

Southwark Borough Based Board

Minutes of the meeting on Thursday 9 July 2020, 14:00 to 16:30

MS Teams Live

Present:

Evelyn Akoto	Cabinet Member for Community Safety and Public Health	[EA]
Bernadette Buckley	Associate Director of Quality Nursing and Safeguarding, NHS SEL CCG	[BB]
Robert Davidson	Borough CCG Clinical lead (Vice Chair), NHS SEL CCG	[RD]
Linda Drake	Clinical portfolio lead for Healthy Populations and Development, NHS SEL CCG	[LD]
Sabera Ebrahim	Associate Director of Finance, NHS SEL CCG	[SE]
Emily Gibbs	Clinical portfolio lead for Primary Care and Quality, NHS SEL CCG	[EG]
Richard Gibbs	Borough Lay Member, NHS SEL CCG	[RG]
Alice Godmon	Community Southwark	[AG]
Sam Hepplewhite	Place Based Director, NHS SEL CCG	[SH]
Ami Kanabar	LMC representative	[AK]
Nancy Kúchemann	Borough CCG Clinical Lead, NHS SEL CCG	[NK]
Genette Laws	Director of Commissioning, LB Southwark	[GL]
Jin Lim	(Acting) Director of Public Health, LB Southwark	[JL]
Kevin Mathews	Corporate Secretary, NHS SEL CCG	[KM]
Pauline O'Hare	Director of Adult Social Care, LB Southwark	[POH]
Julian Walker	Head of Communications and Engagement (Southwark), NHS SEL CCG	[JW]
Rosemary Watts	Assistant Director of Engagement, NHS SEL CCG	[RW]
Catherine Worsfold	Corporate Governance Lead-Southwark, NHS SEL CCG (minutes)	[CW]

Apologies:

Jasmine Ali	Cabinet Member for Children Schools and Adult Care, LB Southwark	[JA]
David Quirke-Thornton	Strategic Director of Children's and Adults' Services, LB Southwark	[DQT]
Alasdair Smith	Director of Children and Families, LB Southwark	[AS]
Nina Dohel	Director of Education, LB Southwark	[ND]
Kirsten Watters	LB Southwark	[KW]

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1.	<p>Welcome and introductions to the Southwark Borough Based Board</p> <p>The chair welcomed everybody to the first meeting of the NHS SEL CCG Southwark Borough Based Board. She thanked the production team.</p> <p>Introductions were made and apologies were noted as above. The meeting was declared quorate.</p>	
2.	<p>Opening Business (NK)</p> <p>i. Purpose of the board / mission statement NK outlined the purpose of the Board as:</p> <ol style="list-style-type: none"> 1. Overseeing the commissioning of local health services as outlined in the terms of reference. 2. Working in partnership with Southwark Council to improve the health and care outcomes of the local population. <p>There was a need to agree a joint purpose and vision following on from the CCG corporate objectives; board members were asked to feedback on comments and thoughts.</p> <p>ii. Statement on Black Lives Matter and inequalities in Southwark The Board recognised the huge importance of addressing the inequalities highlighted by the Black Lives Matter (BLM) movement and acknowledged that one of the aims of the CCG and Southwark Council was to reduce health inequalities. The Board endorsed the BLM principles and emphasised its full intent to address all types of inequality in health within the borough.</p> <p>iii. Video from Kevin Fenton A short video was shown from Professor Kevin Fenton about his work as part of Public Health England and in particular his Beyond the Data report which considered the impact of Covid-19 on BAME communities.</p> <p>NK thanked Professor Fenton for the video.</p> <p>EA welcomed the BLM statement and commented that Covid-19 had exposed the inequalities gap and it is important that all sectors work together to reduce inequalities.</p> <p>iv. Declarations of interest Members were asked to declare any new or existing interests against the agenda items. No new interests or changes were declared.</p>	
3.	<p>Public Questions – including ones received in advance of the meeting</p>	

	<p>NK welcomed the questions received before the meeting, as advance notification enabled the Board to provide a full and detailed response at the meeting.</p> <p>NK summarised the responses to the questions received before the meeting, highlighting that the full responses were available on the Southwark page of the SEL CCG website:</p> <p>https://selondonccg.nhs.uk/events/southwark-based-board-meeting-9-july-2020/</p> <p>NK encouraged questions from the members of the public in attendance via the Q&A facility of Teams Live. None were received.</p>	
4.	<p>Reflections on the response to Covid-19</p> <p>NK invited colleagues at the meeting to provide some reflections on the response to Covid-19, which in summary were:</p> <p>i. Public Health</p> <ul style="list-style-type: none"> • JL thanked NHS, public health and council colleagues for their support to the response. • A community hub had been set up quickly to address local population needs • A joint Council & CCG committee had been set up to have oversight of issues in the borough • JL reflected on the disproportional impact of Covid-19 on local communities recognised the need to focus on these key factors, particularly those with long term conditions LTC and earlier detection of long term conditions (e.g. diabetes). • There was an opportunity to scale up existing initiatives, including using digital technologies to the full. Wider social determinants of health are important and linked to the Health and Wellbeing Board and their work. <p>ii. Children, adults and families (GL)</p> <ul style="list-style-type: none"> • GL thanked the Board for including families in the title of this section because neither children nor adults exist in isolation and the council is determined to mainstream a ‘think family approach’ to working with residents. • GL commented that the elderly and those that care for them had been adversely impacted, although an increase in mortality across all adult client groups had been seen. • The frontline staff in adult social care had continued to provide excellent compassionate care. There had been good examples of mutual aid for providers, such as the CCG providing testing to social care workers and PPE from the council. GL thanked the CCG for 	

	<p>making testing available to council and provider staff.</p> <ul style="list-style-type: none"> • Children and Families, responsible for children’s social care and Early Help, had adapted their support so that it was provided digitally, where possible, and continued with face to face meeting, which were socially distanced, to ensure relationships were built and maintained. • Most children (those who are not the vulnerable or the children of key workers) had been unable to attend school and this had an impact on them and their families. • There were some positives in the lockdown. For some families there were improvements within the family unit and for some residents – regardless of age or size – they took up regular exercise. • GL noted the impact on the community of the death of George Floyd and that the BAME community had been affected disproportionately by Covid-19 and this was reflected in the council creating the listening exercise ‘Southwark Stands Together’. <p>iii. Social care Lessons learned included:</p> <ul style="list-style-type: none"> • Identifying which operational activities should continue e.g. mutual aid. • Improved understanding of what social care is by partners and the community • Acting on the learning from the rich staff discussions generated by BLM and the actions already underway to improve the service going forward • The need to review pre-lockdown commitments in the Council plan, including the residential care charter and the plan to open two new nursing homes • Considering the wider determinants in terms of health outcomes, (e.g. housing and education) and the need to prepare families to return to school safely. <p>NK welcomed the reflections, particularly noting the actions going forward and recognising their long term nature.</p> <p>iv. Shielded/vulnerable residents and patients (an example of NHS, Public Health & Local Authority joint working)</p> <ul style="list-style-type: none"> • This approach demonstrated great joint working, allowing enhanced offer of support. Case studies bring it alive. • The key was sharing and coordinating data, using an adaptive approach to streamline processes. • RW presented case studies and demographic information on how the CCG, Southwark Council, voluntary and community sector and primary care networks have worked together to support vulnerable residents during our Covid-19 response. This highlighted the 	
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	<p>successful partnership in quickly setting up and running the Community Hub that supported people who are shielded or otherwise vulnerable due to the Covid-19 pandemic. The community hub was being reviewed by the council, with a report due in September.</p> <p>LD described how the CCG, Primary Care Networks and Clinical Effectiveness Southwark had developed a proactive care pathway and template for general practice to support remote (telephone and/or video) contacts with shielded and vulnerable patients. The purpose of these calls were to optimise the management of their underlying conditions, tailor information giving, and support advanced care planning where appropriate. 7,000 contacts had been made up to the beginning of July, and the team was now building on this to consider how to continue to support people with long term conditions so that they can be as healthy and resilient as possible to face the future.</p> <p>NK welcomed the different dynamic of proactively calling patients.</p> <p>Healthwatch reported that they would be publishing their report imminently. Highlights were that people appreciated being contacted, felt heard, and their needs had been responded to.</p> <p>RD thanks participants for their reflections and noted the need to commit to addressing inequality across wards. ICS commitments included provision of proportionate resources to support those with poor health inequalities.</p> <p>The Southwark Borough Based board noted the reflections and lessons learned that were being used to inform future plans.</p>	
<p>5.</p>	<p>Update on integration (SH)</p> <p>i. Board terms of reference (ENC 2) SH presented the Borough Based Board terms of reference (ToR). The Borough Based Board was a prime committee of NHS SEL CCG Governing Body and as such the ToR had been approved as a part of the CCGs Constitution.</p> <p>It was noted that the current meeting agenda did not fully reflect the terms of reference due to the CCG responding to the major incident of the coronavirus pandemic. The agenda would evolve as the CCG moved towards the integrated care system implementation.</p> <p>JL welcomed the ToR, and further system integration, especially with respect to the next steps reference review of the Health and Wellbeing Board which started in January. A report would be going to the next Health and Wellbeing Board.</p>	

	<p>SH commented on the need to ensure CCG & Council meetings had a clear purpose which complemented each other and avoided duplication.</p> <p>ii. Progress on development of the programme of integrated commissioning (Enc 3)</p> <p>SH asked the Board to note the progress made to date and the next steps. The paper set out an approach to develop an integrated commissioning roadmap for Southwark and population cohorts (proof of concept) through which principles within the roadmap could be tested using clearly defined shared outcomes. Work had started last year, but would need to factor in learning from Covid-19, especially the health inequalities implications.</p> <p>The Southwark Borough Based Board received the report and noted progress on the integrated commissioning arrangements and planned updates to this Board.</p>	
<p>6.</p>	<p>Borough planning looking forward</p> <p>i. Southwark's Outbreak Prevention and Control Plan (OPCP) (Enc 4)</p> <p>JL, on behalf of KW, outlined the three-stage plan to mitigate the impact of novel coronavirus on Southwark's population and communities, focusing on those most at risk.</p> <p>JL outlined the operational approach and overview, highlighting that the three stages are:</p> <ul style="list-style-type: none"> • Prevent - Work with communities and settings to prevent transmission, focusing on those with greatest vulnerability. • Identify - Collate and interpret data to ensure that cases, clusters and outbreaks of disease are promptly identified and those affected appropriately supported. This included the test and trace system within hospitals (pillar 1) and within the wider community (pillar 2). There was no contact tracing role locally. Currently one testing site was in place in Southwark at Belair, looking to expand to further testing sites. Preparations for winter were also underway. • Control - Managing outbreaks by providing health protection advice and the institution of control measures (for individuals and communities) so as to prevent onward transmission. An acute response unit was in place and was public health consultant led with Environ health colleagues. <p>The Plan was published, and available on the Council website.</p>	

	<p>The OPCP would be led by the Director of Public Health and subject to member-led oversight. In Southwark, the member-led Pandemic Oversight Sub-Board (POSB) had been established as a sub-board of Southwark’s Health and Wellbeing Board, and would be responsible for implementing the OPCP including advising on major control measures such as local lockdowns. Prevention is key, and the plan recognised the benefit of utilising informal intelligence within the community for prevention and control.</p> <p>In response to a question received, JL advised that access to the Belair testing site was available online for public and staff for symptomatic testing; advance contact online or by telephone was encouraged.</p> <p>NK thanked public health for their support to the CCG and the community as a whole in the Covid-19 response.</p> <p>AK praised the daily dashboard as an encouraging way to inform clinical awareness.</p> <p>JL added that monitoring of calls to 111 was also a soft indicator of rising rates of Covid-19.</p> <p>The Southwark Borough Based board noted the content of the Outbreak Prevention and Control Plan and proposal to establish a sub-board of the Health and Wellbeing Board and a new Outbreak Prevention and Control Executive</p> <p>iii. Southwark ICS Recovery Planning (Enc 5) SH introduced the ICS Recovery planning approach, advising that each of the six boroughs in south east London are developing a recovery plan which will be coordinated by the local care partnerships.</p> <p>In terms of Southwark’s recovery planning working, it was noted that</p> <ul style="list-style-type: none"> • It was a “whole borough” plan, not just a single organisation plan. • The stages to recovery plan in primary care will feed into the plan • The first draft of the plan based on the template included in the papers would be submitted by the 17th July 2020, (followed by peer review) but will continue to be developed during the summer for further consideration at the September 2020 Borough Based Board meeting. <p>The Borough Based Board noted the suggested content and format of the Southwark recovery plan and timetable.</p>	
7.	<p>Borough engagement</p> <p>i. Developing the SEL engagement approach (Enc 6)</p>	

	<p>RW outlined the paper about work being undertaken in developing the CCG's approach to engagement across south east London and in Southwark, including:</p> <ul style="list-style-type: none"> • Development of an engagement approach, which was paused due to Covid 19, through task and finish groups in July • Covid-19 recovery engagement, both at south east London and a borough level • Southwark specific considerations as part of Partnership Southwark • Consideration of the summary findings of the Healthwatch Southwark Survey <p>Initial SEL engagement consisted of four task and finish groups to look at:</p> <ol style="list-style-type: none"> 1. NHS SEL CCG assurance committee terms of reference 2. Options for digital engagement 3. Options for non-digital engagement 4. Ways to engage local people in Covid-19 recovery planning <p>At a Southwark level, the initial approach was to consider:</p> <ol style="list-style-type: none"> 1. Do patients understand recovery, how do we engage with BAME communities in culturally appropriate ways. 2. How can we capitalise on previous partnership working and use past intelligence to inform planning. 3. How to utilise new intelligence – such as from Southwark Stands Together to support health workstreams. <p>To inform this, the engagement team were working to continue conversations to support refinement and development of plans, better understand people experiences of Covid-19, especially in primary care, and develop strong links with the formal engagement structures in place, such as the new Patient Participation Groups.</p> <p>The Board discussed the key points in the forthcoming report on outcomes from the Healthwatch survey. Key points were:</p> <ul style="list-style-type: none"> • The biggest challenge was to find information about health services still running. • NHS 111 and primary care experiences were disappointing, citing concerns around speed of access, patients being taken seriously, and not having an outcome. • Lessons about using non-Covid-19 healthcare: one third of respondents had seen their GP, and a half had access to prescription medication. The biggest difference in service was the use of phone consultations. People felt that online appointments were not appropriate for some health issues. • The biggest struggle for people was staying well during a pandemic, especially with regards to mental health. 	
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	<ul style="list-style-type: none"> • The biggest help was technology to access healthcare and also stay in touch with people. • Things that would help were wide ranging but include clearer information and strict social distancing. <p>RW acknowledged that gaps remained which required further engagement.</p> <p>GL reflected that the Covid-19 emergency started as a public health issue but is emerging into a mental wellbeing issue. There was a need to reflect on plans to ensure people can access the right support and services. Resident engagement was important, as were the needs and wants of the workforce.</p> <p>LD felt reassured that proactive calls addressed many of the issues raised, such as how to access healthcare. Staff support was needed to acknowledge a very different way of working. Supporting patients with new technology was being considered as part of recovery, and it was anticipated that long term condition care will continue remotely.</p> <p>NK provided a GP reflection, commenting that appointment systems changed rapidly over the pandemic, driven by staff welfare. It was proposed that the Healthwatch report should be reviewed at a future board meeting or seminar.</p> <p>The Board discussed immunisations, noting that routine immunisation rates dropped off significantly at the start of Covid-19. A video had been developed to explain the importance of immunisations, which coupled with proactive calls had achieved the best ever May child immunisation rates. Consequently, consideration was being given to do the same for cervical smear tests and flu immunisations.</p> <p>The Southwark Borough Based received and discussed the content of the proposed approach to engagement including the next steps.</p> <p>ii. Tessa Jowell Health Centre video A short video was shown about the Tessa Jowell Health Centre.</p> <p>NK welcomed the video and highlighted that facemasks were removed for filming only.</p> <p>SH thanked everybody involved in the project to bring the Tessa Jowell Health Centre build to completion.</p> <p>iii. Southwark Stands Together The Southwark Stands Together campaign was highlighted to the Board as the Southwark response to BLM. Local data had been reviewed, and</p>	
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	<p>the paper outlined how the Council could support BAME communities. This would feed into a professional review of themes (planned for September) covering health, policing, education, and jobs/employment. The intended outcome was a plan to drive improvements.</p> <p>The Southwark Borough Based board noted the various engagement projects currently underway.</p>	
<p>8.</p>	<p>Southwark month 2 finance report (Enc 7)</p> <p>SE gave an overview of the month 2 finance report highlighting:</p> <ul style="list-style-type: none"> • The temporary financial framework put in place by NHS England and NHS Improvement (NHSE&I). • The finance report showed an overspend of £202k, with a forecast overspend of £404k to the end of July 2020. The overspend was mainly due to non-delivery of QIPP and savings projects on Continuing Healthcare and Prescribing budgets due to the Covid-19 pandemic • Covid-19 spend of £1.7m for April & May was reported (by the Local Authority). Funding had subsequently been received by the CCG from NHSE&I to cover this £1.7m expenditure.. • In terms of risk, mitigations included regular NHSE&I and CCG dialogue to address risks. These are national risks, not unique to SEL. • £11.5m had been received for SEL funding, so much of the £18m risk had been mitigated. • Due to Covid-19, work on delegated budgets was on hold. <p>It was noted that the Covid-19 spend was primarily about supporting safe discharge from hospital and this was a financial risk for the council, given that they are making the placements and funding support services as apart of discharge to assess and admission avoidance. .</p> <p>SH advised the Board that the temporary governance framework in place would remain until further guidance from NHSE&I was received.</p> <p>JL asked if there were any plans for population based budgets; SH advised that integration had not progressed far enough yet. Initially, the Better Care Fund could come to the Board. The next steps for integration would look to align budgets.</p> <p>The Southwark Borough Based board noted the content of the report including budgets, allocations, key risks and the Covid-19 expenditure.</p>	
<p>9.</p>	<p>Public forum – questions received during the meeting</p> <p>NK welcomed and thanked members of the public for their questions</p>	

	<p>submitted via the Q&A function of Teams Live.</p> <p>One question was discussed at the meeting, being: Q: Is the budget just rolled forward from previous spend in Southwark or has there been a new funding settlement for boroughs. If so has this used new criteria? A: SE responded, advising that budgets were reset based on allocation received for the first two months and so there would be a difference from previous years.</p> <p>Any questions could be submitted via the email address on the website. All questions received at this meeting will be published on the Southwark page of the SEL website.</p>	
10.	<p>Any other business</p> <p>No further business was raised</p> <p>NK thanked everyone for attending the meeting.</p>	
11.	<p>Close</p> <p>The meeting was closed at 16:08</p>	