

NHS South East London Clinical Commissioning Group Annual General Meeting

Date: Thursday 16 September 2021 12.00-14.00

Venue: MS Teams

Chair: Dr Jonty Heaversedge

AGENDA

No	Item	Presenter	Timing
1	Introductions / Declarations of Interest	Dr Jonty Heaversedge, Chair	12.00
2	Previous Minutes To receive minutes of the previous AGM held in 2020	Dr Jonty Heaversedge, Chair	12.05
3	NHS SEL CCG Annual report	Andrew Bland Accountable officer	12.10
4	NHS SEL CCG Annual accounts	Usman Niazi Chief Finance Officer	12.25
5	Supporting the system response to the coronavirus pandemic	Dr Angela Bhan, Bromley Borough Director & SEL GOLD Command	12:40
6	A look back at clinical commissioning in south east London and the transition to an integrated care system	SEL CCG Governing Body	13:10
7	Public questions	Michael Boyce Interim Chief Operating Officer	13:45
8	CLOSE		14:00

Presenters:

Dr Jonty Heaversedge, Chair of the CCG

Andrew Bland, Accountable Officer & South East London ICS Lead

Usman Niazi, Chief Financial Officer

Dr Angela Bhan, Bromley Place Based Director and Consultant in Public Health

Michael Boyce, Interim Chief Operating Officer

CCG Governing Body Clinical Leads

Annual General Meeting of NHS South East London Clinical Commissioning Group

held on Thursday 17 September 2020 at 12pm, via MS Teams Live

Present:	Dr Jonty Heaversedge Dr Dianne Aitken Dr Clive Anggiansah Mary Currie Dr Rob Davidson Dr Sid Deshmukh Andrew Eyres Neil Kennett-Brown Shelagh Kirkland Dr Nancy Kuchemann Prof Simon Mackenzie Dr Faruk Majid Dr Adrian McLachlan Dr Jacky McLeod Dr Ruchira Paranjape Dr Andrew Parson Peter Ramrayka Dr Sabah Salman Dr Krishna Subbarayan Martin Wilkinson Stuart Rowbotham Andrew Bland Usman Niazi Christina Windle Martin Wilkinson Joy Ellery Mark Cheung	Chair, SEL CCG Lambeth GP Lead, SEL CCG Bexley GP Lead, SEL CCG Registered Nurse Member Southwark GP Lead, SEL CCG Bexley GP Lead, SEL CCG Strategic Director, Integrated Health & Care Lambeth Greenwich Borough Director SEL CCG Lay Member, Governance & Audit Southwark GP lead, SEL CCG Secondary Care Doctor member, SEL CCG Lewisham GP Lead, SEL CCG Lambeth GP Lead, SEL CCG Lewisham GP lead, SEL CCG Bromley GP lead, SEL CCG Bromley GP lead, SEL CCG Lay Member, Primary Care & Commissioning Greenwich GP Lead, SEL CCG Greenwich GP Lead, SEL CCG Lewisham Borough Director, SEL CCG Bexley Borough Director SEL CCG Accountable Officer, SEL CCG Chief Finance Officer, SEL CCG Chief Operating Officer, SEL CCG Borough director – Lewisham, SEL CCG Lay member for patient and public involvement One Bromley Integrated Care Programme Director
In Attendance	Simon Beard Heather Gava Theresa Osborne Dr Simon Parton Folake Segun	AD of Corporate Services, SEL CCG SEL Executive office lead, SEL CCG Director of Commissioning System Reform, SEL CCG LMC representative Healthwatch representative

1.	<p>Welcome and introductions</p> <p>The Chair welcomed everyone to the AGM.</p> <p>By way of introduction, the Chair recognised that this was an exceptional year, and in many ways an unusual AGM as a result. There had been significant changes at the CCG but also to everyone's lives and the way health services were delivered. Although discussion about last year may seem somewhat disconnected from the</p>
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	current circumstances, nonetheless it was useful to reflect on the challenges and successes of the previous year and look forward to the future.
2.	<p>Review of the year</p> <p>Andrew Bland, Accountable Officer for SEL CCG, delivered a review of the year, highlighting that although this was a review of previous sovereign bodies he was in fact accountable officer for those separate CCGs (being Bexley, Bromley, Greenwich, Lewisham and Southwark) for the whole of 2019/20 and accountable officer also for Lambeth CCG from mid-way through the year.</p> <p>This report was in the spirit of marking issues that had caused challenges but also recognising the achievements delivered.</p> <p>Key activities of the last year were:</p> <ul style="list-style-type: none"> • Merger of previous six CCGs in south east London into NHS South East London CCG from 1 April 2020 – the biggest CCG in the country. • The prime focus of the merger was to ensure there remained the ability to make local population focussed decisions, ensuring decisions were made at the right level in the organisation to best deliver services. • To underline the importance of joined up work across the system, there were a number of joint appointments across the CCG and local authorities, plus further enhanced work with our local acute providers. • Mobilisation of our Covid-19 pandemic response – this had been the focus of the last quarter of the year and relentlessly ever since. The accountable officer placed on record his thanks to staff, clinical colleagues and partner organisations to respond to this at a moments notice and to undertake different roles to business as usual. • Particular thanks were given to the Gold Command group of four senior leaders who provided strategic leadership to the pandemic response. • NHS SEL CCG was the first area in London to join wave 3 of the Integrated Care System (ICS) programme. • Extensive EU exit planning was undertaken to mitigate the impact of any no-deal Brexit • Development of Primary Care Networks – transitioning to looking at our population at all levels – neighbourhoods, boroughs and cross-SEL. • Enhanced focus on equality and diversity <p>Achievements that were highlighted were:</p> <ul style="list-style-type: none"> • highest rate of flu vaccination in London for over 65s in Bromley. • Excellent quality of service for children with special educational needs in Lambeth. • Good performance in diabetes services. • An annual rating of “excellent” for four of our six boroughs and “good” for the remaining two – making the CCGs rating one of the best in the country.

	<ul style="list-style-type: none"> • Good financial performance across the board, particularly in Bexley and Greenwich who were able to stabilise their financial position after previous challenges. • Various service improvements – particularly calling out our digital work and the opening of the new Tessa Jowell Centre in Dulwich which was a culmination of many years of planning. • Consistent improvement of CQC ratings in primary care.
<p>3.</p>	<p>Annual report and accounts for 2019/20</p> <p>The Chief Financial Officer (CFO) lead this item, acknowledging that he was CFO responsible for five of the predecessor CCGs for the whole of 2019/20 and also CFO for Lambeth CCG from mid-year.</p> <p>In summary:</p> <ul style="list-style-type: none"> • Accounts for all the CCGs had been submitted on time but it needed to be acknowledged that this was in the context of working with a focus on the Covid-19 response and in an environment where the finance team were working remotely; the finance team should be commended for this achievement. • A control total of £3.6m surplus was set across the 6 CCGs and all delivered within this total (and slightly above it). This was after receipt of £7.5m of Commissioner Sustainability Funding for NHS Bexley CCG which was achieved by a collective effort. • Cash draw down limits, running cost allowance, and supplier payment expectations were all met. • Overall a good performance. • All CCGs received unqualified opinions from external audit. • Only 1% of expenditure was on running costs, 99% of the expenditure was quite rightly in delivery of patient and clinical services • Thanks was expressed to the finance team for the high quality of work on the merger of the financial systems, as highlighted by the auditors.
<p>4.</p>	<p>Forward Look</p> <p>The Chair, Dr Heaversedge, shared some thoughts on the future for NHS SEL CCG, reflecting that:</p> <ul style="list-style-type: none"> • NHS SEL CCG was created from 1 April 2020, and reflected on the value of being able to be both “big” and “small” at the same time, working at the right level to ensure there was seamless care by working collaboratively with partners across the system to narrow the separation between commissioning and provider functions. • Borough relationships were important and were underlined during the response to Covid-19, where local working was critical to ensure local authorities, primary care, voluntary and community services worked together to wrap care around our most vulnerable residents.

	<ul style="list-style-type: none"> • Dr Heversedge was incredibly proud about how the organisation had put aside its role as commissioner to look at how it could best support the system, whether this was supporting staff to respond to changes, support providers across the system with resources and co-ordination, adjust its working practices, or assuring the health and wellbeing of its workforce. • The system now needed to look at how services can be switched back on as we move out of the first phase of the response. <p>Key points on the future move towards an integrated care system were:</p> <ul style="list-style-type: none"> • that SEL was the first ICS in London, recognising the critical role that the accountable officer played in achieving this • the need to balance local needs with population wide delivery of care services • the delivery of the five priorities set out for the ICS, being: <ol style="list-style-type: none"> 1. Integrated community-based care 2. Reduction in pressure on urgent and emergency care 3. Improved planned care outcomes and performance 4. Delivery of better outcomes for major health conditions 5. Delivery of financial savings and achievement of agreed financial targets • the way mutual aid has been delivered across services and organisations for the pandemic, which has created good relationships that should be built on and maximised. This needed to be supported now by a strong governance structure to formalise these relationships. <p>Challenges being faced going forward:</p> <ul style="list-style-type: none"> • Undoubtedly ongoing pressures in responding to the pandemic, particularly whilst maintaining business as usual elective procedures, outpatient appointments, etc. • The need to tackle the inequalities in healthcare that exist and have been highlighted and exacerbated in some areas during the pandemic. • An ongoing financial challenge. • The absolute need to build on the striking progress made during recent months and continue to develop a collaborative working approach. <p>The Chair expressed his personal thanks to all staff across the system for their resilience, dedication and hard work, which was echoed by the governing body.</p>
<p>6.</p>	<p>Question and Answer Session</p> <p>The Chief Operating Officer co-ordinated a question and answer session comprising questions submitted either in advance or online during the meeting.</p> <p>Questions were raised as follows:</p> <p>Q1: How do people access more information on the annual accounts?</p>

A: The CFO advised they are available on the NHS South East London CCG website under “publications”. All six annual reports and accounts relating to the legacy CCGs were available.

Q2: When will the public start to be able to be involved in the governance of the ICS?

A: The accountable officer responded by commenting that it had always been the case that public involvement is critical and none more so than now. ICS development was still ongoing. The CCG was taking an iterative approach on the basis that the south east London ICS was not a statutory body but a partnership of bodies and was seeking to involve citizens through those organisations. Borough Based Boards were operating at a local level, and the CCG was a conduit for discussions until ICS working was in place. During Covid most ICS leadership groups had been stood down apart from those relating to recovery/ response. There was a plan to stand back up some of the ICS arrangements as Christmas drew closer, such as the partnership board.

Joy Ellery – lay member for patient and public engagement – added her thanks for the question and highlighted that the CCG was standing up its Engagement Assurance Committee and was working with partner organisations on sharing information. The Chair acknowledged the criticality of public engagement and asserted the need to make sure the organisation did not lose itself in governance around engagement.

Q3: Many patients are having problems accessing their GP because of technology and issues with e-Consult – is this going to change?

The Chair acknowledged that from quite early on in the pandemic, people were avoiding seeking attention as they were concerned about going into practices. Additionally, to support staff welfare the system had looked to increase online consultations but they did not and should not replace face to face – it was very important that people are seen and examined and get a thorough consultation. However, as part of the pandemic response it was felt important to have conversations virtually at least initially – as these were often helpful in enabling GPs to direct people to the right care and service without necessarily seeing them face to face. The meeting was reminded that a campaign had been established across south east London to remind people that general practice is open for business and available. Technology was an issue that needed further development – how do we support people at a distance and make decisions about next steps in their treatment plan, and what sort of technology should be used? Digital solutions needed to be used alongside other methods to ensure they were not a barrier, although it should also be noted that some people had really appreciated the change to digital. It was clear that use of digital solutions must not enhance inequalities by putting people off from accessing services.

	<p>Q4: What was the availability of flu vaccinations for the different cohorts?</p> <p>The Chief Operating Officer advised that there was a huge demand and requirement to vaccinate as many people as possible this year. Orders had been made across south east London and deliveries were coming through for a programme launch in October. No significant concerns had been raised by practices at the moment. Additional cohorts for flu were currently being looked at – such as the over 50s. Additional supplies were expected to be released if these cohorts were confirmed.</p> <p>Q5: There haven't been formal engagement groups active at CCG in this year. Conscious that previous arrangements were stood down, should interim arrangements be put in place pending the new system structures going live?</p> <p>Joy Ellery highlighted that during January, February and March 2020, the CCG had consulted with the public to find out how to engage, which had produced a “menu” of suggestions. This activity was then put on hold as the pandemic took hold. Gradually engagement was being stood back up – four task and finish groups had been convened with members of the public from six boroughs. The first group was on recovery from Covid, two groups considered digital engagement, and the final group looked at non-digital engagement and how to engage in the Covid-19 environment. The CCGs Engagement Assurance Committee had commenced to provide assurance to the CCG on its engagement approach.</p> <p>At a borough level, Martin Wilkinson – borough director for Lewisham – described how the boroughs patient reference group had continued to meet to talk about recovery plans, how discussions had continued with the borough lay member, and that Healthwatch had been engaged to survey peoples on their experiences. The team were now talking to specific groups about recovery plans and priorities. This kind of approach was reflective of similar activity in all the boroughs.</p>
<p>7.</p>	<p>Meeting close</p> <p>The Chair closed the meeting by reiterating his thanks to the whole team of CCG staff and partner agencies, but also to the public for the support received for the work being done on the pandemic.</p> <p>Members of the public were encouraged to participate in the CCGs next Governing Body meeting held in public which would commence at 13.30.</p> <p>The meeting closed at 12:58.</p>