

## SEL CCG Governing Body meeting in Public

Minutes of the meeting on 19 May 2022

Videoconference/ Streaming via MS Teams

### Present:

| <b>Name</b>                  | <b>Title &amp; Organisation</b>                      |
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| Dr Jonty Heaversedge (chair) | Chair SEL CCG  |
| Dr Dianne Aitken             | Lambeth GP Lead, SEL CCG                             |
| Dr Clive Anggiansah          | Bexley GP Lead, SEL CCG                              |
| Joy Ellery                   | Lay Member, Public & Patient Involvement             |
| Andrew Eyres                 | Strategic Director, Integrated Health & Care Lambeth |
| Sam Hepplewhite              | Borough Director Southwark                           |
| Jackie Davidson              | Acting Greenwich Borough Director SEL CCG            |
| Shelagh Kirkland             | Lay Member, Governance & Audit                       |
| Dr Nancy Kuchemann           | Southwark GP lead, SEL CCG                           |
| Prof Simon Mackenzie         | Secondary Care Doctor member                         |
| Dr Adrian McLachlan          | Lambeth GP Lead, SEL CCG                             |
| Dr Jacky McLeod              | Lewisham GP Lead, SEL CCG                            |
| David Maloney                | Acting Chief Financial Officer, SEL CCG              |
| Dr Andrew Parson             | Bromley GP lead, SEL CCG                             |
| Peter Ramrayka               | Lay Member, Primary Care & Commissioning             |
| Robert Shaw                  | For Bexley Borough Director SEL CCG                  |
| Dr Sabah Salman              | Greenwich GP Lead, SEL CCG                           |
| Dr Krishna Subbarayan        | Greenwich GP Lead, SEL CCG                           |
| Martin Wilkinson             | Lewisham Borough Director, SEL CCG                   |

### In Attendance

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| Dr Aaminah Verity    | North Lewisham PCN Lead for Health Inequalities  |
| Joyce Jacca          | Health Inequalities Community Link Worker        |
| Harriett Agyepong    | Associate Director of Performance                |
| Tosca Fairchild      | ICB Chief of Staff Designate                     |
| Kieran Swann         | Associate Director of Assurance                  |
| Sarah Osborn         | Associate Director of Performance                |
| Theresa Osborne      | Director of Commissioning System Reform, SEL CCG |
| Dr Simon Parton      | LMC representative                               |
| Folake Segun         | Healthwatch representative.                      |
| Kate Moriarty-Baker  | Chief Nurse CCG                                  |
| Elinam Attipoe       | Governance Manager SEL CCG                       |
| Julian May (minutes) | Head of Governance SEL CCG                       |

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| <b>1.</b> | <b>Welcome and apologies</b>   |
| 1.1       | Dr Jonty Heaversedge welcomed all to the meeting   |
| 1.2       | Apologies were received from Sarah Cottingham, Dr Robert Davidson, Dr Faruk Majid, and Stuart Rowbotham. |

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| <b>2.</b> | <b>Opening Business</b>   |
| 2.1       | No additional declarations or amendments to the conflicts of interest register were made.   |
| 2.2       | The governing body <b>APPROVED</b> the minutes of the meeting on 17 March 2022 as an accurate record.   |
| 2.3       | The action log was updated.   |
| 2.4       | There were no matters arising.  |
| <b>3.</b> | <b>Public Questions</b>   |
| 3.1       | No public questions were received at this point in the meeting.   |
| <b>4.</b> | <b>North Lewisham PCN Approach to Health Inequalities</b>   |
| 4.1       | The governing body heard a presentation on the work being done by North Lewisham Primary Care Network from Dr Aaminah Verity and from Community Link worker Joyce Jacca.  |
| 4.2       | Dr Diane Aitken welcomed the presentation and noted that a proposal was also being developed to replicate the model in Lambeth, as a good way to do more proactive case finding work for those who may not have been coming forward for health checks.  |
| 4.3       | Dr Angela Bhan highlighted importance of spending time one engagement with communities, and asked how engagement could be maintained beyond the initial health check with those who may not have come forward for health checks before.   |
| 4.4       | Folake Segun in rolling out to other boroughs noted the clinical fellow, and asked if that there was also funding for the community engagement role.  |
| 4.5       | Dr Aaminah Verity added that longer term engagement was being built through follow up health and wellbeing coaching sessions, as well as health promotion activities signposting to local activities such as walking and cooking groups.  |
| 4.6       | Joyce Jacca a community worker highlighted example efforts to find those able to speak in a number of languages able to help people with healthchecks as well as working with community volunteer groups. Working with community groups required gaining trust, and it was important to let people know what had changed as a result of their feedback.   |
| 4.7       | Martin Wilkinson thanked Dr Verity and Joyce Jacca as well as the community in north Lewisham who had engaged with the work. The health and wellbeing board in Lewisham had agreed a high priority for health inequalities and also an equity programme with ongoing funding being sought, as well as some work on evaluation of the work. Lewisham Council had also been working with Birmingham Council on race inequality as well as wider health inequalities. The PCN had worked with the CCG and contributed their own funding. |

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| <b>5.</b> | <b>Video presentation – Primary care</b>  |
| 5.1       | The governing body viewed a video thanking primary care colleagues for their work during the pandemic, and a video on the work on sustainability in south east London.  |
| <b>6.</b> | <b>Accountable Officers report</b>  |
| 6.1       | Andrew Bland presented the accountable officers report, highlighting: <ul style="list-style-type: none"> <li>• the thanks due to governing body members for their contribution and the work they had done and would continue to do in the system.</li> <li>• that Commissioning and clinical leadership would continue to be vital in the new organisation, and the work in merging the CCG meant that south east London was better prepared for the ICS.</li> <li>• that the governing body had been kept up to date with the process for the transition to the ICS, and could be assured that the necessary documentation was on track, engagement and consultation was taking place with CCG staff, and that many of the new board and executive team had already been recruited.</li> <li>• The award national won by the communications team for their campaign related to the vaccination programme, and it was particularly pleasing to celebrate this work which had led to more people in south east London receiving their vaccinations.</li> </ul> |
| 6.2       | Joy Ellery reiterated congratulations for the communications award and recommended that members access the information on the CCGs website on about the work being done on environmental sustainability in south east London.   |
| 6.3       | Dr Jonty Heaversedge praised the comms team for their award, and thanked Andrew Bland for his leadership of the CCG in south east London.   |
| 6.4       | The governing body <b>NOTED</b> the accountable officers report.  |
| <b>7.</b> | <b>Equalities Update</b>  |
| 7.1       | Joy Ellery updated on the CCGs work on inequalities: <ul style="list-style-type: none"> <li>• The equalities committee had met every month and the members of the committee had been enthusiastic in maintaining the momentum of the week and were thanked for their work.</li> <li>• An equalities action plan kept track of the WRES, WDES and gender pay gap as well as a number of other initiatives, and enabled the committee to keep pressure.</li> <li>• Equality impact analyses had were important and had been developed to enable staff to continue to consider the impact on equalities.</li> <li>• A great deal of work on workforce had been completed, as well as an in depth conversation on the staff survey and an examination of the menopause policy, and reducing inequality in the recruitment process working with the CCG's beyond BAME group.</li> </ul>  |
| 7.2       | Dr Jonty Heaversedge commented on the breadth and depth of the work and thanked Joy Ellery and Dr Faruk Majid for their chairing of the committee.  |

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| 7.3        | Tosca Fairchild noted how impressed she was by the work which had been done, and noted that continuing this work with staff and communities would continue to be a priority.  |
| 7.4        | The governing body <b>NOTED</b> the equalities update.  |
| <b>8.</b>  | <b>Report of the CCG Prime Committees</b>   |
| 8.1        | Kieran Swann presented the CCGs prime committees report, outlining the decisions made under delegation and actions and points of note since the last governing body meeting. Two decisions had been recommended by the CCGs integrated governance and performance committee, to approve the 2022/23 budget which would be discussed and approved in item 11 and the CCG's BAF which would be approved in item 9.  |
| 8.2        | Peter Ramrayka thanked the members of the primary care commissioning committee and the staff that had contributed to its work.  |
| 8.3        | The governing body <b>NOTED</b> the CCG prime committees report.  |
| <b>9.</b>  | <b>Board Assurance Framework</b>  |
| 9.1        | Kieran Swann presented the board assurance framework which had been reviewed by the integrated governance and performance committee on 28 <sup>th</sup> April which recommended and increase to the risk score for Risk 31, relating to the preventing harm to patients experiencing delays to treatment. The residual risk score was increased from 12-16 in recognition of the impact on patient experience and align to the ratings given by providers. The committee asked for further investigation on the risk (risk 37) related to delays to access to the eating disorder service.  |
| 9.2        | Professor Simon MacKenzie noted that when reviewing the whole board assurance framework as part of the new framework, it was important that the BAF was balanced and reflected the concerns of the organisation.  |
| 9.3        | Shelagh Kirkland noted that work progressing with the chair of the new ICB to ensure the new board assurance framework would reflect risks to the objectives of the new ICB.  |
| 9.4        | The governing body <b>NOTED</b> the Board Assurance Framework and <b>APPROVED</b> the implementation of amendments requested by the IGP committee.  |
| <b>10.</b> | <b>Integrated Governance and Performance Committee Updates</b>  |
| 10.1       | Harriet Agyepong updated on the following areas of acute focused performance: <ul style="list-style-type: none"> <li>• Referral to treatment - the system aimed to end all 104 week waits by June 2022, the CCG was working with the APC to achieve this through a combination of mutual aid between acute trusts in south east London, and use of the independent sector, such as NHS clinicians using independent sector facilities.</li> <li>• Urgent and emergency care – they UEC system remained pressured, particularly due to staffing levels, acuity and high levels of demand. A daily operational leads meeting had helped to ensure pressures were</li> </ul> |

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| 10.2 | <p>managed and enabled proactive planning for weekends. There were also in-hospital improvement plans in place.</p> <ul style="list-style-type: none"> <li>• Cancer – during 2022/23 there would be a focus on improving performance against the 28 day faster diagnostic metric allowing more people to receive their diagnosis in relation to cancer in a timely way. The NHS would also work to increase treatment activity in order to reduce waiting times.</li> <li>• Diagnostics – there had been an improvement in diagnostic performance, and plans were in place to improve provision through investment in community based diagnostic centres.</li> </ul> <p>Sarah Osborn updated on non-acute performance</p> <ul style="list-style-type: none"> <li>• Challenges remained in meeting targets for IAPT access, providing health checks for people with serious mental illness, children and young peoples mental health, eating disorder waiting times and reducing out of area placements.</li> <li>• A consultation as part of a review of the mental health long term plan suggested that the timescale for achieving these targets be increased in recognition of the pressures being experienced nationally. The CCG supported the recommendations of the review, but would continue with an ambition to meet the original trajectories for eating disorder waiting times and reducing out of area placements which were priorities for south east London.</li> <li>• A clinically led steering group for IAPT had been established to oversee improvement plans. This followed a more established steering group overseeing physical health checks for people with serious mental illness, which was now reviewing plans for each borough.</li> </ul> |
| 10.3 | <p>Kate Moriarty-Baker updated on the targets to reduce learning disability and autism inpatients:</p> <ul style="list-style-type: none"> <li>• There were 71 inpatients in March, missing the target by 2, however 16 patients had already been identified as suitable for discharge in first quarter of 2022/23 and 42 expected to be discharged during the remainder of the year</li> <li>• The CCG was expected to ensure that 75% of those on learning disability and autism registers had received annual physical health checks, and had achieved just over 76% for the past year. The latest performance was that 71% of those on registers had received a health check.</li> </ul>   |
| 10.4 | <p>Kate Moriarty-Baker updated on quality and safety:</p> <ul style="list-style-type: none"> <li>• Thanks were due to Marie Currie for her work chairing the quality and safety committee which had held its last meeting. The committee would pass on risks and learning to the new groups in the ICB.</li> <li>• South east London was compliant with the immediate actions identified as part of the Ockenden maternity review apart from two outstanding actions in relation to reviewing and updating guidance and staff training.</li> <li>• Assurance visits would take place between June and September led by NHSE with the Local Maternity and Neonatal System in attendance. The LMNS would then continue these annually.</li> <li>• Following the final Ockenden report, a period of reflection would take place and a new advisory group would consider how best to implement the actions with a maternity services delivery plan published autumn</li> </ul>  |

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|  | <p>2022. Trusts in south east London were already planning to implement actions from the review.</p> <ul style="list-style-type: none"> <li>• 140 serious incidents and 5 ‘never events’ had been reported in the previous year. The most frequently occurring category was current or suspected self-harm. There was concern with the persistent occurrence of never events and this would be an early topic for the ICB to address.</li> <li>• Quality alerts continued to be reported and learning and actions being taken shared with colleagues. In part due to the implementation of the Datix system for reporting alerts usage had increased from 800 to 1264 in 2021-22. The system continued to improve with free text added to capture the impact on patient safety.</li> <li>• Continuing Healthcare performance was challenged, and key priorities for 2022-23 included recovering performance against national standards, improve workforce capacity and making better use of data including implementing the national patient level data set and all-age continuing care assessment tool.</li> <li>• There was targeted work to ensure completion of mandatory safeguarding training for adults and children and PREVENT awareness training.</li> <li>• Safeguarding learning from reviews included work to share learning from the child Q case with local children’s safeguarding partnerships, and to provide training for staff on the adultisation of black children, advocacy and professional challenge.</li> <li>• The UK Health Security Agency had updated Infection Prevention and Control (IPC) guidance and South east London trusts had agreed a consistent approach to implement this guidance. The first two chapters of an England IPC manual had been produced building on a manual in Scotland.</li> <li>• An IPC group established during the pandemic continued to meet with the focus moving onto other areas of priority including antimicrobial stewardship. The Microguide app had been commissioned to support clinicians by providing them with easily accessible advice.</li> </ul> <p>10.5 Mary Currie commented that although the performance report showed a number of red-rated areas, the public should be assured that work was ongoing to drive forward improvement, and thanked all those who had participated in the work of the quality and safety sub-committee. Joy Ellery agreed that the CCG was not complacent and the closer working as an ICS would be an opportunity to continue to improve.</p> <p>10.6 Peter Ramrayka noted that he had taken a special interest in out of area placements and personal health budgets as part of his role and was therefore pleased to see improvement in the CCGs performance on personal health budgets.</p> <p>10.7 Mary Currie suggested a role for communications to help patients choose the right service and avoid missed appointments. Harriet Agyepong noted that the planned care team were rolling out a platform to enable patients and carers to see waiting times but also create visibility on services away from hospital. Sarah Osborn noted that ‘missed opportunities’ audits were undertaken in emergency departments to understand where patients chose to use the emergency departments which showed work to be done about perceived access to other services. Dr Jonty Heaversedge referenced London wide work to understand</p> |
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| <p>10.8</p> <p>10.9</p>  | <p>how patients perceived and understood services available to them, which would be used to help the NHS design services which made the best use of resources.</p> <p>Andrew Bland noted that south east London was not an outlier but was consistently in the middle of the range of performance on most areas compared to other ICSs. There was more work to be done however and the ICB would offer the opportunity to continue to address these issues building on the work of the CCG.</p> <p>The governing body <b>NOTED</b> the updates from the Integrated Governance and Performance committee.</p>  |
| <p><b>11</b></p> <p>11.1</p> <p>11.2</p> <p>11.3</p> <p>11.4</p> <p>11.5</p> | <p><b>Finance Report month 12 2021/22 and financial planning 2022/23</b></p> <p>David Maloney presented the finance report showed that the CCG finished the year 2021-22 with an overall underspend of £462k. This included £261k underspend against the running cost allowance. The CCG had met its commitments under the Better Payments Practice Code to make payments on time, achieved its target for investment in services for mental health, and delivered a year end cash balance within target. There had also been a marked improvement in relation to working balances, with a reduction in debtors and creditors. This work would assist preparations for the transfer from the CCG to the ICB. An audit committee on June 15<sup>th</sup> would review the annual accounts before their submission.</p> <p>David Maloney presented the start budgets for 2022/23 which had been discussed and recommended by the CCGs Integrated Governance and Performance Committee (IGP) in April 2022. The overall budget was £3,341.2million, an increase of approximately 4% compared to the budget for the previous year. The budget covered the entire year based on an equal phasing through the year so the final three months of the CCG would account for around 25% of the expenditure. Budgets had been set for all areas of CCG spend including delegated budgets for the six places and centrally, in line with national guidance and local growth and savings assumptions. The budget should be regarded as a start budget for the financial year - the overall financial plan for the ICS would need to be finalised by June as part of a national process.</p> <p>Shelagh Kirkland recognised the hard work of the finance department in relation to the accounts for the year, in particular the reduction of creditors and debtors. The budget for the coming year had been scrutinised by the IGP committee and had been recommended recognising that further revisions may be required once the financial plan for the ICS was known. Dr Jonty Heaversedge thanked Shelagh Kirkland for her leadership in this area and support of the finance team.</p> <p>The governing body <b>APPROVED</b> the start budget for the 2022/23 financial year.</p> <p>The governing body <b>APPROVED</b> the CCG's contributions to the Healthy London Partnership programme (£1.3m) and pan-London Levies (£1.1m).</p> |

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| <b>12</b>  | <p><b>Public forum – questions during the meeting</b></p> <p><b>QUESTION: I am familiar with the Health and Care Bill, and have seen details of the ICB membership on the website. But having been unwell over the past year, I am a bit out of the loop, and want to get an update on the new governance arrangements pending under ICB. Is there somebody I could talk to outside of the meeting re any queries?</b></p>  |
| 12.1       | <p><i>Dr Heaversedge noted that there was a lot of work to give confidence to the governing body that the responsibilities would be transferred smoothly and any risks would be managed. Andrew Bland noted that an Integrated Care Board prospectus was being prepared which was being prepared to provide a description of the transition and be shared via a new website. The first board meeting of the ICB would provide an opportunity for the public to ask questions.</i></p>   |
| 12.2       | <p><b>QUESTION: Budget- as we know the inflationary position has worsened nationally. What do you envisage the impact on the budget going forward?</b></p> <p><i>David Maloney noted that the final budget for the ICS was due in June 2022, and in the ICS system all providers were undertaking work to understand the impact of inflation on their costs. It had recently been announced that the national team intended to make additional money available to ICSs for those costs although this would be subject to further calculations and confirmation.</i></p> |
| <b>13</b>  | <p><b>Reflection on south east London CCG</b></p>   |
| 13.1       | <p>Dr Jonty expressed thanks to the governing body members for the delivery of their duties which had required flexibility to come together as a single CCG, and then to respond to the challenge of the pandemic. He paid special tribute to the lay members, Peter Ramrayka, Shelagh Kirkland, Joy Ellery, Mary Currie and Prof Simon MacKenzie for their support and challenge.</p>  |
| <b>14.</b> | <p><b>Any Other business</b></p>  |
| 14.1       | <p>There was no other business</p>  |
| <b>15.</b> | <p><b>CLOSE</b></p>   |