

Greenwich Borough Based Board
Minutes of the meeting held on Thursday 13 May 2021, 14:00 – 16:00

Members	
Krishna Subbarayan (Chair)	GP Governing Body Member (Greenwich), SEL CCG
Sabah Salman	GP Governing Body Member (Greenwich), SEL CCG (<i>part meeting</i>)
Neil Kennett-Brown	Placed Based Director (Greenwich), South East London (SEL) CCG
Tuan Tran	Chair of Greenwich Local Medical Committee
Richard Rice	Lay Member, Greenwich Borough Based Board
Naomi Goldberg	Director of Strategy, METRO/GAVS
Joy Beishon	Chief Executive, Healthwatch Greenwich
Robert Shaw	Director of System Development (Bexley and Greenwich), SEL CCG
Susie Barker	Interim Director of Quality, SEL CCG
Steve Whiteman	Director of Public Health, RBG
Nick Davies	Senior Assistant Director for Operations and Partnership, RBG
David Borland	Director of Integrated Commissioning for Children's Services (RBG and SEL CCG) (<i>for Florence Kroll</i>)
Nick Molle	On deployment to SEL CCG and Greenwich Borough for Financial Management (<i>for Annie Norton</i>)

In attendance	
Russell Cartwright	Assistant Director of Communications and Engagement, SEL CCG
Malcolm Brydon	Borough Estates Lead (Greenwich and Lambeth), SEL CCG (<i>for item 3.2</i>)
Fiona Leacock	Head of Quality, SEL CCG (<i>for item 4.1</i>)
Kieran Swann	Associate Director of Assurance, SEL CCG (<i>for item 4.2</i>)
Iuliana Dinu	Communications and Engagement Manager (Greenwich), SEL CCG (<i>moderating public questions and answers</i>)
Shanna Martin	Greenwich Business Support Lead (producer of virtual meeting)
Rayna James	Greenwich Business Support Lead (producer of virtual meeting)
Andy Simpson	Corporate Governance Lead (Greenwich), SEL CCG (<i>minutes</i>)

Apologies for Absence	
Sarah McClinton	Director of Health & Adults Services, RBG
Florence Kroll	Director of Children's Services, Royal Borough of Greenwich
Simon Henley-Castledon	Programme Director, Oxleas NHS FT
Ben Travis	Chief Executive, LGT
Matthew Trainer	Chief Executive, Oxleas NHS FT
Annie Norton	Assistant Director of Finance (Greenwich), SEL CCG
Maria Hawes-Gatt	Director of Quality (Bexley, Greenwich and Lewisham), SEL CCG

1.	Introduction
1.1	Introductions and Apologies for Absence
1.1.1	The Chair welcomed attendees, noted apologies (listed above), and advised that the meeting was quorate.
1.2	Declarations of Interest
1.2.1	The Chair invited members to declare any existing or new interests in the context of agenda items. A register of existing declarations had been included within the meeting papers.

1.2.2	The Chair advised that the practice of both he and Dr Sabah Salman were affected by proposals included within the agenda related to the development of Kidbrooke Village Health and Wellbeing Centre. Members agreed that, as the item was for information purposes and not for decision, no conflict arose from either of them being part of the discussions.
1.2.3	No other interests were declared.
1.3	Minutes of the previous meeting
1.3.1	The minutes of the meeting held on 12 November 2020 were approved as an accurate record.
1.3.2	The Chair advised that appended to the minutes was a document, also available online as a separate attachment, which captured responses to questions raised at the November 2020 meeting.
1.4	Action Log
1.4.1	There were no open items. The only action from the November meeting was completed on 17 December with the circulation of the equality impact assessment and associated contract KPIs completed as part of the original proposals for the enhanced healthcare in care homes programme.
2.	QUESTIONS FROM MEMBERS OF THE PUBLIC
2.1	The Chair advised that a number of questions had been received in advance of the meeting from BME Volunteers CIC regarding the relationship and engagement between the organisation and the CCG. Due to the volume and nature of the questions, they could not be addressed at the meeting.
2.2	Later in the meeting once in attendance, Russell Cartwright added that a meeting would be arranged between the CCG, BME Volunteers CIC and relevant individuals and communities of interest in order to respond to the questions.
3.	GENERAL UPDATES
3.1	Covid-19 Response Update
3.1.1	Steve Whiteman provided an update on the Covid-19 infection rate in the Royal Borough of Greenwich, reporting that it remained low and at a similar level to the average rate for London. Hospital admissions also remained low, and there had been no Covid-related deaths reported in Greenwich since 20 March 2021.
3.1.2	Over 50% of Greenwich residents had received their first vaccination dose and over 35% had received both doses.
3.1.3	Mr Kennett Brown added that the following points: <ul style="list-style-type: none"> • Within care home environments, 92% of elderly people had been vaccinated and 88% of younger people. There was a large focus in improving uptake among staff members. • A significant amount of work was underway to address vaccine hesitancy and addressing Covid-related inequalities. • The 57 live vaccination sites in Greenwich were comprised of 26 primary care networks (PCNs), 21 pharmacies and ten hospitals, with two new vaccination sites due to 'go live' within the subsequent couple of weeks.

<p>3.1.4</p> <p>3.1.5</p> <p>3.1.6</p>	<ul style="list-style-type: none"> Other ways being used to bring the vaccine to community members included vaccination buses and other satellite clinics; pop-ups at places of worship, and work with community centres and organisations reaching out to the homeless. Funding received from the Ministry of Housing, Communities and Local Government was being used to work with faith leaders and hold information sessions in order to help to tackle vaccine hesitancy. <p>Slides were then shown which showed vaccine uptake according to a range of demographic factors, including age and ethnicity.</p> <p>The following key points and suggestions were raised in discussion.</p> <ul style="list-style-type: none"> There had been a surge in primary care activity in correlation with the gradual lifting of Covid-related restrictions. It would be important for there to be communications which reaffirmed that practices would continue to adopt a triage and telephone consultation approach for the time being, to continue to respect social distancing measures and due to other factors, such as staffing shortages. It was reported that lateral flow tests (LFT) are not 100% accurate, as were no devices. Not only do they carry a degree of reliance upon how they are used, but there is a limited amount of time within which they could be expected to provide accurate results, which is why people were being encouraged to test regularly. The devices are cost effective, easy to use and readily available. A Greenwich study found that Covid-19 was detected in 1000 residents using LFTs which would not otherwise have been identified. As such, they were an effective tool in the fight against Covid. The rise in activity across primary care and other parts of the system was causing service access difficulties for some residents, and as such it would be important to send the right messages to residents to support them in accessing services. <p>The Board:</p> <ul style="list-style-type: none"> Noted the update. Agreed that Robert Shaw, Joy Beishon and others should work together to develop communications to be distributed widely in order to support residents in accessing services (action 13/05-001, Robert Shaw; Joy Beishon)
<p>3.2</p>	<p>Kidbrooke Village, Block D – Health and Well Being Centre</p>
<p>3.2.1</p> <p>3.2.2</p> <p>3.2.3</p> <p>3.2.4</p>	<p>Malcolm Brydon gave a progress update on proposals for the development of a health and wellbeing centre at Kidbrooke Village which would include the relocation of the Sherard Road Medical Practice, part of the Everest Health Partnership.</p> <p>Mr Brydon provided an overview of funding, contractual and project governance arrangements before outlining key benefits of the creation of a centre which would bring together the full range of public health, community and care services, in line with both local and national strategies to foster more integrated care.</p> <p>Subject to full approval of the full business case, construction was expected to begin Spring 2022 and was expected to take two years. Designated isolation areas would allow for the continuation of practice in the event of future pandemics.</p> <p>An amendment to the report was requested to correct an inaccurate statement that extensive engagement had taken place in conjunction with Greenwich Heathwatch. Mr Brydon added that Covid-related restrictions had meant that the project leads had been unable to access all of the groups that they would have liked to. Joy Beishon undertook to work with Malcolm to engage more widely as the project developed.</p>

3.2.5	<p>The BBB:</p> <ul style="list-style-type: none"> • Noted the report. • Agreed that Joy Beishon and Malcolm Brydon should collaborate to engage widely in relation to the proposals and development (action 13/05-002, Malcom Brydon; Joy Beishon)
4.	ASSURANCE REPORTING
4.1	Quality Assurance Report
4.1.1	<p>The Quality Assurance Report, taken as read at the meeting, included performance among Greenwich providers in relation to the following areas:</p> <ul style="list-style-type: none"> • Women’s experience of maternity (at KCH) during Covid • Safer maternity care • NHS Staff Survey • Infection, Prevention and Control • CQC ratings for General Practice and Care Homes • Serious Incidents • Quality Alerts <p>4.1.2 Susie Barker gave an overview of the new quality team structure, quality reporting arrangements and associated governance. The three key formal meetings at which Greenwich quality reporting would take place would be the Greenwich BBB, South East London Integrated Governance and Performance Committee, and the South East London Governing Body.</p> <p>4.1.3 Ms Barker advised that most quality reporting had been stood down as part of the system-wide effort to prioritise the Covid-19 response, though oversight of key metrics continued in order that commissioners could continue to support providers wherever needed.</p> <p>4.1.4 The Chair, Clinical Lead for Quality, added that a new and more user-friendly system had been implemented for the raising of quality alerts.</p> <p>4.1.5 The following was noted in discussion of the report.</p> <ul style="list-style-type: none"> • More timely feedback to GPs in response to quality alerts would provide confidence in relation to the system’s handling of and response to quality concerns. • It would be important to include patient experience information within the quality reports following the recommencing of quality reporting. • Nick Davies and Susie Barker would work together to look at ways in which quality and safeguarding information could be brought together in the context of overall patient experience, something which was to be a discussion at the next Safeguarding Adults Board. <p>4.1.6 The BBB noted the report.</p>
4.2	Performance Assurance Report
4.2.1	<p>Kieran Swann provided an overview of key Greenwich provider performance metrics included in national performance frameworks, reporting the following key points:</p> <ul style="list-style-type: none"> • Greenwich Borough had set up the greatest number of personal health budgets within SEL and was above the annual target of 419. • Good performance had been in maintained in relation to discharge.

<p>4.2.2</p> <p>4.2.3</p> <p>4.2.4</p>	<ul style="list-style-type: none"> • For SEL CCG as a whole, and in Greenwich in particular, performance in relation to access to Improving Access to Psychological Therapies (IAPT) was below plan in quarter 3, though in Greenwich the recovery rate standard of 50% was achieved with a 52.6% having been achieved. • Greenwich Borough did not meet the dementia diagnoses of target of 67% in February 2021, with a performance of 60.9%. • Efforts to ensure that the physical health needs of mental health patients with ill mental are met, a priority within the Mental Health Five Year Forward View, were impacted by the Covid-19 pandemic. Assurance would be required as pre-Covid activity level resume to ensure that this is addressed adequately. <p>Mr Kennett-Brown added that a time lag in data meant that unfortunately the current picture was not necessarily shown in the report. An example of this was that 76% of health checks for residents with autism and learning difficulties had been conducted recently, which would be expected to change performance in a future iteration of the report.</p> <p>The following points were noted in discussion of the report:</p> <ul style="list-style-type: none"> • Positive performance was noted for children’s immunisations. The true picture might be one of even greater performance, since some practices were proactively contacting more vulnerable patients such as those with learning difficulties, but not always coding it as such due to the need for a face-to-face follow-up, and as such this would not yet be reflected in data. • Diabetes services and associated performance was given as an example of what can be achieved with effective collaborative working. <p>The BBB noted the report.</p>
<p>4.3</p>	<p>Month 12 (2020-21) Finance Report</p>
<p>4.3.1</p>	<p>Nick Molle provided an overview of the SEL CCG and Greenwich Borough Directorate financial positions as of month twelve, 2020-21. The following key points were noted:</p> <ul style="list-style-type: none"> • At the time of publishing, the CCG was reporting a surplus of £448,000. • Since publishing, NHS England (NHSE) has notified the CCG of a £0.6m allocation top-up, which shall have the effect of increasing the surplus reported for the 2020-21 financial year, which would be reflected in the final Annual Report and Accounts to be filed in June. • For Greenwich Borough, a surplus of £0.4m was reported for 2020-21, an improvement of £0.2m compared with the previous year. • For continuing healthcare (CHC) in Greenwich, the position had been adjusted in-month to reflect the impact of the Hospital Discharge Programme provision related to the pause in CHC assessments. The CCG had funded this position through non-recurrent flexibilities and therefore all boroughs were reporting that having broken even or better. Work was required to ensure that all relevant costs were captured in-year. • The overspend in-month relating to other community health services was driven by a c£0.25m increase in hospice costs. • Other acute services overspending in-month (£0.3m) related to an assessment of Circle contracts and the associated final costs. • The approach to setting budgets for 2021-22 was reported as being in line with NHSE allocation funding. The CCG was finalising its draft operational plans for the first half of the year, with submission due on 6 May. • The Greenwich Borough budget was agreed at the CCG Executive Board on 30 April as a total of £76.9m for the first half of the financial year. This budget was to be further

4.3.2	adjusted to reflect relevant uplifts, relevant virements, or consideration of any CCG-wide savings targets required before being finalised. The BBB noted the finance report.
4.4	Communications and Engagement Update
4.4.1	Russell Cartwright gave an overview of activities of the Communications and Engagement Team, reporting the following key highlights: <ul style="list-style-type: none"> • Extensive work continued to be undertaken in support of the vaccination programme, working with partner organisations and communities across Southeast London, including with faith leaders to understand better the drivers of vaccine hesitancy and barriers to accessing health services. • Engagement work had been undertaken with communities in relation to the Greenwich Recovery and Reset Plan, which included a survey in which residents had the opportunity to provide feedback on the priorities. • Work had been ongoing to actively listen to service users to gauge their experience, a result of which was a set of firm commitments made by commissioners and providers. • A further black, Asian and ethnic minority (BAME) engagement session was being organised by Healthwatch to coincide with the anniversary of George Floyd's death.
4.4.2	The following points were noted in discussion: <ul style="list-style-type: none"> • Work to determine ways of working with and engaging with patient participation groups was to be recommenced, having been paused in order to prioritise the system's Covid019 response. • Continued partnership and cross-organisational working would be pivotal in maintaining the spirit, capacity and reach of communications work into the new ICS arrangements and ways of working.
4.4.3	The BBB noted the report.
4.5	BBB Terms of Reference
4.5.1	The Chair advised that BBB members had reviewed the forum's terms of reference in private session and agreed to adopt them unchanged for the 2021-22 financial year, there having been consensus that they provided for the necessary and oversight functions, and given that the transition to the SEL ICS as a statutory body from April 2022 would result in a new set of governance arrangements.
4.5.2	The Board agreed to recommend that the SEL Governing Body adopts the terms of reference, under the condition that Naomi Goldberg was incorporated formally as a non-voting member.
5.	Any Other Business
5.1	The Chair advised that consideration was been given to opening up the July meeting so that members of the public would be able to raise questions orally.
6.	Meeting close
6.1	The Chair closed the formal part of the meeting at 16:00 and convened the public forum during which members of the public had the opportunity to ask questions of the Board.