

Questions received ahead of the NHS South East London Clinical Commissioning Group Southwark Borough Based Board – 5 November 2020

Questions received from a local resident, Irene Payne. The questions received were grouped into three areas. We have followed the same grouping when looking to provide answers below.

Outbreak Prevention and Control Executive report

a. Covid infections

Question: *What analysis has been done to identify patterns of infections in Southwark? Eg. Areas, sectors, communities. What are the emerging patterns and how is Southwark dealing with them or planning to do so?*

Answer: The data are monitored by the Public Health Intelligence Team daily with some data flows monitored several times a day. The data are considered and analysed by trends over time, by different age bands, geography and ethnicity. We also 'horizon scan' using London and national data.

Generally, we are seeing more cases amongst 18-39 year olds (70%). Within household and between households are the main exposure settings. Other reports of exposure settings have included hospitality and retail. Geographically, there is a wide spread of infections across the borough, with generally more cases in higher density areas.

The Outbreak Prevention Control Plan sets out the approach locally for prevention and control. Activities include community engagement and communications on testing, contact tracing, social distancing, self-isolating and hands, face, space; enforcement by environmental health and in partnership with the police; increasing testing capacity locally; implementing a local partnership to support contact tracing and an acute response service providing advice and support, and working with Public Health England to manage local incidents.

b. Test and trace

Question: *How is the poor performance of the national service being dealt with?*

Answer: The Southwark local team works in partnership with the national service following up on cases the national team is not able to reach a contact.

Question: *What local resources have been put in?*

Answer: The local team comprises public health, environmental health, housing and Council Call Centre officers. They are all officers with other roles and functions and have undergone training to support the local contact tracing system.

Question: *There is no mention of the 3rd strand – isolate. Is isolating, monitored, supported or enforced in any way?*

Answer: When the Southwark Council public health team contact a case, the person receives a 'welfare check' to sign post them to local support and resources and where eligible to the 'self-isolation' payment. The public health team do not have a direct role in enforcing self-isolation.

Question: *What is the difference between “case completion” and “contact completion”?*

Answer: 'Case completion' is the completion of contacting a case with a confirmed test result. 'Contact completion' is the completion of contacting the 'contact of a case'. The local contact tracing system contacts the 'case'. The national system contacts the 'contact'.

Recovery plan

a. Care homes:

Question: *Have carers (in addition to managers), residents (where possible), residents' friends/families been involved in the feedback exercise?*

Each care home domain task and finish group has started with consultation with all older person care homes of what they need rather than what we deliver. This has either been through MS Team workshops and/or semi-structured interviews. It is from this feedback that we base both the initial quick win improvement work as well as informing the longer term improvement planning. The same approach will be taken with the mental health and learning disability homes as their needs will be different.

Question: *Are the basics – testing and PPE – now in place and adequate for all Southwark care homes? What is the position of home care services, both staff and service users in this respect?*

Yes. Regular care home testing is in place with agreed backup from care home GP should national testing not be sufficient. Any cases are separated from others and cared for with appropriate PPE and care. The PPE supply chain is in place for all homes and an escalation mechanism to the CCG. All older person care homes have weekly staff testing with resident testing every 28 days.

Performance report

Question: *Why is there no explanation for so much red and so little proposed action to improve – is this report just a formality?*

Answer: Borough service leads have provided narrative on the drivers of performance and planned improvement actions throughout the report. The purpose of this narrative is to provide an overview of what is being done to address the indicators in the report or to explain the associated performance.

We welcome feedback and would encourage people to let us know which sections of the report they suggest could benefit from additional information.

Question: *How will the Board review progress or amend indicators if they are no longer relevant?*

Answer: The borough leads are constantly monitoring performance against these indicators and the Board will seek formal assurance on the delivery of these indicators every two months.

The indicators in the report have been taken from key NHS plans and frameworks including the NHS Long Term Plan and NHS Oversight Framework. The borough has been delegated responsibility for delivering these targets by the SEL CCG Governing Body. The report will be reviewed and amended in-line with new national guidance and requirements.

There is scope to widen the report to focus on additional local metrics and the board will continue to consider this.

Question: *Why has there been no public engagement on performance as stated in the report?*

Answer: The performance report is presented to provide assurance to the borough board on areas of commissioning that it is responsible for. The report is designed to provide a record of performance and a description of the factors that are driving the performance position. The report also provides details of the borough's planned recovery actions for areas that require improvement and is shared at our public meeting for transparency and for discussion.

The CCG uses the information from this report, and others like it, to seek assurance around performance and we use the valuable insight provided from our public engagement activities to inform our commissioning decisions and the development of our improvement plans. It is in the planning and development of current and future services where the views and intelligence from patient engagement can have a real and tangible impact. For example, the current [Partnership Southwark recovery plan](#) is seeking feedback from people and organisations across the borough and will continue to do so as services develop to tackle the priorities identified in the plan.