, they should be in SLaM? If, yes, how many? How many crisis presentations, such as the one I personally witnessed in July, are simply being 'let go' by Kings because: "they have nothing to offer." And, a Mental Ill-Health sufferer has two legs and can always be told to walk away. When will parity of esteem even start to be taken seriously? A tsunami of serious demand is visible. When can the public expect to see a serious, well resourced and funded plan for Mental Health which is a fit response to the crisis in our country?

Response

Workforce risk and capacity

1. We invited all of our staff to participate in risk assessments, although the vast majority of our staff are working from home so there is not the same level of risk as frontline organisations. We will continue to offer this to new starters and anyone who does need to attend sites. We will of course re-assess staff as and when we have clarity around returning to the office. In terms of Covid-19 burnout we are working hard with our staff to support their health and wellbeing to mitigate against this, and in terms of EU-Exit we worked with our staff to identify and support EU nationals regarding the right to remain. Because of our position and all the mitigations in place, we do not feel a further strategic risk is warranted at this time.

2. All our providers complied with the requirement to risk assess their BAME workforces and completed their submissions through the London portal. Trusts continue to follow all associated guidance in this regard, including ensuring the provision of appropriate PPE to all staff whether permanent or temporary/agency and will redeploy staff where this appropriate, alongside a number of other support activities. HR teams across the organisations are working closely together to share information and measures.

Accountability and transparency

1. NHS trusts are still reporting performance against core national standards e.g. A&E, RTT, diagnostics and cancer wait times. Provider trusts are required to report performance by CCG and since the merger of the six south east CCGs in April, performance is now reported for south east London as a single CCG. The change in reporting, is not only in line with national reporting requirements but the way that national reporting information is made available to us. This was understood prior to the creation of the single CCG and in fact prior to April some metrics were reporting at trust not commissioner level e.g. A&E, so for some metrics there is no change.

   The CCG is involved in multiple discussions with each of the providers and has access to local data sets that will support a view of performance by site, which, in turn gives a proxy view of performance at a borough level based on our knowledge of patient flows. Site performance issues are picked up with providers via the monthly performance meetings that are held with the trusts, noting our overall objective is improvement to secure the delivery of national performance standards, thereby addressing current variation.

All NHS activity is attributed to individual GP practices, all practices are mapped to local boroughs and primary care networks (PCNs) so the CCG is able to effectively track activity at borough level. This is different to performance, as performance data is produced at aggregate level so this makes attributing performance possible only on a proxy basis as above. The CCG does seek assurance from providers to ensure that processes are in place to capture any issues affecting individual sites / boroughs / cohorts of patients and will work with providers to seek to address any such issues.

2. Southwark and Lambeth commission the Community Rehabilitation and Falls service from Guy's and St Thomas' NHS Foundation Trust. The service has an established 30-week programme to support those at high risk of falls. Early intervention exercise programmes such as strength and balance exercises are an effective, evidence-based way to prevent falls.

   Both Lambeth's and Southwark's Better Care Funds continues to jointly invest in integration and community health services, and fund above national requirements for NHS commissioned out of hospital services.

   Data across Lambeth and Southwark show a decrease in falls with harm against a projected trend of increasing numbers and rates due to ageing population change. Hospital Episode Statistics (HES) data show that in 2013/14 there were 1,200 hospital admissions due to falls with harm. Modelling indicated that this would increase to more than 1,300 by the end of 2019 if no interventions were put in place. The projection with the early intervention exercise programme in place was to keep the number of admissions relating to falls with harm to under 1,200 by the end of 2019. The data show that the actual number of admissions due to falls with harm for January 2019 to December 2019 was 979. We're evaluating any impact of Covid-19 on performance against performance of comparator areas.

   Lambeth and Southwark are also piloting Safe Steps, a falls prevention app for non falls specialist services, in extra care and pendant alarms services and are exploring with the Health Innovation Network (HIN) the possibility of extending this to care homes.

Southwark and Lambeth are taking a whole system approach in the development and implementation of its falls prevention strategy.

Mental health

People present with a mental health crisis to a wide range of services and organisations. Community Mental Health Teams take a risk-based approach to care planning whereby everyone under their care is rated as red, amber or green (RAG) according to their level of risk.

You rightly quote Dr Nancy Küchemann stating that there is new investment for mental health services. This is £121 million 2021/22, £295 million for 2022/12 and £366 million for 2023/24 nationally for Community Mental Health Transformation. This is allocated to the Integrated Care System in south east London rather than individual organisations to take forward the aspirations in the Long Term Plan and we are required to submit bids setting out our plans for use of this funding. The ICS allocation is £5.2 million, £12.7 million and £15.8 million for the respective years. There is also funding for crisis alternatives and suicide prevention. Across south east London we will be working with local people and partners to develop proposals based on local plans, reflective of local need and addressing people's needs in a more holistic way. This includes working to ensure that people receive the most appropriate care and support to resolve their crisis in a timely response by developing a range of crisis services for residents of south east London. Across south east London we have an on-going commitment to develop real alternatives to traditional crisis services. Crisis can mean different things to different people and, as such, we do not try and define it.

We share your concern about the level of 12 hour waits and we are working with our colleagues at the South London and Maudsley NHS Foundation Trust (SLaM) and King's College NHS Foundation Trust (KCH) to put in place steps to address these in addition to the proposed investment mentioned above. From April to November there have been 163 12 hour waits at the KCH Denmark Hill A&E site relating to SLaM. The main reasons for these were the change in bed profile due to the need to have separated Covid-19 and non Covid-19 pathways, the increase in demand during the first lockdown where a number of patients presented who were previously unknown to services, a reduction in the workforce due to Covid-19 related

	ill health and need to self-isolate and a mismatch in demand for gender specific beds. The majority of patients were able to get a bed shortly after the breach and there was no delay in starting treatment as they waited for beds. Regarding people with learning disabilities – firstly it is important to say the BAF is not the only place where we hold important objectives and areas of focus for the CCG. However, we can clarify that issues related to people with learning disabilities are recorded on the Board Assurance Framework, and are recognised as an area which is are important and needs attention. In addition to the actions outlined in the BAF relating to the Learning Disability and Autism Programme additional funding is being made available by the CCG to support general practices across south east London deliver Annual Health Checks for people with learning disabilities as the CCG is one of seven regional Exemplar sites for Annual Health Checks for people with learning disabilities.
Question 3 **A Southwark resident**	**1 Dealing with the waiting list** The covid 19 pandemic led to the suspension of elective work across the NHS on the 17th March 2020, in order to increase acute and intensive care capacity. For patients with chronic diseases, the suspension of elective services and routine outpatients appointments has increased the backlog of patients waiting to be seen. This has also led to a substantial increase to the NHS waiting list, which will continue to grow as hospital as services operate at reduced capacity. Recent estimates suggest that the overall waiting list could increase from 4.2 million (pre-covid) to approximately 10 million by the end f the year in England (reff: NHS Confederation 2020, 'Getting the NHS Back On Track'); Can you confirm the current overall NHS waiting list in South East London? What are your clinical priorities for addressing the backlog? What are the financial implications of dealing with the backlog? **2 Nothing About Us, without us** It was not just suspending services which happened as a consequence of covid19. On the 19th March 2020 NHS England informed GPs what contracted work they should stop, and this included stopping work with there Patient Participation Groups (PPGs), collecting and reporting patient experience data, delaying response to patient complaints etc.

	Jessica Drinkwater a GP writing in the BMJ on June 4th 2020 commented that "overnight we have gone back in time from a world of co-production and shared decision making" and asks "Are we witnessing the end of the patient empowerment revolution". Well we certainly haven't seen much 'patient revolution ' under the Heaversedge/Bland axis, but there did appear to be some progress towards patient engagement-if on very limited terms- but we are now told this is coming to a halt. Can you confirm that you are standing down all but a limited number of your sub committees, including the Engagement Assurance Committee? Can you clarify the criteria for standing down certain committees and retaining others?
Response	**Waiting lists** As at the end of September 2020, the waiting list size is 131,855 for NHS South East London Clinical Commissioning Group. Trusts are prioritising the admitted patient list in line with Royal College of Surgeons Clinical Guide to Surgical Prioritisation. Patients will be treated in order of clinical urgency and length of wait. The financial implications of backlog clearance have been and will be included in our financial plans going forward. **Nothing about us, without us** The CCG, along with all NHS organisations has reviewed what governance remains active during the pandemic, with the need, of course, to focus on responding to the pandemic. Despite that, the CCG is proud that it retained all of its public meetings during the first phase, and continued to stream this online meaning we had more public attendance then previously. In terms of the second wave, we have made the decision to stand down a number of our committees for the same reason, but currently this is only for November and December (with a review required for January going forward based on the position as we stand) and we continue to operate our Governing Body and borough based boards. In addition to this, the CCG prioritises patient and public engagement and has spent a significant amount of time involving members of the public from across the six boroughs to develop a vibrant and diverse Engagement Assurance Committee. As

	part of establishing a new CCG we agreed to review this, and to do this collaboratively which means that the regular meeting was not established at the beginning of the CCGs existence. In the interim, the CCG established four task and finish groups with local people in the early summer including one on establishing the Engagement Assurance Committee which continued to meet into September and a Recruitment Liaison Group with local people continued to meet during October. The public member roles for the committee were advertised from 21 September and the closing date was 23 October. The recruitment process was facilitated by an independent chair and included a patient representative from south west London as well as Joy Ellery, the CCG's lay member for patient and public involvement. As part of the recruitment process two workshops were held on 20 and 21 October for all interested and potential applicants to find out more and ask questions. Two further workshops were held with all shortlisted applicants on 3 and 4 November prior to interviews taking place. There was a lot of interest in the roles with over 30 applications received for 12 roles and the panel was impressed by the calibre of applicants. We are keen to maintain this momentum and, as such, we are planning an introductory meeting in early December with the first formal meeting planned for January. The Engagement Assurance Committee will work closely with the Equalities Committee which also continues to meet. To summarise – the engagement assurance committee has not been stood down and we have been working closely with patients throughout this period, and also we have worked hard to retain public involvement in our governance and continue to do so.
Question 4 **A Greenwich resident**	In July 2020, according to a press release, it was announced that, next year, Lewisham and Greenwich NHS Trust will join in the formation of the East and South East London NHS Pathology partnership, keeping laboratory services within the NHS. So why has SELCCG decided to refer GP laboratory requests to Synlab and not participate in the laboratory services referred to above? It makes no sense for GPs in Lewisham and Greenwich to use privatised laboratory services and not the NHS services used or provided by LGT. The latter are staffed by people with much experience and expertise and it would ensure that repeat tests from the same patients go to the same laboratories and results are directly comparable. How can SELCCG be sure that there will be no reduction in quality or efficiency in transferring to a privatised service? This decision makes no sense.

Response

In 2017 the south east London Integrated Care System established a Pathology Programme which comprised Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust (SLaM), Oxleas NHS Foundation Trust and all six former south east London CCGs (acting as an Alliance at that time).

The programme was formed in response to NHS Improvement's strategy to form hub and spoke pathology networks across England. Originally it was intended that there would be 29 networks, this was later expanded to up to 'one per Sustainability and Transformation Partnership (STP)' (i.e. 44 at that time). All trusts were advised of the pathology network within which their service was expected to be located, with Lewisham and Greenwich NHS Trust identified as sitting within the south east London network, along with Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust as providers of pathology services. No change was not an option.

In September 2020 the Governing Body of NHS South East London CCG made the decision to commission all direct access GP pathology activity from King's College Hospital NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust, who will work with their newly procured laboratory partner Synlab from April 2021. This was the conclusion of a procurement process that began in 2017, to which all NHS organisations in south east London were involved, with the exception of Lewisham and Greenwich NHS Trust who decided not to be part of the south east London pathology network in 2018, and to develop a pathology network with Barts Health NHS Trust and Homerton University Hospital NHS Foundation Trust.

The decision made by the CCG Governing Body relates to the financial year 2021/22 only, as part of our annual commissioning intentions, following confirmation of the best value of the new provider. As agreed with Lewisham and Greenwich NHS Trust, the trust will continue to provide direct access GP pathology services for Bexley, Greenwich and Lewisham residents and patients until the safe transition of service happens which is currently not expected until Q3 of 2021/22. Lewisham and Greenwich NHS Trust (LGT) will continue to provide pathology services, working with its new network. All the partners are committed to working together on the transition, and there is a comprehensive programme in place to ensure effective mobilisation, including LGT, with workstreams on clinical quality, workforce, and IT. The Transition and Transformation Programme Board will be overseeing the work, which will include the CCG, and provide the appropriate assurances.

	As the NHS commissioners of the south east London health system, we acknowledge the superb efforts of colleagues in LGT's pathology department throughout the pandemic, including responding to the new Covid-19 testing requirements. We recognise that staff are a vital resource, and we encourage all our providers to retain and support staff, and are supporting investment in staff wellbeing at this critical time.
Question 5 **Frances Hook, Chair, Greenwich KONP**	I would like to have responses to the following question [the subject matters are in the board papers 1. **Integrated Care Systems.** Reading the board papers it appears that the ICS are over seeing the performance & decisions, SYSTEMS Management is stated several times. • Are the Management Systems, different providers from the NHS? • Last year a number of questions were asked to NHSE representative Jill Webb, at a Greenwich Primary Care Board meeting. • Will ICS's control the financial Budget, the answer was yes. • Will ICS appoint the extra / new staff for PCN, answer yes • Will ICS hold/ control the Budget for PCN's answer yes. • Will ICS be run by a non NHS organisation Answer Yes. • Could you give an update on the above?
Response	We are unclear which meeting in Greenwich you are referring to, but we can clarify that Our Healthier South East London (OHSEL) is the Integrated Care System (ICS) for south east London. The ICS is made up of local authorities and NHS organisations, liaising with colleagues in the voluntary and independent sectors across south east London. At this point there is no change to the expectations of the NHS organisations which sit within the partnership. Partner organisations work collaboratively at neighbourhood, borough and south east London level to ensure services are more joined up for local people, reduce duplication and provide better value to improve health and wellbeing and tackle health inequalities. The ICS is not 'run' by a single or separate organisation, we describe this way of working as a 'system of systems'. Each organisation has its own budget and council and NHS colleagues have been working together to establish agreed financial plans including how to pool and delegate budgets to support joined up services. The Covid-19 pandemic resulted in changes in the funding regime. However, we continue to work together to implement the national guidance with a key

	priority of providing financial certainty and stability across the system and to ensuring shared approaches to the management of risks or any funding shortfalls. This enables the ICS to make best use of available resources and develop a funding approach that put the needs and care of south east London residents at its centre. Primary Care Networks (PCNs) are members of the ICS but are responsible for recruiting their own staff. PCNs have their own budgets based on nationally specified contracts.
Question 6 (received in the meeting)	It would be more re-assuring if people could ask their own questions as they seem to be precided and that distorts them and the responses given are not always answering what has actually been asked. Can they at least be read out in full.
Response	Any member of the public can ask a question of the Governing Body. They can provide a written question prior to the meeting and before the deadline for receipt which is two days before the meeting. These are then published with the answers and also sent to individuals the morning of the meeting. They can also ask questions (and follow up) during either of the two public question slots. It is not possible for members of the public to read out the questions because as a viewer it is not possible to speak but the questions are published for people to read. They are not often read out in full due to time and for clarity; members of the public are able to post a further question/ clarification if they do not feel their question is sufficiently answered. Questions and answers covered in the meeting are included in the minutes and questions that are not answered during the meeting are added to the published question and answer document with their response after the meeting.
Question 7 (received in the meeting)	Can the question be left open through out the meeting. Then picked up at the end in the normal way?
Response	In our online Governing Body meeting we aim to mirror how we would run a face to face Governing Body meeting where members of the public can ask questions in the public question and answer sessions at the beginning and end of the meeting rather than throughout the meeting. However, we recognise that, for some people, it is not as easy to ask questions in writing as it is verbally and we, therefore, open the question function early to give people more time to type their question.

Question 8 (received in the meeting)	Public Health – how do you see proactive testing being introduced in schools?
	There are different possibilities as to how to use the asymptomatic testing in schools and most areas have not yet decided. Nationally, there are various pilots being conducted to ascertain the effective use of asymptomatic testing in various settings. Overall, it is expected that most areas will use it in two ways: to test regularly the school staff in a similar way as is currently happening with care homes staff and to use it in an outbreak situation to test larger number of staff and pupils to help with outbreak management. However, each area will have their own priorities and will use it as needed. To be clear this is being managed by public health teams rather than the CCG.
Question 9 (received in the meeting)	Can the SEL Healthwatch board member clarify why it is recruiting patient representatives particularly having authored a report recently which is critical of PPGs in Greenwich following a survey of practices carried out during the period of COVID restrictions in which GPs were requested to dial down PPG activities. Is there a conflict here?
	The Director of South East London Healthwatch clarified that the Healthwatch organisations across south east London are recruiting people from across south east London to be part of a Healthwatch Patient Group. The Healthwatch Patient Group will provide additional patient, carer and public insights to the evidence and intelligence that each local Healthwatch already collects and will share this feedback with the CCG. The Healthwatch Patient Group will support local Healthwatch in championing the diverse voices of patients, carers and the general public at a regional level. The opportunity to become a member of the Healthwatch Patient Group has been open to south east London residents and the adverts and information on how to apply widely circulated in each borough. In addition to the extensive Healthwatch networks in each of our six boroughs, this information has been shared with PPGs, community groups and external volunteering sites. Locally identified priorities inform projects and deep dives carried out by each Healthwatch. There is no conflict between the work of this group and the work of individual borough based Healthwatch organisations.